Administrative Package Cover Page

This file contains the following documents:

1. Summary of application (in plain language)
2. First Notice (NORI-Notice of Receipt of Application and Intent to Obtain a Permit)
3. Application Materials

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUMMARY OF APPLICATION IN PLAIN LANGUAGE FOR TPDES OR TLAP PERMIT APPLICATIONS

Summary of Application (in plain language) Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS DOMESTIC WASTEWATER/STORMWATER

The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and is not a federal enforceable representation of the permit application.

City of East Tawakoni (CN600633432) operates City of East Tawakoni Wastewater Treatment Plant (RN101917847), an activated sludge process operating in the extended aeration mode. The facility is located at one mile east of the intersection of SH 276 and FM 513 on the northeast side of Lake Tawakoni , in East Tawakoni, Rains County, Texas 75472. This application is for a renewal to discharge at an annual average flow of 130,000 gallons per day of treated domestic wastewater via Outfall 1.

Discharges from the facility are expected to contain total suspended solids (TSS), nitrate nitrogen, Kjeldahl nitrogen, sulfate, chloride, phosphorous, dissolved oxygen, chlorine residual, E.coli, and total dissolved solids. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7 Pollutant Analysis of Treated Effluent. Domestic wastewater will be treated by 1 Bar Screen, 1 Oxidation Ditch, 1 Intra-channel Clarifier,1 Chlorine Contact Chamber, 1 Parshall Flume, and 1 Sludge Drying Bed.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

NOTICE OF RECEIPT OF APPLICATION AND INTENT TO OBTAIN WATER QUALITY PERMIT RENEWAL

PERMIT NO. WQ0011428001

APPLICATION. City of East Tawakoni, 288 Briggs Boulevard, East Tawakoni, Texas 75472, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0011428001 (EPA I.D. No. TX0101303) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 130,000 gallons per day. The domestic wastewater treatment facility is located approximately 1.0 mile east of the intersection of Farm-to-Market Road 513 and State Highway 276, in Rains County, Texas 75472. The discharge route is from the plant site directly to Lake Tawakoni. TCEQ received this application on November 10, 2025. The permit application will be available for viewing and copying at East Tawakoni City Hall, 288 Briggs Boulevard, East Tawakoni, in Rains County, Texas prior to the date this notice is published in the newspaper. The application and associated notices are available electronically at the following webpage: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application. https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.946666,32.903055&level=18

ADDITIONAL NOTICE. TCEQ's Executive Director has determined the application is administratively complete and will conduct a technical review of the application. After technical review of the application is complete, the Executive Director may prepare a draft permit and will issue a preliminary decision on the application. **Notice of the Application and Preliminary Decision will be published and mailed to those who are on the county-wide mailing list and to those who are on the mailing list for this application. That notice will contain the deadline for submitting public comments.**

PUBLIC COMMENT / PUBLIC MEETING. You may submit public comments or request a public meeting on this application. The purpose of a public meeting is to provide the opportunity to submit comments or to ask questions about the application. TCEQ will hold a public meeting if the Executive Director determines that there is a significant degree of public interest in the application or if requested by a local legislator. A public meeting is not a contested case hearing.

OPPORTUNITY FOR A CONTESTED CASE HEARING. After the deadline for submitting public comments, the Executive Director will consider all timely comments and prepare a response to all relevant and material, or significant public comments. **Unless the application**

is directly referred for a contested case hearing, the response to comments, and the Executive Director's decision on the application, will be mailed to everyone who submitted public comments and to those persons who are on the mailing list for this application. If comments are received, the mailing will also provide instructions for requesting reconsideration of the Executive Director's decision and for requesting a contested case hearing. A contested case hearing is a legal proceeding similar to a civil trial in state district court.

TO REQUEST A CONTESTED CASE HEARING, YOU MUST INCLUDE THE FOLLOWING ITEMS IN YOUR REQUEST: your name, address, phone number; applicant's name and proposed permit number; the location and distance of your property/activities relative to the proposed facility; a specific description of how you would be adversely affected by the facility in a way not common to the general public; a list of all disputed issues of fact that you submit during the comment period and, the statement "[I/we] request a contested case hearing." If the request for contested case hearing is filed on behalf of a group or association, the request must designate the group's representative for receiving future correspondence; identify by name and physical address an individual member of the group who would be adversely affected by the proposed facility or activity; provide the information discussed above regarding the affected member's location and distance from the facility or activity; explain how and why the member would be affected; and explain how the interests the group seeks to protect are relevant to the group's purpose.

Following the close of all applicable comment and request periods, the Executive Director will forward the application and any requests for reconsideration or for a contested case hearing to the TCEQ Commissioners for their consideration at a scheduled Commission meeting.

The Commission may only grant a request for a contested case hearing on issues the requestor submitted in their timely comments that were not subsequently withdrawn. **If a hearing is granted, the subject of a hearing will be limited to disputed issues of fact or mixed questions of fact and law relating to relevant and material water quality concerns submitted during the comment period.**

TCEQ may act on an application to renew a permit for discharge of wastewater without providing an opportunity for a contested case hearing if certain criteria are met.

MAILING LIST. If you submit public comments, a request for a contested case hearing or a reconsideration of the Executive Director's decision, you will be added to the mailing list for this specific application to receive future public notices mailed by the Office of the Chief Clerk. In addition, you may request to be placed on: (1) the permanent mailing list for a specific applicant name and permit number; and/or (2) the mailing list for a specific county. If you wish to be placed on the permanent and/or the county mailing list, clearly specify which list(s) and send your request to TCEQ Office of the Chief Clerk at the address below.

INFORMATION AVAILABLE ONLINE. For details about the status of the application, visit the Commissioners' Integrated Database at www.tceq.texas.gov/goto/cid. Search the database using the permit number for this application, which is provided at the top of this notice.

AGENCY CONTACTS AND INFORMATION. All public comments and requests must be submitted either electronically at **https://www14.tceq.texas.gov/epic/eComment/**, or in writing to the Texas Commission on Environmental Quality, Office of the Chief Clerk, MC-105,

P.O. Box 13087, Austin, Texas 78711-3087. Please be aware that any contact information you provide, including your name, phone number, email address and physical address will become part of the agency's public record. For more information about this permit application or the permitting process, please call the TCEQ Public Education Program, Toll Free, at 1-800-687-4040 or visit their website at www.tceq.texas.gov/goto/pep. Si desea información en Español, puede llamar al 1-800-687-4040.

Further information may also be obtained from City of East Tawakoni at the address stated above or by calling Mr. Harold Chandler, Mayor, at 903-447-2444.

Issuance Date: December 9, 2025

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of East Tawakoni

PERMIT NUMBER (If new, leave blank): WQ0011428001

Indicate if each of the following items is included in your application.

	Y	N		Y	N
Administrative Report 1.0	☒	☐	Original USGS Map	☒	☐
Administrative Report 1.1	☐	☒	Affected Landowners Map	☐	☒
SPIF	☒	☐	Landowner Disk or Labels	☐	☒
Core Data Form	☒	☐	Buffer Zone Map	☐	☒
Summary of Application (PLS)	☐	☐	Flow Diagram	☒	☐
Public Involvement Plan Form	☐	☐	Site Drawing	☒	☐
Technical Report 1.0	☒	☐	Original Photographs	☐	☒
Technical Report 1.1	☒	☐	Design Calculations	☐	☒
Worksheet 2.0	☒	☐	Solids Management Plan	☐	☒
Worksheet 2.1	☐	☒	Water Balance	☐	☒
Worksheet 3.0	☐	☒			
Worksheet 3.1	☐	☒			
Worksheet 3.2	☐	☒			
Worksheet 3.3	☐	☒			
Worksheet 4.0	☐	☒			
Worksheet 5.0	☐	☒			
Worksheet 6.0	☒	☐			
Worksheet 7.0	☐	☒			

For TCEQ Use Only

Segment Number _____County _____
Expiration Date _____Region_____
Permit Number _____

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

For any questions about this form, please contact the Applications Review and Processing Team at 512-239-4671.

Section 1. Application Fees (Instructions Page 26)

Indicate the amount submitted for the application fee (check only one).

Flow	New/Major Amendment	Renewal
<0.05 MGD	$350.00 ☐	$315.00 ☐
≥0.05 but <0.10 MGD	$550.00 ☐	$515.00 ☐
≥0.10 but <0.25 MGD	$850.00 ☐	$815.00 ☒
≥0.25 but <0.50 MGD	$1,250.00 ☐	$1,215.00 ☐
≥0.50 but <1.0 MGD	$1,650.00 ☐	$1,615.00 ☐
≥1.0 MGD	$2,050.00 ☐	$2,015.00 ☐

Minor Amendment (for any flow) $150.00 ☐

Payment Information:

Mailed — Check/Money Order Number: Click to enter text. 19583

Check/Money Order Amount: $815.00

Name Printed on Check: City of East Tawakoni

EPAY — Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

a. Check the box next to the appropriate authorization type.

☑ Publicly Owned Domestic Wastewater

☐ Privately-Owned Domestic Wastewater

☐ Conventional Water Treatment

b. Check the box next to the appropriate facility status.

☑ Active ☐ Inactive

c. Check the box next to the appropriate permit type.

- ☒ TPDES Permit
- ☐ TLAP
- ☐ TPDES Permit with TLAP component
- ☐ Subsurface Area Drip Dispersal System (SADDS)

d. Check the box next to the appropriate application type

- ☐ New
- ☐ Major Amendment *with* Renewal
- ☐ Major Amendment *without* Renewal
- ☒ Renewal without changes
- ☐ Minor Amendment *with* Renewal
- ☐ Minor Amendment *without* Renewal
- ☐ Minor Modification of permit

e. For amendments or modifications, describe the proposed changes: Click to enter text.

f. For existing permits:

Permit Number: WQ00 11428001

EPA I.D. (TPDES only): TX 0101303

Expiration Date: August 19, 2026

Section 3. Facility Owner (Applicant) and Co-Applicant Information (Instructions Page 26)

A. The owner of the facility must apply for the permit.

What is the Legal Name of the entity (applicant) applying for this permit?

City of East Tawakoni

(The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal documents forming the entity.)

If the applicant is currently a customer with the TCEQ, what is the Customer Number (CN)? You may search for your CN on the TCEQ website at http://www15.tceq.texas.gov/crpub/

CN: 600633432

What is the name and title of the person signing the application? The person must be an executive official meeting signatory requirements in *30 TAC § 305.44*.

Prefix: Click to enter text. Last Name, First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

B. Co-applicant information. Complete this section only if another person or entity is required to apply as a co-permittee.

What is the Legal Name of the co-applicant applying for this permit?

N/A

(The legal name must be spelled exactly as filed with the TX SOS, with the County, or in the legal documents forming the entity.)

If the co-applicant is currently a customer with the TCEQ, what is the Customer Number (CN)? You may search for your CN on the TCEQ website at: http://www15.tceq.texas.gov/crpub/

CN: Click to enter text.

What is the name and title of the person signing the application? The person must be an executive official meeting signatory requirements in *30 TAC § 305.44*.

Prefix: N/A Last Name, First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Provide a brief description of the need for a co-permittee: Click to enter text.

C. Core Data Form

Complete the Core Data Form for each customer and include as an attachment. If the customer type selected on the Core Data Form is **Individual**, complete **Attachment 1** of Administrative Report 1.0. Click to enter text.

Section 4. Application Contact Information (Instructions Page 27)

This is the person(s) TCEQ will contact if additional information is needed about this application. Provide a contact for administrative questions and technical questions.

A. Prefix: Click to enter text. Last Name, First Name: Hunter, Daniel

Title: Design Engineer I Credential: E.I.T.

Organization Name: Hayter Engineering

Mailing Address: 4445 SE Loop 286 City, State, Zip Code: Paris, Texas, 75460

Phone No.: 903-785-0303 E-mail Address: dhunter@haytereng.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix: Click to enter text. Last Name, First Name: Dusenberry, Brandon

Title: Project Engineer Credential: P.E.

Organization Name: Hayter Engineering

Mailing Address: 445 SE Loop 286 City, State, Zip Code: Paris, Texas, 75460

Phone No.: 903-785-0303 E-mail Address: bdusenberry@haytereng.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

Provide the names and contact information for two individuals that can be contacted throughout the permit term.

A. Prefix: Click to enter text. Last Name, First Name: Chandler, Harold

Title: Mayor Credential: Click to enter text.

Organization Name: City of East Tawakoni

Mailing Address: 288 Briggs Blvd. City, State, Zip Code: East Tawakoni, TX, 75472

Phone No.: 903-447-2444 E-mail Address: mayor@cityofeasttawakoni.com

B. Prefix: Click to enter text. Last Name, First Name: Dowdy, Tammy

Title: City Secretary Credential: Click to enter text.

Organization Name: City of East Tawakoni

Mailing Address: 288 Briggs Blvd. City, State, Zip Code: East Tawakoni, TX,75472

Phone No.: **903-447-2444** E-mail Address: citysecretary@cityofeasttawakoni.com

Section 6. Billing Contact Information (Instructions Page 27)

The permittee is responsible for paying the annual fee. The annual fee will be assessed to permits ***in effect on September 1 of each year***. The TCEQ will send a bill to the address provided in this section. The permittee is responsible for terminating the permit when it is no longer needed (using form TCEQ-20029).

Prefix: Click to enter text. Last Name, First Name: Dowdy, Tammy

Title: City Secretary Credential: Click to enter text.

Organization Name: City of East Tawakoni

Mailing Address: 288 Briggs Blvd. City, State, Zip Code: East Tawakoni, TX 75472

Phone No.: 903-447-2444 E-mail Address: citysecretary@cityofeasttawakoni.com

Section 7. DMR/MER Contact Information (Instructions Page 27)

Provide the name and complete mailing address of the person delegated to receive and submit Discharge Monitoring Reports (DMR) (EPA 3320-1) or maintain Monthly Effluent Reports (MER).

Prefix: Click to enter text. Last Name, First Name: Chandler, Harold

Title: Mayor Credential: Click to enter text.

Organization Name: City of East Tawakoni

Mailing Address: 288 Briggs Blvd. City, State, Zip Code: East Tawakoni 75472

Phone No.: 903-447-2444 E-mail Address: mayor@cityofeasttawakoni.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Click to enter text. Last Name, First Name: Hunter, Daniel

Title: Design Engineer I Credential: E.I.T.

Organization Name: Hayter Engineering

Mailing Address: 4445 SE Loop 286 City, State, Zip Code: Paris, TX, 75460

Phone No.: 903-785-0303 E-mail Address: dunter@haytereng.com

3. Do the students at these schools attend a bilingual education program at another location?

   ☐ Yes ☐ No

4. Would the school be required to provide a bilingual education program but the school has waived out of this requirement under 19 TAC §89.1205(g)?

   ☐ Yes ☐ No

5. If the answer is **yes** to **question 1, 2, 3, or 4**, public notices in an alternative language are required. Which language is required by the bilingual program? Click to enter text.

F. Summary of Application in Plain Language Template

Complete the F. Summary of Application in Plain Language Template (TCEQ Form 20972), also known as the plain language summary or PLS, and include as an attachment.

Attachment: Click to enter text.

G. Public Involvement Plan Form

Complete the Public Involvement Plan Form (TCEQ Form 20960) for each application for a **new permit or major amendment to a permit** and include as an attachment.

Attachment: N/A

Section 9. Regulated Entity and Permitted Site Information (Instructions Page 29)

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. **RN** 101917847

Search the TCEQ's Central Registry at http://www15.tceq.texas.gov/crpub/ to determine if the site is currently regulated by TCEQ.

B. Name of project or site (the name known by the community where located):

City of East Tawakoni Wastewater Treatment Facility

C. Owner of treatment facility: City of East Tawakoni

Ownership of Facility: ☒ Public ☐ Private ☐ Both ☐ Federal

D. Owner of land where treatment facility is or will be:

Prefix: Click to enter text. Last Name, First Name: City of East Tawakoni

Title: Click to enter text. Credential: Click to enter text.

Organization Name: City of East Tawakoni

Mailing Address: 288 Briggs Blvd City, State, Zip Code: East Tawakoni, Texas,75472

Phone No.: 903-447-2444 E-mail Address: citysecretary@cityofeasttawakoni.com

If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions.

Attachment: Click to enter text.

E. Owner of effluent disposal site:

Prefix: N/A Last Name, First Name: N/A

Title: Click to enter text. Credential: Click to enter text.

Organization Name: N/A

Mailing Address: Click to enter text. City, State, Zip Code: Click to enter text.

Phone No.: Click to enter text. E-mail Address: Click to enter text.

If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions.

Attachment: N/A

F. Owner sewage sludge disposal site (if authorization is requested for sludge disposal on property owned or controlled by the applicant)::

Prefix: N/A Last Name, First Name: N/A

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: N/A City, State, Zip Code: Click to enter text.

Phone No.: Click to enter text. E-mail Address: Click to enter text.

If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions.

Attachment: N/A

Section 10. TPDES Discharge Information (Instructions Page 31)

A. Is the wastewater treatment facility location in the existing permit accurate?

☒ Yes ☐ No

If **no, or a new permit application**, please give an accurate description:

Click to enter text.

B. Are the point(s) of discharge and the discharge route(s) in the existing permit correct?

☒ Yes ☐ No

If **no, or a new or amendment permit application**, provide an accurate description of the point of discharge and the discharge route to the nearest classified segment as defined in 30 TAC Chapter 307:

Click to enter text.

City nearest the outfall(s): East Tawakoni

County in which the outfalls(s) is/are located: Rains

C. Is or will the treated wastewater discharge to a city, county, or state highway right-of-way, or a flood control district drainage ditch?

☐ Yes ☒ No

E. Owner of effluent disposal site:

Prefix: N/A Last Name, First Name: N/A

Title: Click to enter text. Credential: Click to enter text.

Organization Name: N/A

Mailing Address: Click to enter text. City, State, Zip Code: Click to enter text.

Phone No.: Click to enter text. E-mail Address: Click to enter text.

If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions.

Attachment: N/A

F. Owner sewage sludge disposal site (if authorization is requested for sludge disposal on property owned or controlled by the applicant)::

Prefix: N/A Last Name, First Name: N/A

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: N/A City, State, Zip Code: Click to enter text.

Phone No.: Click to enter text. E-mail Address: Click to enter text.

If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions.

Attachment: N/A

Section 10. TPDES Discharge Information (Instructions Page 31)

A. Is the wastewater treatment facility location in the existing permit accurate?

☒ Yes ☐ No

If **no, or a new permit application,** please give an accurate description:

Click to enter text.

B. Are the point(s) of discharge and the discharge route(s) in the existing permit correct?

☒ Yes ☐ No

If **no, or a new or amendment permit application,** provide an accurate description of the point of discharge and the discharge route to the nearest classified segment as defined in 30 TAC Chapter 307:

Click to enter text.

City nearest the outfall(s): East Tawakoni

County in which the outfalls(s) is/are located: Rains

C. Is or will the treated wastewater discharge to a city, county, or state highway right-of-way, or a flood control district drainage ditch?

☐ Yes ☒ No

If **yes**, indicate by a check mark if:

☐ Authorization granted ☐ Authorization pending

For **new and amendment** applications, provide copies of letters that show proof of contact and the approval letter upon receipt.

Attachment: N/A

D. For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: N/A

Section 11. TLAP Disposal Information (Instructions Page 32)

A. For TLAPs, is the location of the effluent disposal site in the existing permit accurate?

☐ Yes ☐ No

If **no, or a new or amendment permit application**, provide an accurate description of the disposal site location:

N/A

B. City nearest the disposal site: Click to enter text.

C. County in which the disposal site is located: Click to enter text.

D. For **TLAPs**, describe the routing of effluent from the treatment facility to the disposal site:

N/A

E. For **TLAPs**, please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: Click to enter text.

Section 12. Miscellaneous Information (Instructions Page 32)

A. Is the facility located on or does the treated effluent cross American Indian Land?

☐ Yes ☒ No

B. If the existing permit contains an onsite sludge disposal authorization, is the location of the sewage sludge disposal site in the existing permit accurate?

☐ Yes ☐ No ☒ Not Applicable

If No, or if a new onsite sludge disposal authorization is being requested in this permit application, provide an accurate location description of the sewage sludge disposal site.

N/A

C. Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?

☐ Yes ☒ No

If yes, list each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application: Click to enter text.

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If **yes**, provide the following information:

Account number: Click to enter text.

Amount past due: Click to enter text.

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If **yes**, please provide the following information:

Enforcement order number: Click to enter text.

Amount past due: Click to enter text.

Section 13. Attachments (Instructions Page 33)

Indicate which attachments are included with the Administrative Report. Check all that apply:

☐ Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.

☒ Original full-size USGS Topographic Map with the following information:

- Applicant's property boundary
- Treatment facility boundary
- Labeled point of discharge for each discharge point (TPDES only)
- Highlighted discharge route for each discharge point (TPDES only)
- Onsite sewage sludge disposal site (if applicable)
- Effluent disposal site boundaries (TLAP only)
- New and future construction (if applicable)
- 1 mile radius information
- 3 miles downstream information (TPDES only)
- All ponds.

☐ Attachment 1 for Individuals as co-applicants

☐ Other Attachments. Please specify: Click to enter text.

Section 14. Signature Page (Instructions Page 34)

If co- applicants are necessary, each entity must submit an original, separate signature page.

Permit Number: 0011428001

Applicant: City of East Tawakoni

Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I further certify that I am authorized under 30 Texas Administrative Code § 305.44 to sign and submit this document, and can provide documentation in proof of such authorization upon request.

Signatory name (typed or printed): Harold Chandler

Signatory title: Mayor

Signature: Harold D. Chandler Date: Nov 5, 2025

(Use blue ink)

Subscribed and Sworn to before me by the said Harold D. Chandler

on this 5th day of November, 2025.

My commission expires on the 13th day of February, 2028.

Heather McClaskey

Notary Public

[SEAL]

HEATHER MCCLASKEY
Notary Public, State of Texas
Comm. Expires 02-13-2028
Notary ID 134762844

Rains

County, Texas

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____Renewal ____Major Amendment ___Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

_____ Texas Historical Commission _____ U.S. Fish and Wildlife

_____ Texas Parks and Wildlife Department _____ U.S. Army Corps of Engineers

This form applies to TPDES permit applications only. (Instructions, Page 53)

Complete this form as a separate document. TCEQ will mail a copy to each agency as required by our agreement with EPA. If any of the items are not completely addressed or further information is needed, we will contact you to provide the information before issuing the permit. Address each item completely.

Do not refer to your response to any item in the permit application form. Provide each attachment for this form separately from the Administrative Report of the application. The application will not be declared administratively complete without this SPIF form being completed in its entirety including all attachments. Questions or comments concerning this form may be directed to the Water Quality Division's Application Review and Processing Team by email at WQ-ARPTeam@tceq.texas.gov or by phone at (512) 239-4671.

The following applies to all applications:

1. Permittee: City of East Tawakoni

   Permit No. WQ00 11428001 EPA ID No. TX 0101303

   Address of the project (or a location description that includes street/highway, city/vicinity, and county):

   1 mile east of the intersection of SH 276 and FM 513 on the northeast side of Lake Tawakoni in Rains County, Texas.

Provide the name, address, phone and fax number of an individual that can be contacted to answer specific questions about the property.

Prefix (Mr., Ms., Miss):

First and Last Name: Harold Chandler

Credential (P.E, P.G., Ph.D., etc.):

Title: Mayor

Mailing Address: 288 Briggs Blvd.

City, State, Zip Code: East Tawakoni, TX, 75472

Phone No.: 903-477-2444 Ext.: Fax No.: 903-477-4289

E-mail Address: mayor@cityofeasttawakoni.com

2. List the county in which the facility is located: Rains
3. If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property.

N/A - Same

4. Provide a description of the effluent discharge route. The discharge route must follow the flow of effluent from the point of discharge to the nearest major watercourse (from the point of discharge to a classified segment as defined in 30 TAC Chapter 307). If known, please identify the classified segment number.

From plant site to Lake Tawakoni in Segment No.0507 of the Sabine River Basin.

5. Please provide a separate 7.5-minute USGS quadrangle map with the project boundaries plotted and a general location map showing the project area. Please highlight the discharge route from the point of discharge for a distance of one mile downstream. (This map is required in addition to the map in the administrative report).

Provide original photographs of any structures 50 years or older on the property.

Does your project involve any of the following? Check all that apply.

- ☐ Proposed access roads, utility lines, construction easements
- ☐ Visual effects that could damage or detract from a historic property's integrity
- ☐ Vibration effects during construction or as a result of project design
- ☐ Additional phases of development that are planned for the future
- ☐ Sealing caves, fractures, sinkholes, other karst features

☐ Disturbance of vegetation or wetlands

1. List proposed construction impact (surface acres to be impacted, depth of excavation, sealing of caves, or other karst features):

None – No construction – Renewal Only

2. Describe existing disturbances, vegetation, and land use:

Mowing for Maintenance

THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

3. List construction dates of all buildings and structures on the property:

N/A

4. Provide a brief history of the property, and name of the architect/builder, if known.

N/A

TCEQ Use Only

TCEQ Core Data Form

For detailed instructions on completing this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission *(If other is checked please describe in space provided.)*

☐ New Permit, Registration or Authorization *(Core Data Form should be submitted with the program application.)*

☒ Renewal *(Core Data Form should be submitted with the renewal form)* ☐ Other

2. Customer Reference Number *(if issued)*	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number *(if issued)*
CN 600633432		RN 101917847

SECTION II: Customer Information

4. General Customer Information | **5. Effective Date for Customer Information Updates** (mm/dd/yyyy)

☐ New Customer ☒ Update to Customer Information ☐ Change in Regulated Entity Ownership

☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)

The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).

6. Customer Legal Name *(If an individual, print last name first: eg: Doe, John)* — *If new Customer, enter previous Customer below:*

City of East Tawakoni

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number *(if applicable)*

11. Type of Customer: ☐ Corporation ☐ Individual Partnership: ☐ General ☐ Limited

Government: ☒ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other ☐ Sole Proprietorship ☐ Other:

12. Number of Employees ☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher

13. Independently Owned and Operated? ☒ Yes ☐ No

14. Customer Role (Proposed or Actual) – *as it relates to the Regulated Entity listed on this form. Please check one of the following*

☐ Owner ☐ Operator ☒ Owner & Operator ☐ Other:
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant

15. Mailing Address: 288 Briggs Blvd.

City	East Tawakoni	State	TX	ZIP	75472	ZIP + 4	

16. Country Mailing Information *(if outside USA)*

17. E-Mail Address *(if applicable)*

citysecretary@cityofeasttawakoni.com

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(903) 447-2444		(903) 447-5080

SECTION III: Regulated Entity Information

21. General Regulated Entity Information *(If 'New Regulated Entity" is selected, a new permit application is also required.)*

☐ New Regulated Entity ☐ Update to Regulated Entity Name ☒ Update to Regulated Entity Information

The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).

22. Regulated Entity Name *(Enter name of the site where the regulated action is taking place.)*

East Tawakoni Wastewater Treatement Plant

23. Street Address of the Regulated Entity:

(No PO Boxes)								
	City	East Tawakoni	**State**	TX	**ZIP**	75472	**ZIP + 4**	
24. County	Rains							

If no Street Address is provided, fields 25-28 are required.

25. Description to Physical Location:	One mile east of the intersection of SH 276 and FM 513 on the northeast side of Lake Tawakoni in Rain County, Texas.

26. Nearest City	**State**	**Nearest ZIP Code**
East Tawakoni	TX	75472

Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).

27. Latitude (N) In Decimal:	32.9030° N		**28. Longitude (W) In Decimal:**	95.9466° W	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

29. Primary SIC Code (4 digits)	**30. Secondary SIC Code** (4 digits)	**31. Primary NAICS Code** (5 or 6 digits)	**32. Secondary NAICS Code** (5 or 6 digits)
4952		22132	

33. What is the Primary Business of this entity? *(Do not repeat the SIC or NAICS description.)*

Treat municipal sanitary wastewater to r

34. Mailing Address:	**288 Briggs Blvd.**							
	City	**East Tawakoni**	**State**	**TX**	**ZIP**	**75472**	**ZIP + 4**	

35. E-Mail Address:	**citysecretary@cityofeasttawakoni.com**

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(903) 447-2444		**(903) 447-5080**

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form instructions for additional guidance.

☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:
	WQ0011428001			

SECTION IV: Preparer Information

40. Name:	Daniel Hunter	**41. Title:**	Design Engineer I

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(903) 785-0303		(903) 785-0308	dhunter@haytereng.com

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:	Hayter Engineering, Inc.	**Job Title:**	Design Engineer I
Name *(In Print):*	Daniel Hunter	**Phone:**	(903) 785- **0303**
Signature:		**Date:**	10/15/2025

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUMMARY OF APPLICATION IN PLAIN LANGUAGE FOR TPDES OR TLAP PERMIT APPLICATIONS

Summary of Application (in plain language) Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS DOMESTIC WASTEWATER/STORMWATER

The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and is not a federal enforceable representation of the permit application.

City of East Tawakoni (CN600633432) operates City of East Tawakoni Wastewater Treatment Plant (RN101917847), an activated sludge process operating in the extended aeration mode. The facility is located at one mile east of the intersection of SH 276 and FM 513 on the northeast side of Lake Tawakoni , in East Tawakoni, Rains County, Texas 75472. This application is for a renewal to discharge at an annual average flow of 130,000 gallons per day of treated domestic wastewater via Outfall 1.

Discharges from the facility are expected to contain total suspended solids (TSS), nitrate nitrogen, Kjeldahl nitrogen, sulfate, chloride, phosphorous, dissolved oxygen, chlorine residual, E.coli, and total dissolved solids. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7 Pollutant Analysis of Treated Effluent. Domestic wastewater will be treated by 1 Bar Screen, 1 Oxidation Ditch, 1 Intra-channel Clarifier,1 Chlorine Contact Chamber, 1 Parshall Flume, and 1 Sludge Drying Bed.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

For any questions about this form, please contact the Domestic Wastewater Permitting Team at 512-239-4671.

The following information is required for all renewal, new, and amendment applications.

Section 1. Permitted or Proposed Flows (Instructions Page 42)

A. Existing/Interim I Phase

Design Flow (MGD): .13

2-Hr Peak Flow (MGD): .389

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

B. Interim II Phase

Design Flow (MGD): N/A

2-Hr Peak Flow (MGD): N/A

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

C. Final Phase

Design Flow (MGD): .13

2-Hr Peak Flow (MGD): .389

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

D. Current Operating Phase

Provide the startup date of the facility: 09/26/2002

Section 2. Treatment Process (Instructions Page 42)

A. Current Operating Phase

Provide a detailed description of the treatment process. **Include the type of treatment plant, mode of operation, and all treatment units.** Start with the plant's head works and

finish with the point of discharge. Include all sludge processing and drying units. **If more than one phase exists or is proposed, a description of *each phase* must be provided.**

Plant consists of a bar screen, oxidation ditch, intra-channel clarifier, chlorine contact chamber, Parshall flume, and sludge drying bed.

B. Treatment Units

In Table 1.0(1), provide the treatment unit type, the number of units, and dimensions (length, width, depth) **of each treatment unit, accounting for *all* phases of operation.**

Table 1.0(1) - Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Bar Screen	1	48 CF
Oxidation Ditch	1	18,045 CF @ normal operating water level
Intra-channel Clarifier	1	3,380 CF @ normal operating water level
Chlorine Contact Chamber	1	865 CF @ Normal Operating water level
Parshall Flume	1	58 CF
Sludge Drying Bed	1	435.5 SF

C. Process Flow Diagram

Provide flow diagrams for the existing facilities and **each** proposed phase of construction.

Attachment: 5

Section 3. Site Information and Drawing (Instructions Page 43)

Provide the TPDES discharge outfall latitude and longitude. Enter N/A if not applicable.

- Latitude: 32.900944
- Longitude: -95.944389

Provide the TLAP disposal site latitude and longitude. Enter N/A if not applicable.

- Latitude: N/A
- Longitude: N/A

Provide a site drawing for the facility that shows the following:

- The boundaries of the treatment facility;
- The boundaries of the area served by the treatment facility;
- If land disposal of effluent, the boundaries of the disposal site and all storage/holding ponds; and
- If sludge disposal is authorized in the permit, the boundaries of the land application or disposal site.

Attachment: 6
Provide the name **and** a description of the area served by the treatment facility.

City of East Tawakoni

Collection System Information **for wastewater TPDES permits only**: Provide information for each **uniquely owned** collection system, existing and new, served by this facility, including satellite collection systems. **Please see the instructions for a detailed explanation and examples.**

Collection System Information

Collection System Name	Owner Name	Owner Type	Population Served
		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	

Section 4. Unbuilt Phases (Instructions Page 44)

Is the application for a renewal of a permit that contains an unbuilt phase or phases?

☐ Yes ☒ No

If yes, does the existing permit contain a phase that has not been constructed **within five years** of being authorized by the TCEQ?

☐ Yes ☐ No

If yes, provide a detailed discussion regarding the continued need for the unbuilt phase. **Failure to provide sufficient justification may result in the Executive Director recommending denial of the unbuilt phase or phases.**

N/A

Section 5. Closure Plans (Instructions Page 44)

Have any treatment units been taken out of service permanently, or will any units be taken out of service in the next five years?

☐ Yes ☒ No

If yes, was a closure plan submitted to the TCEQ?

☐ Yes ☐ No

If yes, provide a brief description of the closure and the date of plan approval.

N/A

Section 6. Permit Specific Requirements (Instructions Page 44)

For applicants with an existing permit, check the Other Requirements or Special Provisions of the permit.

A. Summary transmittal

Have plans and specifications been approved for the existing facilities and each proposed phase?

☒ Yes ☐ No

If yes, provide the date(s) of approval for each phase: 09-16-1999

Provide information, including dates, on any actions taken to meet a *requirement or provision* pertaining to the submission of a summary transmittal letter. **Provide a copy of an approval letter from the TCEQ, if applicable.**

N/A

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

Provide information below, including dates, on any actions taken to meet the conditions of the buffer zone. If available, provide any new documentation relevant to maintaining the buffer zones.

N/A

C. Other actions required by the current permit

Does the *Other Requirements* or *Special Provisions* section in the existing permit require submission of any other information or other required actions? Examples include Notification of Completion, progress reports, soil monitoring data, etc.

☐ Yes ☒ No

If yes, provide information below on the status of any actions taken to meet the conditions of an *Other Requirement* or *Special Provision.*

N/A

D. Grit and grease treatment

1. Acceptance of grit and grease waste

Does the facility have a grit and/or grease processing facility onsite that treats and decants or accepts transported loads of grit and grease waste that are discharged directly to the wastewater treatment plant prior to any treatment?

☐ Yes ☒ No

If No, stop here and continue with Subsection E. Stormwater Management.

2. Grit and grease processing

Describe below how the grit and grease waste is treated at the facility. In your description, include how and where the grit and grease is introduced to the treatment

works and how it is separated or processed. Provide a flow diagram showing how grit and grease is processed at the facility.

N/A

3. ***Grit disposal***

Does the facility have a Municipal Solid Waste (MSW) registration or permit for grit disposal?

☐ Yes ☐ No

If No, contact the TCEQ Municipal Solid Waste team at 512-239-2335. Note: A registration or permit is required for grit disposal. Grit shall not be combined with treatment plant sludge. See the instruction booklet for additional information on grit disposal requirements and restrictions.

Describe the method of grit disposal.

Click to enter text.

4. ***Grease and decanted liquid disposal***

Note: A registration or permit is required for grease disposal. Grease shall not be combined with treatment plant sludge. For more information, contact the TCEQ Municipal Solid Waste team at 512-239-2335.

Describe how the decant and grease are treated and disposed of after grit separation.

Click to enter text.

E. Stormwater management

1. ***Applicability***

Does the facility have a design flow of 1.0 MGD or greater in any phase?

☐ Yes ☒ No

Does the facility have an approved pretreatment program, under 40 CFR Part 403?

☐ Yes ☒ No

If no to both of the above, then skip to Subsection F, Other Wastes Received.

2. ***MSGP coverage***

Is the stormwater runoff from the WWTP and dedicated lands for sewage disposal currently permitted under the TPDES Multi-Sector General Permit (MSGP), TXR050000?

☐ Yes ☐ No

If yes, please provide MSGP Authorization Number and skip to Subsection F, Other Wastes Received:

TXR05 Click to enter text. or TXRNE Click to enter text.

If no, do you intend to seek coverage under TXR050000?

☐ Yes ☐ No

3. ***Conditional exclusion***

Alternatively, do you intend to apply for a conditional exclusion from permitting based TXR050000 (Multi Sector General Permit) Part II B.2 or TXR050000 (Multi Sector General Permit) Part V, Sector T 3(b)?

☐ Yes ☐ No

If yes, please explain below then proceed to Subsection F, Other Wastes Received:

N/A

4. ***Existing coverage in individual permit***

Is your stormwater discharge currently permitted through this individual TPDES or TLAP permit?

☐ Yes ☐ No

If yes, provide a description of stormwater runoff management practices at the site that are authorized in the wastewater permit then skip to Subsection F, Other Wastes Received.

N/A

5. ***Zero stormwater discharge***

Do you intend to have no discharge of stormwater via use of evaporation or other means?

☐ Yes ☐ No

If yes, explain below then skip to Subsection F. Other Wastes Received.

N/A

Note: If there is a potential to discharge any stormwater to surface water in the state as the result of any storm event, then permit coverage is required under the MSGP or an individual discharge permit. This requirement applies to all areas of facilities with treatment plants or systems that treat, store, recycle, or reclaim domestic sewage, wastewater or sewage sludge (including dedicated lands for sewage sludge disposal located within the onsite property boundaries) that meet the applicability criteria of above. You have the option of obtaining coverage under the MSGP for direct discharges, (recommended), or obtaining coverage under this individual permit.

6. ***Request for coverage in individual permit***

Are you requesting coverage of stormwater discharges associated with your treatment plant under this individual permit?

☐ Yes ☐ No

If yes, provide a description of stormwater runoff management practices at the site for which you are requesting authorization in this individual wastewater permit and describe whether you intend to comingle this discharge with your treated effluent or discharge it via a separate dedicated stormwater outfall. Please also indicate if you intend to divert stormwater to the treatment plant headworks and indirectly discharge it to water in the state.

N/A

Note: Direct stormwater discharges to waters in the state authorized through this individual permit will require the development and implementation of a stormwater pollution prevention plan (SWPPP) and will be subject to additional monitoring and reporting requirements. Indirect discharges of stormwater via headworks recycling will require compliance with all individual permit requirements including 2-hour peak flow limitations. All stormwater discharge authorization requests will require additional information during the technical review of your application.

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

If yes, attach a Sewage Sludge Solids Management Plan. See Example 5 in the instructions.
Click to enter text.

G. Other wastes received including sludge from other WWTPs and septic waste

1. ***Acceptance of sludge from other WWTPs***

Does or will the facility accept sludge from other treatment plants at the facility site?

☐ Yes ☒ No

If yes, attach sewage sludge solids management plan. See Example 5 of instructions.

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD_5 concentration of the sludge, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

N/A

Note: Permits that accept sludge from other wastewater treatment plants may be required to have influent flow and organic loading monitoring.

2. ***Acceptance of septic waste***

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

If yes, does the facility have a Type V processing unit?

☐ Yes ☐ No

If yes, does the unit have a Municipal Solid Waste permit?

☐ Yes ☐ No

If yes to any of the above, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD_5 concentration of the septic waste, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

N/A

Note: Permits that accept sludge from other wastewater treatment plants may be required to have influent flow and organic loading monitoring.

3. ***Acceptance of other wastes (not including septic, grease, grit, or RCRA, CERCLA or as discharged by IUs listed in Worksheet 6)***

Is or will the facility accept wastes that are not domestic in nature excluding the categories listed above?

☐ Yes ☒ No

If yes, provide the date that the plant started accepting the waste, an estimate how much waste is accepted on a monthly basis (gallons or millions of gallons), a description of the entities generating the waste, and any distinguishing chemical or

other physical characteristic of the waste. Also note if this information has or has not changed since the last permit action.

N/A

Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 49)

Is the facility in operation?

☒ Yes ☐ No

If no, this section is not applicable. Proceed to Section 8.

If yes, provide effluent analysis data for the listed pollutants. ***Wastewater treatment facilities*** complete Table 1.0(2). ***Water treatment facilities*** discharging filter backwash water, complete Table 1.0(3). Provide copies of the laboratory results sheets. **These tables are not applicable for a minor amendment without renewal.** See the instructions for guidance.

Note: The sample date must be within 1 year of application submission.

Table1.0(2) – Pollutant Analysis for Wastewater Treatment Facilities

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
$CBOD_5$, mg/l	2.99		1	Grab	9/16/2025 10:00
Total Suspended Solids, mg/l	3.60		1	Grab	9/16/2025 10:00
Ammonia Nitrogen, mg/l	0.166		1	Grab	9/30/2025 10:00
Nitrate Nitrogen, mg/l	23.6		1	Grab	9/30/2025 10:00
Total Kjeldahl Nitrogen, mg/l	1.74		1	Grab	9/16/2025 10:00
Sulfate, mg/l	33.1		1	Grab	9/16/2025 10:00
Chloride, mg/l	78.0		1	Grab	9/16/2025 10:00
Total Phosphorus, mg/l	5.78		1	Grab	9/16/2025 10:00
pH, standard units	6.9		1	Grab	9-30-2025
Dissolved Oxygen*, mg/l	4.3		1	Grab	9-30-2025

Chlorine Residual, mg/l	1.7		1	Grab	9-30-2025
E.coli (CFU/100ml) freshwater	<1.0		1	Grab	9/16/2025 10:00
Entercocci (CFU/100ml) saltwater	N/A				
Total Dissolved Solids, mg/l	356		1	Grab	9/16/2025 10:00
Electrical Conductivity, µmohs/cm, †	N/A				
Oil & Grease, mg/l	N/A				
Alkalinity ($CaCO_3$)*, mg/l	N/A				

*TPDES permits only
†TLAP permits only

Table1.0(3) – Pollutant Analysis for Water Treatment Facilities

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l	N/A				
Total Dissolved Solids, mg/l	N/A				
pH, standard units	N/A				
Fluoride, mg/l	N/A				
Aluminum, mg/l	N/A				
Alkalinity ($CaCO_3$), mg/l	N/A				

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Kyle Washburn

Facility Operator's License Classification and Level: Class D

Facility Operator's License Number: WW0077465

Section 9. Sludge and Biosolids Management and Disposal (Instructions Page 50)

A. WWTP's Sewage Sludge or Biosolids Management Facility Type

Check all that apply. See instructions for guidance

- ☐ Design flow>= 1 MGD
- ☐ Serves >= 10,000 people
- ☐ Class I Sludge Management Facility (per 40 CFR § 503.9)
- ☐ Biosolids generator
- ☐ Biosolids end user – land application (onsite)
- ☐ Biosolids end user – surface disposal (onsite)
- ☐ Biosolids end user – incinerator (onsite)

B. WWTP's Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

- ☐ Aerobic Digestion
- ☐ Air Drying (or sludge drying beds)
- ☐ Lower Temperature Composting
- ☐ Lime Stabilization
- ☐ Higher Temperature Composting
- ☐ Heat Drying
- ☐ Thermophilic Aerobic Digestion
- ☐ Beta Ray Irradiation
- ☐ Gamma Ray Irradiation
- ☐ Pasteurization
- ☐ Preliminary Operation (e.g. grinding, de-gritting, blending)
- ☐ Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)
- ☐ Sludge Lagoon
- ☐ Temporary Storage (< 2 years)
- ☐ Long Term Storage (>= 2 years)
- ☐ Methane or Biogas Recovery
- ☐ Other Treatment Process: Click to enter text.

C. Sewage Sludge or Biosolids Management

Provide information on the *intended* sewage sludge or biosolids management practice. Do not enter every management practice that you want authorized in the permit, as the permit will authorize all sewage sludge or biosolids management practices listed in the instructions. Rather indicate the management practice the facility plans to use.

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Disposal in Landfill	Off-site Third-Party Handler or Preparer	Bulk		N/A: Disposal in Landfill	N/A: Disposal in Landfill
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

If "Other" is selected for Management Practice, please explain (e.g. monofill or transport to another WWTP): Click to enter text.

D. Disposal site

Disposal site name: Republic Malory Landfill

TCEQ permit or registration number: 1195A

County where disposal site is located: Hunt

E. Transportation method

Method of transportation (truck, train, pipe, other): Truck

Name of the hauler: Republic Waste Services

Hauler registration number: 81413

Sludge is transported as a:

Liquid ☐ semi-liquid ☐ semi-solid ☐ solid ☒

Section 10. Permit Authorization for Sewage Sludge Disposal (Instructions Page 52)

A. Beneficial use authorization

Does the existing permit include authorization for land application of biosolids for beneficial use?

☐ Yes ☒ No

If yes, are you requesting to continue this authorization to land apply biosolids for beneficial use?

☐ Yes ☐ No

If yes, is the completed **Application for Permit for Beneficial Land Use of Sewage Sludge (TCEQ Form No. 10451)** attached to this permit application (see the instructions for details)?

☐ Yes ☐ No

B. Sludge processing authorization

Does the existing permit include authorization for any of the following sludge processing, storage or disposal options?

Sludge Composting	☐ Yes	☒ No
Marketing and Distribution of Biosolids	☐ Yes	☒ No
Sludge Surface Disposal or Sludge Monofill	☐ Yes	☒ No
Temporary storage in sludge lagoons	☐ Yes	☒ No

If yes to any of the above sludge options and the applicant is requesting to continue this authorization, is the completed **Domestic Wastewater Permit Application: Sewage Sludge Technical Report (TCEQ Form No. 10056)** attached to this permit application?

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

If yes, complete the remainder of this section. If no, proceed to Section 12.

A. Location information

The following maps are required to be submitted as part of the application. For each map, provide the Attachment Number.

- Original General Highway (County) Map:

  Attachment: Click to enter text.
- USDA Natural Resources Conservation Service Soil Map:

  Attachment: Click to enter text.
- Federal Emergency Management Map:

  Attachment: Click to enter text.
- Site map:

  Attachment: Click to enter text.

Discuss in a description if any of the following exist within the lagoon area. Check all that apply.

☐ Overlap a designated 100-year frequency flood plain

☐ Soils with flooding classification

☐ Overlap an unstable area

☐ Wetlands

☐ Located less than 60 meters from a fault

☐ None of the above

Attachment: Click to enter text.

If a portion of the lagoon(s) is located within the 100-year frequency flood plain, provide the protective measures to be utilized including type and size of protective structures:

N/A

B. Temporary storage information

Provide the results for the pollutant screening of sludge lagoons. These results are in addition to pollutant results in *Section 7 of Technical Report 1.0.*

Nitrate Nitrogen, mg/kg: Click to enter text.

Total Kjeldahl Nitrogen, mg/kg: Click to enter text.

Total Nitrogen (=nitrate nitrogen + TKN), mg/kg: Click to enter text.

Phosphorus, mg/kg: Click to enter text.

Potassium, mg/kg: Click to enter text.

pH, standard units: Click to enter text.

Ammonia Nitrogen mg/kg: Click to enter text.

Arsenic: Click to enter text.

Cadmium: Click to enter text.

Chromium: Click to enter text.

Copper: Click to enter text.

Lead: Click to enter text.

Mercury: Click to enter text.

Molybdenum: Click to enter text.

Nickel: Click to enter text.

Selenium: Click to enter text.

Zinc: Click to enter text.

Total PCBs: Click to enter text.

Provide the following information:

Volume and frequency of sludge to the lagoon(s): Click to enter text.

Total dry tons stored in the lagoons(s) per 365-day period: Click to enter text.

Total dry tons stored in the lagoons(s) over the life of the unit: Click to enter text.

C. Liner information

Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity of $1x10^{-7}$ cm/sec?

☐ Yes ☐ No

If yes, describe the liner below. Please note that a liner is required.

N/A

D. Site development plan

Provide a detailed description of the methods used to deposit sludge in the lagoon(s):

N/A

Attach the following documents to the application.

- Plan view and cross-section of the sludge lagoon(s)

  Attachment: Click to enter text.

- Copy of the closure plan

  Attachment: Click to enter text.

- Copy of deed recordation for the site

  Attachment: Click to enter text.

- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons

  Attachment: Click to enter text.

- Description of the method of controlling infiltration of groundwater and surface water from entering the site

  Attachment: Click to enter text.

- Procedures to prevent the occurrence of nuisance conditions

  Attachment: Click to enter text.

E. Groundwater monitoring

Is groundwater monitoring currently conducted at this site, or are any wells available for groundwater monitoring, or are groundwater monitoring data otherwise available for the sludge lagoon(s)?

☐ Yes ☐ No

If groundwater monitoring data are available, provide a copy. Provide a profile of soil types encountered down to the groundwater table and the depth to the shallowest groundwater as a separate attachment.

Attachment: Click to enter text.

Section 12. Authorizations/Compliance/Enforcement (Instructions Page 54)

A. Additional authorizations

Does the permittee have additional authorizations for this facility, such as reuse authorization, sludge permit, etc?

☐ Yes ☒ No

If yes, provide the TCEQ authorization number and description of the authorization:

N/A

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

Is the permittee required to meet an implementation schedule for compliance or enforcement?

☐ Yes ☒ No

If yes to either question, provide a brief summary of the enforcement, the implementation schedule, and the current status:

N/A

Section 13. RCRA/CERCLA Wastes (Instructions Page 55)

A. RCRA hazardous wastes

Has the facility received in the past three years, does it currently receive, or will it receive RCRA hazardous waste?

☐ Yes ☒ No

B. Remediation activity wastewater

Has the facility received in the past three years, does it currently receive, or will it receive CERCLA wastewater, RCRA remediation/corrective action wastewater or other remediation activity wastewater?

☐ Yes ☒ No

C. Details about wastes received

If yes to either Subsection A or B above, provide detailed information concerning these wastes with the application.

Attachment: Click to enter text.

Section 14. Laboratory Accreditation (Instructions Page 55)

All laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*, which includes the following general exemptions from National Environmental Laboratory Accreditation Program (NELAP) certification requirements:

- The laboratory is an in-house laboratory and is:
  - periodically inspected by the TCEQ; or
  - located in another state and is accredited or inspected by that state; or
  - performing work for another company with a unit located in the same site; or
  - performing pro bono work for a governmental agency or charitable organization.
- The laboratory is accredited under federal law.
- The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.
- The laboratory supplies data for which the TCEQ does not offer accreditation.

The applicant should review 30 TAC Chapter 25 for specific requirements.

The following certification statement shall be signed and submitted with every application. See the Signature Page section in the Instructions, for a list of designated representatives who may sign the certification.

CERTIFICATION:

I certify that all laboratory tests submitted with this application meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification.*

Printed Name: Harold Chandler

Title: Mayor

Signature: Harold Chandler

Date: Nov 5, 2025

Section 14. Laboratory Accreditation (Instructions Page 55)

All laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*, which includes the following general exemptions from National Environmental Laboratory Accreditation Program (NELAP) certification requirements:

- The laboratory is an in-house laboratory and is:
  - periodically inspected by the TCEQ; or
  - located in another state and is accredited or inspected by that state; or
  - performing work for another company with a unit located in the same site; or
  - performing pro bono work for a governmental agency or charitable organization.
- The laboratory is accredited under federal law.
- The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.
- The laboratory supplies data for which the TCEQ does not offer accreditation.

The applicant should review 30 TAC Chapter 25 for specific requirements.

The following certification statement shall be signed and submitted with every application. See the Signature Page section in the Instructions, for a list of designated representatives who may sign the certification.

CERTIFICATION:

I certify that all laboratory tests submitted with this application meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification.*

Printed Name: Harold Chandler

Title: Mayor

Signature: _____

Date: _____

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

Section 1. Domestic Drinking Water Supply (Instructions Page 63)

Is there a surface water intake for domestic drinking water supply located within 5 miles downstream from the point or proposed point of discharge?

☒ Yes ☐ No

If **no**, proceed it Section 2. **If yes**, provide the following:

Owner of the drinking water supply: See Attachment

Distance and direction to the intake: See Attachment

Attach a USGS map that identifies the location of the intake.

Attachment: See Attachment

Section 2. Discharge into Tidally Affected Waters (Instructions Page 63)

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

If **no**, proceed to Section 3. **If yes**, complete the remainder of this section. If no, proceed to Section 3.

A. Receiving water outfall

Width of the receiving water at the outfall, in feet: N/A

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

If yes, provide the distance and direction from outfall(s).

N/A

C. Sea grasses

Are there any sea grasses within the vicinity of the point of discharge?

☐ Yes ☐ No

If yes, provide the distance and direction from the outfall(s).

N/A

Section 3. Classified Segments (Instructions Page 63)

Is the discharge directly into (or within 300 feet of) a classified segment?

☒ Yes ☐ No

If yes, this Worksheet is complete.

If no, complete Sections 4 and 5 of this Worksheet.

Section 4. Description of Immediate Receiving Waters (Instructions Page 63)

Name of the immediate receiving waters: Lake Tawakoni

A. Receiving water type

Identify the appropriate description of the receiving waters.

☐ Stream

☐ Freshwater Swamp or Marsh

☒ Lake or Pond

Surface area, in acres: 37,879

Average depth of the entire water body, in feet: Click to enter text.

Average depth of water body within a 500-foot radius of discharge point, in feet: Click to enter text.

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: Click to enter text.

B. Flow characteristics

If a stream, man-made channel or ditch was checked above, provide the following. For existing discharges, check one of the following that best characterizes the area *upstream* of the discharge. For new discharges, characterize the area *downstream* of the discharge (check one).

☐ Intermittent - dry for at least one week during most years

☐ Intermittent with Perennial Pools - enduring pools with sufficient habitat to maintain significant aquatic life uses

☐ Perennial - normally flowing

Check the method used to characterize the area upstream (or downstream for new dischargers).

☐ USGS flow records

☐ Historical observation by adjacent landowners

☐ Personal observation

☐ Other, specify: Click to enter text.

C. Downstream perennial confluences

List the names of all perennial streams that join the receiving water within three miles downstream of the discharge point.

N/A

D. Downstream characteristics

Do the receiving water characteristics change within three miles downstream of the discharge (e.g., natural or man-made dams, ponds, reservoirs, etc.)?

☐ Yes ☒ No

If yes, discuss how.

N/A

E. Normal dry weather characteristics

Provide general observations of the water body during normal dry weather conditions.

Click to enter text.

Date and time of observation: Click to enter text.

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☐ No

Section 5. General Characteristics of the Waterbody (Instructions Page 65)

A. Upstream influences

Is the immediate receiving water upstream of the discharge or proposed discharge site influenced by any of the following? Check all that apply.

☐ Oil field activities
☐ Upstream discharges
☐ Septic tanks
☐ Urban runoff
☐ Agricultural runoff
☐ Other(s), specify: Click to enter text.

B. Waterbody uses

Observed or evidences of the following uses. Check all that apply.

- ☐ Livestock watering
- ☐ Irrigation withdrawal
- ☒ Fishing
- ☒ Domestic water supply
- ☒ Park activities
- ☒ Contact recreation
- ☐ Non-contact recreation
- ☐ Navigation
- ☐ Industrial water supply
- ☐ Other(s), specify: Click to enter text.

C. Waterbody aesthetics

Check one of the following that best describes the aesthetics of the receiving water and the surrounding area.

- ☐ Wilderness: outstanding natural beauty; usually wooded or unpastured area; water clarity exceptional
- ☒ Natural Area: trees and/or native vegetation; some development evident (from fields, pastures, dwellings); water clarity discolored
- ☐ Common Setting: not offensive; developed but uncluttered; water may be colored or turbid
- ☐ Offensive: stream does not enhance aesthetics; cluttered; highly developed; dumping areas; water discolored

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following **is required** for **all publicly owned treatment works.**

Section 1. All POTWs (Instructions Page 87)

A. Industrial users (IUs)

Provide the number of each of the following types of industrial users (IUs) that discharge to your POTW and the daily flows from each user. See the Instructions for definitions of Categorical IUs, Significant IUs – non-categorical, and Other IUs.

If there are no users, enter 0 (zero).

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs – non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

B. Treatment plant interference

In the past three years, has your POTW experienced treatment plant interference (see instructions)?

☐ Yes ☒ No

If yes, identify the dates, duration, description of interference, and probable cause(s) and possible source(s) of each interference event. Include the names of the IUs that may have caused the interference.

N/A

C. Treatment plant pass through

In the past three years, has your POTW experienced pass through (see instructions)?

☐ Yes ☒ No

If yes, identify the dates, duration, a description of the pollutants passing through the treatment plant, and probable cause(s) and possible source(s) of each pass through event. Include the names of the IUs that may have caused pass through.

N/A

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

If yes, complete Section 2.c. and 2.d. only, and skip Section 3.

If no to either question above, skip Section 2 and complete Section 3 for each significant industrial user and categorical industrial user.

Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 87)

A. Substantial modifications

Have there been any **substantial modifications** to the approved pretreatment program that have not been submitted to the TCEQ for approval according to *40 CFR §403.18*?

☐ Yes ☐ No

If yes, identify the modifications that have not been submitted to TCEQ, including the purpose of the modification.

N/A

B. Non-substantial modifications

Have there been any **non-substantial modifications** to the approved pretreatment program that have not been submitted to TCEQ for review and acceptance?

☐ Yes ☐ No

If yes, identify all non-substantial modifications that have not been submitted to TCEQ, including the purpose of the modification.

N/A

C. Effluent parameters above the MAL

In Table 6.0(1), list all parameters measured above the MAL in the POTW's effluent monitoring during the last three years. Submit an attachment if necessary.

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. Industrial user interruptions

Has any SIU, CIU, or other IU caused or contributed to any problems (excluding interferences or pass throughs) at your POTW in the past three years?

☐ Yes ☐ No

If yes, identify the industry, describe each episode, including dates, duration, description of the problems, and probable pollutants.

N/A

Section 3. Significant Industrial User (SIU) Information and Categorical Industrial User (CIU) (Instructions Page 88)

A. General information

Company Name: N/A – No Industrial Users

SIC Code: Click to enter text.

Contact name: Click to enter text.

Address: Click to enter text.

City, State, and Zip Code: Click to enter text.

Telephone number: Click to enter text.

Email address: Click to enter text.

B. Process information

Describe the industrial processes or other activities that affect or contribute to the SIU(s) or CIU(s) discharge (i.e., process and non-process wastewater).

N/A

C. Product and service information

Provide a description of the principal product(s) or services performed.

N/A

D. Flow rate information

See the Instructions for definitions of "process" and "non-process wastewater."

Process Wastewater:

Discharge, in gallons/day: Click to enter text.

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: Click to enter text.

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

Is the SIU or CIU subject to technically based local limits as defined in the instructions?

☐ Yes ☐ No

Is the SIU or CIU subject to categorical pretreatment standards found in *40 CFR Parts 405–471*?

☐ Yes ☐ No

If subject to categorical pretreatment standards, indicate the applicable category and subcategory for each categorical process.

Category: Subcategories: Click to enter text.

Click or tap here to enter text. Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

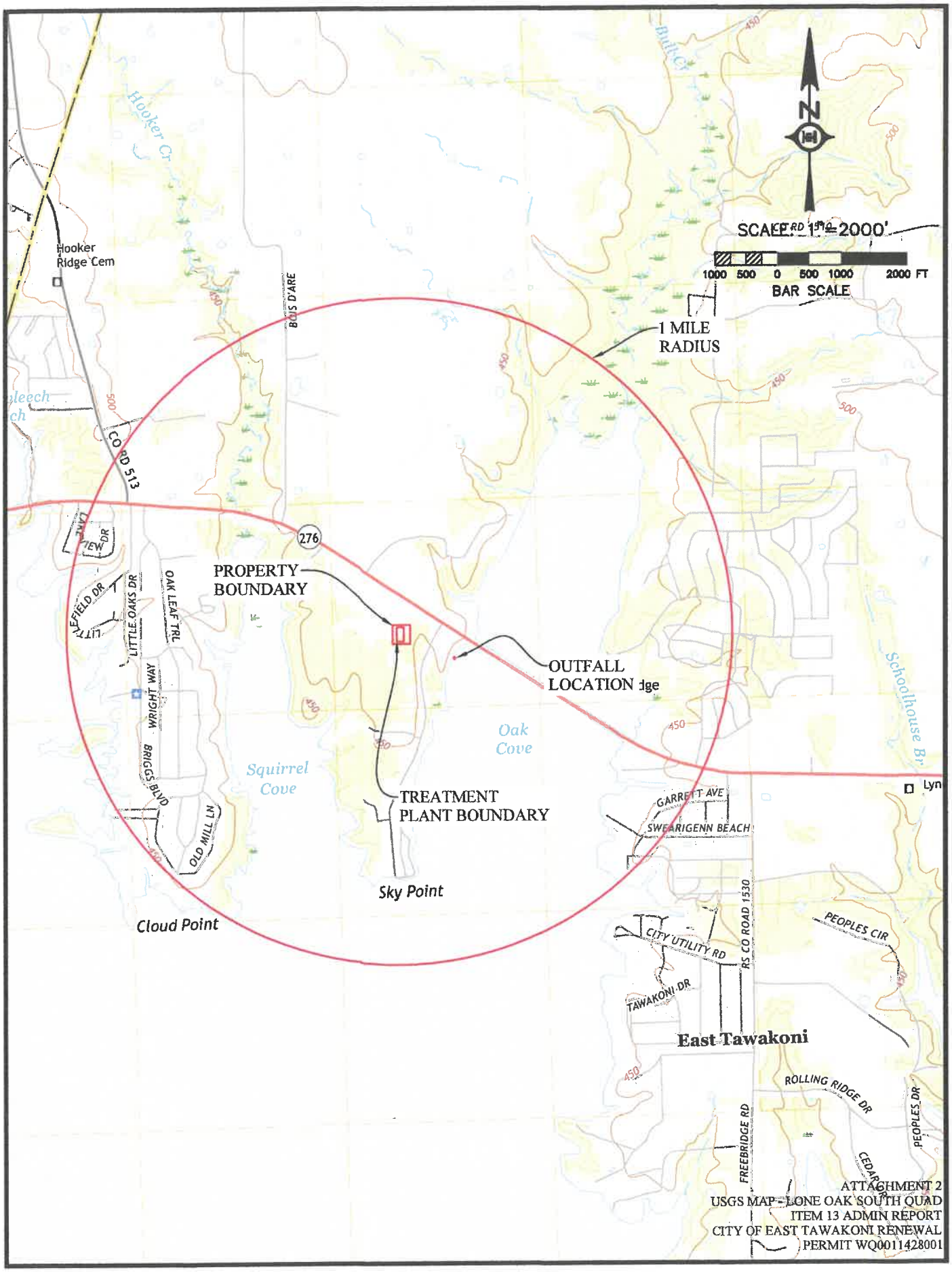
F. Industrial user interruptions

Has the SIU or CIU caused or contributed to any problems (e.g., interferences, pass through, odors, corrosion, blockages) at your POTW in the past three years?

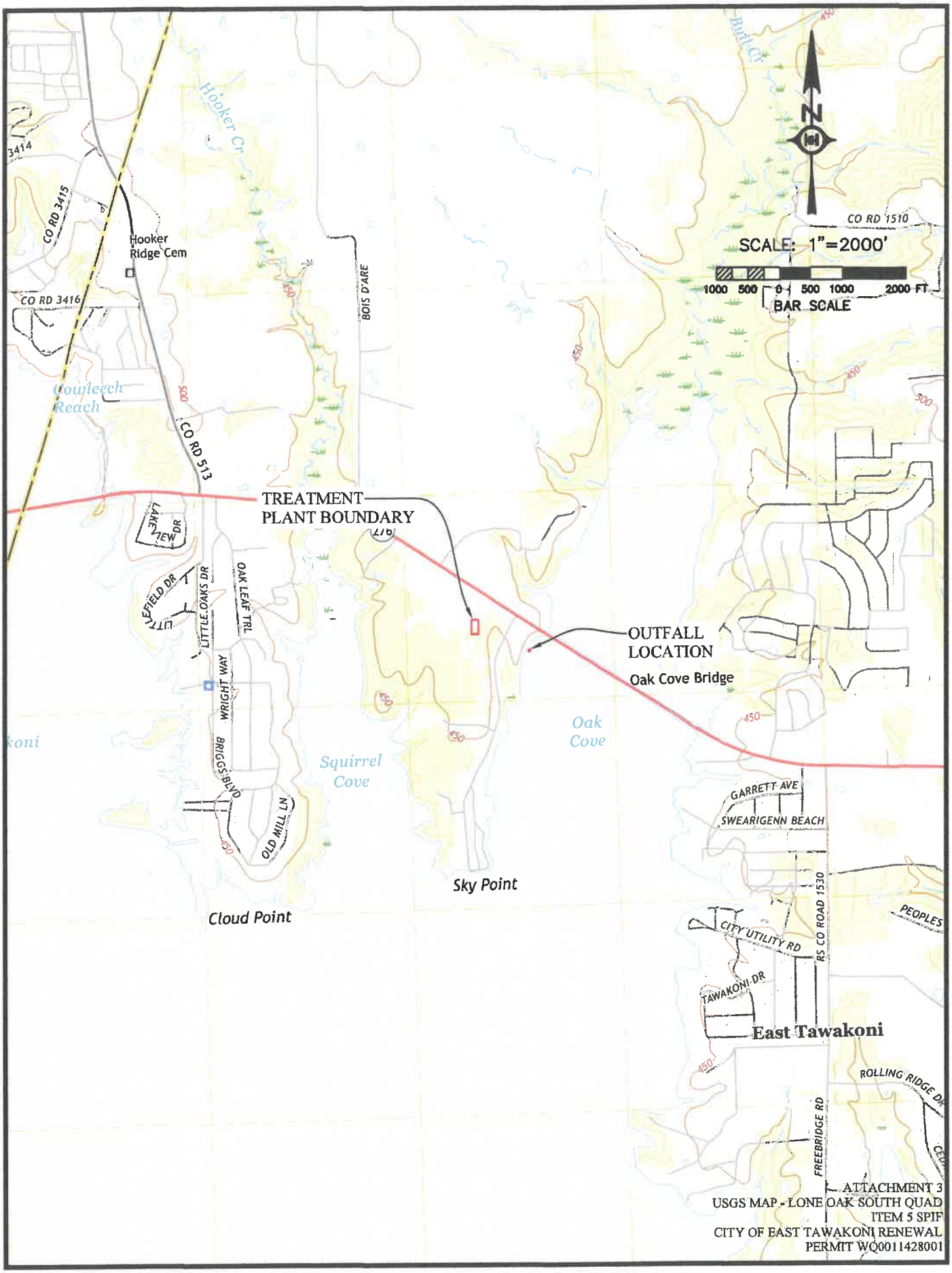
☐ Yes ☐ No

If yes, identify the SIU, describe each episode, including dates, duration, description of problems, and probable pollutants.

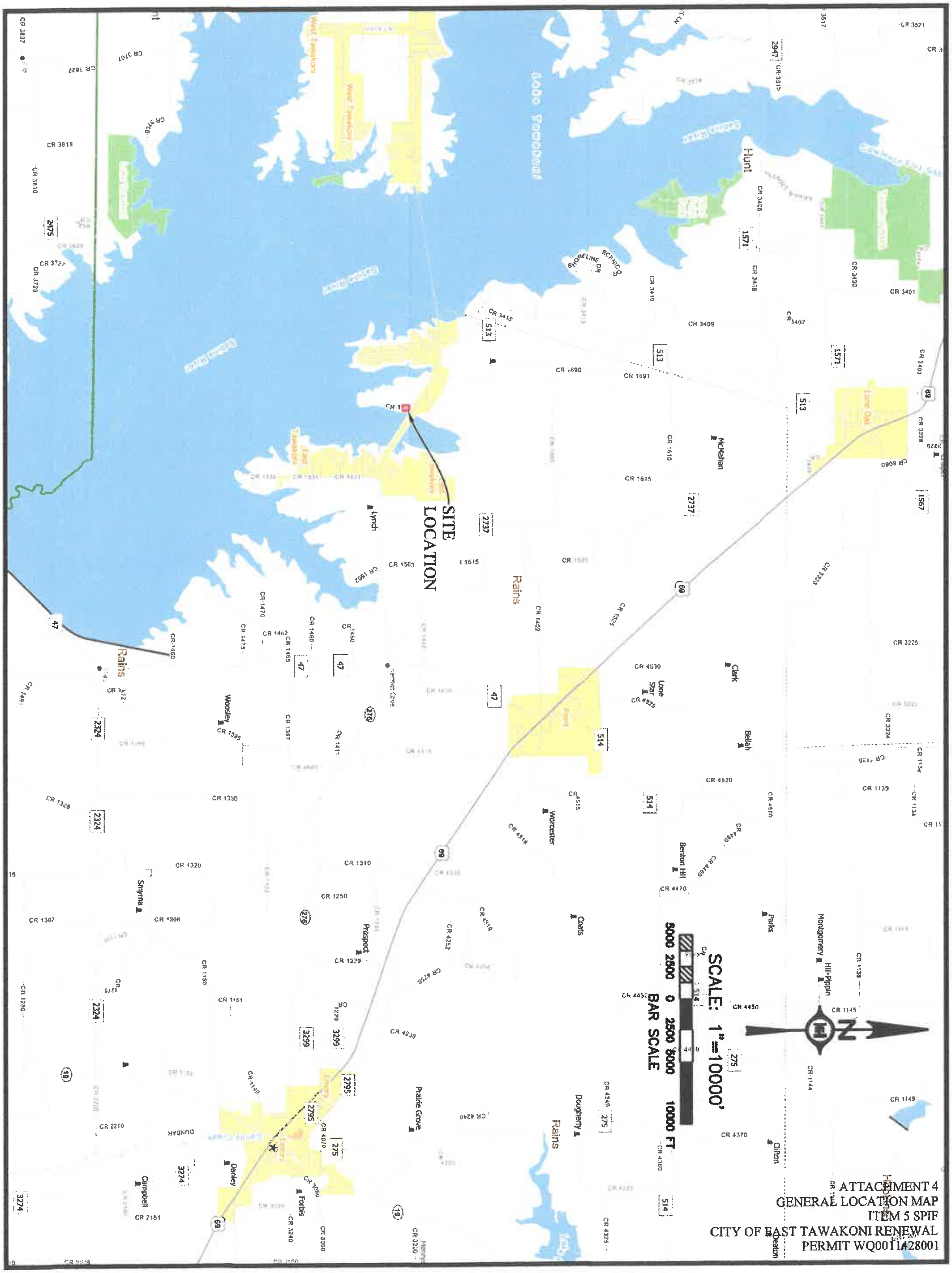
N/A



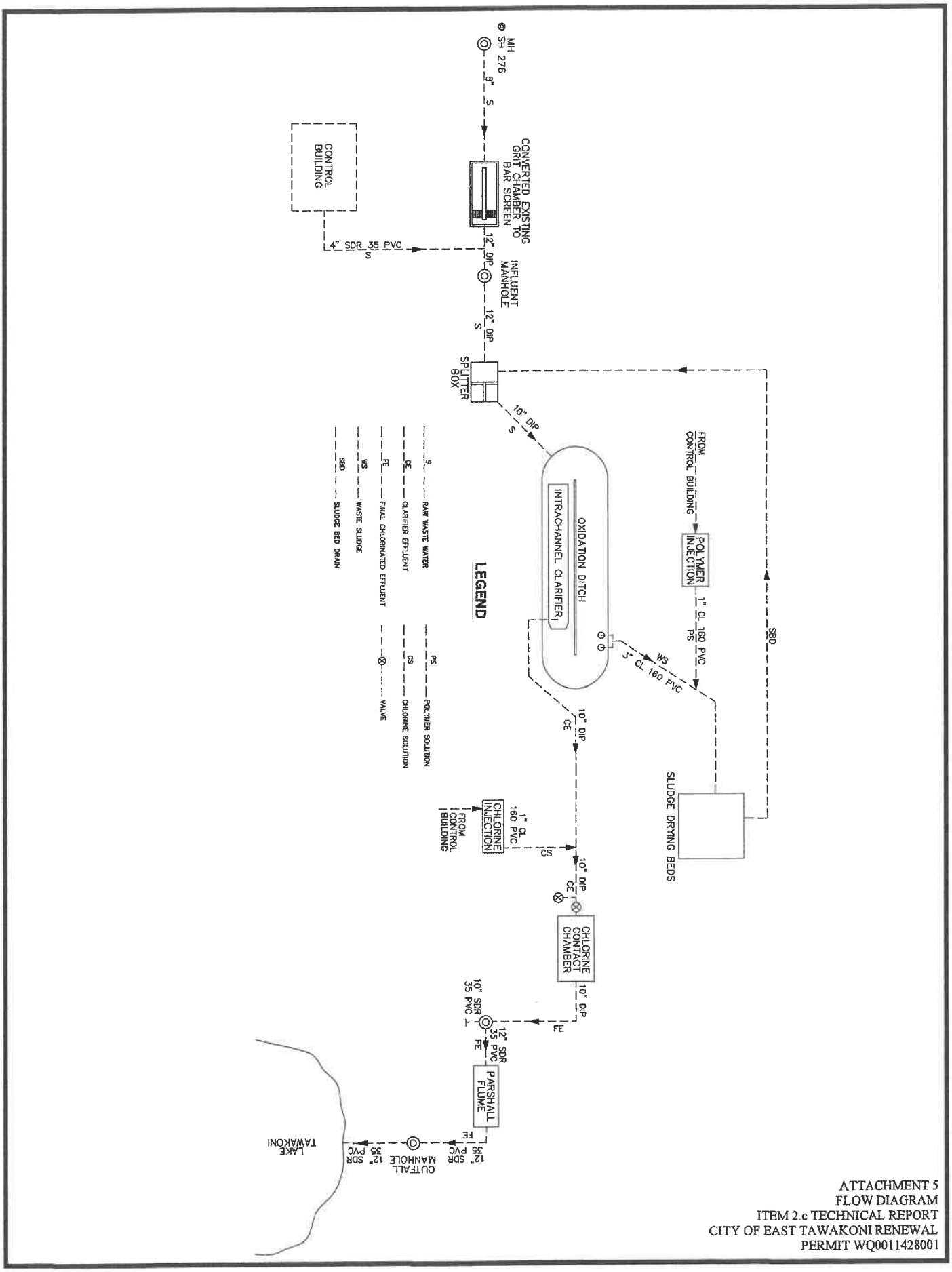
ATTACHMENT 2
USGS MAP - LONE OAK SOUTH QUAD
ITEM 13 ADMIN REPORT
CITY OF EAST TAWAKONI RENEWAL
PERMIT WQ0011428001



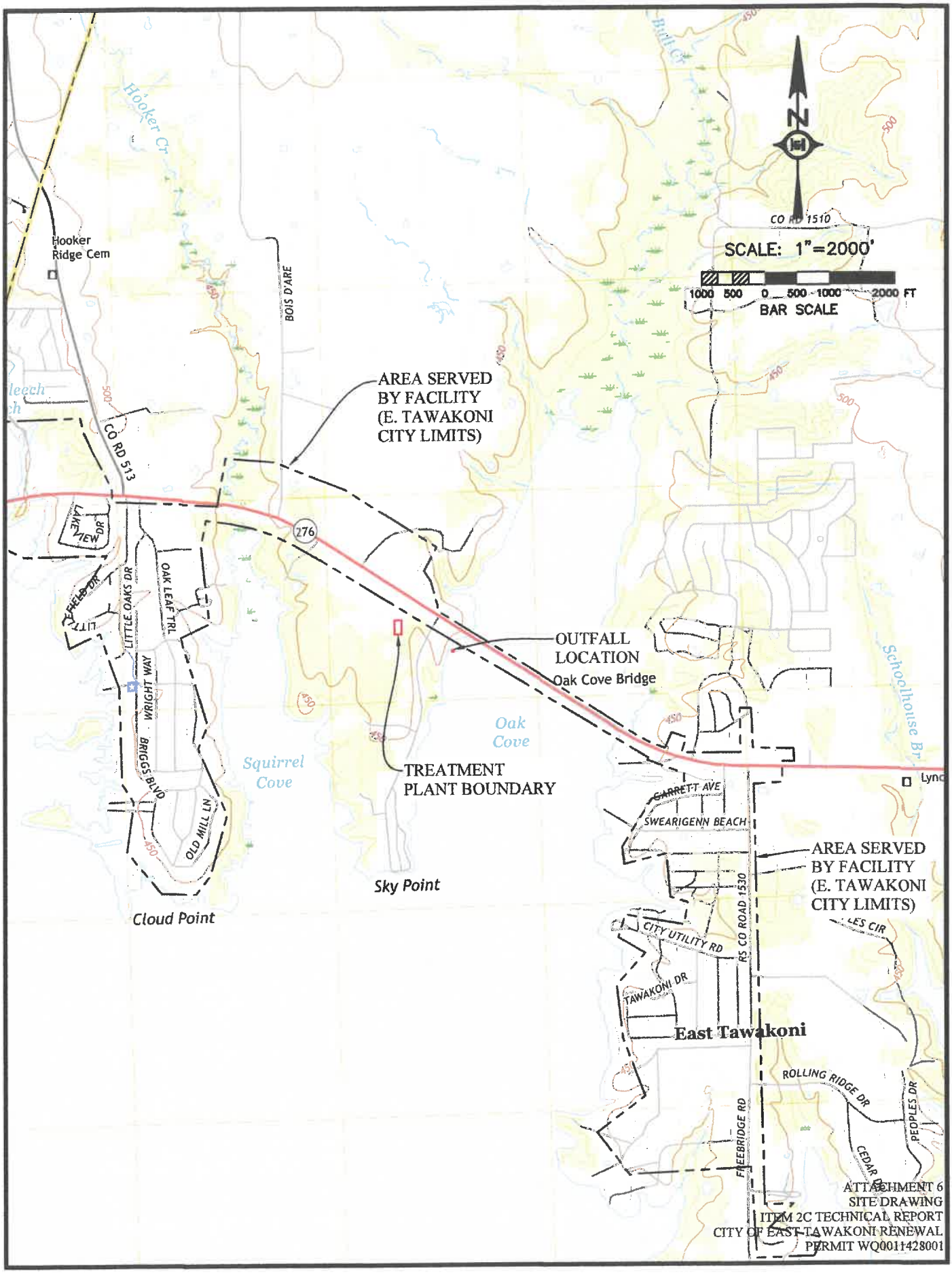
ATTACHMENT 3
USGS MAP - LONE OAK SOUTH QUAD
ITEM 5 SPIF
CITY OF EAST TAWAKONI RENEWAL
PERMIT WQ0011428001



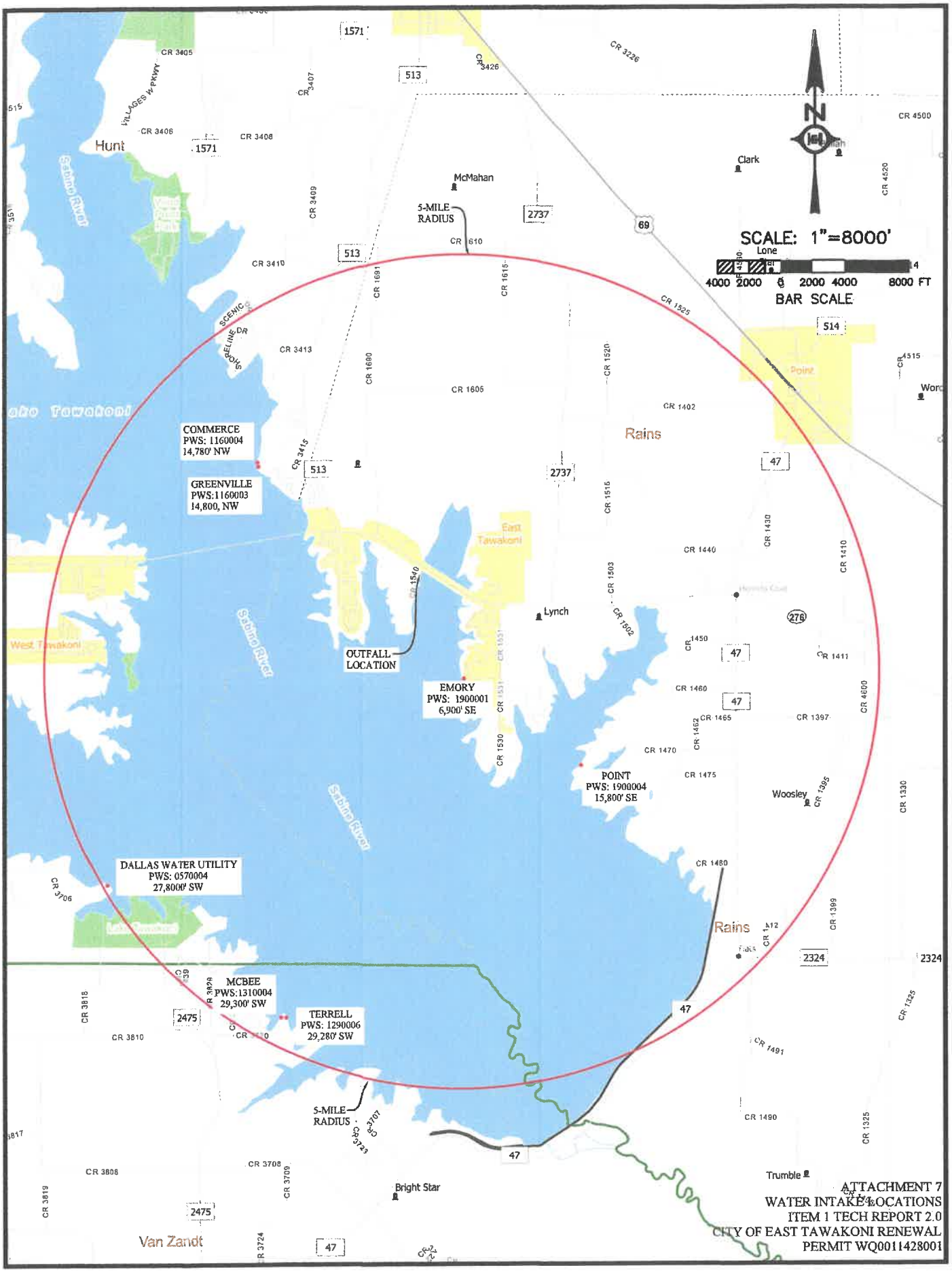
ATTACHMENT 4
GENERAL LOCATION MAP
ITEM 5 SPIF
CITY OF EAST TAWAKONI RENEWAL
PERMIT WQ0011428001



ATTACHMENT 5
FLOW DIAGRAM
ITEM 2.c TECHNICAL REPORT
CITY OF EAST TAWAKONI RENEWAL
PERMIT WQ0011428001



ATTACHMENT 6
SITE DRAWING
ITEM 2C TECHNICAL REPORT
CITY OF EAST TAWAKONI RENEWAL
PERMIT WQ0011428001



ATTACHMENT 7
WATER INTAKE LOCATIONS
ITEM 1 TECH REPORT 2.0
CITY OF EAST TAWAKONI RENEWAL
PERMIT WQ0011428001

2600 Dudley Rd. Kilgore, Texas 75662
24 Waterway Avenue, Suite 375 The Woodlands, TX 77380
Office: 903-984-0551 * Fax: 903-984-5914

Project
1163650

ETW1-A

City of East Tawakoni
Kyle Washburn
288 Briggs Blvd
East Tawakoni, TX 75472-7140

Printed 10/07/2025
12:12

TABLE OF CONTENTS

This report consists of this Table of Contents and the following pages:

2600 Dudley Rd. Kilgore, Texas 75662
24 Waterway Avenue, Suite 375 The Woodlands, TX 77380
Office: 903-984-0551 * Fax: 903-984-5914

SAMPLE CROSS REFERENCE

Project
1163650

City of East Tawakoni
Kyle Washburn
288 Briggs Blvd
East Tawakoni, TX 75472-7140

Sample	Sample ID	Taken	Time	Received
2451156	*Final Effluent Nitrate Recolle*	09/30/2025	13:00:00	09/30/2025

Bottle 01 Polyethylene Quart, Q
Bottle 02 Polyethylene Quart, Q

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 300.0 2.1	01	1198517	10/01/2025	1198517	10/01/2025

Sample	Sample ID	Taken	Time	Received
2451158	*Sewage Effluent Wastewater*	09/30/2025	10:00:00	09/30/2025

Bottle 01 Polyethylene 1/2 gal (White), C
Bottle 02 8 oz Plastic H2SO4 pH < 2, Q
Bottle 03 BOD Titration Beaker A (Batch 1198091) Volume: 100.00000 mL <== Derived from 01 (100 ml)
Bottle 04 BOD Analytical Beaker B (Batch 1198091) Volume: 100.00000 mL <== Derived from 01 (100 ml)
Bottle 05 BOD Titration Beaker A (Batch 1198091) Volume: 100.00000 mL <== Derived from 01 (100 ml)
Bottle 06 BOD Analytical Beaker B (Batch 1198091) Volume: 100.00000 mL <== Derived from 01 (100 ml)
Bottle 07 Prepared Bottle: NH3N TRAACS Autosampler Vial (Batch 1198107) Volume: 6.00000 mL <== Derived from 02 (6 ml)

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
SM 5210 B-2016	01	1198091	10/06/2025	1198091	10/06/2025
EPA 350.1 2	07	1198107	10/01/2025	1198597	10/02/2025
SM 2540 D-2020	01	1199166	10/06/2025	1199166	10/06/2025

Sample	Sample ID	Taken	Time	Received
2451163	*Influent*	09/30/2025	08:15:00	09/30/2025

Bottle 01 Polyethylene 1/2 gal (White), C
Bottle 02 BOD Titration Beaker A (Batch 1198091) Volume: 100.00000 mL <== Derived from 01 (100 ml)
Bottle 03 BOD Analytical Beaker B (Batch 1198091) Volume: 100.00000 mL <== Derived from 01 (100 ml)

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
SM 5210 B-2016	01	1198091	10/06/2025	1198091	10/06/2025
SM 2540 D-2020	01	1199166	10/06/2025	1199166	10/06/2025

Email: Kilgore.ProjectManagement@spllabs.com

2600 Dudley Rd. Kilgore, Texas 75662
24 Waterway Avenue, Suite 375 The Woodlands, TX 77380
Office: 903-984-0551 * Fax: 903-984-5914

SPL
The Science of Solid

ETW1-A

City of East Tawakoni
Kyle Washburn
288 Briggs Blvd
East Tawakoni, TX 75472-7140

Project
1163650

Printed: 10/07/2025

RESULTS

Sample Results

2451156 **Final Effluent Nitrate Recolle** Received: 09/30/2025

Non-Potable Water | Collected by: Client | City of East Tawakon | PO:
Taken: 09/30/2025 13:00:00

EPA 300.0 2.1 Prepared: 1198517 10/01/2025 19:26:00 Analyzed 1198517 10/01/2025 19:26:00 KRA

	Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC	**Nitrate-Nitrogen Total**	**23.6**	10.00	**mg/L**	0.226		**14797-55-8**	01

2451158 **Sewage Effluent Wastewater** Received: 09/30/2025

Non-Potable Water | Collected by: Client | City of East Tawakon | PO:
Taken: 09/30/2025 10:00:00

Prepared: 09/30/2025 17:01:29 Calculated 09/30/2025 17:01:29 CAL

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
Sampling/Transport/Repacking	**Verified**	1.00					

EPA 350.1 2 Prepared: 1198107 10/01/2025 07:11:02 Analyzed 1198597 10/02/2025 08:48:00 MEG

	Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC	**Ammonia Nitrogen**	**0.166**	1.00	**mg/L**	0.020			07

SM 2540 D-2020 Prepared: 1199166 10/06/2025 14:50:00 Analyzed 1199166 10/06/2025 14:50:00 BEK

	Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC	**Total Suspended Solids**	**<2.00**	1.00	**mg/L**	2.00			01

SM 5210 B-2016 Prepared: 1198091 10/01/2025 Analyzed 1198091 10/06/2025 13:47:19 JW1

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle

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Office: 903-984-0551 * Fax: 903-984-5914

SPL
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ETW1-A

Project
1163650

City of East Tawakoni
Kyle Washburn
288 Briggs Blvd
East Tawakoni, TX 75472-7140

Printed: 10/07/2025

2451158 Sewage Effluent Wastewater

Received: 09/30/2025

Non-Potable Water | Collected by: Client | City of East Tawakon | PO:
Taken: 09/30/2025 10:00:00

SM 5210 B-2016 | Prepared: 1198091 10/01/2025 | Analyzed 1198091 10/06/2025 13:47:19 JW1

	Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC	**Biochemical Oxygen Demand (BOD5)**	**3.00**	4.00	**mg/L**	2.00		**1026-3**	01

2451163 Influent

Received: 09/30/2025

Non-Potable Water | Collected by: Client | City of East Tawakon | PO:
Taken: 09/30/2025 08:15:00

SM 2540 D-2020 | Prepared: 1199166 10/06/2025 14:50:00 | Analyzed 1199166 10/06/2025 14:50:00 BEK

	Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC	**Total Suspended Solids**	**181**	12.50	**mg/L**	25.0			01

SM 5210 B-2016 | Prepared: 1198091 10/01/2025 | Analyzed 1198091 10/06/2025 13:49:05 JW1

	Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC	**Biochemical Oxygen Demand (BOD5)**	**186**	30.00	**mg/L**	15.0		**1026-3**	01

Sample Preparation

2451156 Final Effluent Nitrate Recolle

Received: 09/30/2025

09/30/2025

Prepared: 09/30/2025 17:01:29 | Calculated 09/30/2025 17:01:29 CAL

z	**Enviro Fee (per Sampling Group)**	**Verified**

2600 Dudley Rd. Kilgore, Texas 75662
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ETW1-A

Project
1163650

City of East Tawakoni
Kyle Washburn
288 Briggs Blvd
East Tawakoni, TX 75472-7140

Printed: 10/07/2025

2451158 **Sewage Effluent Wastewater** Received: 09/30/2025

09/30/2025

EPA 350.1, Rev. 2.0		*Prepared:*	*1198107*	*10/01/2025*	*07:11:02*	*Analyzed*	*1198107*	*10/01/2025*	*07:11:02*	*CMS*
NELAC **Ammonia Distillation**	**6/6**			**ml**						02
SM 2540 D-2011		*Prepared:*	*1198745*	*10/06/2025*	*14:50:00*	*Analyzed*	*1198745*	*10/06/2025*	*14:50:00*	*BEK*
NELAC **TSS Set Started**	**Started**									
SM 5210 B-2016		*Prepared:*	*1198091*	*10/01/2025*		*Analyzed*	*1198091*	*10/01/2025*	*06:15:15*	*JW1*
NELAC **BOD Set Started**	**Started**									

2451163 **Influent** Received: 09/30/2025

09/30/2025

SM 2540 D-2011		*Prepared:*	*1198745*	*10/06/2025*	*14:50:00*	*Analyzed*	*1198745*	*10/06/2025*	*14:50:00*	*BEK*
NELAC **TSS Set Started**	**Started**									
SM 5210 B-2016		*Prepared:*	*1198091*	*10/01/2025*		*Analyzed*	*1198091*	*10/01/2025*	*06:15:15*	*JW1*
NELAC **BOD Set Started**	**Started**									

2600 Dudley Rd. Kilgore, Texas 75662
24 Waterway Avenue, Suite 375 The Woodlands, TX 77380
Office: 903-984-0551 * Fax: 903-984-5914

ETW1-A

Project
1163650

City of East Tawakoni
Kyle Washburn
288 Briggs Blvd
East Tawakoni, TX 75472-7140

Printed: 10/07/2025

Qualifiers:

We report results on an As Received (or Wet) basis unless marked Dry Weight.

Unless otherwise noted, testing was performed at SPL, Inc.- Kilgore laboratory which holds International, Federal, and state accreditations. Please see our Websites for details.

(N)ELAC - Covered in our NELAC scope of accreditation
z -- Not covered by our NELAC scope of accreditation

These analytical results relate to the sample tested. This report may NOT be reproduced EXCEPT in FULL without written approval of SPL Kilgore. Unless otherwise specified, these test results meet the requirements of NELAC.
RL is the Reporting Limit (sample specific quantitation limit) and is at or above the Method Detection Limit (MDL). CAS is Chemical Abstract Service number. RL is our Reporting Limit, or Minimum Quantitation Level. The RL takes into account the Instrument Detection Limit (IDL), Method Detection Limit (MDL), and Practical Quantitation Limit (PQL), and any dilutions and/or concentrations performed during sample preparation (EQL). Our analytical result must be above this RL before we report a value in the 'Results' column of our report (without a 'J' flag). Otherwise, we report ND (Not Detected above RL), because the result is "<" (less than) the number in the RL column. MAL is Minimum Analytical Level and is typically from regulatory agencies. Unless we report a result in the result column, or interferences prevent it, we work to have our RL at or below the MAL.

Bill Peery

Bill Peery, MS, Senior Director, Environmental Technology

QUALITY CONTROL

ETW1-A

City of East Tawakoni
Kyle Washburn
288 Briggs Blvd
East Tawakoni, TX 75472-7140

Project
1163650

Printed 10/07/2025

Analytical Set 1198091 — SM 5210 B-2016

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Biochemical Oxygen Demand (BOD5)	1198091	0	0.200	0.500	mg/L	128138567
Biochemical Oxygen Demand (BOD5)	1198091	-0.1	0.200	0.500	mg/L	128138617

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Biochemical Oxygen Demand (BOD5)	2450910	116	123	mg/L	5.86	30.0
Biochemical Oxygen Demand (BOD5)	2451105	3.83	3.99	mg/L	4.09	30.0
Biochemical Oxygen Demand (BOD5)	2451158	3.64	3.00	mg/L	19.3	30.0
Biochemical Oxygen Demand (BOD5)	2451240	4.96	5.16	mg/L	3.95	30.0

Seed Drop

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Biochemical Oxygen Demand (BOD5)	1198091	0.323	0.200	0.500	mg/L	128138569
Biochemical Oxygen Demand (BOD5)	1198091	0.320	0.200	0.500	mg/L	128138619

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
Biochemical Oxygen Demand (BOD5)		197	198	mg/L	99.5	83.7 - 116	128138570
Biochemical Oxygen Demand (BOD5)		199	198	mg/L	101	83.7 - 116	128138620

Analytical Set 1198597 — EPA 350.1 2

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Ammonia Nitrogen	1198107	ND	0.00336	0.020	mg/L	128152397

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Ammonia Nitrogen	2.16	2.00	mg/L	108	90.0 - 110	128152365
Ammonia Nitrogen	2.18	2.00	mg/L	109	90.0 - 110	128152374
Ammonia Nitrogen	2.14	2.00	mg/L	107	90.0 - 110	128152379
Ammonia Nitrogen	2.15	2.00	mg/L	108	90.0 - 110	128152389
Ammonia Nitrogen	2.18	2.00	mg/L	109	90.0 - 110	128152400
Ammonia Nitrogen	2.19	2.00	mg/L	110	90.0 - 110	128152411
Ammonia Nitrogen	2.18	2.00	mg/L	109	90.0 - 110	128152422
Ammonia Nitrogen	2.15	2.00	mg/L	108	90.0 - 110	128152433
Ammonia Nitrogen	2.19	2.00	mg/L	110	90.0 - 110	128152443
Ammonia Nitrogen	2.14	2.00	mg/L	107	90.0 - 110	128152454
Ammonia Nitrogen	2.19	2.00	mg/L	110	90.0 - 110	128152465
Ammonia Nitrogen	2.18	2.00	mg/L	109	90.0 - 110	128152476
Ammonia Nitrogen	2.15	2.00	mg/L	108	90.0 - 110	128152486
Ammonia Nitrogen	2.14	2.00	mg/L	107	90.0 - 110	128152491

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Ammonia Nitrogen	2451059	ND	ND	mg/L		20.0

Email: Kilgore.ProjectManagement@spllabs.com

QUALITY CONTROL

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City of East Tawakoni
Kyle Washburn
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Project 1163650

Printed 10/07/2025

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Ammonia Nitrogen	2.17	2.00	mg/L	108	90.0 - 110	128152364

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Ammonia Nitrogen	1198107	2.17	2.15	2.00	90.0 - 110	108	108	mg/L	0.926	20.0

Mat. Spike

Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File
Ammonia Nitrogen	2451059	13.1	ND	12.0	mg/L	109	80.0 - 120	128152403

Analytical Set 1199166 — SM 2540 D-2020

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Suspended Solids	1199166	ND	2	2	mg/L	128169861

ControlBlk

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Suspended Solids	1199166	0.0001			grams	128169860

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Suspended Solids	2451120	65.5	64.5	mg/L	1.54	20.0
Total Suspended Solids	2451188	720	720	mg/L	0	20.0
Total Suspended Solids	2451548	54.4	55.6	mg/L	2.18	20.0

LCS

Parameter	PrepSet	Reading	Known	Units	Recover%	Limits	File
Total Suspended Solids	1199166	46.0	50.0	mg/L	92.0	90.0 - 110	128169894

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
Total Suspended Solids		100	100	mg/L	100	90.0 - 110	128169893

Analytical Set 1198517 — EPA 300.0 2.1

AWRL/LOQ C

Parameter	Reading	Known	Units	Recover%	Limits%	File
Nitrate-Nitrogen Total	0.0263	0.0226	mg/L	116	70.0 - 130	128150526

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Nitrate-Nitrogen Total	1198517	ND	0.00655	0.0226	mg/L	128150527

CCB

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Nitrate-Nitrogen Total	1198517	0.00352	0.00655	0.0226	mg/L	128150521
Nitrate-Nitrogen Total	1198517	0.00456	0.00655	0.0226	mg/L	128150537
Nitrate-Nitrogen Total	1198517	0	0.00655	0.0226	mg/L	128150553

QUALITY CONTROL

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City of East Tawakoni
Kyle Washburn
288 Briggs Blvd
East Tawakoni, TX 75472-7140

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Printed 10/07/2025

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Nitrate-Nitrogen Total	2.15	2.26	mg/L	95.1	90.0 - 110	128150520
Nitrate-Nitrogen Total	2.14	2.26	mg/L	94.7	90.0 - 110	128150536
Nitrate-Nitrogen Total	2.14	2.26	mg/L	94.7	90.0 - 110	128150552

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Nitrate-Nitrogen Total	1198517	1.25	1.27	1.13	86.3 - 117	111	112	mg/L	1.59	20.0

MSD

Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Nitrate-Nitrogen Total	2450232	2.31	2.33	0.091	2.26	80.0 - 120	98.2	99.1	mg/L	0.897	20.0
Nitrate-Nitrogen Total	2451431	2.43	2.44	0.175	2.26	80.0 - 120	99.8	100	mg/L	0.442	20.0

* Out RPD is Relative Percent Difference: abs(r1-r2) / mean(r1,r2) * 100%

Recover% is Recovery Percent: result / known * 100%

Blank - Method Blank (reagent water or other blank matrices that contains all reagents except standard(s) and is processed simultaneously with and under the same conditions as samples; carried through preparation and analytical procedures exactly like a sample; monitors); CCB - Continuing Calibration Blank; CCV - Continuing Calibration Verification (same standard used to prepare the curve; typically a mid-range concentration; verifies the continued validity of the calibration curve); MSD - Matrix Spike Duplicate (replicate of the matrix spike; same solution and amount of target analyte added to the MS is added to a third aliquot of sample; quantifies matrix bias and precision.); LCS Dup - Laboratory Control Sample Duplicate (replicate LCS; analyzed when there is insufficient sample for duplicate or MSD; quantifies accuracy and precision.); AWRL/LOQ C - Ambient Water Reporting Limit/LOQ Check Std; ICV - Initial Calibration Verification; LCS - Laboratory Control Sample (reagent water or other blank matrices that is spiked with a known quantity of target analyte(s) and carried through preparation and analytical procedures exactly like a sample; typically a mid-range concentration; verifies that bias and precision of the analytical process are within control limits; determines usability of the data.)

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CHAIN OF CUSTODY

Printed 10/01/2025 Page 1 of 1

Lab Number 1451156

City of East Tawakoni
Kyle Washburn
288 Briggs Blvd
East Tawakoni, TX 75472-7140

ETW1-A
115

PO Number

Phone 903-447-3223

Final Effluent Nitrate Recolle

☐ Hand Delivered by Client Representative

Matrix: Non-Potable Water

Sample Collection Start

Date: 9/30/25 **Time:** 1300

Sampler Printed Name: Kyle Washburn

Sampler Affiliation: Operator

Sampler Signature: Kyle Washburn

Samples Radioactive? ☐ Samples Contains Dioxin? ☐ Samples Biological Hazard? ☐

[1] **Polyethylene Quart, Q**

Short Hold | !N3L | Nitrate-Nitrogen Total | EPA 300.0 2.1 CAS:14797-55-8 (2.00 days)

Ambient Conditions/Comments

Date	Time	Relinquished		Received	
9/30/25	1305	Printed Name: Kyle Washburn	Affiliation: Operator	Printed Name: Jenny Smith	Affiliation: SPL
		Signature: Kyle Washburn		Signature: Jenny Smith	
9/30/25	1550	Printed Name: Jenny Smith	Affiliation: SPL	Printed Name:	Affiliation: Kierlsten Boscum - SPL, Inc.
		Signature: Jenny Smith		Signature: KMSN	
		Printed Name	Affiliation	Printed Name	Affiliation
		Signature		Signature	
		Printed Name	Affiliation	Printed Name	Affiliation
		Signature		Signature	

Sample Received on Ice? ☒ Yes ☐ No
Cooler/Sample Secure? ☒ Yes ☐ No
If Shipped: Tracking Number & Temp - See Attached

The accreditations and certifications ... Unless otherwise specified, SPL ... these analytical services pursuant to our Standard Terms & Conditions ... SPL personnel collect samples as specified in SPL SOP ...

Comments

1163650 CoC Print Group 001 of 001

CHAIN OF CUSTODY

Printed: 10/16/2025 Page 1 of 2

Lab Number: 1451158

City of East Tawakoni
Kyle Washburn
288 Briggs Blvd
East Tawakoni, TX 75472-7140

ETW1-A
SE

Per Number:

Phone:

Sewage Effluent Wastewater

Matrix: Non-Potable Water

Sample Collection Start

Date: 9/30/25 Time: 1000

Sampler Printed Name: Kyle Washburn

Sampler Affiliation: Operator

Sampler Signature: KyleWash

Sample(s) Radioactive? ☐ Sample(s) Corrosive? ☐ Sample(s) Hazard to Health? ☐

1 On Site Testing

Flol Flow, Client Supplied

Flow, Client Supplied

Collected By _____ Date _____ Time _____ Analyzed By _____ Date _____ Time _____

Results _____ Units _____ Duplicate _____ Units _____

1 Polyethylene 1/2 gal (White), Q

Short Hold BOD Biochemical Oxygen Demand (BOD5) SM 5210 B-2016 CAS:1026-3, 2 (4 days)

TSS Total Suspended Solids SM 2540 D-2020, 7 (7 days)

0 Z -- No bottle required

PuCh Sampling Transport/Repacking

1 H2SO4 to pH <2 250 ml Polyethylene, Q

NHaN Ammonia Nitrogen EPA 350.1 2.0 (28 days)

Analytical Conditions/Comments

Corporate Address 2608 Dudley Road Kilgore

CHAIN OF CUSTODY

Printed: 09/16/2025 Page 2 of 2

City of East Tawakoni
Kyle Washburn
288 Briggs Blvd
East Tawakoni, TX 75472-7140

ETW1-A
SE

9/30/25	1305	Kyle Washburn Operator Kyle Washburn	Jerry Smith SPL Jerry Smith
9/30/25	1550	Jerry Smith SPL Jerry Smith	

Sample Received on Ice? Y / N

1163650 CoC Print Group 001 of 001

CHAIN OF CUSTODY

Printed: 09/16/2025 Page 1 of 1

Lab Number: 1451163

City of East Tawakoni
Kyle Washburn
288 Briggs Blvd
East Tawakoni, TX 75472-7140

ETW1-A
INF

PO Number:

Phone: 903-447-2223

Influent

Matrix: Non-Potable Water

Sample Collection Start

Date: 9/30/25 Time: 0815

Sampler Printed Name: KyleWashburn

Sampler Affiliation: Operator

Sampler Signature: KyeWash

Sample Station ID#: Sample Grade: Grab Sample Type: Grab

1 Polyethylene 1/2 gal (White), Q

Short Hold

BOD	Biochemical Oxygen Demand, BOD5	SM 5210 B-2016 CAS 1026-3-2 48 days
TSS	Total Suspended Solids	SM 2540 D-2020 7 days

Container Conditions/Comments

Date	Time	Relinquished	Received
9/30/25	1305	KyleWashburn Operator KyeWash	Jenny Smith SPL Jenny Smith
9/30/25	1550	Jenny Smith SPL Jenny Smith	Kiersten Possum - SPL, Inc. KMPoss

Sample Received on Ice? N

Cooler Sample Secure? N Shipment Tracking Number (Carrier Name and Number):

Comments:

COOLER CHECKIN

Region/Driver/Client	JM1
Date / Time:	9/10 / 1550
Cooler:	of
Shipping Company:	SPL

Temp Label:

9/10 1550 KR
Date Time Tech
Temp: 0.4 0.7 C
Therm#: 7736 Corr Fact: -0.1 C

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24 Waterway Avenue, Suite 375 The Woodlands, TX 77380
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Project
1162208

ETW1-A

City of East Tawakoni
Kyle Washburn
288 Briggs Blvd
East Tawakoni, TX 75472-7140

Printed 09/26/2025
7:59

TABLE OF CONTENTS

This report consists of this Table of Contents and the following pages:

2600 Dudley Rd. Kilgore, Texas 75662
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Office: 903-984-0551 * Fax: 903-984-5914

SAMPLE CROSS REFERENCE

Project
1162208

City of East Tawakoni
Kyle Washburn
288 Briggs Blvd
East Tawakoni, TX 75472-7140

Sample	Sample ID	Taken	Time	Received
2447574	*Final Effluent*	09/16/2025	10:00:00	09/16/2025

Bottle 01 Polyethylene 1/2 gal (White), C
Bottle 02 Polyethylene Quart, Q
Bottle 03 16 oz HNO3 Metals Plastic, Q
Bottle 04 8 oz Plastic H2SO4 pH < 2, Q
Bottle 05 Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized, I
Bottle 06 Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized, I
Bottle 07 BOD Titration Beaker A (Batch 1195788) Volume: 100.00000 mL <== Derived from 01 (100 ml)
Bottle 08 BOD Analytical Beaker B (Batch 1195788) Volume: 100.00000 mL <== Derived from 01 (100 ml)
Bottle 09 BOD Titration Beaker A (Batch 1195788) Volume: 100.00000 mL <== Derived from 01 (100 ml)
Bottle 10 BOD Analytical Beaker B (Batch 1195788) Volume: 100.00000 mL <== Derived from 01 (100 ml)
Bottle 11 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1195857) Volume: 20.00000 mL <== Derived from 04 (20 ml)
Bottle 12 Prepared Bottle: NH3N TRAACS Autosampler Vial (Batch 1195860) Volume: 6.00000 mL <== Derived from 04 (6 ml)
Bottle 13 Prepared Bottle: ICP Preparation for Metals (Batch 1196427) Volume: 50.00000 mL <== Derived from 03 (50 ml)
Bottle 14 Prepared Bottle: ICP Preparation for Metals (Batch 1197056) Volume: 50.00000 mL <== Derived from 03 (50 ml)
Bottle 15 Prepared Bottle: ICP Preparation for Metals (Batch 1197056) Volume: 50.00000 mL <== Derived from 03 (50 ml)
Bottle 16 Prepared Bottle: ICP Preparation for Metals (Batch 1197056) Volume: 50.00000 mL <== Derived from 03 (50 ml)

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 300.0 2.1	01	1196478	09/18/2025	1196478	09/18/2025
EPA 200.7 4.4	14	1197056	09/24/2025	1197458	09/25/2025
SM 5210 B-2016 (TCMP Inhibitor)	01	1195788	09/22/2025	1195788	09/22/2025
SM 9223 B (Colilert-18 QT)-2016	05	1195910	09/17/2025	1195910	09/17/2025
SM 9223 B (Colilert-18 QT)-2016	05	1195909	09/17/2025	1195909	09/17/2025
EPA 350.1 2	12	1195860	09/17/2025	1196403	09/18/2025
SM 2540 C-2020	02	1196915	09/19/2025	1196915	09/19/2025
EPA 351.2 2	11	1195857	09/17/2025	1196221	09/18/2025
SM 2540 D-2020	01	1196778	09/22/2025	1196778	09/22/2025

Email: Kilgore.ProjectManagement@spllabs.com

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ETW1-A

Project
1162208

City of East Tawakoni
Kyle Washburn
288 Briggs Blvd
East Tawakoni, TX 75472-7140

Printed: 09/26/2025

RESULTS

Sample Results

2447574 **Final Effluent** Received: 09/16/2025

Non-Potable Water | Collected by: Client | City of East Tawakon | PO:
Taken: 09/16/2025 | 10:00:00

EPA 200.7 4.4 — Prepared: 1197056 09/24/2025 08:00:00 — Analyzed 1197458 09/25/2025 12:24:00 — ANC

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Phosphorus**	**5.78**	**mg/L**	0.100		**7723-14-0**	14

EPA 300.0 2.1 — Prepared: 1196478 09/18/2025 14:26:00 — Analyzed 1196478 09/18/2025 14:26:00 — KRA

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Chloride**	**78.0**	**mg/L**	3.00			01
NELAC	**Sulfate**	**33.1**	**mg/L**	3.00			01

EPA 350.1 2 — Prepared: 1195860 09/17/2025 10:06:20 — Analyzed 1196403 09/18/2025 08:48:00 — AMB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Ammonia Nitrogen**	**0.044**	**mg/L**	0.020			12

EPA 351.2 2 — Prepared: 1195857 09/17/2025 09:54:29 — Analyzed 1196221 09/18/2025 08:40:00 — AMB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Total Kjeldahl Nitrogen**	**1.74**	**mg/L**	0.050		**7727-37-9**	11

SM 2540 C-2020 — Prepared: 1196915 09/19/2025 10:15:00 — Analyzed 1196915 09/19/2025 10:15:00 — JMB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Total Dissolved Solids**	**356**	**mg/L**	20.0			02

SM 2540 D-2020 — Prepared: 1196778 09/22/2025 10:40:00 — Analyzed 1196778 09/22/2025 10:40:00 — BEK

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Total Suspended Solids**	**3.60**	**mg/L**	2.00			01

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City of East Tawakoni
Kyle Washburn
288 Briggs Blvd
East Tawakoni, TX 75472-7140

Printed: 09/26/2025

2447574 **Final Effluent** Received: 09/16/2025

Non-Potable Water | Collected by: Client | City of East Tawakon | PO:
Taken: 09/16/2025 10:00:00

SM 5210 B-2016 (TCMP Inhibitor) Prepared: 1195788 09/17/2025 Analyzed 1195788 09/22/2025 13:04:28 JW1

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**BOD Carbonaceous**	**2.99**	**mg/L**	2.00			01

SM 9223 B (Colilert-18 QT)-2016 Prepared: 1195909 09/17/2025 11:57:00 Analyzed 1195909 09/17/2025 11:57:00 CP1

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**MPN, Total Coliform, Non-Pot**	**<1.0**	**MPN/100mL**	1.00			05

SM 9223 B (Colilert-18 QT)-2016 Prepared: 1195910 09/17/2025 11:57:00 Analyzed 1195910 09/17/2025 11:57:00 CP1

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**MPN, E.coli, Col.-18 - Non-Pot**	**<1.0**	**MPN/100mL**	1.00			05

Sample Preparation

2447574 **Final Effluent** Received: 09/16/2025

09/16/2025

Prepared: 09/23/2025 16:00:54 Calculated 09/23/2025 16:00:54 CAL

z	**Enviro Fee (per Sampling Group)**	**Verified**					

EPA 200.2 2.8 Prepared: 1196427 09/19/2025 09:00:00 Analyzed 1196427 09/19/2025 09:00:00 MP1

z	**Liquid Metals Digestion**	**50/50**	**ml**				03

EPA 200.2 2.8 Prepared: 1197056 09/24/2025 08:00:00 Analyzed 1197056 09/24/2025 08:00:00 MP1

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City of East Tawakoni
Kyle Washburn
288 Briggs Blvd
East Tawakoni, TX 75472-7140

Printed: 09/26/2025

2447574 **Final Effluent** Received: 09/16/2025

09/16/2025

	EPA 200.2 2.8	*Prepared:*	*1197056*	*09/24/2025*	*08:00:00*	*Analyzed*	*1197056*	*09/24/2025*	*08:00:00*	*MP1*
z	**Liquid Metals Digestion**	**50/50**	**ml**							03
	EPA 350.1, Rev. 2.0	*Prepared:*	*1195860*	*09/17/2025*	*10:06:20*	*Analyzed*	*1195860*	*09/17/2025*	*10:06:20*	*CMS*
NELAC	**Ammonia Distillation**	**6/6**	**ml**							04
	EPA 351.2, Rev 2.0	*Prepared:*	*1195857*	*09/17/2025*	*09:54:29*	*Analyzed*	*1195857*	*09/17/2025*	*09:54:29*	*MEG*
NELAC	**TKN Block Digestion**	**20/20**	**ml**							04
	SM 2540 C-2015	*Prepared:*	*1196429*	*09/19/2025*	*10:15:00*	*Analyzed*	*1196429*	*09/19/2025*	*10:15:00*	*JMB*
NELAC	**Total Dissolved Solids Started**	**Started**								
	SM 2540 D-2011	*Prepared:*	*1195279*	*09/22/2025*	*10:40:00*	*Analyzed*	*1195279*	*09/22/2025*	*10:40:00*	*BEK*
NELAC	**TSS Set Started**	**Started**								
	SM 5210 B-2016 (TCMP Inhibitor)	*Prepared:*	*1195788*	*09/17/2025*		*Analyzed*	*1195788*	*09/17/2025*	*06:14:40*	*JW1*
NELAC	**BODc Set Started**	**Started**								
	SM 9223 B (Colilert-18 QT)-2016	*Prepared:*	*1195905*	*09/16/2025*	*17:51:00*	*Analyzed*	*1195905*	*09/16/2025*	*17:51:00*	*CP1*
NELAC	**MPN (Colilert-18) Start Non-Pot**	**STARTED**								05

2600 Dudley Rd. Kilgore, Texas 75662
24 Waterway Avenue, Suite 375 The Woodlands, TX 77380
Office: 903-984-0551 * Fax: 903-984-5914

ETW1-A

City of East Tawakoni
Kyle Washburn
288 Briggs Blvd
East Tawakoni, TX 75472-7140

Project
1162208

Printed: 09/26/2025

Qualifiers:

We report results on an As Received (or Wet) basis unless marked Dry Weight.

Unless otherwise noted, testing was performed at SPL, Inc.- Kilgore laboratory which holds International, Federal, and state accreditations. Please see our Websites for details.

(N)ELAC - Covered in our NELAC scope of accreditation
z -- Not covered by our NELAC scope of accreditation

These analytical results relate to the sample tested. This report may NOT be reproduced EXCEPT in FULL without written approval of SPL Kilgore. Unless otherwise specified, these test results meet the requirements of NELAC.
RL is the Reporting Limit (sample specific quantitation limit) and is at or above the Method Detection Limit (MDL). CAS is Chemical Abstract Service number. RL is our Reporting Limit, or Minimum Quantitation Level. The RL takes into account the Instrument Detection Limit (IDL), Method Detection Limit (MDL), and Practical Quantitation Limit (PQL), and any dilutions and/or concentrations performed during sample preparation (EQL). Our analytical result must be above this RL before we report a value in the 'Results' column of our report (without a 'J' flag). Otherwise, we report ND (Not Detected above RL), because the result is "<" (less than) the number in the RL column. MAL is Minimum Analytical Level and is typically from regulatory agencies. Unless we report a result in the result column, or interferences prevent it, we work to have our RL at or below the MAL.

Bill Peery

Bill Peery, MS, Senior Director, Environmental Technology

QUALITY CONTROL

ETW1-A

City of East Tawakoni
Kyle Washburn
288 Briggs Blvd
East Tawakoni, TX 75472-7140

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Analytical Set 1195909 — SM 9223 B (Colilert-18 QT)-2016

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
MPN, Total Coliform, Non-Pot	1195909	<1.0	1.00	1.00	MPN/100mL	128079325

Micro Dup

Parameter	Sample	Type	Result	Unknown	Unit	Range	Criterion
MPN, Total Coliform, Non-Pot	2447573	Duplicate	1046.2	27.9	MPN/100mL	1.57	0.7825

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
P. aeruginosa	1195905	<1.0	<1.0	MPN/100ml		-	128079322
Standard E. coli	1195905	>2419.6	>2419.6	MPN/100ml		-	128079324
Standard K.varicola	1195905	>2419.6	>2419.6	MPN/100ml		-	128079323

Analytical Set 1195910 — SM 9223 B (Colilert-18 QT)-2016

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
MPN, E.coli, Col.-18 - Non-Pot	1195910	<1.0	1.00	1.00	MPN/100mL	128079342

Micro Dup

Parameter	Sample	Type	Result	Unknown	Unit	Range	Criterion
MPN, E.coli, Col.-18 - Non-Pot	2447573	Duplicate	<1.0	<1.0	MPN/100mL	0	0.7825

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
P. aeruginosa	1195905	<1.0	<1.0	MPN/100ml		-	128079339
Standard E. coli	1195905	>2419.6	>2419.6	MPN/100ml		-	128079341
Standard K.varicola	1195905	<1.0	<1.0	MPN/100ml		-	128079340

Analytical Set 1195788 — SM 5210 B-2016 (TCMP Inhibitor)

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
BOD Carbonaceous	1195788	0.08	0.200	0.500	mg/L	128076356
BOD Carbonaceous	1195788	0.1	0.200	0.500	mg/L	128079362

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD		Limit%
BOD Carbonaceous	2447078	3.95	6.75	mg/L	52.3	*	30.0
BOD Carbonaceous	2447574	3.63	2.99	mg/L	19.3		30.0
BOD Carbonaceous	2447919	2.15	2.67	mg/L	21.6		30.0

Seed Drop

Parameter	PrepSet	Reading	MDL	MQL	Units	File
BOD Carbonaceous	1195788	0.433	0.200	0.500	mg/L	128076358
BOD Carbonaceous	1195788	0.723	0.200	0.500	mg/L	128079364

QUALITY CONTROL

ETW1-A

City of East Tawakoni
Kyle Washburn
288 Briggs Blvd
East Tawakoni, TX 75472-7140

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Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%		File
BOD Carbonaceous		202	198	mg/L	102	83.7 - 116		128076359
BOD Carbonaceous		159	198	mg/L	80.3	83.7 - 116	*	128079365

Analytical Set 1196221 — EPA 351.2 2

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Kjeldahl Nitrogen	1195857	ND	0.00712	0.050	mg/L	128090651

CCB

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Kjeldahl Nitrogen	1195857	ND	0.00712	0.050	mg/L	128090649
Total Kjeldahl Nitrogen	1195857	ND	0.00712	0.050	mg/L	128090653
Total Kjeldahl Nitrogen	1195857	ND	0.00712	0.050	mg/L	128090665
Total Kjeldahl Nitrogen	1196221	ND	0.00712	0.050	mg/L	128090675

CCV

Parameter	Reading	Known	Units	Recover%	Limits%		File
Total Kjeldahl Nitrogen	4.99	5.00	mg/L	99.8	90.0 - 110		128090648
Total Kjeldahl Nitrogen	5.06	5.00	mg/L	101	90.0 - 110		128090650
Total Kjeldahl Nitrogen	4.96	5.00	mg/L	99.2	90.0 - 110		128090661
Total Kjeldahl Nitrogen	5.00	5.00	mg/L	100	90.0 - 110		128090672
Total Kjeldahl Nitrogen	5.02	5.00	mg/L	100	90.0 - 110		128090676

Duplicate

Parameter	Sample	Result	Unknown	Unit		RPD	Limit%
Total Kjeldahl Nitrogen	2447351	0.241	0.232	mg/L		3.81	20.0
Total Kjeldahl Nitrogen	2447358	0.323	0.304	mg/L		6.06	20.0

ICV

Parameter	Reading	Known	Units	Recover%	Limits%		File
Total Kjeldahl Nitrogen	5.20	5.00	mg/L	104	90.0 - 110		128090647

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Total Kjeldahl Nitrogen	1195857	5.08	5.06	5.00	90.0 - 110	102	101	mg/L	0.394	20.0

Mat. Spike

Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File
Total Kjeldahl Nitrogen	2447351	5.26	0.232	5.00	mg/L	101	80.0 - 120	128090657
Total Kjeldahl Nitrogen	2447358	5.44	0.304	5.00	mg/L	103	80.0 - 120	128090660

Analytical Set 1196403 — EPA 350.1 2

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Ammonia Nitrogen	1195860	ND	0.00336	0.020	mg/L	128094740

QUALITY CONTROL

ETW1-A

City of East Tawakoni
Kyle Washburn
288 Briggs Blvd
East Tawakoni, TX 75472-7140

Project
1162208

Printed 09/26/2025

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Ammonia Nitrogen	2.14	2.00	mg/L	107	90.0 - 110	128094701
Ammonia Nitrogen	2.15	2.00	mg/L	108	90.0 - 110	128094709
Ammonia Nitrogen	2.08	2.00	mg/L	104	90.0 - 110	128094720
Ammonia Nitrogen	2.08	2.00	mg/L	104	90.0 - 110	128094728
Ammonia Nitrogen	2.03	2.00	mg/L	102	90.0 - 110	128094737
Ammonia Nitrogen	1.99	2.00	mg/L	99.5	90.0 - 110	128094748
Ammonia Nitrogen	1.99	2.00	mg/L	99.5	90.0 - 110	128094758

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD		Limit%
Ammonia Nitrogen	2447556	0.071	0.052	mg/L	30.9	*	20.0
Ammonia Nitrogen	2447559	0.091	0.113	mg/L	21.6	*	20.0

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Ammonia Nitrogen	2.15	2.00	mg/L	108	90.0 - 110	128094700

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Ammonia Nitrogen	1195860	1.85	1.91	2.00	90.0 - 110	92.5	95.5	mg/L	3.19	20.0

Mat. Spike

Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File
Ammonia Nitrogen	2447556	1.99	0.052	2.00	mg/L	96.9	80.0 - 120	128094746
Ammonia Nitrogen	2447559	2.07	0.113	2.00	mg/L	97.8	80.0 - 120	128094750

Analytical Set 1196778 — SM 2540 D-2020

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Suspended Solids	1196778	ND	2	2	mg/L	128106726

ControlBlk

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Suspended Solids	1196778	-0.0002			grams	128106725

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Suspended Solids	2447383	38.9	38.9	mg/L	0	20.0
Total Suspended Solids	2447537	5440	5300	mg/L	2.61	20.0
Total Suspended Solids	2447598	79.0	76.0	mg/L	3.87	20.0

LCS

Parameter	PrepSet	Reading	Known	Units	Recover%	Limits	File
Total Suspended Solids	1196778	47.0	50.0	mg/L	94.0	90.0 - 110	128106759

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
Total Suspended Solids		100	100	mg/L	100	90.0 - 110	128106758

QUALITY CONTROL

ETW1-A

City of East Tawakoni
Kyle Washburn
288 Briggs Blvd
East Tawakoni, TX 75472-7140

Project
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Printed 09/26/2025

Analytical Set 1196915 — SM 2540 C-2020

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Dissolved Solids	1196915	ND	5.00	5.00	mg/L	128109506

ControlBlk

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Dissolved Solids	1196915	0.0001			grams	128109493

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Dissolved Solids	2447574	388	356	mg/L	8.60	20.0

LCS

Parameter	PrepSet	Reading	Known	Units	Recover%	Limits	File
Total Dissolved Solids	1196915	202	200	mg/L	101	85.0 - 115	128109494

Analytical Set 1196478 — EPA 300.0 2.1

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Chloride	1196478	0.0522	0.0213	0.300	mg/L	128098185
Sulfate	1196478	ND	0.283	0.300	mg/L	128098185

CCB

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Chloride	1196478	0.0895	0.0213	0.300	mg/L	128098181
Chloride	1196478	0.0919	0.0213	0.300	mg/L	128098197
Chloride	1196478	0.0886	0.0213	0.300	mg/L	128098213
Sulfate	1196478	0	0.283	0.300	mg/L	128098181
Sulfate	1196478	0	0.283	0.300	mg/L	128098197
Sulfate	1196478	0	0.283	0.300	mg/L	128098213

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Chloride	10.2	10.0	mg/L	102	90.0 - 110	128098180
Chloride	10.3	10.0	mg/L	103	90.0 - 110	128098196
Chloride	10.2	10.0	mg/L	102	90.0 - 110	128098212
Sulfate	9.53	10.0	mg/L	95.3	90.0 - 110	128098180
Sulfate	9.62	10.0	mg/L	96.2	90.0 - 110	128098196
Sulfate	9.56	10.0	mg/L	95.6	90.0 - 110	128098212

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Chloride	1196478	4.94	5.08	5.00	85.0 - 115	98.8	102	mg/L	2.79	20.0
Sulfate	1196478	5.06	5.07	5.00	85.4 - 124	101	101	mg/L	0.197	20.0

MSD

Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Chloride	2446174	50.2	52.1	41.2	10.0	80.0 - 120	90.0	109	mg/L	19.1	20.0

QUALITY CONTROL

ETW1-A

City of East Tawakoni
Kyle Washburn
288 Briggs Blvd
East Tawakoni, TX 75472-7140

Project
1162208

Printed 09/26/2025

MSD

Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Sulfate	2446174	29.8	30.3	21.3	10.0	80.0 - 120	85.0	90.0	mg/L	5.71	20.0
Chloride	2446175	49.0	49.0	40.1	10.0	80.0 - 120	89.0	89.0	mg/L	0	20.0
Sulfate	2446175	30.2	30.3	21.5	10.0	80.0 - 120	87.0	88.0	mg/L	1.14	20.0

Analytical Set 1197458 — EPA 200.7 4.4

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Phosphorus	1197056	0.037	0.035	0.100	mg/L	128122565

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Phosphorus	0.960	1.00	mg/L	96.0	90.0 - 110	128122564
Phosphorus	0.989	1.00	mg/L	98.9	90.0 - 110	128122574
Phosphorus	1.07	1.00	mg/L	107	90.0 - 110	128122584

ICL

Parameter	Reading	Known	Units	Recover%	Limits%	File
Phosphorus	24.8	25.0	mg/L	99.2	95.0 - 105	128122562

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Phosphorus	1.03	1.00	mg/L	103	90.0 - 110	128122563

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Phosphorus	1197056	4.31	4.43	4.00	85.0 - 115	108	111	mg/L	2.75	25.0

MSD

Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Phosphorus	2447574	10.1	9.90	5.78	4.00	75.0 - 125	108	103	mg/L	4.74	25.0

* Out RPD is Relative Percent Difference: abs(r1-r2) / mean(r1,r2) * 100%

Recover% is Recovery Percent: result / known * 100%

Blank - Method Blank (reagent water or other blank matrices that contains all reagents except standard(s) and is processed simultaneously with and under the same conditions as samples; carried through preparation and analytical procedures exactly like a sample; monitors); CCB - Continuing Calibration Blank; CCV - Continuing Calibration Verification (same standard used to prepare the curve; typically a mid-range concentration; verifies the continued validity of the calibration curve); ICV - Initial Calibration Verification; LCS Dup - Laboratory Control Sample Duplicate (replicate LCS; analyzed when there is insufficient sample for duplicate or MSD; quantifies accuracy and precision.); MSD - Matrix Spike Duplicate (replicate of the matrix spike; same solution and amount of target analyte added to the MS is added to a third aliquot of sample; quantifies matrix bias and precision.); AWRL/LOQ C - Ambient Water Reporting Limit/LOQ Check Std; LCS - Laboratory Control Sample (reagent water or other blank matrices that is spiked with a known quantity of target analyte(s) and carried through preparation and analytical procedures exactly like a sample; typically a mid-range concentration; verifies that bias and precision of the analytical process are within control limits; determines usability of the data.)

1162208 CoC Print Group 001 of 001

CHAIN OF CUSTODY

SPL

Printed: 09/04/2025 Page 1 of 2

City of East Tawakoni
Kyle Washburn
288 Briggs Blvd
East Tawakoni, TX 75472-7140

ETW1-A
113

Lab Number: 2444754

PO Number:

Phone:

Final Effluent

Matrix: Non-Potable Water

Sample Collection Start

Date: 9/10/25 Time: 1000

Sampler Printed Name: Kyle Washburn

Sampler Affiliation: Operator

Sampler Signature: Kyle Washburn

1	**Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized, I**		
Short Hold	MPNW	MPN, E.coli, Coliform, IDEXX - Non-Pot	SM 9223 B Colilert-18 QT (2016+0.333 days)
1	**Polyethylene 1/2 gal (White), Q**		
Short Hold	BODc	BOD Carbonaceous	SM 5210 B-2016 (+ ICMP Inhibitor) (2.04 days)
	TSS	Total Suspended Solids	SM 2540 D-2020 (7.00 days)
1	**HNO3 to pH <2 Polyethylene 500 mL for Metals, Q**		
	*PI	Phosphorus	EPA 200.7-4.4 (CAS:7723-14-0) (28.0 days)
	3011	Liquid Metals Digestion	EPA 200.2 2.8 (180 days)
1	**H2SO4 to pH <2 250 ml Polyethylene, Q**		
	NHaN	Ammonia Nitrogen	EPA 350.1 2.1 (28.0 days)
	TKN	Total Kjeldahl Nitrogen	EPA 351.2 2.2 (CAS:7727-37-9) (28.0 days)
1	**Polyethylene Quart, Q**		
	!CIL	Chloride	EPA 300.0 2.1 (28.0 days)
Short Hold	!N3I	Nitrate-Nitrogen Total	EPA 300.0 2.1 (CAS:14797-55-8) (2.00 days)
	!S4I	Sulfate	EPA 300.0 2.1 (28.0 days)
	TDS	Total Dissolved Solids	SM 2540 C-2020 (7.00 days)

CHAIN OF CUSTODY

Printed: 09/01/2025 Page 2 of 3

City of East Tawakoni
Kyle Washburn
288 Briggs Blvd
East Tawakoni, TX 75472-7240

ETW1-A
113

Date	Time	Relinquished	Received
9/10/25	1540	Kyle Washburn Operator	Jerry Smith SPL
9/11/25	1742	Jerry Smith SPL	McCabe Wheeler SPL, Inc.
		Gary Smith	

Sample Received on Ice? ☐ Y ☐ N

Custody Sample Seals? ☐ Y ☐ N

Shipped Tracking Number & Type

Comments

SPL

COOLER CHECKIN

Region/Driver/Client	JM1
Date / Time:	9/16/25 / 1742
Cooler:	of
Shipping Company:	SPL

Temp Label:

9/16/25 1742 mm
Date Time Tech
Temp: 1.9 0.8 C

Therm#: 6205 Corr Fact: -0.2 C

Candice Calhoun

From: Daniel Hunter <dhunter@haytereng.com>
Sent: Monday, November 24, 2025 3:40 PM
To: Candice Calhoun
Cc: Brandon Dusenberry
Subject: RE: Application to Renew Permit No. WQ0011428001 (City of East Tawakoni) - Notice of Deficiency
Attachments: City of East Tawakoni Response 11.24.2025.pdf

Candice,

Thank you for the clarification! Please see the City of East Tawakoni's response attached. I went ahead and included pages 2-10 of the Administrative Report because the page numbering was inconsistent between the modified version and the original.

Let us know if you have any questions.

Thank you,

Daniel Hunter
Design Engineer I

HAYTER SM
ENGINEERING

TxEng F-315 I TxSurv F-10028600 I OSBPE/LS #603 I ASBPE #2521
4445 SE Loop 286 I Paris, TX 75460
O: 903.785.0303 C: 469.644.0703
www.haytereng.com

From: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>
Sent: Monday, November 24, 2025 3:21 PM
To: Daniel Hunter <dhunter@haytereng.com>
Cc: Brandon Dusenberry <bdusenberry@haytereng.com>
Subject: RE: Application to Renew Permit No. WQ0011428001 (City of East Tawakoni) - Notice of Deficiency

Daniel,

Ah, yes, you are absolutely right, my apologies! Thank you for pointing that out. The USGS map is fine as is. 😊

Regards,

Candice Courville
License & Permit Specialist
ARP Team | Water Quality Division
Texas Commission on Environmental Quality
512-239-4312
candice.calhoun@tceq.texas.gov

How is our customer service? Fill out our online customer satisfaction survey at www.tceq.texas.gov/customersurvey

---

From: Daniel Hunter <dhunter@haytereng.com>
Sent: Monday, November 24, 2025 2:29 PM
To: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>
Cc: Brandon Dusenberry <bdusenberry@haytereng.com>
Subject: RE: Application to Renew Permit No. WQ0011428001 (City of East Tawakoni) - Notice of Deficiency

Candice,

I wanted to clarify question 4 on the NOD letter – per the USGS Topographic map, the WWTP discharge appears to be going directly into Lake Tawakoni. Based on this, there does no appear to be any discharge route to show. Is it acceptable to leave the map as-is?

Thank you,

Daniel Hunter
Design Engineer I

HAYTER SM
ENGINEERING

TxEng F-315 I TxSurv F-10028600 I OSBPE/LS #603 I ASBPE #2521
4445 SE Loop 286 I Paris, TX 75460
O: 903.785.0303 C: 469.644.0703
www.haytereng.com

From: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>
Sent: Tuesday, November 18, 2025 1:14 PM
To: Daniel Hunter <dhunter@haytereng.com>
Cc: Brandon Dusenberry <bdusenberry@haytereng.com>
Subject: Application to Renew Permit No. WQ0011428001 (City of East Tawakoni) - Notice of Deficiency
Importance: High

Good afternoon, Daniel,

The attached Notice of Deficiency (NOD) letter dated **November 18, 2025,** requests additional information needed to declare the application administratively complete. Please send complete response no later than **December 2, 2025.**

If you have any questions, please let me know.

Regards,

Candice Courville
License & Permit Specialist
ARP Team | Water Quality Division
Texas Commission on Environmental Quality
512-239-4312
candice.calhoun@tceq.texas.gov

How is our customer service? Fill out our online customer satisfaction survey at www.tceq.texas.gov/customersurvey

HAYTER ENGINEERING

Candice Courville (Calhoun)
Application Review and Processing Team (MC148)
Water Quality Division
Texas Commission of Environmental Quality
P.O. Box 13087
Austin, Texas 78711-3087

November 24, 2025

Re: Application to Renew Permit No.: WQ0011428001 (EPA I.D. No. TX0101303)
Applicant Name: City of East Tawakoni (CN600633432)
Site Name: East Tawakoni WWTP (RN101917847)
Type of Application: Renewal without changes

Ms. Courville -

Enclosed within are one (1) original response and one (1) copy of the Notice of Deficiency (NOD) letter dated November 18, 2025 (see attached to this letter). Please see the following response to each of the items listed in the NOD letter.

1. The physical copy of the application was mailed via USPS on 11/10/2025.
2. See attached revised Section 3, item A of the Administrative Report.
3. See attached revised Section 8, items B, C, D, and E of the Administrative Report.
4. The discharge route is directly into Lake Tawakoni.
5. The NORI is correct as written, pending information from the missing Section 8.

Thank you for your time reviewing this application. If you have any questions or need more information, please contact me at (903) 785-0303 or at dhunter@haytereng.com .

Sincerely,

Hayter Engineering

11/24/2025

Daniel Hunter, EIT
Design Engineer I

Enclosures:
1. NOD letter dated November 18, 2025.
2. Administrative Report pages 2-10

Brooke T. Paup, *Chairwoman*
Catarina R. Gonzales, *Commissioner*
Tonya R. Miller, *Commissioner*
Kelly Keel, *Executive Director*

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

November 18, 2025

Mr. Daniel Hunter
Design Engineer I
Hayter Engineering
4445 Southeast Loop 286
Paris, Texas 75460

RE: Application to Renew Permit No.: WQ0011428001 (EPA I.D. No. TX0101303)
Applicant Name: City of East Tawakoni (CN600633432)
Site Name: East Tawakoni WWTF (RN101917847)
Type of Application: Renewal without changes

VIA EMAIL

Dear Mr. Hunter:

We have received the application for the above-mentioned permit, and it is currently under review. Your attention to the following items is requested before we can declare the application administratively complete. Please submit responses to the following items **via email.** ***In addition, please submit one original hard copy (including a cover letter) of the complete response.***

1. Our records indicate that an original paper application was not received. The original paper application and an electronic copy of the application are both required. Please submit the original paper application to: ***TEXAS COMMISSION ON ENVIRONMENTAL QUALITY, WATER QUALITY DIVISION, APPLICATION REVIEW AND PROCESSING TEAM (MC 148), P.O. BOX 13087, AUSTIN, TEXAS 78711-3087.***

2. Section 3, item A of the administrative report: The name and title of the person signing the application was not listed. Please provide a revised section to include this information.

3. Section 8, items B, C, D, and E of the administrative report: These items were missing from the application. Please provide a revised section of the application to include the missing items.

4. USGS Topographic Map: The USGS map provided did not include the highlighted discharge route. Please provide a revised USGS map to include the highlighted route. Please use a yellow or light-color, do not go over the route in a dark color.

5. The following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions. The complete notice will be sent to you once the application is declared administratively complete.

APPLICATION. City of East Tawakoni, 288 Briggs Boulevard, East Tawakoni, Texas 75472, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0011428001 (EPA I.D. No. TX0101303) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 130,000 gallons per day. The domestic wastewater treatment facility is located approximately 1.0 mile east of the intersection of Farm-to-Market Road 513 and State Highway 276, in Rains County, Texas 75472. The discharge route is from the plant site directly to Lake Tawakoni. TCEQ received this application on November 10, 2025. The permit application will be available for viewing and copying at [PENDING BUILDING NAME], [PENDING BUILDING ADDRESS], East Tawakoni, in Rains County, Texas prior to the date this notice is published in the newspaper. The application is available for viewing and copying at the following webpage: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application. https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.946666,32.903055&level=18

Further information may also be obtained from City of East Tawakoni at the address stated above or by calling [PENDING CONTACT NAME], [PENDING TITLE/ORGANIZATION], at [PENDING PHONE NUMBER].

Please submit the complete response, addressed to my attention by December 2, 2025. If you should have any questions, please do not hesitate to contact me by phone at (512) 239-4312 or by email at candice.calhoun@tceq.texas.gov

Sincerely,

C. Courville

Candice Courville (Calhoun)
Applications Review and Processing Team (MC148)
Water Quality Division
Texas Commission of Environmental Quality

cgc

cc: Mr. Brandon Dusenberry, P.E., Project Engineer, Hayter Engineering, 4445 Southeast Loop 286, Paris, Texas 75460

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

For any questions about this form, please contact the Applications Review and Processing Team at 512–239–4671.

Section 1. Application Fees (Instructions Page 26)

Indicate the amount submitted for the application fee (check only one).

Flow	New/Major Amendment	Renewal
<0.05 MGD	$350.00 ☐	$315.00 ☐
≥0.05 but <0.10 MGD	$550.00 ☐	$515.00 ☐
≥0.10 but <0.25 MGD	$850.00 ☐	$815.00 ☒
≥0.25 but <0.50 MGD	$1,250.00 ☐	$1,215.00 ☐
≥0.50 but <1.0 MGD	$1,650.00 ☐	$1,615.00 ☐
≥1.0 MGD	$2,050.00 ☐	$2,015.00 ☐

Minor Amendment (for any flow) $150.00 ☐

Payment Information:

Mailed — Check/Money Order Number: 19583

Check/Money Order Amount: $815.00

Name Printed on Check: City of East Tawakoni

EPAY — Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

a. Check the box next to the appropriate authorization type.

☒ Publicly Owned Domestic Wastewater

☐ Privately-Owned Domestic Wastewater

☐ Conventional Water Treatment

b. Check the box next to the appropriate facility status.

☒ Active ☐ Inactive

c. Check the box next to the appropriate permit type.

- ☒ TPDES Permit
- ☐ TLAP
- ☐ TPDES Permit with TLAP component
- ☐ Subsurface Area Drip Dispersal System (SADDS)

d. Check the box next to the appropriate application type

- ☐ New
- ☐ Major Amendment *with* Renewal
- ☐ Major Amendment *without* Renewal
- ☒ Renewal without changes
- ☐ Minor Amendment *with* Renewal
- ☐ Minor Amendment *without* Renewal
- ☐ Minor Modification of permit

e. For amendments or modifications, describe the proposed changes: Click to enter text.

f. For existing permits:

Permit Number: WQ00 11428001

EPA I.D. (TPDES only): TX 0101303

Expiration Date: August 19, 2026

Section 3. Facility Owner (Applicant) and Co–Applicant Information (Instructions Page 26)

A. The owner of the facility must apply for the permit.

What is the Legal Name of the entity (applicant) applying for this permit?

City of East Tawakoni

(The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal documents forming the entity.)

If the applicant is currently a customer with the TCEQ, what is the Customer Number (CN)? You may search for your CN on the TCEQ website at http://www15.tceq.texas.gov/crpub/

CN: 600633432

What is the name and title of the person signing the application? The person must be an executive official meeting signatory requirements in *30 TAC § 305.44*.

Prefix: Click to enter text. Last Name, First Name: Chandler, Harold

Title: Mayor Credential: Click to enter text.

B. Co–applicant information. Complete this section only if another person or entity is required to apply as a co-permittee.

What is the Legal Name of the co-applicant applying for this permit?

N/A

(The legal name must be spelled exactly as filed with the TX SOS, with the County, or in the legal documents forming the entity.)

If the co-applicant is currently a customer with the TCEQ, what is the Customer Number (CN)? You may search for your CN on the TCEQ website at: http://www15.tceq.texas.gov/crpub/

CN: Click to enter text.

What is the name and title of the person signing the application? The person must be an executive official meeting signatory requirements in *30 TAC § 305.44*.

Prefix: N/A Last Name, First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Provide a brief description of the need for a co-permittee: Click to enter text.

C. Core Data Form

Complete the Core Data Form for each customer and include as an attachment. If the customer type selected on the Core Data Form is **Individual**, complete **Attachment 1** of Administrative Report 1.0. Click to enter text.

Section 4. Application Contact Information (Instructions Page 27)

This is the person(s) TCEQ will contact if additional information is needed about this application. Provide a contact for administrative questions and technical questions.

A. Prefix: Click to enter text. Last Name, First Name: Hunter, Daniel

Title: Design Engineer I Credential: E.I.T.

Organization Name: Hayter Engineering

Mailing Address: 4445 SE Loop 286 City, State, Zip Code: Paris, Texas, 75460

Phone No.: 903-785-0303 E-mail Address: dhunter@haytereng.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix: Click to enter text. Last Name, First Name: Dusenberry, Brandon

Title: Project Engineer Credential: P.E.

Organization Name: Hayter Engineering

Mailing Address: 445 SE Loop 286 City, State, Zip Code: Paris, Texas, 75460

Phone No.: 903-785-0303 E-mail Address: bdusenberry@haytereng.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

Provide the names and contact information for two individuals that can be contacted throughout the permit term.

A. Prefix: Click to enter text. Last Name, First Name: Chandler, Harold

Title: Mayor Credential: Click to enter text.

Organization Name: City of East Tawakoni

Mailing Address: 288 Briggs Blvd. City, State, Zip Code: East Tawakoni, TX, 75472

Phone No.: 903-447-2444 E-mail Address: mayor@cityofeasttawakoni.com

B. Prefix: Click to enter text. Last Name, First Name: Dowdy, Tammy

Title: City Secretary Credential: Click to enter text.

Organization Name: City of East Tawakoni

Mailing Address: 288 Briggs Blvd. City, State, Zip Code: East Tawakoni, TX,75472

Phone No.: **903-447-2444** E-mail Address: citysecretary@cityofeasttawakoni.com

Section 6. Billing Contact Information (Instructions Page 27)

The permittee is responsible for paying the annual fee. The annual fee will be assessed to permits ***in effect on September 1 of each year***. The TCEQ will send a bill to the address provided in this section. The permittee is responsible for terminating the permit when it is no longer needed (using form TCEQ-20029).

Prefix: Click to enter text. Last Name, First Name: Dowdy, Tammy

Title: City Secretary Credential: Click to enter text.

Organization Name: City of East Tawakoni

Mailing Address: 288 Briggs Blvd. City, State, Zip Code: East Tawakoni, TX 75472

Phone No.: 903-447-2444 E-mail Address: citysecretary@cityofeasttawakoni.com

Section 7. DMR/MER Contact Information (Instructions Page 27)

Provide the name and complete mailing address of the person delegated to receive and submit Discharge Monitoring Reports (DMR) (EPA 3320-1) or maintain Monthly Effluent Reports (MER).

Prefix: Click to enter text. Last Name, First Name: Chandler, Harold

Title: Mayor Credential: Click to enter text.

Organization Name: City of East Tawakoni

Mailing Address: 288 Briggs Blvd. City, State, Zip Code: East Tawakoni 75472

Phone No.: 903-447-2444 E-mail Address: mayor@cityofeasttawakoni.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Click to enter text. Last Name, First Name: Hunter, Daniel

Title: Design Engineer I Credential: E.I.T.

Organization Name: Hayter Engineering

Mailing Address: 4445 SE Loop 286 City, State, Zip Code: Paris, TX, 75460

Phone No.: 903-785-0303 E-mail Address: dunter@haytereng.com

B. Method for Receiving Notice of Receipt and Intent to Obtain a Water Quality Permit Package

Indicate by a check mark the preferred method for receiving the first notice and instructions:

☒ E-mail Address

☐ Fax

☐ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Click to enter text. Last Name, First Name: Chandler, Harold

Title: Mayor Credential: Click to enter text.

Organization Name: City of East Tawakoni

Mailing Address: 288 Briggs Blvd. City, State, Zip Code: East Tawakoni, TX, 75460

Phone No.: 903-447-2444 E-mail Address: mayor@cityofeasttawakoni.com

D. Public Viewing Information

If the facility or outfall is located in more than one county, a public viewing place for each county must be provided.

Public building name: City Hall

Location within the building: Click to enter text.

Physical Address of Building: 288 Briggs Blvd, East Tawakoni, TX 75460

City: East Tawakoni County: Rains

Contact (Last Name, First Name): Dowdy, Tammy

Phone No.: 903-447-2444 Ext.: Click to enter text.

E. Bilingual Notice Requirements

This information **is required** for **new, major amendment, minor amendment or minor modification, and renewal** applications.

This section of the application is only used to determine if alternative language notices will be needed. Complete instructions on publishing the alternative language notices will be in your public notice package.

Please call the bilingual/ESL coordinator at the nearest elementary and middle schools and obtain the following information to determine whether an alternative language notices are required.

1. Is a bilingual education program required by the Texas Education Code at the elementary or middle school nearest to the facility or proposed facility?

   ☐ Yes ☒ No

   If **no**, publication of an alternative language notice is not required; **skip to** Section 9 below.

2. Are the students who attend either the elementary school or the middle school enrolled in a bilingual education program at that school?

   ☐ Yes ☐ No

3. Do the students at these schools attend a bilingual education program at another location?

   ☐ Yes ☐ No

4. Would the school be required to provide a bilingual education program but the school has waived out of this requirement under 19 TAC §89.1205(g)?

   ☐ Yes ☐ No

5. If the answer is **yes** to **question 1, 2, 3, or 4**, public notices in an alternative language are required. Which language is required by the bilingual program? Click to enter text.

F. Summary of Application in Plain Language Template

Complete the F. Summary of Application in Plain Language Template (TCEQ Form 20972), also known as the plain language summary or PLS, and include as an attachment.

Attachment: Click to enter text.

G. Public Involvement Plan Form

Complete the Public Involvement Plan Form (TCEQ Form 20960) for each application for a **new permit or major amendment to a permit** and include as an attachment.

Attachment: N/A

Section 9. Regulated Entity and Permitted Site Information (Instructions Page 29)

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. **RN** 101917847

Search the TCEQ's Central Registry at http://www15.tceq.texas.gov/crpub/ to determine if the site is currently regulated by TCEQ.

B. Name of project or site (the name known by the community where located):

City of East Tawakoni Wastewater Treatment Facility

C. Owner of treatment facility: City of East Tawakoni

Ownership of Facility: ☒ Public ☐ Private ☐ Both ☐ Federal

D. Owner of land where treatment facility is or will be:

Prefix: Click to enter text. Last Name, First Name: City of East Tawakoni

Title: Click to enter text. Credential: Click to enter text.

Organization Name: City of East Tawakoni

Mailing Address: 288 Briggs Blvd City, State, Zip Code: East Tawakoni, Texas,75472

Phone No.: 903-447-2444 E-mail Address: citysecretary@cityofeasttawakoni.com

If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions.

Attachment: Click to enter text.

E. Owner of effluent disposal site:

Prefix: N/A Last Name, First Name: N/A

Title: Click to enter text. Credential: Click to enter text.

Organization Name: N/A

Mailing Address: Click to enter text. City, State, Zip Code: Click to enter text.

Phone No.: Click to enter text. E-mail Address: Click to enter text.

If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions.

Attachment: N/A

F. Owner sewage sludge disposal site (if authorization is requested for sludge disposal on property owned or controlled by the applicant)::

Prefix: N/A Last Name, First Name: N/A

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: N/A City, State, Zip Code: Click to enter text.

Phone No.: Click to enter text. E-mail Address: Click to enter text.

If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions.

Attachment: N/A

Section 10. TPDES Discharge Information (Instructions Page 31)

A. Is the wastewater treatment facility location in the existing permit accurate?

☒ Yes ☐ No

If **no, or a new permit application**, please give an accurate description:

Click to enter text.

B. Are the point(s) of discharge and the discharge route(s) in the existing permit correct?

☒ Yes ☐ No

If **no, or a new or amendment permit application**, provide an accurate description of the point of discharge and the discharge route to the nearest classified segment as defined in 30 TAC Chapter 307:

Click to enter text.

City nearest the outfall(s): East Tawakoni

County in which the outfalls(s) is/are located: Rains

C. Is or will the treated wastewater discharge to a city, county, or state highway right-of-way, or a flood control district drainage ditch?

☐ Yes ☒ No

If **yes**, indicate by a check mark if:

☐ Authorization granted ☐ Authorization pending

For **new and amendment** applications, provide copies of letters that show proof of contact and the approval letter upon receipt.

Attachment: N/A

D. For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: N/A

Section 11. TLAP Disposal Information (Instructions Page 32)

A. For TLAPs, is the location of the effluent disposal site in the existing permit accurate?

☐ Yes ☐ No

If **no, or a new or amendment permit application**, provide an accurate description of the disposal site location:

N/A

B. City nearest the disposal site: Click to enter text.

C. County in which the disposal site is located: Click to enter text.

D. For **TLAPs**, describe the routing of effluent from the treatment facility to the disposal site:

N/A

E. For **TLAPs**, please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: Click to enter text.

Section 12. Miscellaneous Information (Instructions Page 32)

A. Is the facility located on or does the treated effluent cross American Indian Land?

☐ Yes ☒ No

B. If the existing permit contains an onsite sludge disposal authorization, is the location of the sewage sludge disposal site in the existing permit accurate?

☐ Yes ☐ No ☒ Not Applicable

If No, or if a new onsite sludge disposal authorization is being requested in this permit application, provide an accurate location description of the sewage sludge disposal site.

N/A

C. Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?

☐ Yes ☒ No

If yes, list each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application: Click to enter text.

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If **yes**, provide the following information:

Account number: Click to enter text.

Amount past due: Click to enter text.

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If **yes**, please provide the following information:

Enforcement order number: Click to enter text.

Amount past due: Click to enter text.

Section 13. Attachments (Instructions Page 33)

Indicate which attachments are included with the Administrative Report. Check all that apply:

☐ Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.

☒ Original full-size USGS Topographic Map with the following information:

- Applicant's property boundary
- Treatment facility boundary
- Labeled point of discharge for each discharge point (TPDES only)
- Highlighted discharge route for each discharge point (TPDES only)
- Onsite sewage sludge disposal site (if applicable)
- Effluent disposal site boundaries (TLAP only)
- New and future construction (if applicable)
- 1 mile radius information
- 3 miles downstream information (TPDES only)
- All ponds.

☐ Attachment 1 for Individuals as co-applicants

☐ Other Attachments. Please specify**:** Click to enter text.

Brooke T. Paup, *Chairwoman*
Catarina R. Gonzales, *Commissioner*
Tonya R. Miller, *Commissioner*
Kelly Keel, *Executive Director*

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

November 18, 2025

Mr. Daniel Hunter
Design Engineer I
Hayter Engineering
4445 Southeast Loop 286
Paris, Texas 75460

RE: Application to Renew Permit No.: WQ0011428001 (EPA I.D. No. TX0101303)
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Site Name: East Tawakoni WWTF (RN101917847)
Type of Application: Renewal without changes

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Further information may also be obtained from City of East Tawakoni at the address stated above or by calling [PENDING CONTACT NAME], [PENDING TITLE/ORGANIZATION], at [PENDING PHONE NUMBER].

Please submit the complete response, addressed to my attention by December 2, 2025. If you should have any questions, please do not hesitate to contact me by phone at (512) 239-4312 or by email at candice.calhoun@tceq.texas.gov

Sincerely,

C. Courville

Candice Courville (Calhoun)
Applications Review and Processing Team (MC148)
Water Quality Division
Texas Commission of Environmental Quality

cgc

cc: Mr. Brandon Dusenberry, P.E., Project Engineer, Hayter Engineering, 4445 Southeast Loop 286, Paris, Texas 75460