



Administrative Package Cover Page

This file contains the following documents:

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



Portada de Paquete Administrativo

Este archivo contiene los siguientes documentos:

1. Resumen en lenguaje sencillo (PLS, por sus siglas en inglés) de la actividad propuesta
 - Inglés
 - Idioma alternativo (español)
2. Primer aviso (NORI, por sus siglas en inglés)
 - Inglés
 - Idioma alternativo (español)
3. Solicitud original



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
Enter 'INDUSTRIAL' or 'DOMESTIC' here 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.

The City of Elsa (CN 600661409) operates the Elsa Wastewater Treatment Facility (RN101610251), an activated sludge plant. The facility is located at 301 West 15th Street, in the City of Elsa, in Hidalgo County, Texas 78543.

The City of Elsa has applied to the Texas Commission on Environmental Quality (TCEQ) to renew the permit that authorizes the discharge of treated domestic wastewater effluent at a daily average flow not to exceed 0.8 million gallon per day (MGD) via Outfall 001.

Discharges from the facility are expected to contain coliform bacteria, total suspended solids, ammonia nitrogen, nitrate nitrogen, total Kjeldahl nitrogen, sulfate, chloride, total phosphorous, total dissolved solids, oil and grease. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, aeration basins, clarifiers, and a chlorine contact chamber.

**PLANTILLA EN ESPAÑOL PARA SOLICITUDES NUEVAS/RENOVACIONES/ENMIENDAS DE
TPDES o TLAP**

El siguiente resumen se proporciona para esta solicitud de permiso de calidad del agua pendiente que está siendo revisada por la Comisión de Calidad Ambiental de Texas según lo requerido por el Capítulo 39 del Código Administrativo de Texas 30. La información proporcionada en este resumen puede cambiar durante la revisión técnica de la solicitud y no es una representación ejecutiva fedérale de la solicitud de permiso.

La ciudad de Elsa (CN 600661409) opera La Planta para el Tratamiento de Aguas Residuales Elsa (RN101610251), un planta de lodos activados. La planta está ubicada en la Calle 15 Oeste Número 30, en la ciudad de Elsa, en el condado de Hidalgo, Texas código postal 78543.

La ciudad de Elsa ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el permiso que autoriza la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 800,000 galones por día por medio del Desagüe 001.

Se espera que las descargas de la planta contengan bacterias coliformes, sólidos suspendidos totales, nitrógeno amoniacal, nitrógeno nitrato, nitrógeno total Kjeldahl, sulfato, cloruro, fósforo, sólidos disueltos totales, aceites y grasas. Las aguas residuales serán tratadas por una planta que utiliza el sistema de lodos activados y las unidades de tratamiento incluyen una malla, tanques de aireación, clarificadores y la cámara de contacto de cloro.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0011510002

APPLICATION. City of Elsa, P.O. Box 427, Elsa, Texas 78543, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0011510002 (EPA I.D. No. TX0104990) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 800,000 gallons per day. The domestic wastewater treatment facility is located at 301 West 15th Street, in Hidalgo County, Texas 78543. The discharge route is from the plant site to a Hidalgo County Water Control and Improvement District ditch; thence to North Floodway; thence to the Lower Laguna Madre. TCEQ received this application on October 16, 2025. The permit application will be available for viewing and copying at Elsa City Hall, Conference Room, 102 South Diana Street, Elsa, in Hidalgo 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=-97.998611,26.304722&level=18>

ALTERNATIVE LANGUAGE NOTICE. Alternative language notice in Spanish is available at: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

El aviso de idioma alternativo en español está disponible en

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

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 Elsa at the address stated above or by calling Mr. Marcos Garcia, Wastewater Plant Supervisor, at 956-262-2127.

Issuance Date: October 31, 2025

Comisión de Calidad Ambiental del Estado de Texas



AVISO DE RECIBO DE LA SOLICITUD Y EL INTENTO DE OBTENER PERMISO PARA LA CALIDAD DEL AGUA RENOVACION

PERMISO NO. WQ0011510002

SOLICITUD. La Ciudad de Elsa, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0011510002 (EPA I.D. No. TX 0104990 del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 800,000 galones por día. La planta está ubicada en la Calle 15 Oeste Número 301, en la Ciudad de Elsa, en el Condado de Hidalgo, Texas código postal 78543. La ruta de descarga es del sitio de la planta a una acequia del Distrito de Control y Mejoramiento de Agua del Condado de Hidalgo; de ahí al Cauce de Avenida del Norte; de ahí a la Laguna Madre. La TCEQ recibió esta solicitud el 16 de octubre del 2025. La solicitud para el permiso estará disponible para leerla y copiarla en el Ayuntamiento de la Ciudad de Elsa, Salon de Conferencias, Calle Diana Sur Número 102, en la Ciudad de Elsa, en el Condado de Hidalgo, Texas antes de la fecha de publicación de este aviso en el periódico. La solicitud está disponible para su visualización y copia en la siguiente página web:

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.998611,26.304722&level=18>

AVISO DE IDIOMA ALTERNATIVO. El aviso de idioma alternativo en español está disponible en <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

AVISO ADICIONAL. El Director Ejecutivo de la TCEQ ha determinado que la solicitud es administrativamente completa y conducirá una revisión técnica de la solicitud. Después de completar la revisión técnica, el Director Ejecutivo puede preparar un borrador del permiso y emitirá una Decisión Preliminar sobre la solicitud. **El aviso de la solicitud y la decisión preliminar serán publicados y enviado a los que están en la lista de correo de las personas a lo largo del condado que desean recibir los avisos y los que están en la lista de correo que desean recibir avisos de esta solicitud. El aviso dará la fecha límite para someter comentarios públicos.**

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar comentarios públicos o pedir una reunión pública sobre esta solicitud. El propósito de una reunión pública es dar

la oportunidad de presentar comentarios o hacer preguntas acerca de la solicitud. La TCEQ realiza una reunión pública si el Director Ejecutivo determina que hay un grado de interés público suficiente en la solicitud o si un legislador local lo pide. Una reunión pública no es una audiencia administrativa de lo contencioso.

OPORTUNIDAD DE UNA AUDIENCIA ADMINISTRATIVA DE LO CONTENCIOSO. Después del plazo para presentar comentarios públicos, el Director Ejecutivo considerará todos los comentarios apropiados y preparará una respuesta a todo los comentarios públicos esenciales, pertinentes, o significativos. **A menos que la solicitud haya sido referida directamente a una audiencia administrativa de lo contencioso, la respuesta a los comentarios y la decisión del Director Ejecutivo sobre la solicitud serán enviados por correo a todos los que presentaron un comentario público y a las personas que están en la lista para recibir avisos sobre esta solicitud. Si se reciben comentarios, el aviso también proveerá instrucciones para pedir una reconsideración de la decisión del Director Ejecutivo y para pedir una audiencia administrativa de lo contencioso.** Una audiencia administrativa de lo contencioso es un procedimiento legal similar a un procedimiento legal civil en un tribunal de distrito del estado.

PARA SOLICITAR UNA AUDIENCIA DE CASO IMPUGNADO, USTED DEBE INCLUIR EN SU SOLICITUD LOS SIGUIENTES DATOS: su nombre, dirección, y número de teléfono; el nombre del solicitante y número del permiso; la ubicación y distancia de su propiedad/actividad con respecto a la instalación; una descripción específica de la forma cómo usted sería afectado adversamente por el sitio de una manera no común al público en general; una lista de todas las cuestiones de hecho en disputa que usted presente durante el período de comentarios; y la declaración "[Yo/nosotros] solicito/solicitamos una audiencia de caso impugnado". Si presenta la petición para una audiencia de caso impugnado de parte de un grupo o asociación, debe identificar una persona que representa al grupo para recibir correspondencia en el futuro; identificar el nombre y la dirección de un miembro del grupo que sería afectado adversamente por la planta o la actividad propuesta; proveer la información indicada anteriormente con respecto a la ubicación del miembro afectado y su distancia de la planta o actividad propuesta; explicar cómo y porqué el miembro sería afectado; y explicar cómo los intereses que el grupo desea proteger son pertinentes al propósito del grupo.

Después del cierre de todos los períodos de comentarios y de petición que aplican, el Director Ejecutivo enviará la solicitud y cualquier petición para reconsideración o para una audiencia de caso impugnado a los Comisionados de la TCEQ para su consideración durante una reunión programada de la Comisión.

La Comisión sólo puede conceder una solicitud de una audiencia de caso impugnado sobre los temas que el solicitante haya presentado en sus comentarios oportunos que no fueron retirados posteriormente. **Si se concede una audiencia, el tema de la audiencia estará limitado a cuestiones de hecho en disputa o cuestiones mixtas de hecho y de derecho relacionadas a intereses pertinentes y materiales de calidad del agua que se hayan presentado durante el período de comentarios. Si ciertos criterios se cumplen, la TCEQ puede actuar sobre una solicitud para renovar un permiso sin proveer una oportunidad de una audiencia administrativa de lo contencioso.**

LISTA DE CORREO. Si somete comentarios públicos, un pedido para una audiencia

administrativa de lo contencioso o una reconsideración de la decisión del Director Ejecutivo, la Oficina del Secretario Principal enviará por correo los avisos públicos en relación con la solicitud. Además, puede pedir que la TCEQ ponga su nombre en una o más de las listas correos siguientes (1) la lista de correo permanente para recibir los avisos del solicitante indicado por nombre y número del permiso específico y/o (2) la lista de correo de todas las solicitudes en un condado específico. Si desea que se agregue su nombre en una de las listas designe cual lista(s) y envía por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

INFORMACIÓN DISPONIBLE EN LÍNEA. Para detalles sobre el estado de la solicitud, favor de visitar la Base de Datos Integrada de los Comisionados en www.tceq.texas.gov/goto/cid. Para buscar en la base de datos, utilizar el número de permiso para esta solicitud que aparece en la parte superior de este aviso.

CONTACTOS E INFORMACIÓN A LA AGENCIA. Todos los comentarios públicos y solicitudes deben ser presentadas electrónicamente vía <http://www14.tceq.texas.gov/epic/eComment/> o por escrito dirigidos a la Comisión de Texas de Calidad Ambiental, Oficial de la Secretaría (Office of Chief Clerk), MC-105, P.O. Box 13087, Austin, Texas 78711-3087. Tenga en cuenta que cualquier información personal que usted proporcione, incluyendo su nombre, número de teléfono, dirección de correo electrónico y dirección física pasarán a formar parte del registro público de la Agencia. Para obtener más información acerca de esta solicitud de permiso o el proceso de permisos, llame al programa de educación pública de la TCEQ, gratis, al 1-800-687-4040. Si desea información en Español, puede llamar al 1-800-687-4040.

También se puede obtener información adicional de la Ciudad de Elsa a la dirección indicada arriba o llamando al Sr. Marcos Garcia, Supervisor de la Planta de Tratamiento de Aguas Residuales, al teléfono 956-262-2127.

Fecha de emisión: 31 de octubre de 2025



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of Elsa

PERMIT NUMBER (If new, leave blank): WQ0011510002

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: 3261
Check/Money Order Amount: \$1615.00
Name Printed on Check: Texas Commission on Environmental Quality
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 11510002

EPA I.D. (TPDES only): TX 0104990

Expiration Date: 12/17/2025

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 Elsa

(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: 600661409

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: Mr.

Last Name, First Name: Ybarra, Juan

Title: City Manager

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?

[Click to enter text.](#)

(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: Click to enter text.

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. Form 10400

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: Mr. Last Name, First Name: Ybarra, Juan
Title: City Manager Credential: Click to enter text.
Organization Name: City of Elsa
Mailing Address: P.O. Box 427 City, State, Zip Code: Elsa, TX 78543
Phone No.: (956) 262-2127 E-mail Address: jybarracitymanager@cityofelsa.net
Check one or both: ☒ Administrative Contact ☐ Technical Contact
- B. Prefix: Mr. Last Name, First Name: Garcia, Marcos
Title: Wastewater Plant Supervisor Credential: Class B Wastewater License
Organization Name: City of Elsa
Mailing Address: P.O. Box 427 City, State, Zip Code: Elsa, TX 78543
Phone No.: (956) 262-2127 E-mail Address: mgarcia@cityofelsa.net
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: Mr. Last Name, First Name: Ybarra, Juan
Title: City Manager Credential: Click to enter text.
Organization Name: City of Elsa
Mailing Address: P.O. 427 City, State, Zip Code: Elsa, TX 78543
Phone No.: (956) 262-2127 E-mail Address: jybarracitymanager@cityofelsa.net

B. Prefix: Mr. Last Name, First Name: Garcia, Marcos
Title: Wastewater Plant Supervisor Credential: Class B Wastewater License
Organization Name: City of Elsa
Mailing Address: P.O. Box 427 City, State, Zip Code: Elsa, TX 78543
Phone No.: (956) 262-2127 E-mail Address: mgarcia@cityofelsa.net

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: Ms. Last Name, First Name: Ponce, Christi
Title: AP Specialist Credential: Click to enter text.
Organization Name: City of Elsa
Mailing Address: P.O. Box 427 City, State, Zip Code: Elsa, TX 78543
Phone No.: (956) 262-2127 E-mail Address: cponce@cityofelsa.net

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: Mr. Last Name, First Name: Garcia, Marcos
Title: Wastewater Plant Supervisor Credential: Class B Wastewater License
Organization Name: City of Elsa
Mailing Address: P.O. Box 427 City, State, Zip Code: Elsa, TX 78543
Phone No.: (956) 262-2127 E-mail Address: mgarcia@cityofelsa.net

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Ms. Last Name, First Name: Olivarez, Delmira
Title: City Secretary Credential: Click to enter text.
Organization Name: City of Elsa
Mailing Address: P.O. Box 427 City, State, Zip Code: Elsa, TX 78543
Phone No.: (956) 262-2127 E-mail Address: elsacitysecretary@cityofelsa.net

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: Mr.

Last Name, First Name: Garcia, Marcos

Title: Wastewater Plant Supervisor Credential: Class B Wastewater License

Organization Name: City of Elsa

Mailing Address: P.O. Box 427

City, State, Zip Code: Elsa, TX 78543

Phone No.: 956) 262-2127

E-mail Address: mgarcia@cityofelsa.net

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: Elsa City Hall

Location within the building: Conference Room

Physical Address of Building: 102 S. Diana St.

City: Elsa

County: Hidalgo

Contact (Last Name, First Name): Olivarez, Delmira

Phone No.: (956) 262-2127 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: [Form 20972](#)

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: [Click to enter text.](#)

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 101610251

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):

Elsa Wastewater Treatment Facility

C. Owner of treatment facility: City of Elsa

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: [Click to enter text.](#)

Title: [Click to enter text.](#)

Credential: [Click to enter text.](#)

Organization Name: City of Elsa

Mailing Address: P.O. Box 427

City, State, Zip Code: Elsa, TX 78543

Phone No.: (956) 262-2127

E-mail Address: elsa@cityofelsa.net

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: [Click to enter text.](#)

Last Name, First Name: [Click to enter text.](#)

Title: [Click to enter text.](#)

Credential: [Click to enter text.](#)

Organization Name: [Click to enter text.](#)

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: [Click to enter text.](#)

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

Prefix: [Click to enter text.](#)

Last Name, First Name: [Click to enter text.](#)

Title: [Click to enter text.](#)

Credential: [Click to enter text.](#)

Organization Name: [Click to enter text.](#)

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: [Click to enter text.](#)

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): City of Elsa

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

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: [Click to enter text.](#)

- 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: [Click to enter text.](#)

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:

[Click to enter text.](#)

- 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:

[Click to enter text.](#)

- 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.

[Click to enter text.](#)

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: Form 10400, Form 20972, Form 20971

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0011510002

Applicant: City of Elsa

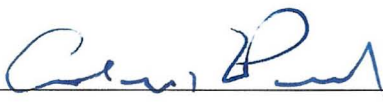
Certification:

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.

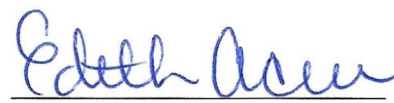
I further certify that I am authorized under 30 Texas Administrative Code § 305.44 to sign and submit this document, and can provide documentation in proof of such authorization upon request.

Signatory name (typed or printed): Alonzo Perez

Signatory title: Mayor

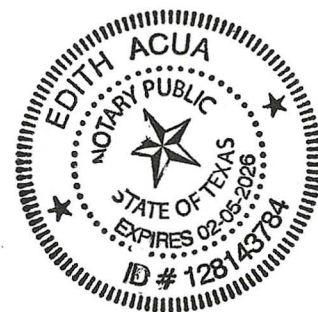
Signature:  Date: 09-30-25
(Use blue ink)

Subscribed and Sworn to before me by the said Alonzo Perez
on this 30th day of Sept, 2025.
My commission expires on the 5th day of Feb, 2026.


Notary Public

[SEAL]

Hidalgo
County, Texas



DOMESTIC WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

This form applies to TPDES permit applications only. Complete and attach the Supplemental Permit information Form (SPIF) (TCEQ Form 20971).

Attachment: Form 20971



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 600661409		RN 101610251

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		9/26/2025			
☐ 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)							
<i>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).</i>							
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>			
City of Elsa							
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits) 74-6000925	10. DUNS Number (if applicable) 030919021		
11. Type of Customer:		☐ Corporation ☐ Individual		Partnership: ☐ General ☐ Limited			
Government: ☒ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other		☐ Sole Proprietorship		☐ Other:			
12. Number of Employees				13. Independently Owned and Operated?			
☐ 0-20 ☒ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher				☒ 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:	P.O. Box 427						
	City	Elsa	State	TX	ZIP	78543	ZIP + 4

16. Country Mailing Information <i>(if outside USA)</i>		17. E-Mail Address <i>(if applicable)</i>	
		elsa@cityofelsa.net	
18. Telephone Number	19. Extension or Code	20. Fax Number <i>(if applicable)</i>	
(956) 262-2127		(956) 262-5002	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information <i>(If 'New Regulated Entity' is selected, a new permit application is also required.)</i>							
☐ New Regulated Entity ☐ Update to Regulated Entity Name ☒ Update to Regulated Entity Information							
<i>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).</i>							
22. Regulated Entity Name <i>(Enter name of the site where the regulated action is taking place.)</i>							
Elsa Wastewater Treatment Facility							
23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>	301 West 15th Street						
	City	Elsa	State	TX	ZIP	78543	ZIP + 4
24. County							

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

25. Description to Physical Location:					
26. Nearest City	State			Nearest ZIP Code	
<i>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).</i>					
27. Latitude (N) In Decimal:		28. Longitude (W) In Decimal:			
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
29. Primary SIC Code	30. Secondary SIC Code	31. Primary NAICS Code	32. Secondary NAICS Code		
(4 digits)	(4 digits)	(5 or 6 digits)	(5 or 6 digits)		
4952		22132			
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>					
Treatment & disposal of municipal sewage					
34. Mailing Address:	P.O. Box 427				

	City	Elsa	State	TX	ZIP	78543	ZIP + 4	0427
35. E-Mail Address:		mgarcia@cityofelsa.net						
36. Telephone Number		37. Extension or Code		38. Fax Number (if applicable)				
(956) 262-2127				(956) 262-5002				

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:
	WQ0011510002			

SECTION IV: Preparer Information

40. Name:	Marcos Garcia		41. Title:	Wastewater Plant Supervisor
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address	
(956) 262-2127		(956) 262-5002	mgarcia@cityofelsa.net	

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:	City of Elsa	Job Title:	City Manager
Name (In Print):	Juan J. Ybarra	Phone:	(956) 262- 2127
Signature:			Date: 9/30/2025



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
Enter 'INDUSTRIAL' or 'DOMESTIC' here 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.

The City of Elsa (CN 600661409) operates the Elsa Wastewater Treatment Facility (RN101610251), an activated sludge plant. The facility is located at 301 West 15th Street, in the City of Elsa, in Hidalgo County, Texas 78543.

The City of Elsa has applied to the Texas Commission on Environmental Quality (TCEQ) to renew the permit that authorizes the discharge of treated domestic wastewater effluent at a daily average flow not to exceed 0.8 million gallon per day (MGD) via Outfall 001.

Discharges from the facility are expected to contain coliform bacteria, total suspended solids, ammonia nitrogen, nitrate nitrogen, total Kjeldahl nitrogen, sulfate, chloride, total phosphorous, total dissolved solids, oil and grease. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, aeration basins, clarifiers, and a chlorine contact chamber.

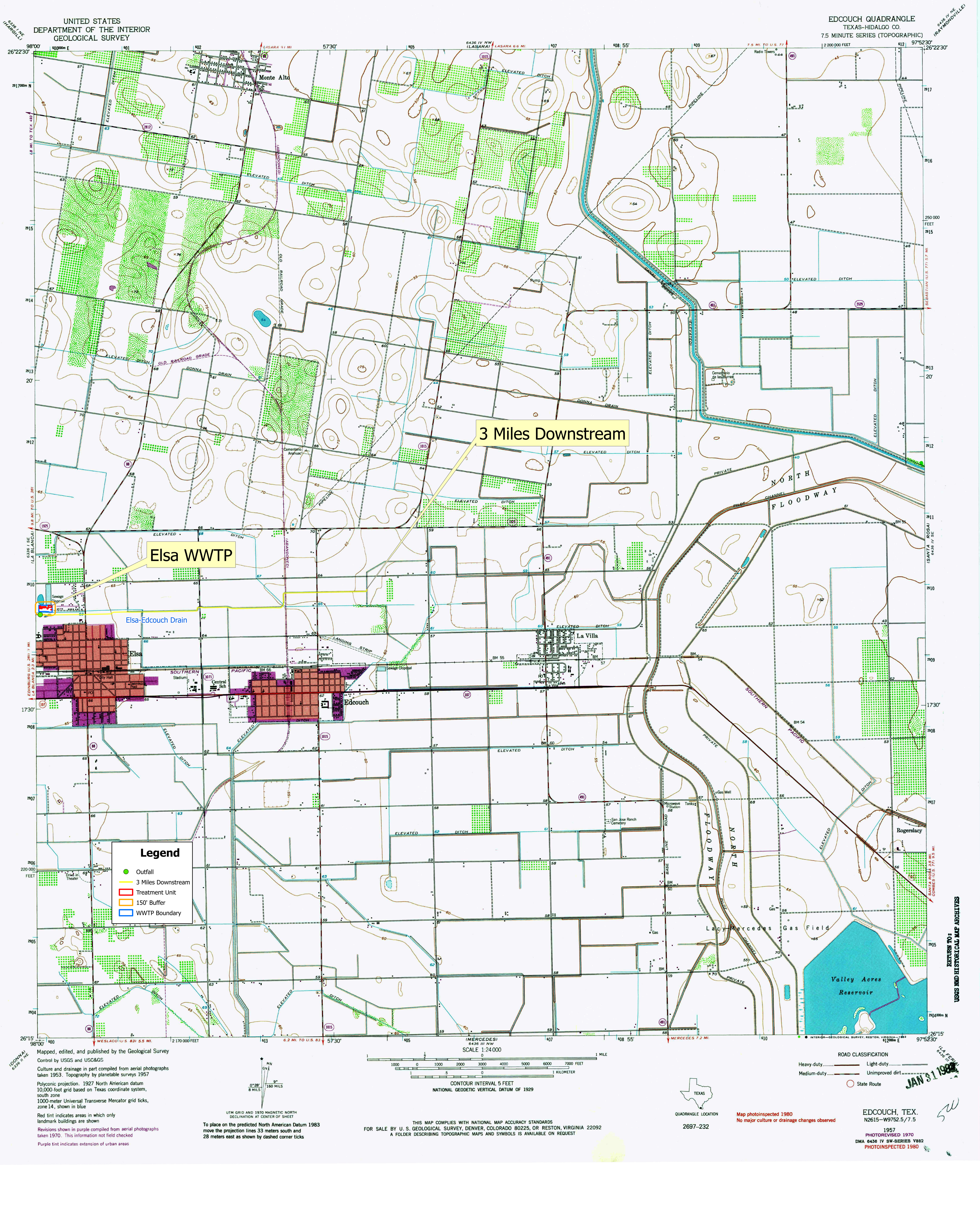
**PLANTILLA EN ESPAÑOL PARA SOLICITUDES NUEVAS/RENOVACIONES/ENMIENDAS DE
TPDES o TLAP**

El siguiente resumen se proporciona para esta solicitud de permiso de calidad del agua pendiente que está siendo revisada por la Comisión de Calidad Ambiental de Texas según lo requerido por el Capítulo 39 del Código Administrativo de Texas 30. La información proporcionada en este resumen puede cambiar durante la revisión técnica de la solicitud y no es una representación ejecutiva fedérale de la solicitud de permiso.

La ciudad de Elsa (CN 600661409) opera La Planta para el Tratamiento de Aguas Residuales Elsa (RN101610251), un planta de lodos activados. La planta está ubicada en la Calle 15 Oeste Número 30, en la ciudad de Elsa, en el condado de Hidalgo, Texas código postal 78543.

La ciudad de Elsa ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el permiso que autoriza la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 800,000 galones por día por medio del Desagüe 001.

Se espera que las descargas de la planta contengan bacterias coliformes, sólidos suspendidos totales, nitrógeno amoniacal, nitrógeno nitrato, nitrógeno total Kjeldahl, sulfato, cloruro, fósforo, sólidos disueltos totales, aceites y grasas. Las aguas residuales serán tratadas por una planta que utiliza el sistema de lodos activados y las unidades de tratamiento incluyen una malla, tanques de aireación, clarificadores y la cámara de contacto de cloro.



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

EDCOUCH QUADRANGLE
TEXAS-HIDALGO CO.
7.5 MINUTE SERIES (TOPOGRAPHIC)

3 Miles Downstream

Elsa WWTP

Elsa-Edcouch Drain

La Villa

Edcouch

Rogerslacy

Valley Acres Reservoir

Legend

- Outfall
- 3 Miles Downstream
- ▭ Treatment Unit
- ▭ 150' Buffer
- ▭ WWTP Boundary

Maped, edited, and published by the Geological Survey
Control by USGS and USGS/GS
Culture and drainage in part compiled from aerial photographs
taken 1953. Topography by planetable surveys 1957
Polyconic projection. 1927 North American datum
10,000-foot grid based on Texas coordinate system,
south zone
1000-meter Universal Transverse Mercator grid ticks,
zone 14, shown in blue
Red tint indicates areas in which only
landmark buildings are shown
Revisions shown in purple compiled from aerial photographs
taken 1970. This information not field checked
Purple tint indicates extension of urban areas

UTM GRID and 1970 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET

To place on the predicted North American Datum 1983
move the projection lines 33 meters south and
28 meters east as shown by dashed corner ticks

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U.S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225, OR RESTON, VIRGINIA 22092
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

ROAD CLASSIFICATION

Heavy-duty ——— Light-duty ———
Medium-duty ——— Unimproved dirt ———
○ State Route

2697-232

Map photosinspected 1980
No major culture or drainage changes observed

EDCOUCH, TEX.
N2615-W9752.5/7.5

1957
PHOTOREVISED 1970
DMA 6436 IV SW-SERIES V882
PHOTOINSPECTED 1980

JAN 31 1984

RETURN TO:
USGS AND HISTORICAL MAP ARCHIVES

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 Elsa

Permit No. WQ00 11510002

EPA ID No. TX 0104990

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

301 West 15th Street, Elsa, TX

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): Mr.

First and Last Name: Juan Ybarra

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

Title: City Manager

Mailing Address: P.O. Box 427

City, State, Zip Code: Elsa, Texas 78543

Phone No.: (956) 262-2127 Ext.: Fax No.: (956) 262-5002

E-mail Address: jybarracitymanager@cityofelsa.net

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

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.

Via outfall to Hidalgo County Water Control and Improvement District (HCWCID) Ditch 10E, thence to North Floodway, thence to the Lower Laguna Madre in Segment No. 2491 of the Bays and Estuaries

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):

No construction-related land use impacts are projected on this site.

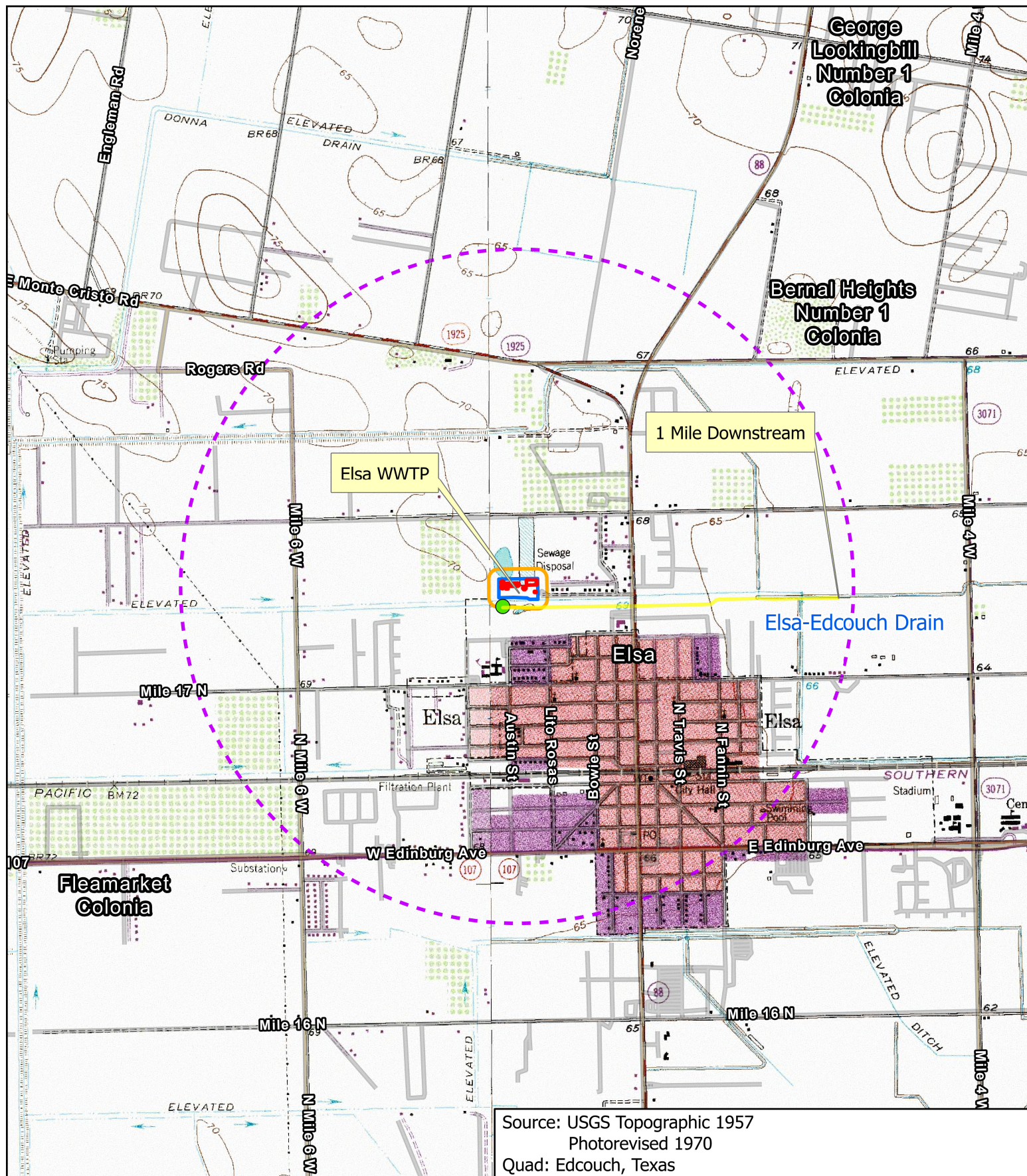
2. Describe existing disturbances, vegetation, and land use:

The site consists of a vacant lot with minimal vegetation consisting primarily of weeds.

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:

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



0 1,000 2,000
US Feet

Elsa
Wastewater Treatment Plant
Topographic Map

Legend

- 1 Mile Downstream
- Outfall
- Treatment Unit
- 150' Buffer
- WWTP Boundary
- 1 Mile Radius



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): 0.8

2-Hr Peak Flow (MGD): 2.4

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

B. Interim II Phase

Design Flow (MGD): Click to enter text.

2-Hr Peak Flow (MGD): Click to enter text.

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

C. Final Phase

Design Flow (MGD): Click to enter text.

2-Hr Peak Flow (MGD): Click to enter text.

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

D. Current Operating Phase

Provide the startup date of the facility: 12/31/89

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.**

The plant consists of an activated sludge plant utilizing the boat clarifier system. Influent wastewater from the plant lift station is pumped to the head works where it passes through a mechanical bar screen. From there, the influent flows into an aeration basin and into a boat clarifier. The influent then flows into two clarifiers. Consequently, the effluent passes through a chlorine contact chamber for disinfection before it discharges through the outfall.

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)
Mechanical Bar Screen	1	3' x 6' x 22.25'
Aeration Basin	1	191.5' x 48.0' x 13'
Clarifiers	2	45' Dia. X 12' Depth
Chlorine Contact Chamber	1	67' x 16.5' x 5'
Sludge Drying Beds	2	70' x 32' x 4'
Sludge Drying Beds	12	27.5 x 40' x 4'

C. Process Flow Diagram

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

Attachment: Process Flow Diagram

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

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

- Latitude: 26.304224
- Longitude: -97.999909

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: Site Map

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

City of Elsa

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.**

Click to enter text.

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.

Click to enter text.

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: Existing Phase-4/15/2008

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.**

Click to enter text.

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.

Click to enter text.

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*.

Click to enter text.

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.

Click to enter text.

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:

Click to enter text.

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.

Click to enter text.

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.

Click to enter text.

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.

[Click to enter text.](#)

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 BOD₅ concentration of the sludge, and the design BOD₅ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

[Click to enter text.](#)

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 BOD₅ concentration of the septic waste, and the design BOD₅ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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.

Click to enter text.

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	<2.00	<2.00	1	Grab	9/30/2025; 8:40 a.m.
Total Suspended Solids, mg/l	3.60	3.60	1	Grab	9/30/2025; 8:40 a.m.
Ammonia Nitrogen, mg/l	0.265	0.265	1	Grab	9/30/2025; 8:40 a.m.
Nitrate Nitrogen, mg/l	15.0	15.0	1	Grab	9/30/2025; 8:40 a.m.
Total Kjeldahl Nitrogen, mg/l	1.02	1.02	1	Grab	9/30/2025; 8:40 a.m.
Sulfate, mg/l	270	270	1	Grab	9/30/2025; 8:40 a.m.
Chloride, mg/l	263	263	1	Grab	9/30/2025; 8:40 a.m.
Total Phosphorus, mg/l	4.31	4.31	1	Grab	9/30/2025; 8:40 a.m.
pH, standard units	6.5	6.5	1	Grab	9/30/2025; 8:40 a.m.
Dissolved Oxygen*, mg/l	5.1	5.1	1	Grab	9/30/2025; 8:40 a.m.
Chlorine Residual, mg/l	0.160	0.160	1	Grab	9/30/2025; 8:40 a.m.
<i>E.coli</i> (CFU/100ml) freshwater	191.8	191.8	1	Grab	9/30/2025; 8:40 a.m.
Enterococci (CFU/100ml) saltwater	NA	NA	NA	NA	NA
Total Dissolved Solids, mg/l	1230	1230	1	Grab	9/30/2025; 8:40 a.m.
Electrical Conductivity, μ mohs/cm, †	NA	NA	NA	NA	NA
Oil & Grease, mg/l	<4.40	<4.40	1	Grab	9/30/2025; 8:40 a.m.
Alkalinity (CaCO ₃)*, mg/l	61.2	61.2	1	Grab	9/30/2025; 8:40 a.m.

*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					
Total Dissolved Solids, mg/l					
pH, standard units					
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity (CaCO ₃), mg/l					

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Marcos Garcia

Facility Operator's License Classification and Level: Class B Wastewater

Facility Operator's License Number: WW0028185

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 $\geq$ 1 MGD
- ☐ Serves $\geq$ 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
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.
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: [City of Edinburg Regional Landfill](#)

TCEQ permit or registration number: [48038](#)

County where disposal site is located: [Hidalgo](#)

E. Transportation method

Method of transportation (truck, train, pipe, other): [truck](#)

Name of the hauler: [Grande Garbage Collection](#)

Hauler registration number: [22653](#)

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:

[Click to enter text.](#)

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 1×10^{-7} cm/sec?

☐ Yes ☐ No

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

[Click to enter text.](#)

D. Site development plan

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

[Click to enter text.](#)

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:

Click to enter text.

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:

Click to enter text.

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:

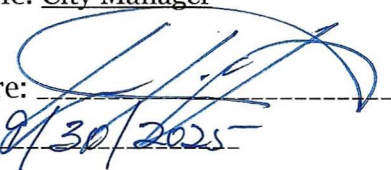
I certify that all laboratory tests submitted with this application meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*.

Printed Name: Juan J. Ybarra

Title: City Manager

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 to Section 2. If **yes**, provide the following:

Owner of the drinking water supply: [Click to enter text.](#)

Distance and direction to the intake: [Click to enter text.](#)

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

Attachment: [Click to enter text.](#)

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: [Click to enter text.](#)

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).

[Click to enter text.](#)

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).

[Click to enter text.](#)

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: Hidalgo County Water Control and Improvement District Ditch 10F

A. Receiving water type

Identify the appropriate description of the receiving waters.

- ☐ Stream
- ☐ Freshwater Swamp or Marsh
- ☐ Lake or Pond

Surface area, in acres: Click to enter text.

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.

None

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.

[Click to enter text.](#)

E. Normal dry weather characteristics

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

Normal flow with no unusual characteristics

Date and time of observation: 8/26/2025-2:10 p.m.

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

☐ Urban runoff

☐ Upstream discharges

☒ Agricultural runoff

☐ Septic tanks

☐ Other(s), specify: [Click to enter text.](#)

B. Waterbody uses

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

- | | |
|---|--|
| ☐ Livestock watering | ☐ Contact recreation |
| ☒ Irrigation withdrawal | ☐ Non-contact recreation |
| ☐ Fishing | ☐ Navigation |
| ☐ Domestic water supply | ☐ Industrial water supply |
| ☐ Park activities | ☐ 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: [Click to enter text.](#)

Significant IUs - non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: [Click to enter text.](#)

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: [Click to enter text.](#)

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.

[Click to enter text.](#)

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.

Click to enter text.

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.

Click to enter text.

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.

Click to enter text.

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.

Click to enter text.

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

A. General information N/A

Company Name: [Click to enter text.](#)

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).

[Click to enter text.](#)

C. Product and service information

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

[Click to enter text.](#)

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

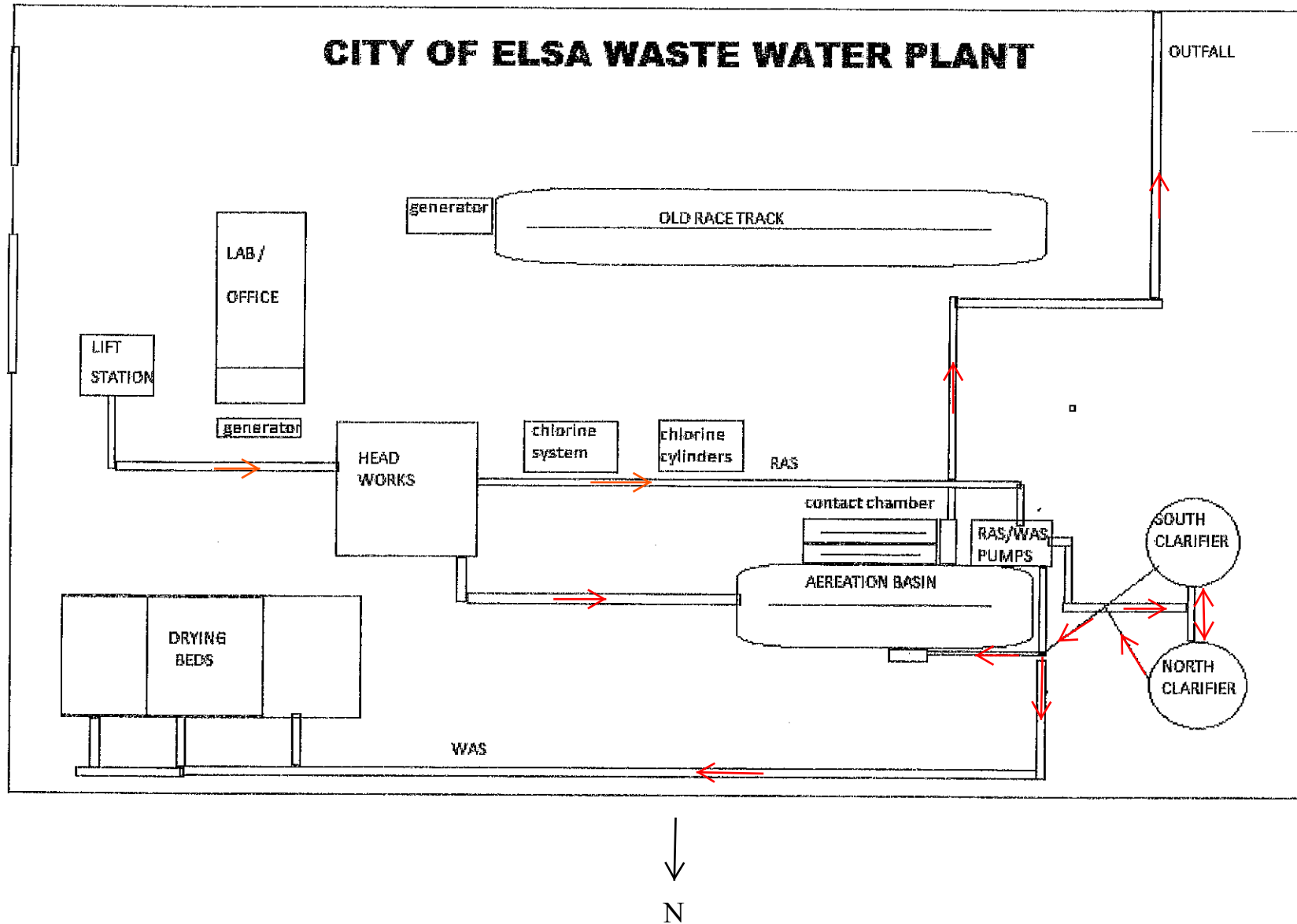
Has the SIU or CIU caused or contributed to any problems (e.g., interferences, pass through, odors, corrosion, blockages) at your POTW in the past three years?

☐ Yes ☐ No

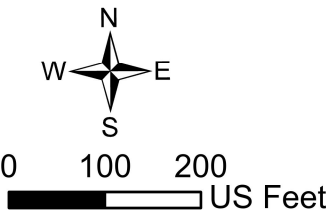
If yes, identify the SIU, describe each episode, including dates, duration, description of problems, and probable pollutants.

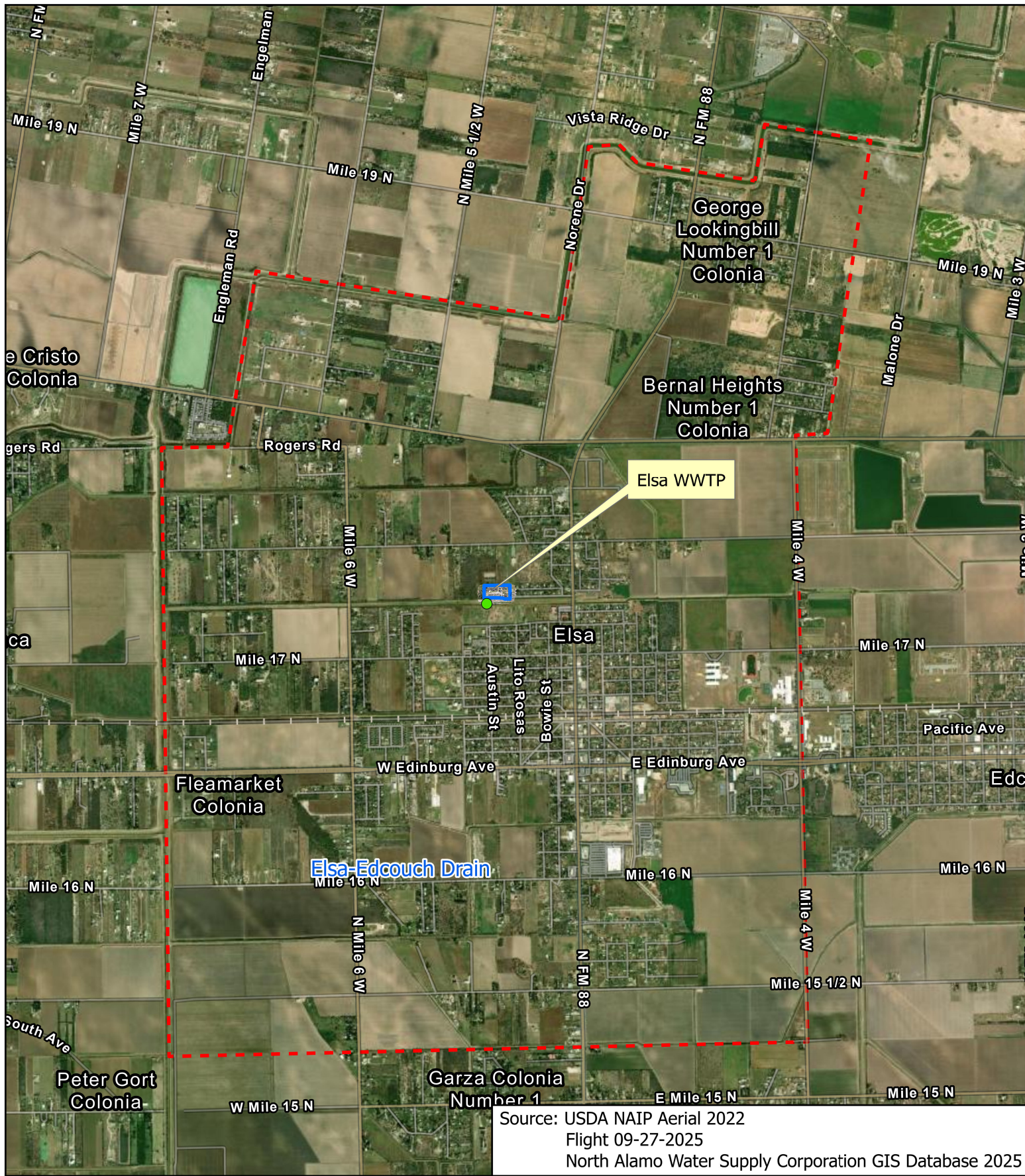
[Click to enter text.](#)

Process Flow Diagram





 0 100 200 US Feet	Elsa Wastewater Treatment Plant Site Map	Legend  Outfall  Treatment Units  150' Buffer  WWTP Boundary	Flight by Jose Salinas III FAA Certified License Part 107 Drone Pilot #4955071
---	---	--	---



0 1,500 3,000 US Feet	Elsa Wastewater Treatment Plant Service Area Map	Legend - WWTP - ServiceArea - Outfall	Flight by Jose Salinas III FAA Certified License Part 107 Drone Pilot #4955071
----------------------------------	---	--	---

Project
1163907

Printed10/08/2025
14:46

ELS3-R

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

TABLE OF CONTENTS

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

Report Name	Description	Pages
1163907_r02_01_ProjectSamples	SPL Kilgore Project P:1163907 C:ELS3 Project Sample Cross Reference t:304	1
1163907_r03_03_ProjectResults	SPL Kilgore Project P:1163907 C:ELS3 Project Results t:304	4
1163907_r10_05_ProjectQC	SPL Kilgore Project P:1163907 C:ELS3 Project Quality Control Groups	7
1163907_r99_09_CoC__1_of_1	SPL Kilgore CoC ELS3 1163907_1_of_1	3
Total Pages:		15

Email: Kilgore.ProjectManagement@spllabs.com

Survey: How are we doing?



SAMPLE CROSS REFERENCE

Project

1163907

Printed

10/8/2025

Page 1 of 1
PERMIT

City of Elsa
 Fabian Rodriguez
 P.O. Box 427
 102 S. Diana St.
 Elsa, TX 78543-

Sample	Sample ID	Taken	Time	Received
2451530	WWTP Permit	09/30/2025	08:40:00	10/01/2025

Bottle 01 Polyethylene 1/2 gal (White), Q
 Bottle 02 Plastic 1 liter unpreserved, Q
 Bottle 03 H2SO4 to pH <2 Glass Qt w/Teflon lined lid, Q
 Bottle 04 H2SO4 to pH <2 Glass Qt w/Teflon lined lid, Q
 Bottle 05 HNO3 to pH <2 Polyethylene 250 mL for Metals, Q
 Bottle 06 8 oz Plastic H2SO4 pH < 2, Q
 Bottle 07 BOD Titration Beaker A (Batch 1198381) Volume: 100.00000 mL <== Derived from 01 (100 ml)
 Bottle 08 BOD Analytical Beaker B (Batch 1198381) Volume: 100.00000 mL <== Derived from 01 (100 ml)
 Bottle 09 Prepared Bottle: NH3N TRAACS Autosampler Vial (Batch 1198392) Volume: 6.00000 mL <== Derived from 06 (6 ml)
 Bottle 10 Prepared Bottle: ICP Preparation for Metals (Batch 1198488) Volume: 50.00000 mL <== Derived from 05 (50 ml)
 Bottle 11 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1198525) Volume: 20.00000 mL <== Derived from 06 (20 ml)

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 300.0 2.1	01	1198474	10/01/2025	1198474	10/01/2025
EPA 200.7 4.4	10	1198488	10/02/2025	1198670	10/02/2025
SM 2320 B-2011	02	1199368	10/07/2025	1199368	10/07/2025
SM 5210 B-2016 (TCMP Inhibitor)	01	1198381	10/07/2025	1198381	10/07/2025
EPA 1664B (HEM)	04	1199412	10/07/2025	1199412	10/07/2025
EPA 350.1 2	09	1198392	10/02/2025	1198597	10/02/2025
SM 2540 C-2020	02	1199452	10/06/2025	1199452	10/06/2025
EPA 351.2 2	11	1198525	10/02/2025	1198855	10/03/2025
SM 2540 D-2020	01	1199129	10/06/2025	1199129	10/06/2025
SM 4500-H+ B-2011		1198281	09/30/2025	1198281	09/30/2025

Email: Kilgore.ProjectManagement@spllabs.com

Report Page 2 of 16

ELS3-R

Page 1 of 4

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

Project

1163907

Printed: 10/08/2025

RESULTS

Sample Results

2451530 WWTP Permit

Received: 10/01/2025

Non-Potable Water

Collected by: FG3

SPL Kilgore

PO:

Taken: 09/30/2025

08:40:00

Prepared: 10/01/2025 14:01:42 Calculated 10/01/2025 14:01:42 CAL

Parameter

Results

DF

Units

RL

Flags

CAS

Bottle

Pickup/Sampling/Transport

Verified

1.00

EPA 1664B (HEM)

Prepared: 1199412 10/07/2025 07:38:00 Analyzed 1199412 10/07/2025 07:38:00 PMW

Parameter

Results

DF

Units

RL

Flags

CAS

Bottle

NELAC Oil and Grease (HEM)

<4.40

1.10

mg/L

4.40

04

EPA 200.7 4.4

Prepared: 1198488 10/02/2025 09:00:00 Analyzed 1198670 10/02/2025 15:32:00 ANC

Parameter

Results

DF

Units

RL

Flags

CAS

Bottle

NELAC Phosphorus

4.31

1.00

mg/L

0.040

7723-14-0

10

EPA 300.0 2.1

Prepared: 1198474 10/01/2025 18:14:00 Analyzed 1198474 10/01/2025 18:14:00 KRA

Parameter

Results

DF

Units

RL

Flags

CAS

Bottle

NELAC Chloride

263

10.00

mg/L

3.00

01

NELAC Nitrate-Nitrogen Total

15.0

10.00

mg/L

0.226

14797-55-8

01

NELAC Sulfate

270

10.00

mg/L

3.00

01

EPA 350.1 2

Prepared: 1198392 10/02/2025 07:06:18 Analyzed 1198597 10/02/2025 08:48:00 MEG

Parameter

Results

DF

Units

RL

Flags

CAS

Bottle

NELAC Ammonia Nitrogen

0.265

1.00

mg/L

0.020

09

EPA 351.2 2

Prepared: 1198525 10/02/2025 12:00:56 Analyzed 1198855 10/03/2025 09:50:00 AMB

Parameter

Results

DF

Units

RL

Flags

CAS

Bottle

NELAC Total Kjeldahl Nitrogen

1.02

1.00

mg/L

0.050

7727-37-9

11



Report Page 3 of 16

ELS3-R

Page 2 of 4

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

Project
1163907

Printed: 10/08/2025

2451530 WWTP Permit

Received: 10/01/2025

Non-Potable Water

Collected by: FG3

SPL Kilgore

PO:

Taken: 09/30/2025

08:40:00

SM 2320 B-2011

Prepared: 1199368 10/07/2025 08:09:00 Analyzed 1199368 10/07/2025 08:09:00 TRC

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC Total Alkalinity (as CaCO ₃)	61.2	1.00	mg/L	1.00			02

SM 2540 C-2020

Prepared: 1199452 10/06/2025 09:50:00 Analyzed 1199452 10/06/2025 09:50:00 JMB

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC Total Dissolved Solids	1230	10.00	mg/L	50.0			02

SM 2540 D-2020

Prepared: 1199129 10/06/2025 06:55:00 Analyzed 1199129 10/06/2025 06:55:00 LSM

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC Total Suspended Solids	3.60	1.00	mg/L	2.00			01

SM 4500-H+ B-2011

Prepared: 1198281 09/30/2025 08:43:00 Analyzed 1198281 09/30/2025 08:43:00 FG3

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC pH (Onsite)	6.5	1.00	SU				

SM 5210 B-2016 (TCMP Inhibitor)

Prepared: 1198381 10/02/2025 Analyzed 1198381 10/07/2025 12:13:55 ESN

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC BOD Carbonaceous	<2.00	4.00	mg/L	2.00			01

Sample Preparation

2451530 WWTP Permit

Received: 10/01/2025

09/30/2025



Report Page 4 of 16

ELS3-R

Page 3 of 4

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

Project

1163907

Printed: 10/08/2025

2451530 WWTP Permit

Received: 10/01/2025

09/30/2025

Prepared: 10/01/2025 14:01:42 Calculated 10/01/2025 14:01:42 CAL

z Enviro Fee (per Sampling Group) Verified

EPA 1664B (HEM)

Prepared: 1199171 10/07/2025 07:38:00 Analyzed 1199171 10/07/2025 07:38:00 PMW

NELAC O&G HEM Started Started

EPA 200.2 2.8

Prepared: 1198488 10/02/2025 09:00:00 Analyzed 1198488 10/02/2025 09:00:00 ANC

z Liquid Metals Digestion 50/50 ml 05

EPA 350.1, Rev. 2.0

Prepared: 1198392 10/02/2025 07:06:18 Analyzed 1198392 10/02/2025 07:06:18 CMS

NELAC Ammonia Distillation 6/6 ml 06

EPA 351.2, Rev 2.0

Prepared: 1198525 10/02/2025 12:00:56 Analyzed 1198525 10/02/2025 12:00:56 CMS

NELAC TKN Block Digestion 20/20 ml 06

SM 2540 C-2015

Prepared: 1198942 10/06/2025 09:50:00 Analyzed 1198942 10/06/2025 09:50:00 JMB

NELAC Total Dissolved Solids Started Started

SM 2540 D-2011

Prepared: 1197865 10/06/2025 06:55:00 Analyzed 1197865 10/06/2025 06:55:00 LSM

NELAC TSS Set Started Started



Report Page 5 of 16

ELS3-R

Page 4 of 4

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

Project

1163907

Printed: 10/08/2025

2451530 WWTP Permit

Received: 10/01/2025

09/30/2025

SM 5210 B-2016 (TCMP Inhibitor)

Prepared: 1198381 10/02/2025

Analyzed 1198381 10/02/2025 06:48:34 ESN

NELAC BOD₅ Set Started

Started

Qualifiers:

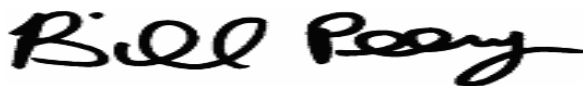
We report results on an As Received (or Wet) basis unless marked Dry Weight.

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, MS, Senior Director, Environmental Technology



QUALITY CONTROL



ELS3-R

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

Page 1 of 7

Project
1163907

Printed 10/08/2025

Analytical Set 1198381

SM 5210 B-2016 (TCMP Inhibitor)

Blank							
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>	<i>MDL</i>	<i>MQL</i>	<i>Units</i>	<i>File</i>	
BOD Carbonaceous	1198381	0.02	0.200	0.500	mg/L	128146363	
BOD Carbonaceous	1198381	-0.05	0.200	0.500	mg/L	128146417	
Duplicate							
<i>Parameter</i>	<i>Sample</i>	<i>Result</i>	<i>Unknown</i>	<i>Unit</i>	<i>RPD</i>	<i>Limit%</i>	
BOD Carbonaceous	2451411	ND	ND	mg/L		30.0	
BOD Carbonaceous	2451550	ND	ND	mg/L		30.0	
BOD Carbonaceous	2451757	ND	ND	mg/L		30.0	
BOD Carbonaceous	2452061	ND	ND	mg/L		30.0	
Seed Drop							
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>	<i>MDL</i>	<i>MQL</i>	<i>Units</i>	<i>File</i>	
BOD Carbonaceous	1198381	0.140	0.200	0.500	mg/L	128146365	
BOD Carbonaceous	1198381	0.350	0.200	0.500	mg/L	128146419	
Standard							
<i>Parameter</i>	<i>Sample</i>	<i>Reading</i>	<i>Known</i>	<i>Units</i>	<i>Recover%</i>	<i>Limits%</i>	<i>File</i>
BOD Carbonaceous		208	198	mg/L	105	83.7 - 116	128146366
BOD Carbonaceous		196	198	mg/L	99.0	83.7 - 116	128146420

Analytical Set 1198597

EPA 350.1 2

Blank						
Parameter	PrepSet	Reading	MDL	MQL	Units	File
Ammonia Nitrogen	1198392	ND	0.00336	0.020	mg/L	128152458
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	2450109	ND	ND	mg/L		20.0

Email: Kilgore.ProjectManagement@spllabs.com



Report Page 7 of 16

QUALITY CONTROL



Page 2 of 7

ELS3-R

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

Project
1163907

Printed 10/08/2025

Duplicate											
<i>Parameter</i>	<i>Sample</i>	<i>Result</i>	<i>Unknown</i>		<i>Unit</i>		<i>RPD</i>		<i>Limit%</i>		
Ammonia Nitrogen	2450513	ND	ND		mg/L				20.0		
ICV											
<i>Parameter</i>		<i>Reading</i>	<i>Known</i>	<i>Units</i>	<i>Recover%</i>	<i>Limits%</i>	<i>File</i>				
Ammonia Nitrogen		2.17	2.00	mg/L	108	90.0 - 110	128152364				
LCS Dup											
<i>Parameter</i>	<i>PrepSet</i>	<i>LCS</i>	<i>LCSD</i>		<i>Known</i>	<i>Limits%</i>	<i>LCS%</i>	<i>LCSD%</i>	<i>Units</i>	<i>RPD</i>	<i>Limit%</i>
Ammonia Nitrogen	1198392	2.16	2.09		2.00	90.0 - 110	108	104	mg/L	3.29	20.0
Mat. Spike											
<i>Parameter</i>	<i>Sample</i>	<i>Spike</i>	<i>Unknown</i>	<i>Known</i>	<i>Units</i>	<i>Recovery %</i>	<i>Limits %</i>	<i>File</i>			
Ammonia Nitrogen	2450109	13.3	ND	12.0	mg/L	111	80.0 - 120	128152463			
Ammonia Nitrogen	2450513	13.2	ND	12.0	mg/L	110	80.0 - 120	128152468			

Analytical Set

1198855

EPA 351.2 2

Blank						
Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Kjeldahl Nitrogen	1198525	ND	0.00712	0.050	mg/L	128159446
CCB						
Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Kjeldahl Nitrogen	1198525	ND	0.00712	0.050	mg/L	128159447
Total Kjeldahl Nitrogen	1198525	ND	0.00712	0.050	mg/L	128159458
Total Kjeldahl Nitrogen	1198525	ND	0.00712	0.050	mg/L	128159470
Total Kjeldahl Nitrogen	1198855	ND	0.00712	0.050	mg/L	128159501
CCV						
Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	5.22	5.00	mg/L	104	90.0 - 110	128159434
Total Kjeldahl Nitrogen	5.26	5.00	mg/L	105	90.0 - 110	128159444
Total Kjeldahl Nitrogen	5.26	5.00	mg/L	105	90.0 - 110	128159455
Total Kjeldahl Nitrogen	5.27	5.00	mg/L	105	90.0 - 110	128159465
Total Kjeldahl Nitrogen	5.29	5.00	mg/L	106	90.0 - 110	128159476
Total Kjeldahl Nitrogen	5.25	5.00	mg/L	105	90.0 - 110	128159487
Total Kjeldahl Nitrogen	5.22	5.00	mg/L	104	90.0 - 110	128159498
Total Kjeldahl Nitrogen	5.27	5.00	mg/L	105	90.0 - 110	128159502

Duplicate						
Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Kjeldahl Nitrogen	2451129	1.43	1.35	mg/L	5.76	20.0
Total Kjeldahl Nitrogen	2451565	0.450	0.399	mg/L	12.0	20.0
Total Kjeldahl Nitrogen	2451568	0.276	0.154	mg/L	56.7	* 20.0
ICV						
Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	5.40	5.00	mg/L	108	90.0 - 110	128159433

Email: Kilgore.ProjectManagement@spllabs.com



Report Page 8 of 16

QUALITY CONTROL



ELS3-R

City of Elsa
Fabian Rodriguez
P.O. Box 427
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Elsa, TX 78543-

Page 3 of 7

Project
1163907

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LCS Dup										
Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Total Kjeldahl Nitrogen	1198525	4.85	4.83	5.00	90.0 - 110	97.0	96.6	mg/L	0.413	20.0

Mat. Spike										
Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File		
Total Kjeldahl Nitrogen	2451129	6.54	1.35	5.00	mg/L	104	80.0 - 120	128159440		
Total Kjeldahl Nitrogen	2451565	4.20	0.399	5.00	mg/L	76.0	80.0 - 120	128159452	*	
Total Kjeldahl Nitrogen	2451568	5.18	0.154	5.00	mg/L	101	80.0 - 120	128159456		

Analytical Set 1198281

SM 4500-H+ B-2011

CCV							
Parameter	Reading	Known	Units	Recover%	Limits%	File	
pH (Onsite)	6.0	6.0	SU	100	90 - 110		
pH (Onsite)	6.0	6.0	SU	100	90 - 110		

Duplicate							
Parameter	Sample	Result	Unknown	Unit	RPD	Limit%	
pH (Onsite)	2451530	6.6	6.5	SU	1.5	20	

Standard							
Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
pH (Onsite)	1198281	8.0	8.0	SU	100	90 - 110	
pH (Onsite)	1198281	7.9	8.0	SU	98.8	90 - 110	

Analytical Set 1199129

SM 2540 D-2020

Blank							
Parameter	PrepSet	Reading	MDL	MQL	Units	File	
Total Suspended Solids	1199129	ND	2	2	mg/L	128167278	

ControlBlk							
Parameter	PrepSet	Reading	MDL	MQL	Units	File	
Total Suspended Solids	1199129	0			grams	128167277	

Duplicate							
Parameter	Sample	Result	Unknown	Unit	RPD	Limit%	
Total Suspended Solids	2451433	159	281	mg/L	55.5	*	20.0
Total Suspended Solids	2451560	340	340	mg/L	0		20.0
Total Suspended Solids	2452405	7240	7400	mg/L	2.19		20.0

LCS							
Parameter	PrepSet	Reading	Known	Units	Recover%	Limits	File
Total Suspended Solids	1199129	49.0	50.0	mg/L	98.0	90.0 - 110	128167311

Standard							
Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
Total Suspended Solids		100	100	mg/L	100	90.0 - 110	128167310

Analytical Set 1199412

EPA 1664B (HEM)

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Report Page 9 of 16

QUALITY CONTROL



Page 4 of 7

ELS3-R

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Blank											
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>	<i>MDL</i>	<i>MQL</i>	<i>Units</i>	<i>File</i>					
Oil and Grease (HEM)	1199412	ND	0.804	4.00	mg/L	128174646					
ControlBlk											
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>	<i>MDL</i>	<i>MQL</i>	<i>Units</i>	<i>File</i>					
Oil and Grease (HEM)	1199412	0.0004			grams	128174645					
Oil and Grease (HEM)	1199412	0.0003			grams	128174670					
LCS											
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>		<i>Known</i>	<i>Units</i>	<i>Recover%</i>	<i>Limits</i>	<i>File</i>			
Oil and Grease (HEM)	1199412	33.0		40.0	mg/L	82.5	78.0 - 114	128174647			
MS											
<i>Parameter</i>	<i>Sample</i>	<i>MS</i>	<i>MSD</i>	<i>UNK</i>	<i>Known</i>	<i>Limits</i>	<i>MS%</i>	<i>MSD%</i>	<i>Units</i>	<i>RPD</i>	<i>Limit%</i>
Oil and Grease (HEM)	2451530	38.5	0	0.879	40.0	78.0 - 114	96.2		mg/L		20.0

Analytical Set

1199452

SM 2540 C-2020

Blank								
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>	<i>MDL</i>	<i>MQL</i>	<i>Units</i>	<i>File</i>		
Total Dissolved Solids	1199452	ND	5.00	5.00	mg/L	128175948		
ControlBlk								
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>	<i>MDL</i>	<i>MQL</i>	<i>Units</i>	<i>File</i>		
Total Dissolved Solids	1199452	0.0003			grams	128175935		
Duplicate								
<i>Parameter</i>	<i>Sample</i>		<i>Result</i>	<i>Unknown</i>		<i>Unit</i>	<i>RPD</i>	<i>Limit%</i>
Total Dissolved Solids	2451187		272	252		mg/L	7.63	20.0
LCS								
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>		<i>Known</i>	<i>Units</i>	<i>Recover%</i>	<i>Limits</i>	<i>File</i>
Total Dissolved Solids	1199452	198		200	mg/L	99.0	85.0 - 115	128175936

Analytical Set

1198474

EPA 300.0 2.1

AWRL/LOQ C							
<i>Parameter</i>		<i>Reading</i>	<i>Known</i>	<i>Units</i>	<i>Recover%</i>	<i>Limits%</i>	<i>File</i>
Nitrate-Nitrogen Total		0.0278	0.0226	mg/L	123	70.0 - 130	128149843
Blank							
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>	<i>MDL</i>	<i>MQL</i>	<i>Units</i>		<i>File</i>
Chloride	1198474	0.055	0.0163	0.300	mg/L		128149844
Nitrate-Nitrogen Total	1198474	ND	0.00128	0.0226	mg/L		128149844
Sulfate	1198474	ND	0.123	0.300	mg/L		128149844
CCB							
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>	<i>MDL</i>	<i>MQL</i>	<i>Units</i>		<i>File</i>
Chloride	1198474	0.016	0.0163	0.300	mg/L		128149840
Chloride	1198474	0.038	0.0163	0.300	mg/L		128149856

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Report Page 10 of 16

QUALITY CONTROL



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Fabian Rodriguez
P.O. Box 427
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Elsa, TX 78543-

Page 5 of 7

Project
1163907

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CCB

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Chloride	1198474	0.042	0.0163	0.300	mg/L	128149872
Nitrate-Nitrogen Total	1198474	0	0.00128	0.0226	mg/L	128149840
Nitrate-Nitrogen Total	1198474	0	0.00128	0.0226	mg/L	128149856
Nitrate-Nitrogen Total	1198474	0	0.00128	0.0226	mg/L	128149872
Sulfate	1198474	0	0.123	0.300	mg/L	128149840
Sulfate	1198474	0	0.123	0.300	mg/L	128149856
Sulfate	1198474	0	0.123	0.300	mg/L	128149872

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Chloride	9.70	10.0	mg/L	97.0	90.0 - 110	128149839
Chloride	9.36	10.0	mg/L	93.6	90.0 - 110	128149855
Chloride	9.46	10.0	mg/L	94.6	90.0 - 110	128149871
Nitrate-Nitrogen Total	2.32	2.26	mg/L	103	90.0 - 110	128149839
Nitrate-Nitrogen Total	2.22	2.26	mg/L	98.2	90.0 - 110	128149855
Nitrate-Nitrogen Total	2.28	2.26	mg/L	101	90.0 - 110	128149871
Sulfate	9.58	10.0	mg/L	95.8	90.0 - 110	128149839
Sulfate	9.18	10.0	mg/L	91.8	90.0 - 110	128149855
Sulfate	9.31	10.0	mg/L	93.1	90.0 - 110	128149871

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Chloride	1198474	4.80	4.83	5.00	85.0 - 115	96.0	96.6	mg/L	0.623	20.0
Nitrate-Nitrogen Total	1198474	1.29	1.29	1.13	86.3 - 117	114	114	mg/L	0	20.0
Sulfate	1198474	5.16	5.20	5.00	85.4 - 124	103	104	mg/L	0.772	20.0

MSD

Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Chloride	2451194	650	651	567	100	80.0 - 120	83.0	84.0	mg/L	1.20	20.0
Nitrate-Nitrogen Total	2451194	53.7	53.3	30.0	22.6	80.0 - 120	105	103	mg/L	1.70	20.0
Sulfate	2451194	1110	1100	1020	100	80.0 - 120	90.0	80.0	mg/L	11.8	20.0
Chloride	2451432	60.4	59.2	52.4	10.0	80.0 - 120	80.0	68.0 *	mg/L	16.2	20.0
Nitrate-Nitrogen Total	2451432	2.51	2.54	ND	2.26	80.0 - 120	111	112	mg/L	1.19	20.0
Sulfate	2451432	39.4	39.9	30.2	10.0	80.0 - 120	92.0	97.0	mg/L	5.29	20.0

Analytical Set

1198670

EPA 200.7 4.4

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Phosphorus	1198488	ND	0.0353	0.040	mg/L	128153483

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Phosphorus	0.963	1.00	mg/L	96.3	90.0 - 110	128153478
Phosphorus	0.964	1.00	mg/L	96.4	90.0 - 110	128153482
Phosphorus	0.991	1.00	mg/L	99.1	90.0 - 110	128153492
Phosphorus	0.986	1.00	mg/L	98.6	90.0 - 110	128153499

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Report Page 11 of 16

QUALITY CONTROL



ELS3-R

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

Page 6 of 7

Project
1163907

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ICL											
<i>Parameter</i>	<i>Reading</i>	<i>Known</i>	<i>Units</i>	<i>Recover%</i>	<i>Limits%</i>	<i>File</i>					
Phosphorus	24.8	25.0	mg/L	99.2	95.0 - 105	128153476					
ICV											
<i>Parameter</i>	<i>Reading</i>	<i>Known</i>	<i>Units</i>	<i>Recover%</i>	<i>Limits%</i>	<i>File</i>					
Phosphorus	1.01	1.00	mg/L	101	90.0 - 110	128153477					
LCS Dup											
<i>Parameter</i>	<i>PrepSet</i>	<i>LCS</i>	<i>LCSD</i>	<i>Known</i>	<i>Limits%</i>	<i>LCS%</i>	<i>LCSD%</i>	<i>Units</i>	<i>RPD</i>	<i>Limit%</i>	
Phosphorus	1198488	3.98	3.97	4.00	85.0 - 115	99.5	99.2	mg/L	0.252	25.0	
MSD											
<i>Parameter</i>	<i>Sample</i>	<i>MS</i>	<i>MSD</i>	<i>UNK</i>	<i>Known</i>	<i>Limits</i>	<i>MS%</i>	<i>MSD%</i>	<i>Units</i>	<i>RPD</i>	<i>Limit%</i>
Phosphorus	2451248	4.04	4.14	ND	4.00	75.0 - 125	101	104	mg/L	2.44	25.0
Phosphorus	2451612	9.22	9.52	5.54	4.00	75.0 - 125	92.0	99.5	mg/L	7.83	25.0

Analytical Set

1199368

SM 2320 B-2011

Blank									
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>	<i>MDL</i>	<i>MQL</i>	<i>Units</i>	<i>File</i>			
Total Alkalinity (as CaCO3)	1199368	ND	1.00	1.00	mg/L	128173658			
Total Alkalinity (as CaCO3)	1199368	ND	1.00	1.00	mg/L	128173685			
Total Alkalinity (as CaCO3)	1199368	ND	1.00	1.00	mg/L	128173712			
CCV									
<i>Parameter</i>		<i>Reading</i>	<i>Known</i>	<i>Units</i>	<i>Recover%</i>	<i>Limits%</i>	<i>File</i>		
Total Alkalinity (as CaCO3)		26.3	25.0	mg/L	105	90.0 - 110	128173657		
Total Alkalinity (as CaCO3)		25.8	25.0	mg/L	103	90.0 - 110	128173671		
Total Alkalinity (as CaCO3)		25.7	25.0	mg/L	103	90.0 - 110	128173684		
Total Alkalinity (as CaCO3)		25.7	25.0	mg/L	103	90.0 - 110	128173698		
Total Alkalinity (as CaCO3)		25.7	25.0	mg/L	103	90.0 - 110	128173711		
Total Alkalinity (as CaCO3)		25.9	25.0	mg/L	104	90.0 - 110	128173719		
Duplicate									
<i>Parameter</i>	<i>Sample</i>		<i>Result</i>	<i>Unknown</i>	<i>Unit</i>	<i>RPD</i>	<i>Limit%</i>		
Total Alkalinity (as CaCO3)	2450121		359	345	mg/L	3.98	20.0		
Total Alkalinity (as CaCO3)	2450914		268	259	mg/L	3.42	20.0		
Total Alkalinity (as CaCO3)	2451414		82.9	84.7	mg/L	2.15	20.0		
Total Alkalinity (as CaCO3)	2452098		50.4	49.7	mg/L	1.40	20.0		
Total Alkalinity (as CaCO3)	2452533		257	239	mg/L	7.26	20.0		
ICV									
<i>Parameter</i>		<i>Reading</i>	<i>Known</i>	<i>Units</i>	<i>Recover%</i>	<i>Limits%</i>	<i>File</i>		
Total Alkalinity (as CaCO3)		27.5	25.0	mg/L	110	90.0 - 110	128173656		
Mat. Spike									
<i>Parameter</i>	<i>Sample</i>	<i>Spike</i>	<i>Unknown</i>	<i>Known</i>	<i>Units</i>	<i>Recovery %</i>	<i>Limits %</i>	<i>File</i>	
Total Alkalinity (as CaCO3)	2450121	394	345	25.0	mg/L	196	70.0 - 130	128173661	*
Total Alkalinity (as CaCO3)	2450914	278	259	25.0	mg/L	76.0	70.0 - 130	128173674	

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Report Page 12 of 16

QUALITY CONTROL



ELS3-R

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P.O. Box 427
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Elsa, TX 78543-

Page 7 of 7

Project
1163907

Printed 10/08/2025

Mat. Spike

Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File
Total Alkalinity (as CaCO ₃)	2451414	110	84.7	25.0	mg/L	101	70.0 - 130	128173688
Total Alkalinity (as CaCO ₃)	2452098	74.2	49.7	25.0	mg/L	98.0	70.0 - 130	128173701

* Out RPD is Relative Percent Difference: $\text{abs}(r_1 - r_2) / \text{mean}(r_1, r_2) * 100\%$

Recover% is Recovery Percent: $\text{result} / \text{known} * 100\%$

CCV - Continuing Calibration Verification (same standard used to prepare the curve; typically a mid-range concentration; verifies the continued validity of the calibration curve); 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; 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.); MS - Matrix Spike (same solution and amount of target analyte added to the LCS is added to a second aliquot of sample; quantifies matrix bias.)

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Report Page 13 of 16

1163907 CoC Print Group 001 of 001

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



Printed 09/29/2025 Page 1 of 2

CHAIN OF CUSTODY

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543

ELS3-R
117

Lab Number 1461730
PO Number _____
Phone 956/262-2127

WWTP Permit

☐ Hand Delivered by Client to Region or LAB

Matrix: Non-Potable Water

Sample Collection Start

Date: 9-30-25 Time: 0840

Sampler Printed Name: Frank Gamez III - SPL, Inc.

Sampler Affiliation: _____

Sampler Signature: _____

Samples Radioactive? ☐

Samples Contains Dioxin? ☐

Samples Biological Hazard? ☐

☒ On Site Testing

NELAC Short Hold

pH

pH (Onsite)

SM 4500-H+ B-2011 (0.0104 days)

pH (Onsite)

Collected By FG3 Date 9-30-25 Time 0840 Analyzed By FG3 Date 9-30-25 Time 0843

Results 6.51 Units S.U. Temp. 28.7 C Duplicate 6.62 Units S.U. Temp. 28.9 C

☒ H2SO4 to pH <2 GIQt w/Tef-lined lid, Q

NELAC

HEM

Oil and Grease (HEM)

EPA 1664B (HEM) (28.0 days)

☒ Polyethylene 1/2 gal (White), Q

NELAC Short Hold

BODc

BOD Carbonaceous

SM 5210 B-2016 (TCMP Inhibitor) (2.04 days)

NELAC

TSS

Total Suspended Solids

SM 2540 D-2020 (7.00 days)

☐ Z -- No bottle required

P150

Pickup/Sampling/Transport

☒ HNO3 to pH <2 Polyethylene 500 mL for Metals, Q



RGV Region: 2401 Village Dr. Suite C Brownsville, TX 78401

Report Page 14 of 16

1163907 CoC Print Group 001 of 001

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SPL
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Page 2 of 2

CHAIN OF CUSTODY

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

NELAC

ELS3-R
117

*PI Phosphorus

EPA 200.7.4.4 CAS:7723-14-0 (28.0 days)

301L Liquid Metals Digestion

EPA 200.2.2.8 (180 days)

1 H2SO4 to pH <2 250 ml Polyethylene, Q

NELAC

NH4N Ammonia Nitrogen

EPA 350.1.2 (28.0 days)

NELAC

TKN Total Kjeldahl Nitrogen

EPA 351.2.2 CAS:7727-37-9 (28.0 days)

1 Polyethylene Quart, Q

NELAC

ICIL Chloride

EPA 300.0.2.1 (28.0 days)

NELAC Short Hold

IN3L Nitrate-Nitrogen Total

EPA 300.0.2.1 CAS:14797-55-8 (2.00 days)

NELAC

IS4L Sulfate

EPA 300.0.2.1 (28.0 days)

NELAC

AlkT Total Alkalinity (as CaCO3)

SM 2320 B-2011 (14.0 days)

NELAC

TDS Total Dissolved Solids

SM 2540 C-2020 (7.00 days)

Ambient Conditions/Comments

Date	Time	Relinquished	Received
7/30/25	1700	Printed Name: Frank Gamez III - SPL, Inc. Signature: [Signature]	Printed Name: TPX Signature: [Signature]
8/1/25	1025	Printed Name: TPX Signature: [Signature]	Printed Name: Kiersten Rossum - SPL, Inc. Signature: [Signature]
		Printed Name: [Blank] Signature: [Blank]	Printed Name: [Blank] Signature: [Blank]
		Printed Name: [Blank] Signature: [Blank]	Printed Name: [Blank] Signature: [Blank]

Sample Received on Ice? ☒ Yes ☐ No
Cooler/Sample Secure? ☒ Yes ☐ No

If Shipped: Tracking Number & Temp - See Attached

The accredited column designates accreditation by A - A2LA, N - NELAC, or z - not listed under scope of accreditation. Unless otherwise specified, SPL shall provide these ordered services pursuant to our Standard Terms & Conditions Agreement. SPL personnel collect samples as specified by SPL SOP #000323.

Comments





COOLER CHECKIN

Region/Driver/Client

REN

Date / Time:

10/1 / 1025

Cooler:

of

Shipping Company:

TPX

Temp Label:

10/1 1025 K12		
Date	Time	Tech
10/1	1025	K12
Temp: 0.8	0.9	c
Therm#: 7736 Corr Fact: -0.1 C		

Project
1163914

Printed10/06/2025
16:51

ELS3-R

City of Elsa
Fabian Rodriguez
P.O. Box 427
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Elsa, TX 78543-

TABLE OF CONTENTS

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

Report Name	Description	Pages
1163914_r02_01_ProjectSamples	SPL Kilgore Project P:1163914 C:ELS3 Project Sample Cross Reference t:304	1
1163914_r03_03_ProjectResults	SPL Kilgore Project P:1163914 C:ELS3 Project Results t:304	2
1163914_r10_05_ProjectQC	SPL Kilgore Project P:1163914 C:ELS3 Project Quality Control Groups	1
1163914_r99_09_CoC__1_of_1	SPL Kilgore CoC ELS3 1163914_1_of_1	3
Total Pages:		7

Email: Kilgore.ProjectManagement@spllabs.com

Survey: How are we doing?





SAMPLE CROSS REFERENCE

Project
1163914

City of Elsa
Fabian Rodriguez
P.O. Box 427
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Printed 10/6/2025 Page 1 of 1
WWTP Permit

Sample	Sample ID	Taken	Time	Received
2451544	WWTP Permit	09/30/2025	08:40:00	10/01/2025

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
SM 4500-CI G-2011		1198202	09/30/2025	1198202	09/30/2025
SM 4500-O G-2016		1198231	09/30/2025	1198231	09/30/2025
Subcontract			09/30/2025		09/30/2025

Email: Kilgore.ProjectManagement@spllabs.com

ELS3-R

Page 1 of 2

City of Elsa
 Fabian Rodriguez
 P.O. Box 427
 102 S. Diana St.
 Elsa, TX 78543-

Project

1163914

Printed: 10/06/2025

RESULTS

Sample Results

2451544 WWTP Permit

Received: 10/01/2025

Non-Potable Water

Collected by: FG3

SPL Kilgore

PO:

Taken: 09/30/2025

08:40:00

SM 4500-Cl G-2011

Prepared: 1198202 09/30/2025 08:45:00 Analyzed 1198202 09/30/2025 08:45:00 FG3

Parameter

Results

Units

RL

Flags

CAS

Bottle

NELAC

Cl2 Res., Total(Onsite)Spec Mid [RL
0.05 mg/L]

0.160

mg/L

0.05

SM 4500-O G-2016

Prepared: 1198231 09/30/2025 08:42:00 Analyzed 1198231 09/30/2025 08:42:00 FG3

Parameter

Results

Units

RL

Flags

CAS

Bottle

NELAC

Dissolved Oxygen Onsite

5.1

mg/L

1.0

Subcontract

Prepared: 09/30/2025 14:51:00 Analyzed 09/30/2025 14:51:00 SUB

Parameter

Results

Units

RL

Flags

CAS

Bottle

MPN, E.coli, Coli-18 - WW sub

see attached

CCWU



Report Page 3 of 8

ELS3-R

Page 2 of 2

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

Project

1163914

Printed: 10/06/2025

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, MS, Senior Director, Environmental Technology



Report Page 4 of 8

QUALITY CONTROL



SPL
The Science of Sure

Page 1 of 1

ELS3-R

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

Project
1163914

Printed 10/06/2025

Analytical Set **1198202**

SM 4500-CI G-2011

Duplicate

<u>Parameter</u>	<u>Sample</u>	<u>Result</u>	<u>Unknown</u>	<u>Unit</u>	<u>RPD</u>	<u>Limit%</u>
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	2451544	0.160	0.160	mg/L		20

Standard

<u>Parameter</u>	<u>Sample</u>	<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recover%</u>	<u>Limits%</u>	<u>File</u>
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	1198202	0.190	0.220	mg/L	86.4	90 - 110	
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	1198202	0.860	0.900	mg/L	95.6	90 - 110	
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	1198202	1.54	1.59	mg/L	96.9	90 - 110	

Analytical Set **1198231**

SM 4500-O G-2016

Duplicate

<u>Parameter</u>	<u>Sample</u>	<u>Result</u>	<u>Unknown</u>	<u>Unit</u>	<u>RPD</u>	<u>Limit%</u>
Dissolved Oxygen Onsite	2451544	5.0	5.1	mg/L	2	20

* Out RPD is Relative Percent Difference: $\text{abs}(r1-r2) / \text{mean}(r1,r2) * 100\%$

Recover% is Recovery Percent: $\text{result} / \text{known} * 100\%$

Email: Kilgore.ProjectManagement@spllabs.com



Report Page 5 of 8

1163914 CoC Print Group 001 of 001

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



SPL
The Science of Sure

Printed 09/29/2025 Page 1 of 2

CHAIN OF CUSTODY

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543

ELS3-R
109

Lab Number 2471744
PO Number _____
Phone 956/262-2127

WWTP Permit

☐ Hand Delivered by Client to Region or LAB

Matrix: Non-Potable Water

Sample Collection Start

Date: 9-30-25 Time: 0840

Sampler Printed Name: Frank Gamez III - SPL, Inc.

Sampler Affiliation: _____

Sampler Signature: _____

Samples Radioactive? ☐

Samples Contains Dioxin? ☐

Samples Biological Hazard? ☐

☒ On Site Testing

NELAC

CI20

CI2 Res., Total (Onsite) Spec Mid [RL 0.05 mg/L] SM 4500-CI G-2011

Matrix: Non-Potable Water
CI2 Res., Total (Onsite) Spec Mid [RL 0.05 mg/L]

Collected By FG3 Date 9-30-25 Time 0840 Analyzed By FG3 Date 9-30-25 Time 0845

Results 0.16 Units mg/L Temp. 28.7 C Duplicate 0.16 Units mg/L Temp. 28.9 C
R1 0.27 R2 0.11 QC R1 0.27 QC R2 0.11

NELAC Short Hold

DO

Dissolved Oxygen Onsite

SM 4500-O G-2016 (0.0104 days)

Dissolved Oxygen Onsite

Collected By FG3 Date 9-30-25 Time 0840 Analyzed By FG3 Date 9-30-25 Time 0847

Results 5.06 Units mg/L Temp. 28.7 C Duplicate 4.99 Units mg/L Temp. 28.9 C

☒ Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized, I



RGV Region: 2401 Village Dr. Suite C Brownsville TX 78521

1163914 CoC Print Group 001 of 001

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



SPL
The Science of Sure

Printed 09/29/2025

Page 2 of 2

CHAIN OF CUSTODY

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543

ELS3-R
109

Subcontract

ERGV

MPN, E.coli, Coli-18 - WW sub

Subcontract CAS:CCWU

Ambient Conditions/Comments

Date	Time	Relinquished	Received
9/30/25	1700	Printed Name: Frank Gamez III - SPL, Inc. Signature: [Signature]	Printed Name: [Signature] Affiliation: TPX
10/1/25	1025	Printed Name: TPX Affiliation: TPX Signature: [Signature]	Printed Name: Kiersten Rossum - SPL, Inc. Affiliation: Kiersten Rossum - SPL, Inc. Signature: [Signature]
		Printed Name: [Signature] Affiliation: [Signature]	Printed Name: [Signature] Affiliation: [Signature]
		Printed Name: [Signature] Affiliation: [Signature]	Printed Name: [Signature] Affiliation: [Signature]

Sample Received on Ice?

☐ Yes☐ No

Cooler/Sample Secure?

☐ Yes☐ No

If Shipped: Tracking Number & Temp - See Attached

The accredited column designates accreditation by A - A2LA, N - NELAC, or z - not listed under scope of accreditation. Unless otherwise specified, SPL shall provide these ordered services pursuant to our Standard Terms & Conditions Agreement. SPL personnel collect samples as specified by SPL SOP #000323.

Comments



Analytical Report



Client Info SPL-INC 2600 Dudley Rd. Kilgore, TX 75662						Report# /Lab ID#: AC68058 Sample Name: WWTP PERMIT Date Received: 09/30/2025 Time: 13:05 Date Sampled: 09/30/2025 Time: 08:40		Report Date: 10/1/25	
Phone:						EMAIL: Kilgore.Projectmanagement@spla			

Parameter	Result	Unit	Flag	RL s	Date/Time Analyzed	Method	Analyst	Analysis Comments
E. coli (MPN)	191.8	MPN		1.0	9/30/25 14:51	SM 9223 B - Coli	FK	

Sample Comments:

This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.

Respectfully Submitted,



Technical Director (or designee)

1. Quality assurance data for the sample batch which included this sample.
 2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results .
 3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample.
 4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte.
 5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method.
 6. Data Qualifiers:
 N=Analysis not performed as per client request. **H**=Sample exceeded holding time. **P**=Analysis is from an unpreserved sample. **J**=Value reported is less than the RL but greater than the MDL .
 X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. **LA**=Lab accident. **LE**=Lab error. **OA**=Outside the scope of the lab's NELAC accreditation.
 U=Unsuitable; sample turned turbid after incubation. **T**=Sample below temp requirement; not on ice. **EQ**=Equipment failure. **I**=Information on sample bottle and COC does not match.
 S=Slow to filter; sample contains floc and/or large amount of residue on filter. **O**=Analysis performed by an outside NELAC accredited lab; **O^**=Analysis flagged by outside laboratory.
 Z=Too many colonies present to provide a result (TNTC). **A**=Value reported is the mean of two or more determinations. **R**=Reagent water contamination suspected. **B**=Sample broken in transit.
 NI=Not analyzed due to interferences. **K**=BOD result estimated due to blank exceeding the allowable oxygen depletion. **D**=Sample dilution required for analysis/ quality control.
 SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. **QB**=No QC data assigned to sample; sample result not affected.
 EL=Oxygen usage is less than 2mg/L for all dilutions analyzed. The reported value is an estimated less than value and is calculated for the dilution containing the greatest concentration of sample.
 EG=Less than 1mg/L DO remained for all dilutions analyzed. The reported value is an estimated greater than value and is calculated for the dilution containing the least concentration of sample.
 E= The data exceed the upper calibration limit; therefore the concentration is reported as an estimate.

COI CHAIN OF CUSTODY RECORD

Client Name: SPL LABS
 Address: 2600 Dudley Rd.
 City: Kilgore State: TX Zip: 75662
 Phone: (903) 984 - 0551 Fax: (903) 984 - 5914

Send Email report to kilgore.projectmanagement.splabs.com
 cc: joel.manjarrez@splabs.com



Water Utilities Laboratory
 13101 Leopard St.
 Corpus Christi, TX 78410
 Ph: (361) 826-1200
 Fax: (361) 242-9131



Frank Gamez III - SPL, Inc. ELS3

Sampler (PLEASE PRINT)

Frank Garnez III - SLE, Inc.

Sampler (PLEASE PRINT)								No. of Containers/ Preservative		Matrix:		Residual Chlorine		Analyze For																			
Sample ID	Lab ID# <i>(Lab Use Only)</i>	Date Sampled	Time Sampled	Grab	Composite	Other	H ₂ SO ₄	HNO ₃	H ₂ O ₂	None	WW Influent	WW Effluent	Water	Other - Specify	Total mg/L	☒	CBOD	BOD	TSS	TDS	Ammonia-N	TKN	Chloride	Sulfate	Phosphorus	Nitrate	Nitrite	Total Alkalinity	TOC	Fecal Coliform	Total Coliform	Enterococci	E. coli
															Free mg/L	☐																	
1 WWTP Permit	ACL8058	9-30-25	0840	X					X		X				0.16																		X
2																																	
3																																	
4																																	
5																																	
6																																	

Relinquished By: <u>[Signature]</u>	Date: <u>9-30-25</u>	Time: <u>11:00</u>	Special Instructions/Comments:
Received By: <u>R.D.E. LEON</u>	Date: <u>9-30-25</u>	Time: <u>11:00</u>	Other*
Relinquished By: <u>R.D.E. LEON</u>	Date: <u>9-30-25</u>	Time: <u>13:05</u>	
Received By: <u>[Signature]</u>	Date: <u>9/30/25</u>	Time: <u>1305</u>	
Relinquished By:	Date:	Time:	***** For Laboratory Use Only *****
Received By:	Date:	Time:	Sample(s) on ice: YES NO pH Strip Lot/ ID:
Relinquished By:	Date:	Time:	Receiving Temp (°C): <u>23</u> pH < 2? YES NO Line(s) #:
Received By:	Date:	Time:	Corrected Temp (°C): <u>23</u> Data Flag(s):
			Temp. Device ID: <u>B</u>

Candice Calhoun

From: Jose Rodriguez <xultex@yahoo.com>
Sent: Monday, October 27, 2025 12:59 PM
To: Candice Calhoun
Subject: Re: Response to NOD Letter for WQ0011510002 WW Permit Renewal

Good afternoon,

The revised map is being updated as per your request. My GIS specialist is working on it. This time it will be two maps in order to properly show the one mile radius. As soon as they are prepared, I will upload them to the TCEQ FTP site because of their size (>25 MB) they cannot be sent by email. I will email you the Spanish NORI notice.

Thank you,

Jose A. Rodriguez, R.S.
Xultex, LLC
(956) 330-9125

On Monday, October 27, 2025 at 10:46:53 AM CDT, Candice Calhoun <candice.calhoun@tceq.texas.gov> wrote:

Good morning, Jose,

Thank you, your response to items 1, 2, and 4 is sufficient. However, more information is needed for item 3 as well as an additional item is needed based on the response to item 2. Please see below.

- Item 3 – The USGS map provided via the FTP site is insufficient. The map does not include the one-mile radius and is a different, more zoomed out, USGS map than what I reviewed in the application. Please send a revised USGS map that includes all required items.
- Since it was indicated that public notices in Spanish are required, please use the attached template to translate the NORI into Spanish.

If you have any additional 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

From: Jose Rodriguez <xultex@yahoo.com>

Sent: Friday, October 24, 2025 8:29 AM

To: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>

Cc: Juan Jose Ybarra <jjybarracitymanager@cityofelsa.net>; m.garcia@cityofelsa.net

Subject: Response to NOD Letter for WQ0011510002 WW Permit Renewal

Good morning,

On behalf of Mr. Juan J. Ybarra, City Manager, City of Elsa, I am submitting his letter addressing the items, along with attachments, you requested that needed to be addressed before the application can be declared administratively complete. Due to the size of the USGS map that was updated as requested and cannot be emailed, it was uploaded to the TCEQ's file transfer protocol site.

Thank you,

Jose A. Rodriguez, R.S.

Xultex, LLC

(956) 330-9125

Candice Calhoun

From: Jose Rodriguez <xultex@yahoo.com>
Sent: Tuesday, October 28, 2025 11:30 AM
To: Candice Calhoun
Cc: Juan Jose Ybarra; mgarcia@cityofelsa.net
Subject: Application to Renew Permit No. WQ0011510002 (City of Elsa) - Notice of Deficiency Response
Attachments: Municipal Discharge Renewal Spanish NORI_WQ0011510002.docx

Good morning,

The USGS topo map has been revised to show the 1 mile radius and the map legend describing that the WWTP boundary is the same as the property boundary. It has been uploaded to the TCEQ FTP site. This time there are two maps because of the 1 mile radius that falls into the next map. Attaches is the Spanish NORI.

Thank you,

Jose A. Rodriguez, R.S.
Xultex, LLC
(956) 330-9125

October 24, 2025

Ms. Candice Courville (Calhouon)
Applications Review and Processing Team (MC 148)
Water Quality Division
Texas Commission on Environmental Quality

Re: Application to Renew Permit No. WQ0011510002
Issued to North Alamo Water Supply Corporation
CN600661409, RN101610251

Dear Ms. Courville:

This correspondence is response to your letter October 20, 2025 in which you requested four items on the application that need to be addressed before the application can be declared to be administratively complete.

Item No. 1 states: *Section 3.A of the administrative report: The individual listed to sign the application does not match the individual who signed the section 14 signature page. Please provide a revised section 3 to match the signature page.*

Attached is the revised Section 3.A of the administrative report where the individual listed to sign the application matches the signature on the signature page.

Item No. 2 states: *Section 8.E.5 of the administrative report: Item E.1 indicated that a bilingual education program was required; however, item E.5 did not list the alternative language. Please provide a revised section to include the missing information.*

Attached is the revised Section 8.E.5 of the administrative report listing the alternative language as Spanish.

Item No. 3 states: *USGS Topographic Map: The USGS map provided did not include the applicant's property boundary. If this is one in the same with the site boundaries, please label it as such on the map.*

The USGS Topographic map has been revised as indicated and has been uploaded via TCEQ's file transfer protocol site

Item No. 4 states: *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.*

The portion of the NORI sent has been reviewed and it contains no errors.

Ms. Candice Courville

Page 2

October 24, 2025

If you need additional information, please do not hesitate to contact me.

Sincerely,



Juan J. Ybarra, City Manager
City of Elsa, Texas

Enclosures

Cc: Mr. Marcos Garcia, Wastewater Plant Supervisor, City of Elsa, Texas

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 <u>with</u> Renewal | ☐ Minor Amendment <u>with</u> Renewal |
| ☐ Major Amendment <u>without</u> Renewal | ☐ Minor Amendment <u>without</u> Renewal |
| ☒ Renewal without changes | ☐ Minor Modification of permit |

e. For amendments or modifications, describe the proposed changes: [Click to enter text.](#)

f. For existing permits:

Permit Number: WQ00 11510002

EPA I.D. (TPDES only): TX 0104990

Expiration Date: 12/17/2025

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 Elsa

(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: 600661409

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: Mr.

Last Name, First Name: Perez, Alonzo

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?

[Click to enter text.](#)

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

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? Spanish

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: Form 20972

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: Click to enter text.

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 101610251

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):

Elsa Wastewater Treatment Facility

C. Owner of treatment facility: City of Elsa

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: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: City of Elsa

Mailing Address: P.O. Box 427

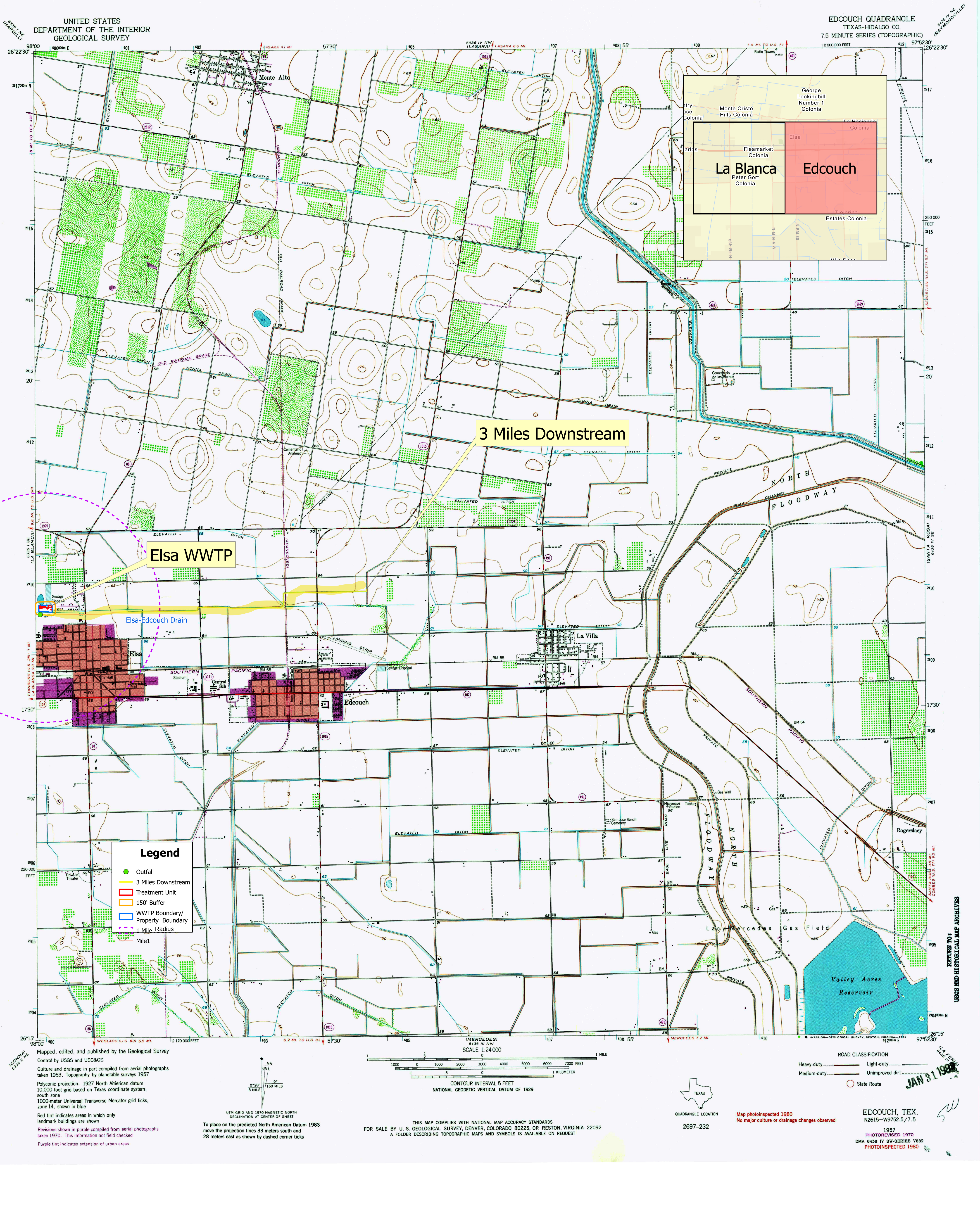
City, State, Zip Code: Elsa, TX 78543

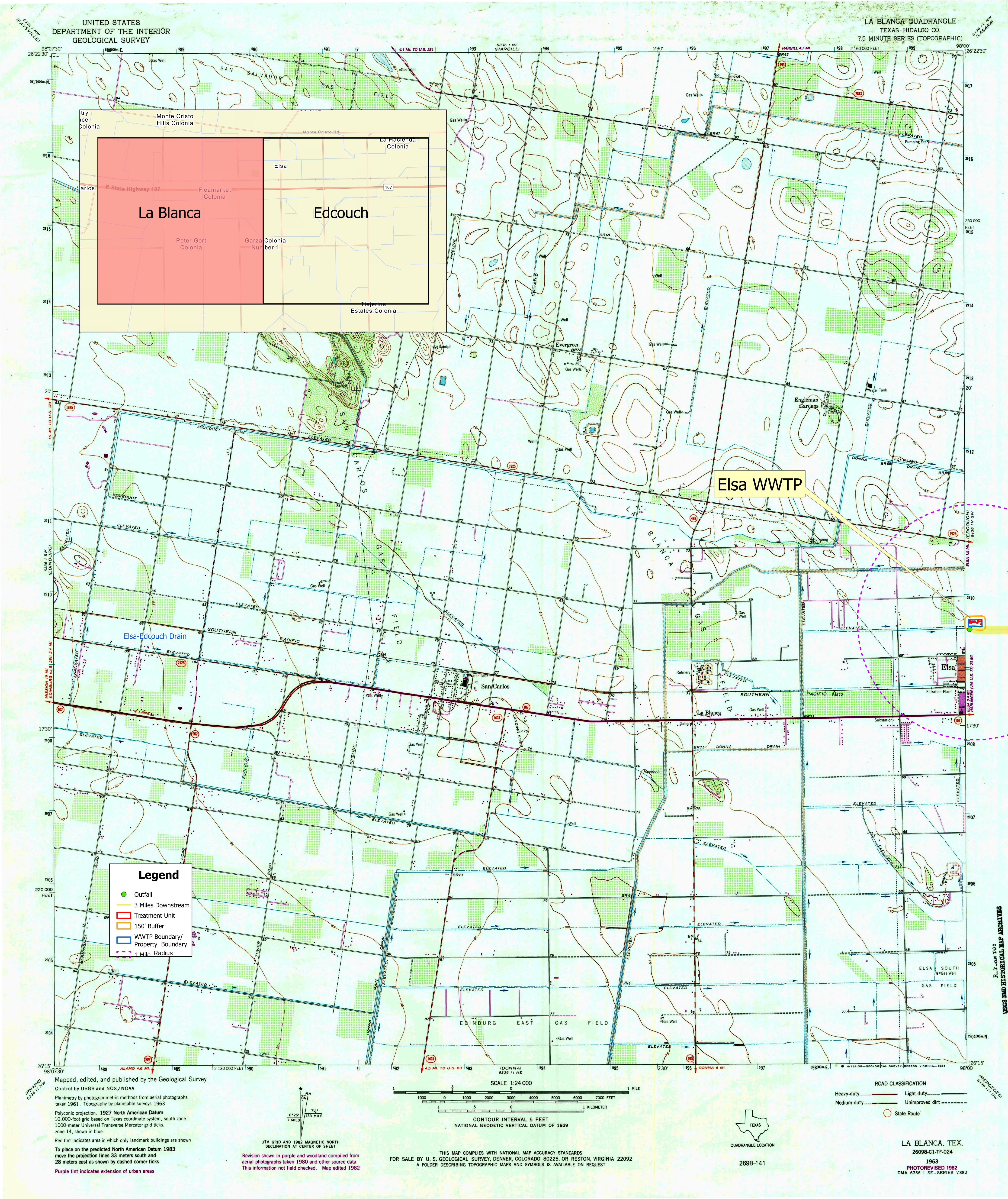
Phone No.: (956) 262-2127

E-mail Address: elsa@cityofelsa.net

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.







TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of Elsa

PERMIT NUMBER (If new, leave blank): WQ0011510002

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: 3261
Check/Money Order Amount: \$1615.00
Name Printed on Check: Texas Commission on Environmental Quality
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 11510002

EPA I.D. (TPDES only): TX 0104990

Expiration Date: 12/17/2025

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 Elsa

(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: 600661409

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: Mr.

Last Name, First Name: Ybarra, Juan

Title: City Manager

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?

[Click to enter text.](#)

(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: Click to enter text.

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. Form 10400

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: Mr. Last Name, First Name: Ybarra, Juan
Title: City Manager Credential: Click to enter text.
Organization Name: City of Elsa
Mailing Address: P.O. Box 427 City, State, Zip Code: Elsa, TX 78543
Phone No.: (956) 262-2127 E-mail Address: jybarracitymanager@cityofelsa.net
Check one or both: ☒ Administrative Contact ☐ Technical Contact
- B. Prefix: Mr. Last Name, First Name: Garcia, Marcos
Title: Wastewater Plant Supervisor Credential: Class B Wastewater License
Organization Name: City of Elsa
Mailing Address: P.O. Box 427 City, State, Zip Code: Elsa, TX 78543
Phone No.: (956) 262-2127 E-mail Address: mgarcia@cityofelsa.net
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: Mr. Last Name, First Name: Ybarra, Juan
Title: City Manager Credential: Click to enter text.
Organization Name: City of Elsa
Mailing Address: P.O. 427 City, State, Zip Code: Elsa, TX 78543
Phone No.: (956) 262-2127 E-mail Address: jybarracitymanager@cityofelsa.net

B. Prefix: Mr. Last Name, First Name: Garcia, Marcos
Title: Wastewater Plant Supervisor Credential: Class B Wastewater License
Organization Name: City of Elsa
Mailing Address: P.O. Box 427 City, State, Zip Code: Elsa, TX 78543
Phone No.: (956) 262-2127 E-mail Address: mgarcia@cityofelsa.net

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: Ms. Last Name, First Name: Ponce, Christi
Title: AP Specialist Credential: Click to enter text.
Organization Name: City of Elsa
Mailing Address: P.O. Box 427 City, State, Zip Code: Elsa, TX 78543
Phone No.: (956) 262-2127 E-mail Address: cponce@cityofelsa.net

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: Mr. Last Name, First Name: Garcia, Marcos
Title: Wastewater Plant Supervisor Credential: Class B Wastewater License
Organization Name: City of Elsa
Mailing Address: P.O. Box 427 City, State, Zip Code: Elsa, TX 78543
Phone No.: (956) 262-2127 E-mail Address: mgarcia@cityofelsa.net

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Ms. Last Name, First Name: Olivarez, Delmira
Title: City Secretary Credential: Click to enter text.
Organization Name: City of Elsa
Mailing Address: P.O. Box 427 City, State, Zip Code: Elsa, TX 78543
Phone No.: (956) 262-2127 E-mail Address: elsacitysecretary@cityofelsa.net

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: Mr.

Last Name, First Name: Garcia, Marcos

Title: Wastewater Plant Supervisor Credential: Class B Wastewater License

Organization Name: City of Elsa

Mailing Address: P.O. Box 427

City, State, Zip Code: Elsa, TX 78543

Phone No.: 956) 262-2127

E-mail Address: mgarcia@cityofelsa.net

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: Elsa City Hall

Location within the building: Conference Room

Physical Address of Building: 102 S. Diana St.

City: Elsa

County: Hidalgo

Contact (Last Name, First Name): Olivarez, Delmira

Phone No.: (956) 262-2127 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: [Form 20972](#)

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: [Click to enter text.](#)

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 [101610251](#)

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):

[Elsa Wastewater Treatment Facility](#)

C. Owner of treatment facility: [City of Elsa](#)

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: [Click to enter text.](#)

Title: [Click to enter text.](#)

Credential: [Click to enter text.](#)

Organization Name: [City of Elsa](#)

Mailing Address: [P.O. Box 427](#)

City, State, Zip Code: [Elsa, TX 78543](#)

Phone No.: [\(956\) 262-2127](#)

E-mail Address: [elsa@cityofelsa.net](#)

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: [Click to enter text.](#)

Last Name, First Name: [Click to enter text.](#)

Title: [Click to enter text.](#)

Credential: [Click to enter text.](#)

Organization Name: [Click to enter text.](#)

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: [Click to enter text.](#)

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

Prefix: [Click to enter text.](#)

Last Name, First Name: [Click to enter text.](#)

Title: [Click to enter text.](#)

Credential: [Click to enter text.](#)

Organization Name: [Click to enter text.](#)

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: [Click to enter text.](#)

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): City of Elsa

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

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: [Click to enter text.](#)

- 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: [Click to enter text.](#)

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:

[Click to enter text.](#)

- 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:

[Click to enter text.](#)

- 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.

[Click to enter text.](#)

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: Form 10400, Form 20972, Form 20971

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0011510002

Applicant: City of Elsa

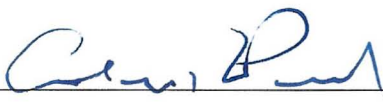
Certification:

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.

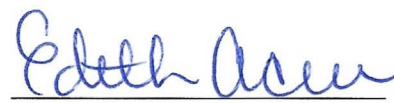
I further certify that I am authorized under 30 Texas Administrative Code § 305.44 to sign and submit this document, and can provide documentation in proof of such authorization upon request.

Signatory name (typed or printed): Alonzo Perez

Signatory title: Mayor

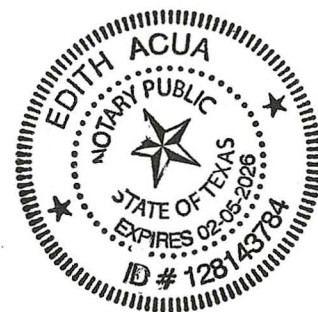
Signature:  Date: 09-30-25
(Use blue ink)

Subscribed and Sworn to before me by the said Alonzo Perez
on this 30th day of Sept, 2025.
My commission expires on the 5th day of Feb, 2026.


Notary Public

[SEAL]

Hidalgo
County, Texas



DOMESTIC WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

This form applies to TPDES permit applications only. Complete and attach the Supplemental Permit information Form (SPIF) (TCEQ Form 20971).

Attachment: Form 20971



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 600661409		RN 101610251

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		9/26/2025	
☐ 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)					
<i>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).</i>					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
City of Elsa					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits) 74-6000925	
				10. DUNS Number (if applicable) 030919021	
11. Type of Customer:		☐ Corporation		☐ Individual	
Government: ☒ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other		☐ Sole Proprietorship		Partnership: ☐ General ☐ Limited	
12. Number of Employees				13. Independently Owned and Operated?	
☐ 0-20 ☒ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher				☒ 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:		P.O. Box 427			
City	Elsa	State	TX	ZIP	78543
				ZIP + 4	0427

16. Country Mailing Information <i>(if outside USA)</i>		17. E-Mail Address <i>(if applicable)</i>	
		elsa@cityofelsa.net	
18. Telephone Number	19. Extension or Code	20. Fax Number <i>(if applicable)</i>	
(956) 262-2127		(956) 262-5002	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information <i>(If 'New Regulated Entity' is selected, a new permit application is also required.)</i>							
☐ New Regulated Entity ☐ Update to Regulated Entity Name ☒ Update to Regulated Entity Information							
<i>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).</i>							
22. Regulated Entity Name <i>(Enter name of the site where the regulated action is taking place.)</i>							
Elsa Wastewater Treatment Facility							
23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>	301 West 15th Street						
	City	Elsa	State	TX	ZIP	78543	ZIP + 4
24. County							

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

25. Description to Physical Location:					
26. Nearest City	State			Nearest ZIP Code	
<i>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).</i>					
27. Latitude (N) In Decimal:		28. Longitude (W) In Decimal:			
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? <i>(Do not repeat the SIC or NAICS description.)</i>					
Treatment & disposal of municipal sewage					
34. Mailing Address:	P.O. Box 427				

	City	Elsa	State	TX	ZIP	78543	ZIP + 4	0427
35. E-Mail Address:		mgarcia@cityofelsa.net						
36. Telephone Number		37. Extension or Code		38. Fax Number (if applicable)				
(956) 262-2127				(956) 262-5002				

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:
	WQ0011510002			

SECTION IV: Preparer Information

40. Name:	Marcos Garcia		41. Title:	Wastewater Plant Supervisor
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address	
(956) 262-2127		(956) 262-5002	mgarcia@cityofelsa.net	

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:	City of Elsa	Job Title:	City Manager
Name (In Print):	Juan J. Ybarra	Phone:	(956) 262- 2127
Signature:			Date: 9/30/2025



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
Enter 'INDUSTRIAL' or 'DOMESTIC' here 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.

The City of Elsa (CN 600661409) operates the Elsa Wastewater Treatment Facility (RN101610251), an activated sludge plant. The facility is located at 301 West 15th Street, in the City of Elsa, in Hidalgo County, Texas 78543.

The City of Elsa has applied to the Texas Commission on Environmental Quality (TCEQ) to renew the permit that authorizes the discharge of treated domestic wastewater effluent at a daily average flow not to exceed 0.8 million gallon per day (MGD) via Outfall 001.

Discharges from the facility are expected to contain coliform bacteria, total suspended solids, ammonia nitrogen, nitrate nitrogen, total Kjeldahl nitrogen, sulfate, chloride, total phosphorous, total dissolved solids, oil and grease. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, aeration basins, clarifiers, and a chlorine contact chamber.

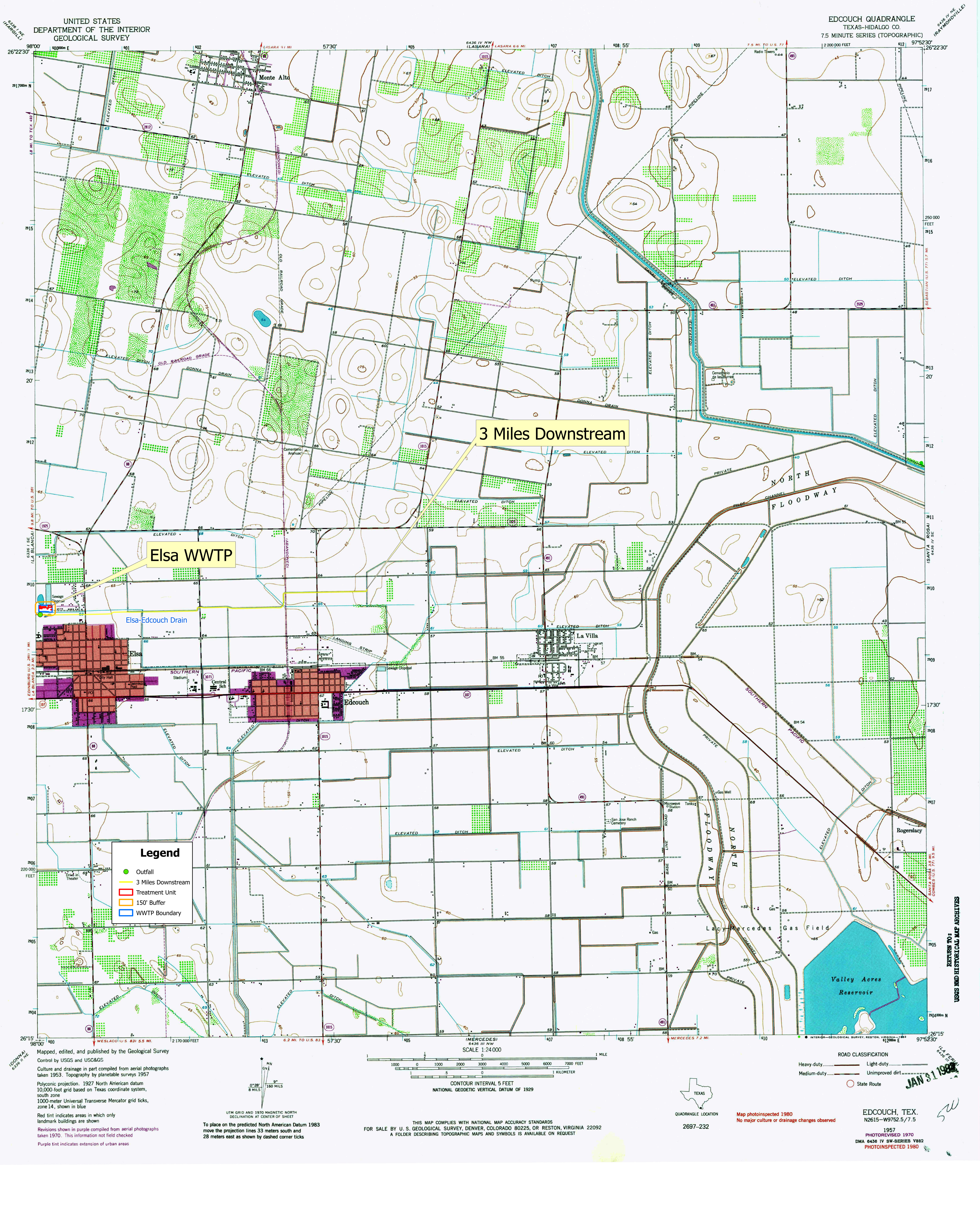
**PLANTILLA EN ESPAÑOL PARA SOLICITUDES NUEVAS/RENOVACIONES/ENMIENDAS DE
TPDES o TLAP**

El siguiente resumen se proporciona para esta solicitud de permiso de calidad del agua pendiente que está siendo revisada por la Comisión de Calidad Ambiental de Texas según lo requerido por el Capítulo 39 del Código Administrativo de Texas 30. La información proporcionada en este resumen puede cambiar durante la revisión técnica de la solicitud y no es una representación ejecutiva fedérale de la solicitud de permiso.

La ciudad de Elsa (CN 600661409) opera La Planta para el Tratamiento de Aguas Residuales Elsa (RN101610251), un planta de lodos activados. La planta está ubicada en la Calle 15 Oeste Número 30, en la ciudad de Elsa, en el condado de Hidalgo, Texas código postal 78543.

La ciudad de Elsa ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el permiso que autoriza la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 800,000 galones por día por medio del Desagüe 001.

Se espera que las descargas de la planta contengan bacterias coliformes, sólidos suspendidos totales, nitrógeno amoniacal, nitrógeno nitrato, nitrógeno total Kjeldahl, sulfato, cloruro, fósforo, sólidos disueltos totales, aceites y grasas. Las aguas residuales serán tratadas por una planta que utiliza el sistema de lodos activados y las unidades de tratamiento incluyen una malla, tanques de aireación, clarificadores y la cámara de contacto de cloro.



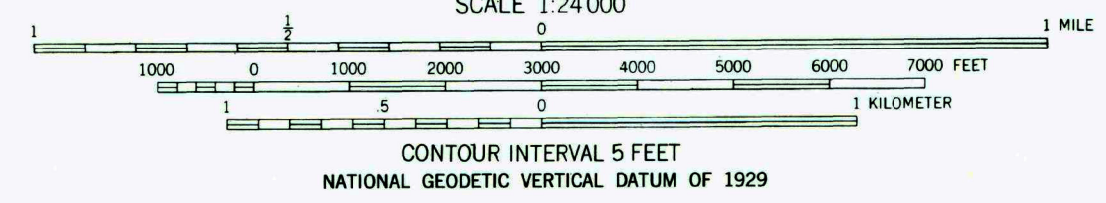
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

EDCOUCH QUADRANGLE
TEXAS-HIDALGO CO.
7.5 MINUTE SERIES (TOPOGRAPHIC)

- Legend**
- Outfall
 - 3 Miles Downstream
 - ▭ Treatment Unit
 - ▭ 150' Buffer
 - ▭ WWTP Boundary

Mapped, edited, and published by the Geological Survey
Control by USGS and USCGS
Culture and drainage in part compiled from aerial photographs
taken 1953. Topography by planetable surveys 1957
Polyconic projection. 1927 North American datum
10,000-foot grid based on Texas coordinate system,
south zone
1000-meter Universal Transverse Mercator grid ticks,
zone 14, shown in blue
Red tint indicates areas in which only
landmark buildings are shown
Revisions shown in purple compiled from aerial photographs
taken 1970. This information not field checked
Purple tint indicates extension of urban areas

To place on the predicted North American Datum 1983
move the projection lines 33 meters south and
28 meters east as shown by dashed corner ticks



THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U.S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225, OR RESTON, VIRGINIA 22092
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST



ROAD CLASSIFICATION
Heavy-duty ——— Light-duty ———
Medium-duty ——— Unimproved dirt ———
○ State Route

Map photoinspected 1980
No major culture or drainage changes observed

EDCOUCH, TEX.
N2615-W9752.5/7.5
1957
PHOTOREVISED 1970
DMA 6436 IV SW-SERIES V882
PHOTOINSPECTED 1980

RETURN TO:
USGS AND HISTORICAL MAP ARCHIVES

JAN 31 1982

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 Elsa

Permit No. WQ00 11510002

EPA ID No. TX 0104990

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

301 West 15th Street, Elsa, TX

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): Mr.

First and Last Name: Juan Ybarra

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

Title: City Manager

Mailing Address: P.O. Box 427

City, State, Zip Code: Elsa, Texas 78543

Phone No.: (956) 262-2127 Ext.: Fax No.: (956) 262-5002

E-mail Address: jybarracitymanager@cityofelsa.net

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

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.

Via outfall to Hidalgo County Water Control and Improvement District (HCWCID) Ditch 10F, thence to North Floodway, thence to the Lower Laguna Madre in Segment No. 2491 of the Bays and Estuaries

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):

No construction-related land use impacts are projected on this site.

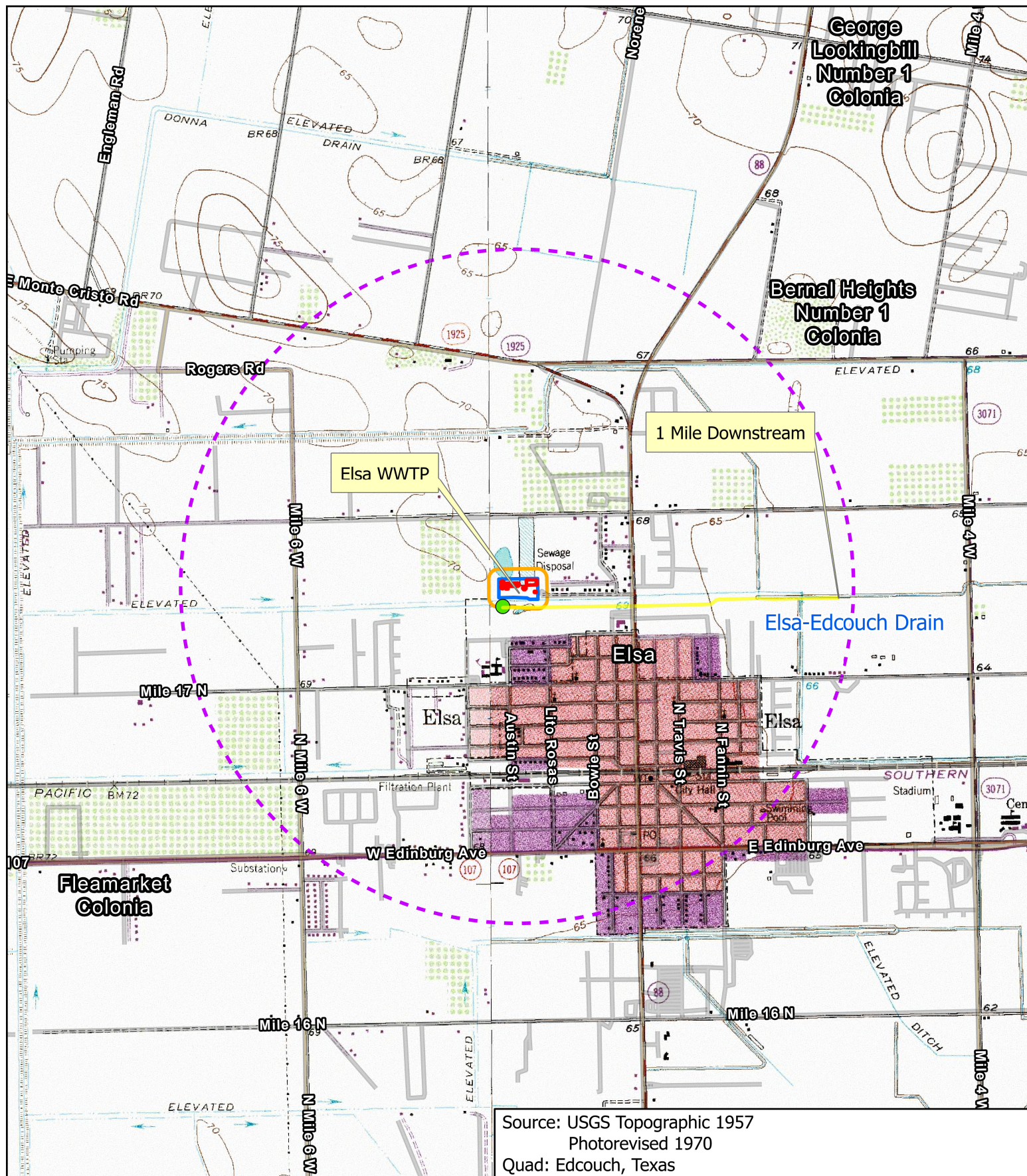
2. Describe existing disturbances, vegetation, and land use:

The site consists of a vacant lot with minimal vegetation consisting primarily of weeds.

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:

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



0 1,000 2,000
 US Feet

Elsa
 Wastewater Treatment Plant
 Topographic Map

Legend

- 1 Mile Downstream
- Outfall
- Treatment Unit
- 150' Buffer
- WWTP Boundary
- 1 Mile Radius



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): 0.8

2-Hr Peak Flow (MGD): 2.4

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

B. Interim II Phase

Design Flow (MGD): Click to enter text.

2-Hr Peak Flow (MGD): Click to enter text.

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

C. Final Phase

Design Flow (MGD): Click to enter text.

2-Hr Peak Flow (MGD): Click to enter text.

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

D. Current Operating Phase

Provide the startup date of the facility: 12/31/89

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.**

The plant consists of an activated sludge plant utilizing the boat clarifier system. Influent wastewater from the plant lift station is pumped to the head works where it passes through a mechanical bar screen. From there, the influent flows into an aeration basin and into a boat clarifier. The influent then flows into two clarifiers. Consequently, the effluent passes through a chlorine contact chamber for disinfection before it discharges through the outfall.

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)
Mechanical Bar Screen	1	3' x 6' x 22.25'
Aeration Basin	1	191.5' x 48.0' x 13'
Clarifiers	2	45' Dia. X 12' Depth
Chlorine Contact Chamber	1	67' x 16.5' x 5'
Sludge Drying Beds	2	70' x 32' x 4'
Sludge Drying Beds	12	27.5 x 40' x 4'

C. Process Flow Diagram

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

Attachment: Process Flow Diagram

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

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

- Latitude: 26.304224
- Longitude: -97.999909

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: Site Map

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

City of Elsa

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.**

Click to enter text.

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.

Click to enter text.

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: Existing Phase-4/15/2008

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.**

Click to enter text.

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.

Click to enter text.

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*.

Click to enter text.

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.

Click to enter text.

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:

Click to enter text.

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.

Click to enter text.

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.

Click to enter text.

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.

[Click to enter text.](#)

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 BOD₅ concentration of the sludge, and the design BOD₅ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

[Click to enter text.](#)

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 BOD₅ concentration of the septic waste, and the design BOD₅ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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.

Click to enter text.

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	<2.00	<2.00	1	Grab	9/30/2025; 8:40 a.m.
Total Suspended Solids, mg/l	3.60	3.60	1	Grab	9/30/2025; 8:40 a.m.
Ammonia Nitrogen, mg/l	0.265	0.265	1	Grab	9/30/2025; 8:40 a.m.
Nitrate Nitrogen, mg/l	15.0	15.0	1	Grab	9/30/2025; 8:40 a.m.
Total Kjeldahl Nitrogen, mg/l	1.02	1.02	1	Grab	9/30/2025; 8:40 a.m.
Sulfate, mg/l	270	270	1	Grab	9/30/2025; 8:40 a.m.
Chloride, mg/l	263	263	1	Grab	9/30/2025; 8:40 a.m.
Total Phosphorus, mg/l	4.31	4.31	1	Grab	9/30/2025; 8:40 a.m.
pH, standard units	6.5	6.5	1	Grab	9/30/2025; 8:40 a.m.
Dissolved Oxygen*, mg/l	5.1	5.1	1	Grab	9/30/2025; 8:40 a.m.
Chlorine Residual, mg/l	0.160	0.160	1	Grab	9/30/2025; 8:40 a.m.
<i>E.coli</i> (CFU/100ml) freshwater	191.8	191.8	1	Grab	9/30/2025; 8:40 a.m.
Enterococci (CFU/100ml) saltwater	NA	NA	NA	NA	NA
Total Dissolved Solids, mg/l	1230	1230	1	Grab	9/30/2025; 8:40 a.m.
Electrical Conductivity, μ mohs/cm, †	NA	NA	NA	NA	NA
Oil & Grease, mg/l	<4.40	<4.40	1	Grab	9/30/2025; 8:40 a.m.
Alkalinity (CaCO ₃)*, mg/l	61.2	61.2	1	Grab	9/30/2025; 8:40 a.m.

*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					
Total Dissolved Solids, mg/l					
pH, standard units					
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity (CaCO ₃), mg/l					

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Marcos Garcia

Facility Operator's License Classification and Level: Class B Wastewater

Facility Operator's License Number: WW0028185

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 $\geq$ 1 MGD
- ☐ Serves $\geq$ 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
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.
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: [City of Edinburg Regional Landfill](#)

TCEQ permit or registration number: [48038](#)

County where disposal site is located: [Hidalgo](#)

E. Transportation method

Method of transportation (truck, train, pipe, other): [truck](#)

Name of the hauler: [Grande Garbage Collection](#)

Hauler registration number: [22653](#)

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:

[Click to enter text.](#)

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 1×10^{-7} cm/sec?

☐ Yes ☐ No

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

[Click to enter text.](#)

D. Site development plan

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

[Click to enter text.](#)

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:

Click to enter text.

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:

Click to enter text.

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:

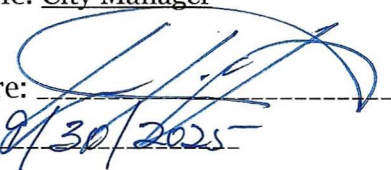
I certify that all laboratory tests submitted with this application meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*.

Printed Name: Juan J. Ybarra

Title: City Manager

Signature: _____

Date: _____

Handwritten signature of Juan J. Ybarra in blue ink, written over a dashed line. Below the signature, the date "8/30/2025" is handwritten in blue ink over another dashed line.

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 to Section 2. If **yes**, provide the following:

Owner of the drinking water supply: [Click to enter text.](#)

Distance and direction to the intake: [Click to enter text.](#)

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

Attachment: [Click to enter text.](#)

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: [Click to enter text.](#)

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).

[Click to enter text.](#)

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).

[Click to enter text.](#)

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: Hidalgo County Water Control and Improvement District Ditch 10F

A. Receiving water type

Identify the appropriate description of the receiving waters.

- ☐ Stream
- ☐ Freshwater Swamp or Marsh
- ☐ Lake or Pond

Surface area, in acres: Click to enter text.

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.

None

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.

[Click to enter text.](#)

E. Normal dry weather characteristics

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

Normal flow with no unusual characteristics

Date and time of observation: 8/26/2025-2:10 p.m.

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

☐ Urban runoff

☐ Upstream discharges

☒ Agricultural runoff

☐ Septic tanks

☐ Other(s), specify: [Click to enter text.](#)

B. Waterbody uses

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

- | | |
|---|--|
| ☐ Livestock watering | ☐ Contact recreation |
| ☒ Irrigation withdrawal | ☐ Non-contact recreation |
| ☐ Fishing | ☐ Navigation |
| ☐ Domestic water supply | ☐ Industrial water supply |
| ☐ Park activities | ☐ 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: [Click to enter text.](#)

Significant IUs - non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: [Click to enter text.](#)

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: [Click to enter text.](#)

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.

[Click to enter text.](#)

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.

Click to enter text.

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.

Click to enter text.

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.

Click to enter text.

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.

Click to enter text.

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

A. General information N/A

Company Name: [Click to enter text.](#)

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).

[Click to enter text.](#)

C. Product and service information

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

[Click to enter text.](#)

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

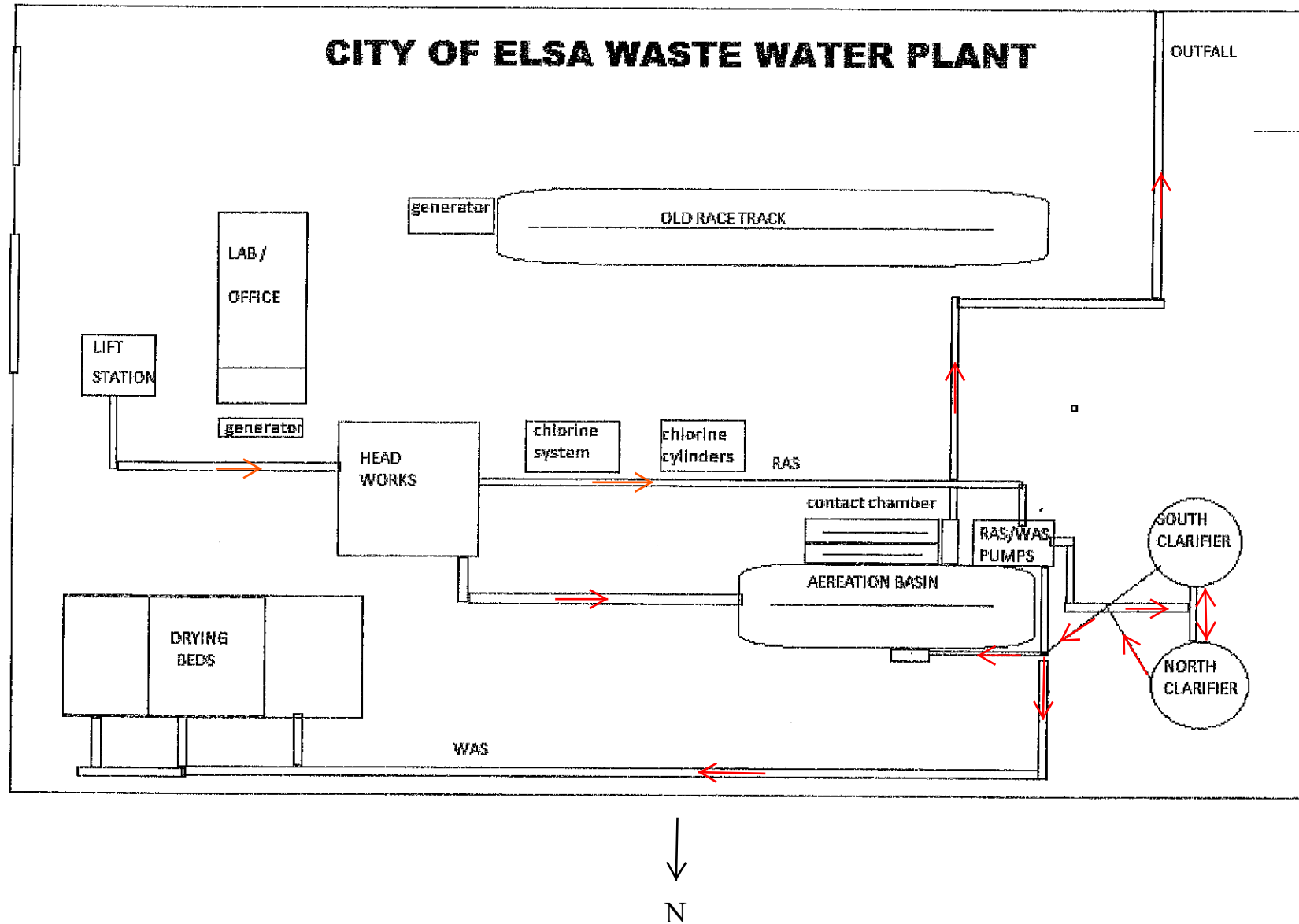
Has the SIU or CIU caused or contributed to any problems (e.g., interferences, pass through, odors, corrosion, blockages) at your POTW in the past three years?

☐ Yes ☐ No

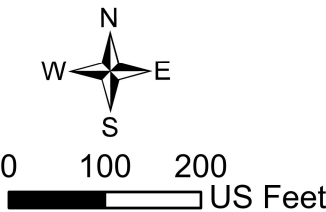
If yes, identify the SIU, describe each episode, including dates, duration, description of problems, and probable pollutants.

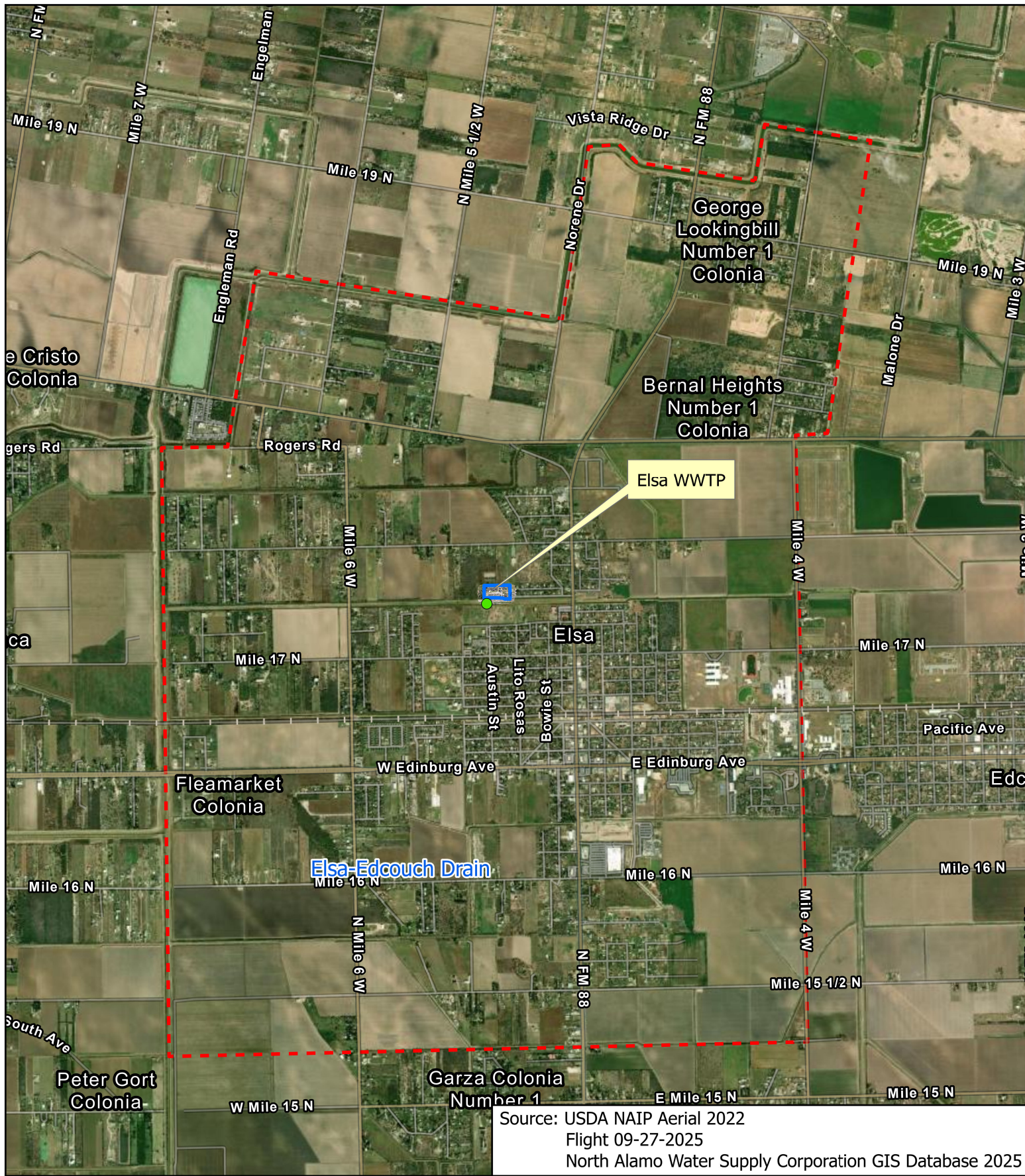
[Click to enter text.](#)

Process Flow Diagram





 0 100 200 US Feet	Elsa Wastewater Treatment Plant Site Map	Legend  Outfall  Treatment Units  150' Buffer  WWTP Boundary	Flight by Jose Salinas III FAA Certified License Part 107 Drone Pilot #4955071
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0 1,500 3,000 US Feet	Elsa Wastewater Treatment Plant Service Area Map	Legend - WWTP - ServiceArea - Outfall	Flight by Jose Salinas III FAA Certified License Part 107 Drone Pilot #4955071
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Project
1163907

Printed10/08/2025
14:46

ELS3-R

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

TABLE OF CONTENTS

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

Report Name	Description	Pages
1163907_r02_01_ProjectSamples	SPL Kilgore Project P:1163907 C:ELS3 Project Sample Cross Reference t:304	1
1163907_r03_03_ProjectResults	SPL Kilgore Project P:1163907 C:ELS3 Project Results t:304	4
1163907_r10_05_ProjectQC	SPL Kilgore Project P:1163907 C:ELS3 Project Quality Control Groups	7
1163907_r99_09_CoC__1_of_1	SPL Kilgore CoC ELS3 1163907_1_of_1	3
Total Pages:		15

Email: Kilgore.ProjectManagement@spllabs.com

Survey: How are we doing?



SAMPLE CROSS REFERENCE

Project

1163907

Printed

10/8/2025

Page 1 of 1
PERMIT

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

Sample	Sample ID	Taken	Time	Received
2451530	WWTP Permit	09/30/2025	08:40:00	10/01/2025

Bottle 01 Polyethylene 1/2 gal (White), Q
Bottle 02 Plastic 1 liter unpreserved, Q
Bottle 03 H2SO4 to pH <2 Glass Qt w/Teflon lined lid, Q
Bottle 04 H2SO4 to pH <2 Glass Qt w/Teflon lined lid, Q
Bottle 05 HNO3 to pH <2 Polyethylene 250 mL for Metals, Q
Bottle 06 8 oz Plastic H2SO4 pH < 2, Q
Bottle 07 BOD Titration Beaker A (Batch 1198381) Volume: 100.00000 mL <== Derived from 01 (100 ml)
Bottle 08 BOD Analytical Beaker B (Batch 1198381) Volume: 100.00000 mL <== Derived from 01 (100 ml)
Bottle 09 Prepared Bottle: NH3N TRAACS Autosampler Vial (Batch 1198392) Volume: 6.00000 mL <== Derived from 06 (6 ml)
Bottle 10 Prepared Bottle: ICP Preparation for Metals (Batch 1198488) Volume: 50.00000 mL <== Derived from 05 (50 ml)
Bottle 11 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1198525) Volume: 20.00000 mL <== Derived from 06 (20 ml)

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 300.0 2.1	01	1198474	10/01/2025	1198474	10/01/2025
EPA 200.7 4.4	10	1198488	10/02/2025	1198670	10/02/2025
SM 2320 B-2011	02	1199368	10/07/2025	1199368	10/07/2025
SM 5210 B-2016 (TCMP Inhibitor)	01	1198381	10/07/2025	1198381	10/07/2025
EPA 1664B (HEM)	04	1199412	10/07/2025	1199412	10/07/2025
EPA 350.1 2	09	1198392	10/02/2025	1198597	10/02/2025
SM 2540 C-2020	02	1199452	10/06/2025	1199452	10/06/2025
EPA 351.2 2	11	1198525	10/02/2025	1198855	10/03/2025
SM 2540 D-2020	01	1199129	10/06/2025	1199129	10/06/2025
SM 4500-H+ B-2011		1198281	09/30/2025	1198281	09/30/2025

Email: Kilgore.ProjectManagement@spllabs.com

Report Page 2 of 16

ELS3-R

Page 1 of 4

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

Project

1163907

Printed: 10/08/2025

RESULTS

Sample Results

2451530 WWTP Permit

Received: 10/01/2025

Non-Potable Water

Collected by: FG3

SPL Kilgore

PO:

Taken: 09/30/2025

08:40:00

Prepared: 10/01/2025 14:01:42 Calculated 10/01/2025 14:01:42 CAL

Parameter

Results

DF

Units

RL

Flags

CAS

Bottle

Pickup/Sampling/Transport

Verified

1.00

EPA 1664B (HEM)

Prepared: 1199412 10/07/2025 07:38:00 Analyzed 1199412 10/07/2025 07:38:00 PMW

Parameter

Results

DF

Units

RL

Flags

CAS

Bottle

NELAC Oil and Grease (HEM)

<4.40

1.10

mg/L

4.40

04

EPA 200.7 4.4

Prepared: 1198488 10/02/2025 09:00:00 Analyzed 1198670 10/02/2025 15:32:00 ANC

Parameter

Results

DF

Units

RL

Flags

CAS

Bottle

NELAC Phosphorus

4.31

1.00

mg/L

0.040

7723-14-0

10

EPA 300.0 2.1

Prepared: 1198474 10/01/2025 18:14:00 Analyzed 1198474 10/01/2025 18:14:00 KRA

Parameter

Results

DF

Units

RL

Flags

CAS

Bottle

NELAC Chloride

263

10.00

mg/L

3.00

01

NELAC Nitrate-Nitrogen Total

15.0

10.00

mg/L

0.226

14797-55-8

01

NELAC Sulfate

270

10.00

mg/L

3.00

01

EPA 350.1 2

Prepared: 1198392 10/02/2025 07:06:18 Analyzed 1198597 10/02/2025 08:48:00 MEG

Parameter

Results

DF

Units

RL

Flags

CAS

Bottle

NELAC Ammonia Nitrogen

0.265

1.00

mg/L

0.020

09

EPA 351.2 2

Prepared: 1198525 10/02/2025 12:00:56 Analyzed 1198855 10/03/2025 09:50:00 AMB

Parameter

Results

DF

Units

RL

Flags

CAS

Bottle

NELAC Total Kjeldahl Nitrogen

1.02

1.00

mg/L

0.050

7727-37-9

11



Report Page 3 of 16

ELS3-R

Page 2 of 4

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

Project
1163907

Printed: 10/08/2025

2451530 WWTP Permit

Received: 10/01/2025

Non-Potable Water

Collected by: FG3

SPL Kilgore

PO:

Taken: 09/30/2025

08:40:00

SM 2320 B-2011

Prepared: 1199368 10/07/2025 08:09:00 Analyzed 1199368 10/07/2025 08:09:00 TRC

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC Total Alkalinity (as CaCO ₃)	61.2	1.00	mg/L	1.00			02

SM 2540 C-2020

Prepared: 1199452 10/06/2025 09:50:00 Analyzed 1199452 10/06/2025 09:50:00 JMB

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC Total Dissolved Solids	1230	10.00	mg/L	50.0			02

SM 2540 D-2020

Prepared: 1199129 10/06/2025 06:55:00 Analyzed 1199129 10/06/2025 06:55:00 LSM

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC Total Suspended Solids	3.60	1.00	mg/L	2.00			01

SM 4500-H+ B-2011

Prepared: 1198281 09/30/2025 08:43:00 Analyzed 1198281 09/30/2025 08:43:00 FG3

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC pH (Onsite)	6.5	1.00	SU				

SM 5210 B-2016 (TCMP Inhibitor)

Prepared: 1198381 10/02/2025 Analyzed 1198381 10/07/2025 12:13:55 ESN

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC BOD Carbonaceous	<2.00	4.00	mg/L	2.00			01

Sample Preparation

2451530 WWTP Permit

Received: 10/01/2025

09/30/2025



Report Page 4 of 16

ELS3-R

Page 3 of 4

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

Project

1163907

Printed: 10/08/2025

2451530 WWTP Permit

Received: 10/01/2025

09/30/2025

Prepared: 10/01/2025 14:01:42 Calculated 10/01/2025 14:01:42 CAL

z Enviro Fee (per Sampling Group) Verified

EPA 1664B (HEM)

Prepared: 1199171 10/07/2025 07:38:00 Analyzed 1199171 10/07/2025 07:38:00 PMW

NELAC O&G HEM Started Started

EPA 200.2 2.8

Prepared: 1198488 10/02/2025 09:00:00 Analyzed 1198488 10/02/2025 09:00:00 ANC

z Liquid Metals Digestion 50/50 ml 05

EPA 350.1, Rev. 2.0

Prepared: 1198392 10/02/2025 07:06:18 Analyzed 1198392 10/02/2025 07:06:18 CMS

NELAC Ammonia Distillation 6/6 ml 06

EPA 351.2, Rev 2.0

Prepared: 1198525 10/02/2025 12:00:56 Analyzed 1198525 10/02/2025 12:00:56 CMS

NELAC TKN Block Digestion 20/20 ml 06

SM 2540 C-2015

Prepared: 1198942 10/06/2025 09:50:00 Analyzed 1198942 10/06/2025 09:50:00 JMB

NELAC Total Dissolved Solids Started Started

SM 2540 D-2011

Prepared: 1197865 10/06/2025 06:55:00 Analyzed 1197865 10/06/2025 06:55:00 LSM

NELAC TSS Set Started Started



Report Page 5 of 16

ELS3-R

Page 4 of 4

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

Project

1163907

Printed: 10/08/2025

2451530 WWTP Permit

Received: 10/01/2025

09/30/2025

SM 5210 B-2016 (TCMP Inhibitor)

Prepared: 1198381 10/02/2025

Analyzed 1198381 10/02/2025 06:48:34 ESN

NELAC BOD₅ Set Started

Started

Qualifiers:

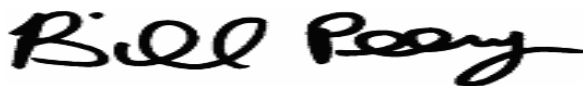
We report results on an As Received (or Wet) basis unless marked Dry Weight.

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, MS, Senior Director, Environmental Technology



QUALITY CONTROL



ELS3-R

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

Page 1 of 7

Project
1163907

Printed 10/08/2025

Analytical Set **1198381**

SM 5210 B-2016 (TCMP Inhibitor)

Blank							
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>	<i>MDL</i>	<i>MQL</i>	<i>Units</i>	<i>File</i>	
BOD Carbonaceous	1198381	0.02	0.200	0.500	mg/L	128146363	
BOD Carbonaceous	1198381	-0.05	0.200	0.500	mg/L	128146417	
Duplicate							
<i>Parameter</i>	<i>Sample</i>	<i>Result</i>	<i>Unknown</i>	<i>Unit</i>	<i>RPD</i>	<i>Limit%</i>	
BOD Carbonaceous	2451411	ND	ND	mg/L		30.0	
BOD Carbonaceous	2451550	ND	ND	mg/L		30.0	
BOD Carbonaceous	2451757	ND	ND	mg/L		30.0	
BOD Carbonaceous	2452061	ND	ND	mg/L		30.0	
Seed Drop							
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>	<i>MDL</i>	<i>MQL</i>	<i>Units</i>	<i>File</i>	
BOD Carbonaceous	1198381	0.140	0.200	0.500	mg/L	128146365	
BOD Carbonaceous	1198381	0.350	0.200	0.500	mg/L	128146419	
Standard							
<i>Parameter</i>	<i>Sample</i>	<i>Reading</i>	<i>Known</i>	<i>Units</i>	<i>Recover%</i>	<i>Limits%</i>	<i>File</i>
BOD Carbonaceous		208	198	mg/L	105	83.7 - 116	128146366
BOD Carbonaceous		196	198	mg/L	99.0	83.7 - 116	128146420

Analytical Set **1198597**

EPA 350.1 2

Blank						
Parameter	PrepSet	Reading	MDL	MQL	Units	File
Ammonia Nitrogen	1198392	ND	0.00336	0.020	mg/L	128152458
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	2450109	ND	ND	mg/L		20.0

Email: Kilgore.ProjectManagement@spllabs.com



Report Page 7 of 16

QUALITY CONTROL



Page 2 of 7

ELS3-R

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

Project
1163907

Printed 10/08/2025

Duplicate						
Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Ammonia Nitrogen	2450513	ND	ND	mg/L		20.0

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

LCS Dup										
<u>Parameter</u>	<u>PrepSet</u>	<u>LCS</u>	<u>LCSD</u>	<u>Known</u>	<u>Limits%</u>	<u>LCS%</u>	<u>LCSD%</u>	<u>Units</u>	<u>RPD</u>	<u>Limit%</u>
Ammonia Nitrogen	1198392	2.16	2.09	2.00	90.0 - 110	108	104	mg/L	3.29	20.0

Mat. Spike								
Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File
Ammonia Nitrogen	2450109	13.3	ND	12.0	mg/L	111	80.0 - 120	128152463
Ammonia Nitrogen	2450513	13.2	ND	12.0	mg/L	110	80.0 - 120	128152468

Analytical Set 1198855

EPA 351.2 2

Blank						
Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Kjeldahl Nitrogen	1198525	ND	0.00712	0.050	mg/L	128159446

CCB						
Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Kjeldahl Nitrogen	1198525	ND	0.00712	0.050	mg/L	128159447
Total Kjeldahl Nitrogen	1198525	ND	0.00712	0.050	mg/L	128159458
Total Kjeldahl Nitrogen	1198525	ND	0.00712	0.050	mg/L	128159470
Total Kjeldahl Nitrogen	1198855	ND	0.00712	0.050	mg/L	128159501

CCV						
Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	5.22	5.00	mg/L	104	90.0 - 110	128159434
Total Kjeldahl Nitrogen	5.26	5.00	mg/L	105	90.0 - 110	128159444
Total Kjeldahl Nitrogen	5.26	5.00	mg/L	105	90.0 - 110	128159455
Total Kjeldahl Nitrogen	5.27	5.00	mg/L	105	90.0 - 110	128159465
Total Kjeldahl Nitrogen	5.29	5.00	mg/L	106	90.0 - 110	128159476
Total Kjeldahl Nitrogen	5.25	5.00	mg/L	105	90.0 - 110	128159487
Total Kjeldahl Nitrogen	5.22	5.00	mg/L	104	90.0 - 110	128159498
Total Kjeldahl Nitrogen	5.27	5.00	mg/L	105	90.0 - 110	128159502

Duplicate						
Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Kjeldahl Nitrogen	2451129	1.43	1.35	mg/L	5.76	20.0
Total Kjeldahl Nitrogen	2451565	0.450	0.399	mg/L	12.0	20.0
Total Kjeldahl Nitrogen	2451568	0.276	0.154	mg/L	56.7 *	20.0

ICV						
Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	5.40	5.00	mg/L	108	90.0 - 110	128159433

Email: Kilgore.ProjectManagement@spllabs.com



Report Page 8 of 16

QUALITY CONTROL



ELS3-R

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

Page 3 of 7

Project
1163907

Printed 10/08/2025

LCS Dup										
Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Total Kjeldahl Nitrogen	1198525	4.85	4.83	5.00	90.0 - 110	97.0	96.6	mg/L	0.413	20.0

Mat. Spike										
Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File		
Total Kjeldahl Nitrogen	2451129	6.54	1.35	5.00	mg/L	104	80.0 - 120	128159440		
Total Kjeldahl Nitrogen	2451565	4.20	0.399	5.00	mg/L	76.0	80.0 - 120	128159452	*	
Total Kjeldahl Nitrogen	2451568	5.18	0.154	5.00	mg/L	101	80.0 - 120	128159456		

Analytical Set 1198281

SM 4500-H+ B-2011

CCV							
Parameter	Reading	Known	Units	Recover%	Limits%	File	
pH (Onsite)	6.0	6.0	SU	100	90 - 110		
pH (Onsite)	6.0	6.0	SU	100	90 - 110		

Duplicate							
Parameter	Sample	Result	Unknown	Unit	RPD	Limit%	
pH (Onsite)	2451530	6.6	6.5	SU	1.5	20	

Standard							
Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
pH (Onsite)	1198281	8.0	8.0	SU	100	90 - 110	
pH (Onsite)	1198281	7.9	8.0	SU	98.8	90 - 110	

Analytical Set 1199129

SM 2540 D-2020

Blank							
Parameter	PrepSet	Reading	MDL	MQL	Units	File	
Total Suspended Solids	1199129	ND	2	2	mg/L	128167278	

ControlBlk							
Parameter	PrepSet	Reading	MDL	MQL	Units	File	
Total Suspended Solids	1199129	0			grams	128167277	

Duplicate							
Parameter	Sample	Result	Unknown	Unit	RPD	Limit%	
Total Suspended Solids	2451433	159	281	mg/L	55.5	*	20.0
Total Suspended Solids	2451560	340	340	mg/L	0		20.0
Total Suspended Solids	2452405	7240	7400	mg/L	2.19		20.0

LCS							
Parameter	PrepSet	Reading	Known	Units	Recover%	Limits	File
Total Suspended Solids	1199129	49.0	50.0	mg/L	98.0	90.0 - 110	128167311

Standard							
Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
Total Suspended Solids		100	100	mg/L	100	90.0 - 110	128167310

Analytical Set 1199412

EPA 1664B (HEM)

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Report Page 9 of 16

QUALITY CONTROL



Page 4 of 7

ELS3-R

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

Project
1163907

Printed 10/08/2025

Blank											
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>	<i>MDL</i>	<i>MQL</i>	<i>Units</i>	<i>File</i>					
Oil and Grease (HEM)	1199412	ND	0.804	4.00	mg/L	128174646					
ControlBlk											
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>	<i>MDL</i>	<i>MQL</i>	<i>Units</i>	<i>File</i>					
Oil and Grease (HEM)	1199412	0.0004			grams	128174645					
Oil and Grease (HEM)	1199412	0.0003			grams	128174670					
LCS											
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>		<i>Known</i>	<i>Units</i>	<i>Recover%</i>	<i>Limits</i>	<i>File</i>			
Oil and Grease (HEM)	1199412	33.0		40.0	mg/L	82.5	78.0 - 114	128174647			
MS											
<i>Parameter</i>	<i>Sample</i>	<i>MS</i>	<i>MSD</i>	<i>UNK</i>	<i>Known</i>	<i>Limits</i>	<i>MS%</i>	<i>MSD%</i>	<i>Units</i>	<i>RPD</i>	<i>Limit%</i>
Oil and Grease (HEM)	2451530	38.5	0	0.879	40.0	78.0 - 114	96.2		mg/L		20.0

Analytical Set

1199452

SM 2540 C-2020

Blank								
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>	<i>MDL</i>	<i>MQL</i>	<i>Units</i>	<i>File</i>		
Total Dissolved Solids	1199452	ND	5.00	5.00	mg/L	128175948		
ControlBlk								
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>	<i>MDL</i>	<i>MQL</i>	<i>Units</i>	<i>File</i>		
Total Dissolved Solids	1199452	0.0003			grams	128175935		
Duplicate								
<i>Parameter</i>	<i>Sample</i>		<i>Result</i>	<i>Unknown</i>		<i>Unit</i>	<i>RPD</i>	<i>Limit%</i>
Total Dissolved Solids	2451187		272	252		mg/L	7.63	20.0
LCS								
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>		<i>Known</i>	<i>Units</i>	<i>Recover%</i>	<i>Limits</i>	<i>File</i>
Total Dissolved Solids	1199452	198		200	mg/L	99.0	85.0 - 115	128175936

Analytical Set

1198474

EPA 300.0 2.1

AWRL/LOQ C							
<i>Parameter</i>		<i>Reading</i>	<i>Known</i>	<i>Units</i>	<i>Recover%</i>	<i>Limits%</i>	<i>File</i>
Nitrate-Nitrogen Total		0.0278	0.0226	mg/L	123	70.0 - 130	128149843
Blank							
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>	<i>MDL</i>	<i>MQL</i>	<i>Units</i>		<i>File</i>
Chloride	1198474	0.055	0.0163	0.300	mg/L		128149844
Nitrate-Nitrogen Total	1198474	ND	0.00128	0.0226	mg/L		128149844
Sulfate	1198474	ND	0.123	0.300	mg/L		128149844
CCB							
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>	<i>MDL</i>	<i>MQL</i>	<i>Units</i>		<i>File</i>
Chloride	1198474	0.016	0.0163	0.300	mg/L		128149840
Chloride	1198474	0.038	0.0163	0.300	mg/L		128149856

Email: Kilgore.ProjectManagement@spllabs.com



Report Page 10 of 16

QUALITY CONTROL

ELS3-R

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

Project
1163907

Printed 10/08/2025

CCB

<u>Parameter</u>	<u>PrepSet</u>	<u>Reading</u>	<u>MDL</u>	<u>MQL</u>	<u>Units</u>	<u>File</u>
Chloride	1198474	0.042	0.0163	0.300	mg/L	128149872
Nitrate-Nitrogen Total	1198474	0	0.00128	0.0226	mg/L	128149840
Nitrate-Nitrogen Total	1198474	0	0.00128	0.0226	mg/L	128149856
Nitrate-Nitrogen Total	1198474	0	0.00128	0.0226	mg/L	128149872
Sulfate	1198474	0	0.123	0.300	mg/L	128149840
Sulfate	1198474	0	0.123	0.300	mg/L	128149856
Sulfate	1198474	0	0.123	0.300	mg/L	128149872

CCV

<u>Parameter</u>	<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recover%</u>	<u>Limits%</u>	<u>File</u>
Chloride	9.70	10.0	mg/L	97.0	90.0 - 110	128149839
Chloride	9.36	10.0	mg/L	93.6	90.0 - 110	128149855
Chloride	9.46	10.0	mg/L	94.6	90.0 - 110	128149871
Nitrate-Nitrogen Total	2.32	2.26	mg/L	103	90.0 - 110	128149839
Nitrate-Nitrogen Total	2.22	2.26	mg/L	98.2	90.0 - 110	128149855
Nitrate-Nitrogen Total	2.28	2.26	mg/L	101	90.0 - 110	128149871
Sulfate	9.58	10.0	mg/L	95.8	90.0 - 110	128149839
Sulfate	9.18	10.0	mg/L	91.8	90.0 - 110	128149855
Sulfate	9.31	10.0	mg/L	93.1	90.0 - 110	128149871

LCS Dup

<u>Parameter</u>	<u>PrepSet</u>	<u>LCS</u>	<u>LCSD</u>	<u>Known</u>	<u>Limits%</u>	<u>LCS%</u>	<u>LCSD%</u>	<u>Units</u>	<u>RPD</u>	<u>Limit%</u>
Chloride	1198474	4.80	4.83	5.00	85.0 - 115	96.0	96.6	mg/L	0.623	20.0
Nitrate-Nitrogen Total	1198474	1.29	1.29	1.13	86.3 - 117	114	114	mg/L	0	20.0
Sulfate	1198474	5.16	5.20	5.00	85.4 - 124	103	104	mg/L	0.772	20.0

MSD

<u>Parameter</u>	<u>Sample</u>	<u>MS</u>	<u>MSD</u>	<u>UNK</u>	<u>Known</u>	<u>Limits</u>	<u>MS%</u>	<u>MSD%</u>	<u>Units</u>	<u>RPD</u>	<u>Limit%</u>
Chloride	2451194	650	651	567	100	80.0 - 120	83.0	84.0	mg/L	1.20	20.0
Nitrate-Nitrogen Total	2451194	53.7	53.3	30.0	22.6	80.0 - 120	105	103	mg/L	1.70	20.0
Sulfate	2451194	1110	1100	1020	100	80.0 - 120	90.0	80.0	mg/L	11.8	20.0
Chloride	2451432	60.4	59.2	52.4	10.0	80.0 - 120	80.0	68.0 *	mg/L	16.2	20.0
Nitrate-Nitrogen Total	2451432	2.51	2.54	ND	2.26	80.0 - 120	111	112	mg/L	1.19	20.0
Sulfate	2451432	39.4	39.9	30.2	10.0	80.0 - 120	92.0	97.0	mg/L	5.29	20.0

Analytical Set

1198670

EPA 200.7 4.4

Blank

<u>Parameter</u>	<u>PrepSet</u>	<u>Reading</u>	<u>MDL</u>	<u>MQL</u>	<u>Units</u>	<u>File</u>
Phosphorus	1198488	ND	0.0353	0.040	mg/L	128153483

CCV

<u>Parameter</u>	<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recover%</u>	<u>Limits%</u>	<u>File</u>
Phosphorus	0.963	1.00	mg/L	96.3	90.0 - 110	128153478
Phosphorus	0.964	1.00	mg/L	96.4	90.0 - 110	128153482
Phosphorus	0.991	1.00	mg/L	99.1	90.0 - 110	128153492
Phosphorus	0.986	1.00	mg/L	98.6	90.0 - 110	128153499

Email: Kilgore.ProjectManagement@spllabs.com



Report Page 11 of 16

QUALITY CONTROL



ELS3-R

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

Page 6 of 7

Project
1163907

Printed 10/08/2025

ICL											
<i>Parameter</i>	<i>Reading</i>	<i>Known</i>	<i>Units</i>	<i>Recover%</i>	<i>Limits%</i>	<i>File</i>					
Phosphorus	24.8	25.0	mg/L	99.2	95.0 - 105	128153476					
ICV											
<i>Parameter</i>	<i>Reading</i>	<i>Known</i>	<i>Units</i>	<i>Recover%</i>	<i>Limits%</i>	<i>File</i>					
Phosphorus	1.01	1.00	mg/L	101	90.0 - 110	128153477					
LCS Dup											
<i>Parameter</i>	<i>PrepSet</i>	<i>LCS</i>	<i>LCSD</i>	<i>Known</i>	<i>Limits%</i>	<i>LCS%</i>	<i>LCSD%</i>	<i>Units</i>	<i>RPD</i>	<i>Limit%</i>	
Phosphorus	1198488	3.98	3.97	4.00	85.0 - 115	99.5	99.2	mg/L	0.252	25.0	
MSD											
<i>Parameter</i>	<i>Sample</i>	<i>MS</i>	<i>MSD</i>	<i>UNK</i>	<i>Known</i>	<i>Limits</i>	<i>MS%</i>	<i>MSD%</i>	<i>Units</i>	<i>RPD</i>	<i>Limit%</i>
Phosphorus	2451248	4.04	4.14	ND	4.00	75.0 - 125	101	104	mg/L	2.44	25.0
Phosphorus	2451612	9.22	9.52	5.54	4.00	75.0 - 125	92.0	99.5	mg/L	7.83	25.0

Analytical Set

1199368

SM 2320 B-2011

Blank									
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>	<i>MDL</i>	<i>MQL</i>	<i>Units</i>	<i>File</i>			
Total Alkalinity (as CaCO3)	1199368	ND	1.00	1.00	mg/L	128173658			
Total Alkalinity (as CaCO3)	1199368	ND	1.00	1.00	mg/L	128173685			
Total Alkalinity (as CaCO3)	1199368	ND	1.00	1.00	mg/L	128173712			
CCV									
<i>Parameter</i>		<i>Reading</i>	<i>Known</i>	<i>Units</i>	<i>Recover%</i>	<i>Limits%</i>	<i>File</i>		
Total Alkalinity (as CaCO3)		26.3	25.0	mg/L	105	90.0 - 110	128173657		
Total Alkalinity (as CaCO3)		25.8	25.0	mg/L	103	90.0 - 110	128173671		
Total Alkalinity (as CaCO3)		25.7	25.0	mg/L	103	90.0 - 110	128173684		
Total Alkalinity (as CaCO3)		25.7	25.0	mg/L	103	90.0 - 110	128173698		
Total Alkalinity (as CaCO3)		25.7	25.0	mg/L	103	90.0 - 110	128173711		
Total Alkalinity (as CaCO3)		25.9	25.0	mg/L	104	90.0 - 110	128173719		
Duplicate									
<i>Parameter</i>	<i>Sample</i>		<i>Result</i>	<i>Unknown</i>	<i>Unit</i>	<i>RPD</i>	<i>Limit%</i>		
Total Alkalinity (as CaCO3)	2450121		359	345	mg/L	3.98	20.0		
Total Alkalinity (as CaCO3)	2450914		268	259	mg/L	3.42	20.0		
Total Alkalinity (as CaCO3)	2451414		82.9	84.7	mg/L	2.15	20.0		
Total Alkalinity (as CaCO3)	2452098		50.4	49.7	mg/L	1.40	20.0		
Total Alkalinity (as CaCO3)	2452533		257	239	mg/L	7.26	20.0		
ICV									
<i>Parameter</i>		<i>Reading</i>	<i>Known</i>	<i>Units</i>	<i>Recover%</i>	<i>Limits%</i>	<i>File</i>		
Total Alkalinity (as CaCO3)		27.5	25.0	mg/L	110	90.0 - 110	128173656		
Mat. Spike									
<i>Parameter</i>	<i>Sample</i>	<i>Spike</i>	<i>Unknown</i>	<i>Known</i>	<i>Units</i>	<i>Recovery %</i>	<i>Limits %</i>	<i>File</i>	
Total Alkalinity (as CaCO3)	2450121	394	345	25.0	mg/L	196	70.0 - 130	128173661	*
Total Alkalinity (as CaCO3)	2450914	278	259	25.0	mg/L	76.0	70.0 - 130	128173674	

Email: Kilgore.ProjectManagement@spllabs.com



Report Page 12 of 16

QUALITY CONTROL



ELS3-R

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

Page 7 of 7

Project
1163907

Printed 10/08/2025

Mat. Spike

<u>Parameter</u>	<u>Sample</u>	<u>Spike</u>	<u>Unknown</u>	<u>Known</u>	<u>Units</u>	<u>Recovery %</u>	<u>Limits %</u>	<u>File</u>
Total Alkalinity (as CaCO ₃)	2451414	110	84.7	25.0	mg/L	101	70.0 - 130	128173688
Total Alkalinity (as CaCO ₃)	2452098	74.2	49.7	25.0	mg/L	98.0	70.0 - 130	128173701

* Out RPD is Relative Percent Difference: $\text{abs}(r_1 - r_2) / \text{mean}(r_1, r_2) * 100\%$

Recover% is Recovery Percent: $\text{result} / \text{known} * 100\%$

CCV - Continuing Calibration Verification (same standard used to prepare the curve; typically a mid-range concentration; verifies the continued validity of the calibration curve); 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; 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.); MS - Matrix Spike (same solution and amount of target analyte added to the LCS is added to a second aliquot of sample; quantifies matrix bias.)

Email: Kilgore.ProjectManagement@spllabs.com



Report Page 13 of 16

1163907 CoC Print Group 001 of 001

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



Printed 09/29/2025 Page 1 of 2

CHAIN OF CUSTODY

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543

ELS3-R
117

Lab Number 1461730
PO Number _____
Phone 956/262-2127

WWTP Permit

☐ Hand Delivered by Client to Region or LAB

Matrix: Non-Potable Water

Sample Collection Start

Date: 9-30-25 Time: 0840

Sampler Printed Name: Frank Gamez III - SPL, Inc.

Sampler Affiliation: _____

Sampler Signature: _____

Samples Radioactive? ☐

Samples Contains Dioxin? ☐

Samples Biological Hazard? ☐

☒ On Site Testing

NELAC Short Hold

pH

pH (Onsite)

SM 4500-H+ B-2011 (0.0104 days)

pH (Onsite)

Collected By FG3 Date 9-30-25 Time 0840 Analyzed By FG3 Date 9-30-25 Time 0843

Results 6.51 Units S.U. Temp. 28.7 C Duplicate 6.62 Units S.U. Temp. 28.9 C

☒ H2SO4 to pH <2 GIQt w/Tef-lined lid, Q

NELAC

HEM

Oil and Grease (HEM)

EPA 1664B (HEM) (28.0 days)

☒ Polyethylene 1/2 gal (White), Q

NELAC Short Hold

BODc

BOD Carbonaceous

SM 5210 B-2016 (TCMP Inhibitor) (2.04 days)

NELAC

TSS

Total Suspended Solids

SM 2540 D-2020 (7.00 days)

☐ Z -- No bottle required

P150

Pickup/Sampling/Transport

☒ HNO3 to pH <2 Polyethylene 500 mL for Metals, Q



RGV Region: 2401 Village Dr. Suite C Brownsville, TX 78401

Report Page 14 of 16

1163907 CoC Print Group 001 of 001

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



SPL
The Science of Sure

Printed 09/29/2025

Page 2 of 2

CHAIN OF CUSTODY

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

NELAC

ELS3-R
117

*PI Phosphorus

EPA 200.7.4.4 CAS:7723-14-0 (28.0 days)

301L Liquid Metals Digestion

EPA 200.2.2.8 (180 days)

1 H2SO4 to pH <2 250 ml Polyethylene, Q

NELAC

NHAN Ammonia Nitrogen

EPA 350.1.2 (28.0 days)

NELAC

TKN Total Kjeldahl Nitrogen

EPA 351.2.2 CAS:7727-37-9 (28.0 days)

1 Polyethylene Quart, Q

NELAC

ICIL Chloride

EPA 300.0.2.1 (28.0 days)

NELAC Short Hold

IN3L Nitrate-Nitrogen Total

EPA 300.0.2.1 CAS:14797-55-8 (2.00 days)

NELAC

IS4L Sulfate

EPA 300.0.2.1 (28.0 days)

NELAC

ALKT Total Alkalinity (as CaCO3)

SM 2320 B-2011 (14.0 days)

NELAC

TDS Total Dissolved Solids

SM 2540 C-2020 (7.00 days)

Ambient Conditions/Comments

Date	Time	Relinquished	Received
7/30/25	1700	Printed Name: Frank Gamez III - SPL, Inc. Signature: [Signature]	Printed Name: TPX Signature: [Signature]
8/1/25	1025	Printed Name: TPX Signature: [Signature]	Printed Name: Kiersten Rossum - SPL, Inc. Signature: [Signature]
		Printed Name: [Blank] Signature: [Blank]	Printed Name: [Blank] Signature: [Blank]
		Printed Name: [Blank] Signature: [Blank]	Printed Name: [Blank] Signature: [Blank]

Sample Received on Ice? ☒ Yes ☐ No
Cooler/Sample Secure? ☒ Yes ☐ No

If Shipped: Tracking Number & Temp - See Attached

The accredited column designates accreditation by A - A2LA, N - NELAC, or z - not listed under scope of accreditation. Unless otherwise specified, SPL shall provide these ordered services pursuant to our Standard Terms & Conditions Agreement. SPL personnel collect samples as specified by SPL SOP #000323.

Comments





COOLER CHECKIN

Region/Driver/Client

RCN

Date / Time:

10/1 / 1025

Cooler:

of

Shipping Company:

TPX

Temp Label:

10/1 1025 K12		
Date	Time	Tech
10/1	1025	K12
Temp: 0.8	0.9	c
Therm#: 7736 Corr Fact: -0.1 C		

Project
1163914

Printed10/06/2025
16:51

ELS3-R

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

TABLE OF CONTENTS

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

Report Name	Description	Pages
1163914_r02_01_ProjectSamples	SPL Kilgore Project P:1163914 C:ELS3 Project Sample Cross Reference t:304	1
1163914_r03_03_ProjectResults	SPL Kilgore Project P:1163914 C:ELS3 Project Results t:304	2
1163914_r10_05_ProjectQC	SPL Kilgore Project P:1163914 C:ELS3 Project Quality Control Groups	1
1163914_r99_09_CoC__1_of_1	SPL Kilgore CoC ELS3 1163914_1_of_1	3
Total Pages:		7

Email: Kilgore.ProjectManagement@spllabs.com

Survey: How are we doing?





SAMPLE CROSS REFERENCE

Project
1163914

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

Printed 10/6/2025 Page 1 of 1
WWTP Permit

Sample	Sample ID	Taken	Time	Received
2451544	WWTP Permit	09/30/2025	08:40:00	10/01/2025

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
SM 4500-CI G-2011		1198202	09/30/2025	1198202	09/30/2025
SM 4500-O G-2016		1198231	09/30/2025	1198231	09/30/2025
Subcontract			09/30/2025		09/30/2025

Email: Kilgore.ProjectManagement@spllabs.com

ELS3-R

Page 1 of 2

City of Elsa
 Fabian Rodriguez
 P.O. Box 427
 102 S. Diana St.
 Elsa, TX 78543-

Project

1163914

Printed: 10/06/2025

RESULTS

Sample Results

2451544 WWTP Permit

Received: 10/01/2025

Non-Potable Water

Collected by: FG3

SPL Kilgore

PO:

Taken: 09/30/2025

08:40:00

SM 4500-Cl G-2011

Prepared: 1198202 09/30/2025 08:45:00 Analyzed 1198202 09/30/2025 08:45:00 FG3

Parameter

Results

Units

RL

Flags

CAS

Bottle

NELAC Cl2 Res., Total(Onsite)Spec Mid [RL
0.05 mg/L]

0.160

mg/L

0.05

SM 4500-O G-2016

Prepared: 1198231 09/30/2025 08:42:00 Analyzed 1198231 09/30/2025 08:42:00 FG3

Parameter

Results

Units

RL

Flags

CAS

Bottle

NELAC Dissolved Oxygen Onsite

5.1

mg/L

1.0

Subcontract

Prepared: 09/30/2025 14:51:00 Analyzed 09/30/2025 14:51:00 SUB

Parameter

Results

Units

RL

Flags

CAS

Bottle

MPN, E.coli, Coli-18 - WW sub

see attached

CCWU



Report Page 3 of 8

ELS3-R

Page 2 of 2

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

Project

1163914

Printed: 10/06/2025

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, MS, Senior Director, Environmental Technology



Report Page 4 of 8

QUALITY CONTROL



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Page 1 of 1

ELS3-R

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543-

Project
1163914

Printed 10/06/2025

Analytical Set **1198202**

SM 4500-CI G-2011

Duplicate

<u>Parameter</u>	<u>Sample</u>	<u>Result</u>	<u>Unknown</u>	<u>Unit</u>	<u>RPD</u>	<u>Limit%</u>
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	2451544	0.160	0.160	mg/L		20

Standard

<u>Parameter</u>	<u>Sample</u>	<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recover%</u>	<u>Limits%</u>	<u>File</u>
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	1198202	0.190	0.220	mg/L	86.4	90 - 110	
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	1198202	0.860	0.900	mg/L	95.6	90 - 110	
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	1198202	1.54	1.59	mg/L	96.9	90 - 110	

Analytical Set **1198231**

SM 4500-O G-2016

Duplicate

<u>Parameter</u>	<u>Sample</u>	<u>Result</u>	<u>Unknown</u>	<u>Unit</u>	<u>RPD</u>	<u>Limit%</u>
Dissolved Oxygen Onsite	2451544	5.0	5.1	mg/L	2	20

* Out RPD is Relative Percent Difference: $\text{abs}(r1-r2) / \text{mean}(r1,r2) * 100\%$

Recover% is Recovery Percent: $\text{result} / \text{known} * 100\%$

Email: Kilgore.ProjectManagement@spllabs.com



Report Page 5 of 8

1163914 CoC Print Group 001 of 001

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



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Printed 09/29/2025 Page 1 of 2

CHAIN OF CUSTODY

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543

ELS3-R
109

Lab Number 2471744
PO Number _____
Phone 956/262-2127

WWTP Permit

☐ Hand Delivered by Client to Region or LAB

Matrix: Non-Potable Water

Sample Collection Start

Date: 9-30-25 Time: 0840

Sampler Printed Name: Frank Gamez III - SPL, Inc.

Sampler Affiliation: _____

Sampler Signature: _____

Samples Radioactive? ☐

Samples Contains Dioxin? ☐

Samples Biological Hazard? ☐

☒ On Site Testing

NELAC

CI20

CI2 Res., Total (Onsite) Spec Mid [RL 0.05 mg/L] SM 4500-CI G-2011

Matrix: Non-Potable Water
CI2 Res., Total (Onsite) Spec Mid [RL 0.05 mg/L]

Collected By FG3 Date 9-30-25 Time 0840 Analyzed By FG3 Date 9-30-25 Time 0845

Results 0.16 Units mg/L Temp. 28.7 C Duplicate 0.16 Units mg/L Temp. 28.9 C
R1 0.27 R2 0.11 QC R1 0.27 QC R2 0.11

NELAC Short Hold

DO

Dissolved Oxygen Onsite

SM 4500-O G-2016 (0.0104 days)

Dissolved Oxygen Onsite

Collected By FG3 Date 9-30-25 Time 0840 Analyzed By FG3 Date 9-30-25 Time 0847

Results 5.06 Units mg/L Temp. 28.7 C Duplicate 4.99 Units mg/L Temp. 28.9 C

☒ Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized, I



RGV Region: 2401 Village Dr. Suite C Brownsville TX 78521

1163914 CoC Print Group 001 of 001

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



SPL
The Science of Sure

Printed 09/29/2025

Page 2 of 2

CHAIN OF CUSTODY

City of Elsa
Fabian Rodriguez
P.O. Box 427
102 S. Diana St.
Elsa, TX 78543

ELS3-R
109

Subcontract

ERGV

MPN, E.coli, Coli-18 - WW sub

Subcontract CAS:CCWU

Ambient Conditions/Comments

Date	Time	Relinquished	Received
9/30/25	1700	Printed Name: Frank Gamez III - SPL, Inc. Signature: [Signature]	Printed Name: [Signature] Affiliation: TPX
10/1/25	1025	Printed Name: TPX Affiliation: TPX Signature: [Signature]	Printed Name: Kiersten Rossum - SPL, Inc. Affiliation: Kiersten Rossum - SPL, Inc. Signature: [Signature]
		Printed Name: [Signature] Affiliation: [Signature]	Printed Name: [Signature] Affiliation: [Signature]
		Printed Name: [Signature] Affiliation: [Signature]	Printed Name: [Signature] Affiliation: [Signature]

Sample Received on Ice?

☐ Yes☐ No

Cooler/Sample Secure?

☐ Yes☐ No

If Shipped: Tracking Number & Temp - See Attached

The accredited column designates accreditation by A - A2LA, N - NELAC, or z - not listed under scope of accreditation. Unless otherwise specified, SPL shall provide these ordered services pursuant to our Standard Terms & Conditions Agreement. SPL personnel collect samples as specified by SPL SOP #000323.

Comments



Analytical Report



Client Info SPL-INC 2600 Dudley Rd. Kilgore, TX 75662						Report# /Lab ID#: AC68058 Sample Name: WWTP PERMIT Date Received: 09/30/2025 Time: 13:05 Date Sampled: 09/30/2025 Time: 08:40		Report Date: 10/1/25	
Phone:						EMAIL: Kilgore.Projectmanagement@spla			

Parameter	Result	Unit	Flag	RL s	Date/Time Analyzed	Method	Analyst	Analysis Comments
E. coli (MPN)	191.8	MPN		1.0	9/30/25 14:51	SM 9223 B - Coli	FK	

Sample Comments:

This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.

Respectfully Submitted,



Technical Director (or designee)

1. Quality assurance data for the sample batch which included this sample.

2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results .

3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample.

4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte.

5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method.

6. Data Qualifiers:

N=Analysis not performed as per client request. **H**=Sample exceeded holding time. **P**=Analysis is from an unpreserved sample. **J**=Value reported is less than the RL but greater than the MDL .

X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. **LA**=Lab accident. **LE**=Lab error. **OA**=Outside the scope of the lab's NELAC accreditation.

U=Unsuitable; sample turned turbid after incubation. **T**=Sample below temp requirement; not on ice. **EQ**=Equipment failure. **I**=Information on sample bottle and COC does not match.

S=Slow to filter; sample contains floc and/or large amount of residue on filter. **O**=Analysis performed by an outside NELAC accredited lab; **O^**=Analysis flagged by outside laboratory.

Z=Too many colonies present to provide a result (TNTC). **A**=Value reported is the mean of two or more determinations. **R**=Reagent water contamination suspected. **B**=Sample broken in transit.

NI=Not analyzed due to interferences. **K**=BOD result estimated due to blank exceeding the allowable oxygen depletion. **D**=Sample dilution required for analysis/ quality control.

SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. **QB**=No QC data assigned to sample; sample result not affected.

EL=Oxygen usage is less than 2mg/L for all dilutions analyzed. The reported value is an estimated less than value and is calculated for the dilution containing the greatest concentration of sample.

EG=Less than 1mg/L DO remained for all dilutions analyzed. The reported value is an estimated greater than value and is calculated for the dilution containing the least concentration of sample.

E= The data exceed the upper calibration limit; therefore the concentration is reported as an estimate.

CHAIN OF CUSTODY RECORD

Client Name: SPL LABS
 Address: 2600 Dudley Rd.
 City: Kilgore State: TX Zip: 75662
 Phone: (903) 984 - 0551 Fax: (903) 984 - 5914

Send Email report to kilgore.projectmanagement.splabs.com
 cc: joel.manjarrez@splabs.com



Water Utilities Laboratory
 13101 Leopard St.
 Corpus Christi, TX 78410
 Ph: (361) 826-1200
 Fax: (361) 242-9131



Frank Gamez III - SPL, Inc. ELS3

Sampler (PLEASE PRINT)

Frank Garnez III - SPE, Inc.

Sampler (PLEASE PRINT)										No. of Containers/ Preservative		Matrix		Residual Chlorine		Analyze For																	
Sample ID	Lab ID# <i>(Lab Use Only)</i>	Date Sampled	Time Sampled	Grab	Composite	Other	H ₂ SO ₄	HNO ₃	HClO ₄	None	WW Influent	WW Effluent	Water	Other-Specify	Total mg/L	☒	CBOD	BOD	TSS	TDS	Ammonia-N	TKN	Chloride	Sulfate	Phosphorus	Nitrate	Nitrite	Total Alkalinity	TOC	Fecal Coliform	Total Coliform	Enterococci	E. coli
															Free mg/L	☐																	
1 WWTP Permit	ACL8058	9-30-25	0840	X				X			X				0.16																		X
2																																	
3																																	
4																																	
5																																	
6																																	

Relinquished By: <u>[Signature]</u>	Date: <u>9-30-25</u>	Time: <u>11:00</u>	Special Instructions/Comments:
Received By: <u>R.D.E. LEON</u>	Date: <u>9-30-25</u>	Time: <u>11:00</u>	Other: -
Relinquished By: <u>R.D.E. LEON</u>	Date: <u>9-30-25</u>	Time: <u>13:05</u>	
Received By: <u>[Signature]</u>	Date: <u>9/30/25</u>	Time: <u>1305</u>	
Relinquished By:	Date:	Time:	***** For Laboratory Use Only *****
Received By:	Date:	Time:	Sample(s) on ice: YES NO pH Strip Lot/ ID:
Relinquished By:	Date:	Time:	Receiving Temp (°C): <u>23</u> pH < 2? YES NO Line(s) #:
Received By:	Date:	Time:	Corrected Temp (°C): <u>23</u> Data Flag(s):
			Temp. Device ID: <u>B</u>

