



# 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

**ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT  
APPLICATIONS**

**DOMESTIC WASTEWATER/STORMWATER**

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

Legacy Housing Corporation, (CN605618008) proposes to operate Stoic Falcon Development (Legacy Housing) WWTP, (RN110652609), an activated sludge process plant under construction that will be operated in the extended aeration mode. The facility will be located at 5,945 feet southeast of the intersection of FM 812 and Mesa Road , in , Bastrop County, Texas 78617. The application is for a renewal to discharge at an average flow of 288,000 gallons per day of treated domestic wastewater via Outfall 001.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBDO5), total suspended solids (TSS), ammonia nitrogen (NH3-N), and Escherichia coli. Domestic wastewater will be treated by an activated sludge process plant and the treatment units include a bar screen, aeration basins, final clarifiers, tertiary filters, UV disinfection, solids handling and post aeration.

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

**AGUAS RESIDUALES DOMESTICAS/AGUAS PLUVIALES**

*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 federal de la solicitud de permiso.*

Legacy Housing Corporation, CN 605618008, propone operar, Stoic Falcon Development (Legacy Housing) WWTP, RN 110652609, una planta empleando el proceso de lodos activados. La instalación será ubicada a 5,945 pies al sureste de la intersección de FM 812 y Mesa Road, en el Condado de Bastrop, Texas, 78617. La petición de solicitud es una renovación para autorizar la descarga de aguas residuales tratadas en un volumen de promedio diario de 288,000 galones por día.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonoso (CBDO5), sólidos suspendidos totales (TSS), nitrógeno amoniacal (NH3-N), and Escherichia coli. Las aguas residuales domesticas serán tratadas por una planta de lodos activados que consiste de pantalla de barra, tanques de aireación, clarificadores finales, filtros terciarios, desinfección ultravioleta, manejo de sólidos, y post aeración.

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0015766001

**APPLICATION.** Legacy Housing Corporation, 1600 Airport Freeway, Suite 100 Bedford, Texas 76022, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0015766001 (EPA I.D. No. TX0139033) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 288,000 gallons per day. The domestic wastewater treatment facility is located approximately 5,945 feet southeast of the intersection of Farm-to-Market Road 812 and Mesa Drive, near the city of Bastrop, in Bastrop County, Texas 78617. The discharge route is from the plant site to an unnamed tributary, thence to Cedar Creek, thence to Colorado River Above La Grange. TCEQ received this application on August 14, 2025. The permit application will be available for viewing and copying at Bastrop County Tax Office, Lobby, 211 Jackson Street, Bastrop, in Bastrop County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage:

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.582,30.0914&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](http://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](http://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 Legacy Housing Corporation at the address stated above or by calling Mr. Rey Cedillos, P.E., Cedillos & Company, at (512) 363-6801.

Issuance Date: October 2, 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. WQ0015766001**

**SOLICITUD.** Legacy Housing Corporation, 1600 Airport Freeway, Suite 100, Bedford, Texas 76022 ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0015766001 (EPA I.D. No. TX0139033) 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 288,000 galones por día. La planta está ubicada aproximadamente 5,945 pies al sureste de la intersección de Farm-to-Market Road 812 y Mesa Drive, en el Condado de Bastrop, Texas 78617. La ruta de descarga es del sitio de la planta a un tributario sin nombre, a Cedar Creek, y al Rio Colorado arriba de La Grange. La TCEQ recibió esta solicitud el 14 de agosto de 2025. La solicitud para el permiso estará disponible para leerla y copiarla en Bastrop County Tax Office, 211 Jackson Street, Bastrop, Texas antes de la fecha de publicación de este aviso en el periódico. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente 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=-97.582,30.0914&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](http://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 Legacy Housing Corporation a la dirección indicada arriba o llamando a Rey Cedillos, P.E., Cedillos & Company, al 512-363-6801.

Fecha de emisión: el 2 de octubre de 2025

**Cedillos & Company**  
**Civil/Environmental Consulting Engineers**  
Texas Firm Registration No. F-9159

August 11, 2025

Mr. Erwin Madrid, Team Leader  
TCEQ - Review and Process Team (MC 148)  
P.O. Box 13087  
Austin, Texas 78711-3087

Re: **Chapter 217.6 Summary Transmittal Letter**  
**Permittee: Legacy Housing Corporation**  
**Permit Number: WQ0015766001**  
**Project Name: Stoic Falcon Development WWTP**  
**County: Bastrop County**

Dear Mr. Madrid:

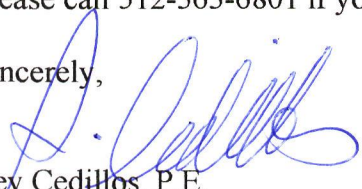
Legacy Housing Corporation (CN605618008) operates the Stoic Falcon Development (Legacy Housing) wastewater treatment plant (RN110652609), an activated sludge process plant under construction that will be operated in the extended aeration mode. The facility is located east of the intersection of FM 812 and Mesa Road in Bastrop County, Texas.

The application is for a renewal to discharge at an annual average flow of 288,000 gallons per day of treated domestic wastewater via Outfall 001.

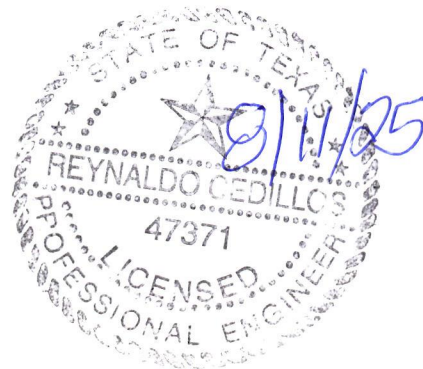
Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBDOD5), total suspended solids (TSS), ammonia nitrogen (NH3-N), and *Escherichia coli*. Pollutant Analysis of Treated Effluent is not available yet since the plant is not completed, Domestic wastewater will be treated by an activated sludge process plant and the treatment units include a bar screen, aeration basins, final clarifiers, tertiary filters, UV disinfection, solids handling and post aeration.

Please call 512-363-6801 if you have any questions or need additional information.

Sincerely,

  
Rey Cedillos, P.E.  
reycedillos@aol.com

P.O. Box 50362  
Austin, Texas 78763







# 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

<b>1. Reason for Submission</b> (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other	
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 605618008		RN 110652609

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)	
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership			
<input type="checkbox"/> 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>			
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)		<i>If new Customer, enter previous Customer below:</i>	
Legacy Housing Corporation			
<b>7. TX SOS/CPA Filing Number</b>	<b>8. TX State Tax ID</b> (11 digits)	<b>9. Federal Tax ID</b> (9 digits)	<b>10. DUNS Number</b> (if applicable)
80-2893605	12028975162	202897516	
<b>11. Type of Customer:</b>	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other:	
<b>12. Number of Employees</b>		<b>13. Independently Owned and Operated?</b>	
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input checked="" type="checkbox"/> 501 and higher		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:			
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant			
<b>15. Mailing Address:</b>	1600 Airport Fwy., Suite 101		
	City	Bedford	State TX ZIP 76022 ZIP + 4
<b>16. Country Mailing Information</b> (if outside USA)		<b>17. E-Mail Address</b> (if applicable)	
		cdhdfw@aol.com	

<b>18. Telephone Number</b> ( 877 ) 652-3310	<b>19. Extension or Code</b>	<b>20. Fax Number (if applicable)</b> (   ) -
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## SECTION III: Regulated Entity Information

<b>21. General Regulated Entity Information</b> (If 'New Regulated Entity' is selected, a new permit application is also required.)  <input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> 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>							
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.)  Stoic Falcon Development							
<b>23. Street Address of the Regulated Entity:</b>  (No PO Boxes)							
	City		State		ZIP		ZIP + 4
<b>24. County</b>							

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

<b>25. Description to Physical Location:</b>	East of Intersection of FM 812 and Mesa Road						
<b>26. Nearest City</b>	State				Nearest ZIP Code		
Bastrop	TX				78617		
<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>							
<b>27. Latitude (N) In Decimal:</b>		30.0914		<b>28. Longitude (W) In Decimal:</b>		97.5820	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
30	05	29	97	34	55		
<b>29. Primary SIC Code</b> (4 digits)	<b>30. Secondary SIC Code</b> (4 digits)		<b>31. Primary NAICS Code</b> (5 or 6 digits)		<b>32. Secondary NAICS Code</b> (5 or 6 digits)		
2451	5271		531190		45331		
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)  Residential Mobile Homes							
<b>34. Mailing Address:</b>	1600 Airport Fwy., Suite 100						
	City	Bedford	State	TX	ZIP	76022	ZIP + 4
<b>35. E-Mail Address:</b>	duncanbates@legacyhousingcorp.com						
<b>36. Telephone Number</b>	<b>37. Extension or Code</b>		<b>38. Fax Number (if applicable)</b>				
( 904 ) 813-9240			(   ) -				



**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.


<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

#### **SECTION IV: Preparer Information**

<b>40. Name:</b>	Rey Cedillos, P.E.	<b>41. Title:</b>	Engineer
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 512 ) 363-6801		( ) -	reycedillos@aol.com

#### **SECTION V: Authorized Signature**

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

<b>Company:</b>	Cedillos& Company	<b>Job Title:</b>	Engineer
<b>Name (In Print):</b>	Rey Cedillos, P.E.	<b>Phone:</b>	( 512 ) 363- 6801
<b>Signature:</b>		<b>Date:</b>	7/20/2025



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

**Complete and submit this checklist with the application.**

APPLICANT NAME: Legacy Housing Corporation

PERMIT NUMBER (If new, leave blank): WQ00WQ0015766001

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

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

**For TCEQ Use Only**

Segment Number \_\_\_\_\_ County \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Region \_\_\_\_\_  
Permit Number \_\_\_\_\_

## TCEQ ePay Voucher Receipt

### Transaction Information

<b>Voucher Number:</b>	775426
<b>Trace Number:</b>	582EA000676908
<b>Date:</b>	07/17/2025 02:09 PM
<b>Payment Method:</b>	CC - Authorization 0000062519
<b>Voucher Amount:</b>	\$15.00
<b>Fee Type:</b>	30 TAC 305.53B WQ RENEWAL NOTIFICATION FEE
<b>ePay Actor:</b>	MARIA TORRES

### Payment Contact Information

<b>Name:</b>	MARIA TORRES
<b>Company:</b>	LEGACY HOUSING CORPORATION
<b>Address:</b>	1600 AIRPORT FREEWAY STE 100, BEDFORD, TX 76022
<b>Phone:</b>	817-799-4900

## TCEQ ePay Receipt

### Transaction Information

**Trace Number:** 582EA000676908  
**Date:** 07/17/2025 02:09 PM  
**Payment Method:** CC - Authorization 0000062519  
**ePay Actor:** MARIA TORRES  
**TCEQ Amount:** \$1,215.00  
**Texas.gov Fee:** \$27.59  
**Texas.gov Price:** \$1,242.59\*

\* This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support the ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

### Payment Contact Information

**Name:** MARIA TORRES  
**Company:** LEGACY HOUSING CORPORATION  
**Address:** 1600 AIRPORT FREEWAY STE 100, BEDFORD, TX 76022  
**Phone:** 817-799-4900

### Cart Items

Voucher	Fee Description	AR Number	Amount
775425	WW PERMIT - FACILITY WITH FLOW $\geq$ .25 & $<$ .50 MGD - RENEWAL		\$1,200.00
775426	30 TAC 305.53B WQ RENEWAL NOTIFICATION FEE		\$15.00
		<b>TCEQ Amount:</b>	<b>\$1,215.00</b>



## TCEQ ePay Voucher Receipt

### Transaction Information

**Voucher Number:** 775425  
**Trace Number:** 582EA000676908  
**Date:** 07/17/2025 02:09 PM  
**Payment Method:** CC - Authorization 0000062519  
**Voucher Amount:** \$1,200.00  
**Fee Type:** WW PERMIT - FACILITY WITH FLOW >= .25 & < .50 MGD - RENEWAL  
**ePay Actor:** MARIA TORRES

### Payment Contact Information

**Name:** MARIA TORRES  
**Company:** LEGACY HOUSING CORPORATION  
**Address:** 1600 AIRPORT FREEWAY STE 100, BEDFORD, TX 76022  
**Phone:** 817-799-4900

### Site Information

**Site Name:** STOIC FALCON SUBDIVISION  
**Site Location:** EAST OF INTERSECTION FM 812 AND MESA RD

### Customer Information

**Customer Name:** LEGACY HOUSING CORPORATION  
**Customer Address:** 1600 AIRPORT FREEWAY STE 100, BEDFORD, TX 76022

### Other Information

**Program Area ID:** WQ001576601



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 <input type="checkbox"/>	\$315.00 <input type="checkbox"/>
≥0.05 but <0.10 MGD	\$550.00 <input type="checkbox"/>	\$515.00 <input type="checkbox"/>
≥0.10 but <0.25 MGD	\$850.00 <input type="checkbox"/>	\$815.00 <input type="checkbox"/>
≥0.25 but <0.50 MGD	\$1,250.00 <input type="checkbox"/>	\$1,215.00 <input checked="" type="checkbox"/>
≥0.50 but <1.0 MGD	\$1,650.00 <input type="checkbox"/>	\$1,615.00 <input type="checkbox"/>
≥1.0 MGD	\$2,050.00 <input type="checkbox"/>	\$2,015.00 <input type="checkbox"/>

Minor Amendment (for any flow) \$150.00 ☐

#### Payment Information:

Mailed      Check/Money Order Number: [Click to enter text.](#)  
Check/Money Order Amount: [Click to enter text.](#)  
Name Printed on Check: [Click to enter text.](#)

EPAY      Voucher Number: 775425

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 WQ0015766001

EPA I.D. (TPDES only): TX TX0139033

Expiration Date: 2/25/2026

### Section 3. Facility Owner (Applicant) and Co-Applcant 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?

Legacy Housing Corporation

*(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: CN605618008

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: Bates, Duncan

Title: Chief Executive Officer

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. [A](#)

## 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: Cedillos, Rey

Title: Engineer

Credential: P.E.

Organization Name: Cedillos & Company

Mailing Address: P.O. Box 50362

City, State, Zip Code: Austin, TX, 78763

Phone No.: 512-363-6801

E-mail Address: reycedillos@aol.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. 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.

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: Cedillos, Rey

Title: Engineer

Credential: P.E.

Organization Name: Cedillos & Company

Mailing Address: P.O. Box 50362

City, State, Zip Code: Austin, TX, 78763

Phone No.: 512-363-6801

E-mail Address: reycedillos@aol.com



B. Prefix: Mr. Last Name, First Name: Bates, Duncan  
Title: Chief Executive Officer Credential: [Click to enter text.](#)  
Organization Name: Legacy Housing Corp.  
Mailing Address: 1600 Airport Fwy., Ste 100 City, State, Zip Code: Bedford, TX, 76022  
Phone No.: 904-813-9240 E-mail Address: duncanbates@legacyhousingcorp.com

## Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mr. Last Name, First Name: Bates, Duncan  
Title: Chief Executive Officer Credential: [Click to enter text.](#)  
Organization Name: Legacy Housing Corp.  
Mailing Address: 1600 Airport Fwy., Ste 100 City, State, Zip Code: Bedford, TX, 76022  
Phone No.: 904-813-9240 E-mail Address: duncanbates@legacyhousingcorp.com

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

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

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

## Section 8. Public Notice Information (Instructions Page 27)

### A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: Cedillos, Rey  
Title: Engineer Credential: P.E.  
Organization Name: Cedillos & Company  
Mailing Address: P.O. Box 50362 City, State, Zip Code: Austin, TX, 78763  
Phone No.: 512-363-6801 E-mail Address: reycedillos@aol.com

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

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

☒ E-mail Address

☐ Fax

☐ Regular Mail

**C. Contact permit to be listed in the Notices**

Prefix: Mr.

Last Name, First Name: Cedillos, Rey

Title: Engineer

Credential: P.E.

Organization Name: Cedillos & Company

Mailing Address: P.O. 50362

City, State, Zip Code: Austin, TX, 78763

Phone No.: 512-363-6801

E-mail Address: reycedillos@aol.com

**D. Public Viewing Information**

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

Public building name: Bastrop County Building

Location within the building: Lobby

Physical Address of Building: 211 Jackson Street

City: Bastrop

County: Bastrop

Contact (Last Name, First Name): Thomas, Sonia

Phone No.: 512-581-7176 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? 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:** B

#### 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 RN110652609

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):

Stoic Falcon Subdivision

C. Owner of treatment facility: Legacy Housing Corp.

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

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

Prefix: Mr.

Last Name, First Name: Duncan, Bates

Title: Chief Executive Officer

Credential: Click to enter text.

Organization Name: Legacy Housing Corp.

Mailing Address: 1600 Airport Fwy., Ste 100 City, State, Zip Code: Bedford, TX, 76022

Phone No.: 904-813-9240

E-mail Address: duncanbates@legacyhousingcorp.com

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

**Attachment:** Click to enter text.

E. Owner of effluent disposal site:

Prefix: Mr.

Last Name, First Name: Duncan, Bates

Title: Chief Executive Officer

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

Organization Name: Legacy Housing Corp.

Mailing Address: 1600 Airport Fwy., Ste 100 City, State, Zip Code: Bedford, TX 76022

Phone No.: 904-813-9240

E-mail Address: duncanbates@legacyhousingcorp.com

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

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

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

County in which the outfalls(s) is/are located: [Click to enter text.](#)

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: A: Site Plan, B: WWTP Approval Letter, C: WWTP Information, D: Flow Diagram, E: Buffer Zone Map, F: USGS Exhibit.



## Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0015766001

Applicant: Legacy Housing Corp.

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.

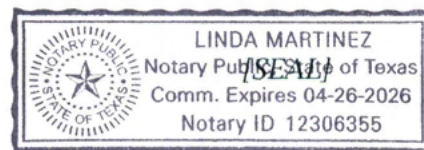
Signatory name (typed or printed): R. Duncan Bates

Signatory title: Chief Executive Officer

Signature: *R. Duncan Bates* Date: 8-4-25  
(Use blue ink)

Subscribed and Sworn to before me by the said R. Duncan Bates  
on this 4th day of August, 20 25.  
My commission expires on the 26th day of April, 20 26.

*Linda Martinez*  
Notary Public



Tarrant  
County, Texas

# DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

## Section 1. Affected Landowner Information (Instructions Page 36)

- A. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:
- ☐ The applicant's property boundaries
  - ☐ The facility site boundaries within the applicant's property boundaries
  - ☐ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
  - ☐ The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
  - ☐ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream
  - ☐ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
  - ☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides
  - ☐ The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property
  - ☐ The property boundaries of all landowners surrounding the effluent disposal site
  - ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
  - ☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located
- B. ☐ Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.
- C. ☐ Indicate by a check mark that the landowners list has also been provided as mailing labels in electronic format (Avery 5160).
- D. Provide the source of the landowners' names and mailing addresses: [Click to enter text](#).
- E. As required by *Texas Water Code* § 5.115, is any permanent school fund land affected by this application?
- ☐ Yes      ☐ No



If **yes**, provide the location and foreseeable impacts and effects this application has on the land(s):

Click to enter text.

## Section 2. Original Photographs (Instructions Page 38)

Provide original ground level photographs. Indicate with checkmarks that the following information is provided.

- ☐ At least one original photograph of the new or expanded treatment unit location
- ☐ At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.
- ☐ At least one photograph of the existing/proposed effluent disposal site
- ☐ A plot plan or map showing the location and direction of each photograph

## Section 3. Buffer Zone Map (Instructions Page 38)

A. Buffer zone map. Provide a buffer zone map on 8.5 x 11-inch paper with all of the following information. The applicant's property line and the buffer zone line may be distinguished by using dashes or symbols and appropriate labels.

- The applicant's property boundary;
- The required buffer zone; and
- Each treatment unit; and
- The distance from each treatment unit to the property boundaries.

B. Buffer zone compliance method. Indicate how the buffer zone requirements will be met. Check all that apply.

- ☐ Ownership
- ☐ Restrictive easement
- ☐ Nuisance odor control
- ☐ Variance

C. Unsuitable site characteristics. Does the facility comply with the requirements regarding unsuitable site characteristic found in 30 TAC § 309.13(a) through (d)?

- ☐ Yes      ☐ No

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

# WATER QUALITY PERMIT

## PAYMENT SUBMITTAL FORM

**Use this form to submit the Application Fee, if the mailing the payment.**

- Complete items 1 through 5 below.
- Staple the check or money order in the space provided at the bottom of this document.
- **Do Not mail this form with the application form.**
- Do not mail this form to the same address as the application.
- Do not submit a copy of the application with this form as it could cause duplicate permit entries.

**Mail this form and the check or money order to:**

*BY REGULAR U.S. MAIL*

Texas Commission on Environmental Quality  
Financial Administration Division  
Cashier's Office, MC-214  
P.O. Box 13088  
Austin, Texas 78711-3088

*BY OVERNIGHT/EXPRESS MAIL*

Texas Commission on Environmental Quality  
Financial Administration Division  
Cashier's Office, MC-214  
12100 Park 35 Circle  
Austin, Texas 78753

**Fee Code:** WQP      **Waste Permit No:** [Click to enter text.](#)

1. Check or Money Order Number: [Click to enter text.](#)
2. Check or Money Order Amount: [Click to enter text.](#)
3. Date of Check or Money Order: [Click to enter text.](#)
4. Name on Check or Money Order: [Click to enter text.](#)
5. APPLICATION INFORMATION

Name of Project or Site: [Click to enter text.](#)

Physical Address of Project or Site: [Click to enter text.](#)

If the check is for more than one application, attach a list which includes the name of each Project or Site (RE) and Physical Address, exactly as provided on the application.

**Staple Check or Money Order in This Space**

# ATTACHMENT 1

## INDIVIDUAL INFORMATION

### Section 1. Individual Information (Instructions Page 41)

Complete this attachment if the facility applicant or co-applicant is an individual. Make additional copies of this attachment if both are individuals.

Prefix (Mr., Ms., Miss): [Click to enter text.](#)

Full legal name (Last Name, First Name, Middle Initial): [Click to enter text.](#)

Driver's License or State Identification Number: [Click to enter text.](#)

Date of Birth: [Click to enter text.](#)

Mailing Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#) Fax Number: [Click to enter text.](#)

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

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

#### **For Commission Use Only:**

Customer Number:

Regulated Entity Number:

Permit Number:



# DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

Below is a list of common deficiencies found during the administrative review of domestic wastewater permit applications. To ensure the timely processing of this application, please review the items below and indicate by checking Yes that each item is complete and in accordance applicable rules at 30 TAC Chapters 21, 281, and 305. If an item is not required this application, indicate by checking N/A where appropriate. Please do not submit the application until the items below have been addressed.

Core Data Form (TCEQ Form No. 10400) ☒ Yes  
(Required for all application types. Must be completed in its entirety and signed.  
Note: Form may be signed by applicant representative.)

Correct and Current Industrial Wastewater Permit Application Forms ☒ Yes  
(TCEQ Form Nos. 10053 and 10054. Version dated 6/25/2018 or later.)

Water Quality Permit Payment Submittal Form (Page 19) ☒ Yes  
(Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)

7.5 Minute USGS Quadrangle Topographic Map Attached ☒ Yes  
(Full-size map if seeking "New" permit.  
8 1/2 x 11 acceptable for Renewals and Amendments)

Current/Non-Expired, Executed Lease Agreement or Easement ☒ N/A ☐ Yes

Landowners Map ☒ N/A ☐ Yes  
(See instructions for landowner requirements)

## Things to Know:

- All the items shown on the map must be labeled.
- The applicant's complete property boundaries must be delineated which includes boundaries of contiguous property owned by the applicant.
- The applicant cannot be its own adjacent landowner. You must identify the landowners immediately adjacent to their property, regardless of how far they are from the actual facility.
- If the applicant's property is adjacent to a road, creek, or stream, the landowners on the opposite side must be identified. Although the properties are not adjacent to applicant's property boundary, they are considered potentially affected landowners. If the adjacent road is a divided highway as identified on the USGS topographic map, the applicant does not have to identify the landowners on the opposite side of the highway.

Landowners Labels and Cross Reference List ☐ N/A ☐ Yes  
(See instructions for landowner requirements)

Electronic Application Submittal ☐ Yes  
(See application submittal requirements on page 23 of the instructions.)

Original signature per 30 TAC § 305.44 - Blue Ink Preferred ☐ Yes  
(If signature page is not signed by an elected official or principle executive officer,  
a copy of signature authority/delegation letter must be attached)

Summary of Application (in Plain Language) ☐ Yes



## 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): [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.](#)

#### 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): 0.288

2-Hr Peak Flow (MGD): 0.706

Estimated construction start date: under construction

Estimated waste disposal start date: 1/31/2026

#### D. Current Operating Phase

Provide the startup date of the facility: [Click to enter text.](#)

### 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.**

Package Treatment Plant using the extended aeration mode. Reference Attachment B for the approval letter. Attachment C includes the treatment process information.

## 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)
Influent splitter box	1	4'x6'x3'
Aeration	6	53'x12'x10.5'
Clarifier	3	23'Dia, 10'D
Tertiary filter	3	21.5'x11'x6'
Post aeration	1	12'x12'x5.5'
Solids holding	2	20'x12'x5.67'

## C. Process Flow Diagram

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

**Attachment:** D

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

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

- Latitude: 30.09167N
- Longitude: 97.581747W

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:** D

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

Stoic Falcon Subdivision

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
Stoic Falcon Subdivision	Legacy Housing	Privately Owned	3,200
		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.**

The subdivision section that will be served by the WWTP is under construction now. The WWTP is also under construction. The first phase of the subdivision did not require to be tied to the WWTP therefore construction of the WWTP was delayed.

**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: 8/15/2023

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.**

Approval letter is attached. Attachment B.

### 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.

Buffer zones owned by Legacy Housing Corp. Attachment E.

### 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*.

The engineering report and calculations for the WWTP were submitted and approved.

### 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 BOD<sub>5</sub> concentration of the sludge, and the design BOD<sub>5</sub> 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 BOD<sub>5</sub> concentration of the septic waste, and the design BOD<sub>5</sub> 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 <sub>5</sub> , mg/l					
Total Suspended Solids, mg/l					
Ammonia Nitrogen, mg/l					
Nitrate Nitrogen, mg/l					
Total Kjeldahl Nitrogen, mg/l					
Sulfate, mg/l					
Chloride, mg/l					
Total Phosphorus, mg/l					
pH, standard units					
Dissolved Oxygen*, mg/l					
Chlorine Residual, mg/l					
<i>E.coli</i> (CFU/100ml) freshwater					
Enterococci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, $\mu$ mohs/cm, †					
Oil & Grease, mg/l					
Alkalinity (CaCO <sub>3</sub> )*, mg/l					

\*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 <sub>3</sub> ), mg/l					

## Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: TBD

Facility Operator's License Classification and Level: [Click to enter text.](#)

Facility Operator's License Number: [Click to enter text.](#)

## 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 ( $\geq 2$  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: [Click to enter text.](#)

TCEQ permit or registration number: [Click to enter text.](#)

County where disposal site is located: [Click to enter text.](#)

#### E. Transportation method

Method of transportation (truck, train, pipe, other): [Click to enter text.](#)

Name of the hauler: [Click to enter text.](#)

Hauler registration number: [Click to enter text.](#)

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                          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Marketing and Distribution of Biosolids    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Sludge Surface Disposal or Sludge Monofill | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Temporary storage in sludge lagoons        | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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  $1 \times 10^{-7}$  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: Rey Cedillos

Title: Engineer

Signature: 

Date: 1/20/25

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

#### 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.

Walnut Creek

### 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.

Creek is dry.

Date and time of observation: 2025

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.

- |   |  |
|---|--|
| <input type="checkbox"/> Oil field activities | <input type="checkbox"/> Urban runoff  |
| <input type="checkbox"/> Upstream discharges  | <input checked="" type="checkbox"/> Agricultural runoff                          |
| <input type="checkbox"/> Septic tanks         | <input type="checkbox"/> Other(s), specify: <a href="#">Click to enter text.</a> |

## B. Waterbody uses

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

- |  |  |
|--|--|
| <input type="checkbox"/> Livestock watering    | <input type="checkbox"/> Contact recreation                                      |
| <input type="checkbox"/> Irrigation withdrawal | <input type="checkbox"/> Non-contact recreation                                  |
| <input type="checkbox"/> Fishing               | <input type="checkbox"/> Navigation  |
| <input type="checkbox"/> Domestic water supply | <input type="checkbox"/> Industrial water supply                                 |
| <input type="checkbox"/> Park activities       | <input type="checkbox"/> Other(s), specify: <a href="#">Click to enter text.</a> |

## 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



ATTACHMENT A  
SITE PLAN



ATTACHMENT B  
WWTP APPROVAL LETTER



Jon Niemann, *Chairman*  
Emily Lindley, *Commissioner*  
Bobby Janecka, *Commissioner*  
Kelly Keel, *Interim Executive Director*



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

*Protecting Texas by Reducing and Preventing Pollution*

August 15, 2023

Reynaldo Cedillos, P.E.  
Cedillos & Company  
P.O. BOX 50362  
Austin, TX 78763

Re: Legacy Housing Corporation  
Stoic Falcon Development WWTP  
Permit No. WQ0015766-001  
WWPR Log No. 0623/070  
CN605618008, RN110652609  
Bastrop County

Dear Mr. Cedillos:

Texas Commission on Environmental Quality (TCEQ) received the project summary transmittal letter dated June 20, 2023, and the subsequent submittal additional project information.

The rules which regulate the design, installation and testing of domestic wastewater projects are found in 30 TAC, Chapter 217, of the Texas Commission on Environmental Quality (TCEQ) rules titled, Design Criteria for Wastewater Systems.

The project consists of a 0.288 MGD wastewater treatment plant (WWTP) serving a residential development in a 166-acre property through a gravity collection system and two small lift stations. The collection system consists of 21,000 LF of 8" PVC SDR-26 PVC pipe at a 1% minimum slope and 4' diameter standard concrete manholes at every 400' and pipe direction changes. The Stoic Falcon Development WWTP is regulated by TPDES Permit No. WQ0015766001, which allows a daily average flow of 0.288 MGD (2-hr peak flow of 0.7056 MGD) and effluent limits of 5 mg/L of CBOD<sub>5</sub>, 5 mg/L of TSS, 2 mg/L of ammonia nitrogen, and 126 CFU or MPN of E. coli per 100 mL.

The proposed WWTP will include the following components:

- Six (6) aeration basins, each 53'L x 12' W x 10.5' SWD, total volume 40,068 cu ft.
- Three (3) secondary clarifiers, 23' diameter x 10' SWD
- Two (2) aerobic digester basins, 20' L x 12' W x 5.67' SWD, total volume 2,722 cu ft.
- Blowers
  - Three (3) main aeration blowers, 2 duty, 1 standby, 1022 scfm each
  - Three (3) tertiary filter blowers, 3 duty, each 50 scfm
  - Two (2) post aeration blower, 1 duty, one standby, each 40 scfm.
  - On (1) Solids holding mixing blower, 1 duty 500 scfm.

Reynaldo Cedillos, P.E.

Page 2

August 15, 2023

- Three (3) granular multi-media type tertiary filters
- UV disinfection system shall include two (2 ea.) open channel vessel reactors.
- An ultrasonic flow sensor with meter, totalizer, and transmitter shall monitor the effluent wastewater.

TCEQ review of the submitted information seems to indicate that the project, as detailed in the submitted documents, meets at least the minimum requirements of 30 TAC Chapter 217: Design Criteria for Wastewater Systems. Based on the results of the TCEQ review, this project is conditionally approved for construction. The condition is that all work be completed to the requirements of 30 TAC Chapter 217.

You must keep certain materials on file for the life of the project and provide them to TCEQ upon request. These materials include an engineering report, test results, a summary transmittal letter, and the final version of the project plans and specifications. These materials shall be prepared and sealed by a Professional Engineer licensed in the State of Texas and must show substantial compliance with Chapter 217. All plans and specifications must conform to any waste discharge requirements authorized in a permit by the TCEQ. Certain specific items which shall be addressed in the engineering report are discussed in §217.6(d). Additionally, the engineering report must include all constants, graphs, equations, and calculations needed to show substantial compliance with Chapter 217.

Within 60 days of the completion of construction, an appointed engineer shall notify both the Wastewater Permits Section of the TCEQ and the appropriate Region Office of the date of completion. The engineer shall also provide written certification that all construction, materials, and equipment were substantially in accordance with the approved project, the rules of the TCEQ, and any change orders filed with the TCEQ. All notifications, certifications, and change orders must include the signed and dated seal of a Professional Engineer licensed in the State of Texas.

Please be reminded of 30 TAC §217.7(a) of the rules which states, "Approval given by the executive director or other authorized review authority does not relieve an owner of any liability or responsibility with respect to designing, constructing, or operating a collection system or treatment facility in accordance with applicable commission rules and the associated wastewater permit".

If you have any questions, or if we can be of any further assistance, please call me at (512) 239-4924.

Sincerely,



Baltazar Lucero-Ramirez, P.E.  
Wastewater Permits Section (MC 148)  
Water Quality Division  
Texas Commission on Environmental Quality

cc: TCEQ, Region 11 Office

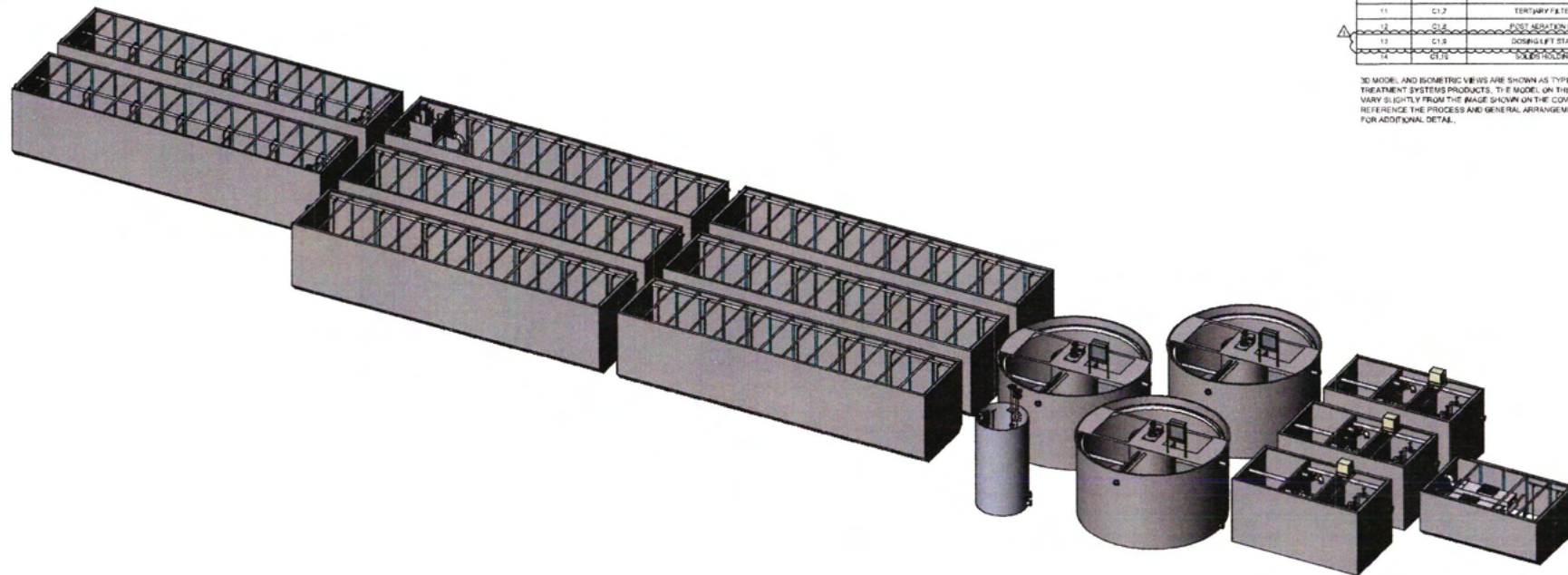
ATTACHMENT C  
WWTP INFORMATION



OWNER:  
LEGACY HOUSING CORPORATION  
1800 AIRPORT FWY #100  
BEDFORD, TX 76022  
(877) 652-3322

SITE LOCATION:  
DEL VALLE, TX 78617  
BASTROP COUNTY  
30°05'21.7"N  
97°35'35.2"W

ENGINEER:  
CEDILLOS & COMPANY  
P.O. BOX 50362  
AUSTIN, TX 78763  
(512) 305-1322



SHEET INDEX		
SHEET	DRAWING	TITLE
01	G1.0	COVER
02	P1.0	PROCESS DIAGRAM
03	P1.1	HYDRAULIC PROFILE
04	G1.0	GENERAL ARRANGEMENT OVERVIEW
05	C1.1	LIFT STATION
06	C1.2	FLOW SPILLER BOX
07	C1.3	AERATION BASIN #1
08	C1.4	AERATION BASIN #2
09	C1.5	CLARIFIER #1
10	C1.6	RAWWATER LIFT STATION
11	C1.7	DETERGENT FILTER #1
12	C1.8	POST AERATION BASIN
13	C1.9	DISINFECTANT STATION
14	G1.0	SKID MOUNTING #2

3D MODEL AND ISOMETRIC VIEWS ARE SHOWN AS TYPICAL OF DELTA TREATMENT SYSTEMS PRODUCTS. THE MODEL ON THIS PROJECT MAY VARY SLIGHTLY FROM THE IMAGE SHOWN ON THE COVER SHEET. REFERENCE THE PROCESS AND GENERAL ARRANGEMENT SHEETS FOR ADDITIONAL DETAIL.

NO.	DATE	INITIALS	DESCRIPTION
1	10/1/2023	KJS	ISSUED FOR APPROVAL



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LEGACY HOUSING DEVELOPMENT WWTF  
BEDFORD, TX 76022

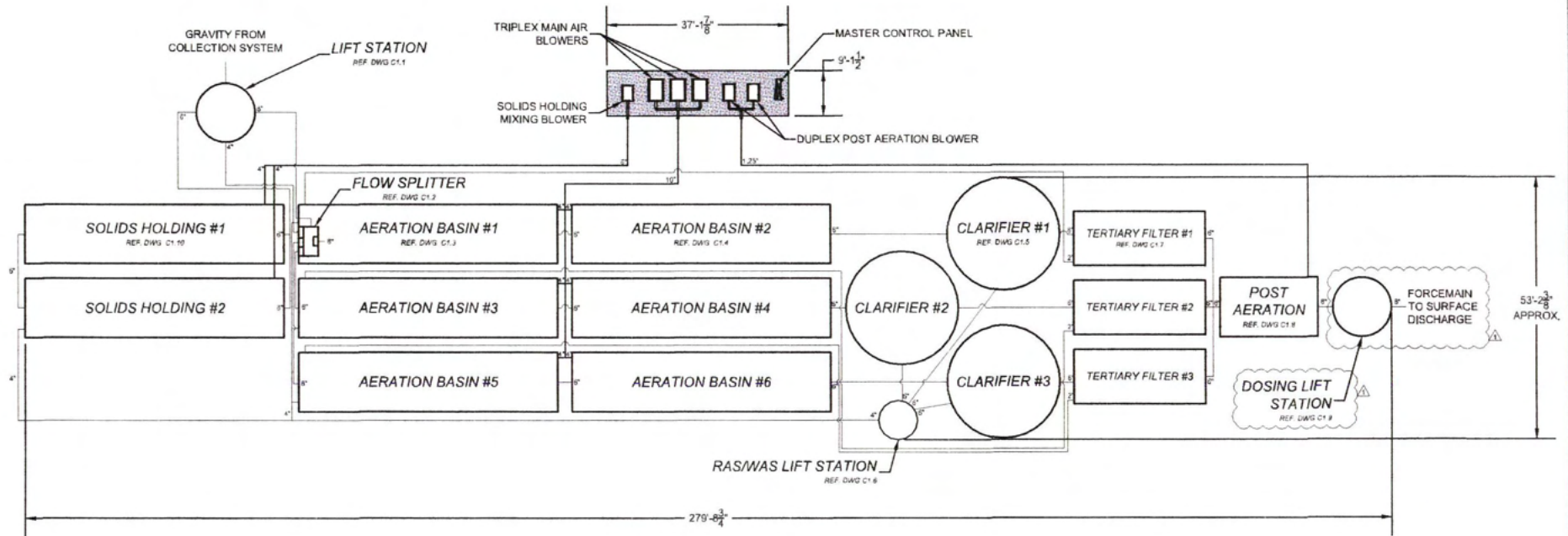
COVER

HORIZONTAL SCALE 1"=200'	PROJECT NO. 21-01-00
VERTICAL SCALE 1"=200'	DATE 04/07/2023
DRAWN BY KJS	DESIGNED BY JLS
DRAWING NO. G1.0	SHEET NO. 01 OF 14

# GENERAL ARRANGEMENT NOTES

1. THESE DRAWINGS SHOW PRELIMINARY LAYOUT(S) OF A WASTEWATER TREATMENT SYSTEM CAPABLE OF TREATING THE DESIGN AVERAGE INFLUENT FLOW AND LOAD TO THE EFFLUENT WATER QUALITY DENOTED IN THE WASTELOAD SUMMARY.
2. THE EQUIPMENT ARRANGEMENT LAYOUT IS SCHEMATIC IN NATURE AND SOME OBJECTS MAY NOT BE DRAWN TO SCALE. REFER TO THE ENGINEER-OF-RECORD PROJECT DOCUMENTS FOR FINAL SITE AND/OR EQUIPMENT ARRANGEMENT.
3. ALL REACTORS SHALL BE CONSTRUCTED OF A36 CARBON STEEL, MINIMUM 2" THICKNESS, PER ENGINEER-OF-RECORD REQUIREMENTS.
4. BLOWERS, VIEWERS, CONTROL PANELS, AND VARIOUS SMALL PARTS SHALL BE SHIPPED UNASSEMBLED AND SECURELY PACKAGED. TO BE INSTALLED BY CONTRACTOR. REFER TO MANUFACTURER'S INSTALLATION INSTRUCTIONS FOR ADDITIONAL DETAIL.
5. CONTRACTOR TO PROVIDE AND INSTALL ALL FIELD PIPING AND SECURE ALL EQUIPMENT CONNECTIONS AS SHOWN IN THE ENGINEER OF RECORD'S PROJECT DOCUMENTS.
6. REACTORS AND INTERNAL DEVICES SHALL BE INSTALLED PLUMB AND LEVEL.
7. SEE THE PROJECT SPECIFIC QUOTE FOR MORE INFORMATION REGARDING SCOPE OF SUPPLY AND CORRESPONDING TERMS AND CONDITIONS.

EQUIPMENT LIST			
DESCRIPTION	QTY	MAKE	MODEL
MAIN AIR BLOWER	3	GARDNER DENVER	SUTORBILT 7M w/ 15HP GENERAL DUTY, TEFC MOTOR
POST AERATION BLOWER	2	GARDNER DENVER	SUTORBILT 2M w/ 1HP GENERAL DUTY, TEFC MOTOR
SOLIDS HOLDING MIXING BLOWER	1	GARDNER DENVER	SUTORBILT 1M w/ 1HP GENERAL DUTY, TEFC MOTOR
MASTER CONTROL PANEL	1	DELTA	CUSTOM
EFFLUENT FLOW METER	1	ABB	WATERMASTER



NO.	DATE	INITIALS	DESCRIPTION
1	18/12/23	KJS	ISSUED FOR APPROVAL



Delta Treatment Systems, LLC

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LEGACY HOUSING DEVELOPMENT WWTF  
BEDFORD, TX 76022

GENERAL ARRANGEMENT

HORIZ. SCALE 1"=10'	PROJECT NO. 21-0193
VERT. SCALE 1/2"=5'	DATE 04/25/2022
DRAWN BY KJS	DESIGNED BY J.S.
DRAWING NO. C1.0	SHEET NO. 04 of 14



## SYSTEM SUMMARY

### Flow Summary

ADF	gpd	288,000	
PDF	gpd	576,000	
PHF	gpd	995,734	
Approximate EDUs	units	929	1
Population Equivalent	capita	2,880	
Notes	1	Equivalent Dwelling Units	

### Assembly Sizes

Vessel 1, Length	ft	53.00	
Vessel 1, Height	ft	12.00	1
Vessel 2, Length	ft	53.00	
Vessel 2, Height	ft	12.00	1
Vessel 3, Length	ft	12.00	
Vessel 3, Height	ft	12.00	1
Vessel 4, Length	ft	53.00	
Vessel 4, Height	ft	12.00	1
Vessel 5, Length	ft	53.00	
Vessel 5, Height	ft	12.00	1
Vessel 6, Length	ft	53.00	
Vessel 6, Height	ft	12.00	1
Vessel 7, Length	ft	53.00	
Vessel 7, Height	ft	12.00	1
Vessel 8, Length	ft	53.00	
Vessel 8, Height	ft	12.00	1
Vessel 9, Length	ft	53.00	
Vessel 9, Height	ft	12.00	1
Vessel 10, Length	ft	23.00	
Vessel 10, Height	ft	11.50	1
Total System Length	ft	459.00	2
Notes	1	Not including handrail	
	2	See dwgs for arrangement	

### Influent Wasteloads

BOD5	mg/L	300	
	lb/day	721	
Population Equivalent	capita	3275	1
TSS	mg/L	300	
	lb/day	721	
TKN	mg/L	45	
	lb/day	108	
NH3-N	mg/L	0	
	lb/day	0.0	
TP	mg/L	20	
	lb/day	48.0	
Nutrient Ratios (C:N:P)		100 : 15 : 6.7	
Notes	1	at 0.22 lb/d/cap	

### Effluent Targets

BOD	mg/L	5.0
TSS	mg/L	5.0
TKN	mg/L	0.0
NH3-N	mg/L	2.0
TN	mg/L	0.0
TP	mg/L	2.0
DO	mg/L	4.0

### Treatment Objectives

Reactor Type	Extended Aeration
Treatment Objective	Nitrification
Phosphorus Removal?	Yes

### Activated Sludge Process<sup>1</sup>

Base Model	N/A - Custom	
No. Act. Sludge Reactors	ea	6
Aerated HRT	hr	25.0
Max Organic Loading	lb/d/kcf	18.0
Design SRT	days	25.0
Design MLSS	mg/L	5,000
Estimated Solids Production	lb/day	468.4
AOTR	lb O2/day	2,367
SOTR	lb O2/day	6,604
Air Required	scfm	1,651
Return Sludge Range	% ADF low	50%
	% ADF high	150%
Return/Recycle Pump Type	Air Lift	
Speed Adjustment	Valve, Manual	
Return Metering	None	
Internal Recycle Range	% ADF low	N/A
	% ADF high	N/A
IR Pump Type	None	
IR Speed Adjustment	N/A	
IR Metering	N/A	
Facilities to Isolate Units	Yes	
Facilities for Flow Split	Yes	

### Clarifier Performance<sup>1</sup>

Side Water Depth	ft	10
Surface Overflow Rate		799
Post-EQ SOR		N/A
Solids Loading Rate		24.1
Weir Loading Rate	gpd/lft	5,250
Post-EQ Weir Loading Rate	gpd/lft	N/A

### EcoPod Process<sup>1</sup>

Block Stack Configuration	N/A	
Secondary Treatment Blocks	ea	N/A
Denitrification Blocks	ea	N/A
Polishing Blocks	ea	N/A
Total Media Blocks	ea	N/A
No. Parallel Flow Trains	ea	N/A

### Phosphorus Removal System

Chemical Type	Liquid Alum	
Location of Chem. Injection	Pre-Filtration	
Dosing Rate	gph	0.37
Daily Consumption	gpd	8.9
No. Chemical Feed Pumps	ea	3
Feed Pump Capacity, Max	gph	0.35
Feed Pump Capacity, Min	gph	0.68

### UV Disinfection

Lamp Type	LP-LI
-----------	-------



pH	mg/L	6.0-9.0
----	------	---------

#### Unit Operations

Screening	Yes
Grit Removal	No
Primary Clarification	No
Flow Equalization	No
Anaerobic Selector	No
Pre-Anoxic Basin	No
Activated Sludge	Yes
EcoPod BAF	No
Membrane Bioreactor	No
Post-Anoxic Basin	No
Polishing Reactor	No
Secondary Clarification	Yes
Phosphorus Chemical	Yes
Tertiary Filtration	Yes
Disinfection	Yes
Post Aeration	Yes
Dosing	No
Solids Holding	Yes
	No

#### Plant Site Lift Station

Basin Provided By	Infiltrator Water
Pump Equip. Provided By	Infiltrator Water
Pump Type	Submersible
Pump Qty	2
Constant/Variable Speed	C
Capacity	700
Design Speed	1750
Total Dynamic Head, TDH	56.8
Wet Well Volume	1,188
Detention Time	44

Wavelength	nm	253.7
Transmittance	%	65%
Degradation Factor	%	N/A
Min Dosage	uWs/cm <sup>2</sup>	31,000
Intensity Monitoring		Yes
Bypass		No
Alarm		No

#### Chlorine Tablet Disinfection

Reactor Type		N/A
CL2 Contact Time @ ADF	min	N/A
CL2 Contact Time @ PHF	min	N/A
Dechlorination		No
Dechlor Contact Time @ ADF	min	N/A
Dechlor Contact Time @PHF	min	N/A

#### Solids Holding

Total Solids Holding Volume	gal	99,903
Decant Cycle Time	days	3.7
Pump and Haul Frequency	days	37
Mixing Method		CB Diffusers
Decant Method		Valve/Gravity
Decant To Location		Site L.S.

#### Estimated Annual Operations and Maintenance

Energy	\$/yr	N/A
Material	\$/yr	N/A
Labor	\$/yr	N/A
Testing & Lab	\$/yr	N/A
Total	\$/yr	N/A
Labor Effort	MH	N/A

**P21-0190 Legacy Homes/Stoic Falcon Development  
Bedford, TX**

**INFLUENT LIFT STATION**

Inputs		@ ADF	@ PDF	@PHF (2-hr)
Flow	gpd	288,000	576,000	996,000
	gph	12,000	24,000	41,500
	gpm	200.0	400.0	691.7
	cfs	0.446	0.891	1.541
	m3d	1090.2	2180.4	3770.3
Size, Inside Diameter	ft	12		
	m	3.66		
		HEIGHT, ft	VOLUME, cf	VOLUME, gal
Float Settings Above Basin Floor	LO/OFF	3	113.1	846
	LEAD	4	565.5	4230
	LAG	9	113.1	846
	HI/ALARM	10		
Single Pump Flow Rate	gpm	700	See Pump Curve <sup>1</sup>	
Duplex/Parallel Pump Flow Rate <sup>2</sup>	gpm	1120	1.6x Single Pump <sup>3</sup>	
Maximum Starts	per Hour	15		
Notes		1	Assumed if pump curve not provided	
		2	For LEAD+LAG pump flow	
		3	Assumed	

Performance		@ ADF	@ PDF	@PHF
LEAD Cycle Time	min	5.9	4.9	102.7
LEAD Starts	per hr	10.1	12.2	0.6
LEAD Run Time per Cycle	min	1.7	2.8	101.5
LEAD+LAG Cycle time	min	30.9	19.7	19.2
LEAD+LAG Starts	per hr	1.9	3.0	3.1
LEAD+LAG Run Time per Cycle	min	5.5	7.0	11.9

ATTACHMENT D  
FLOW DIAGRAM



- PROCESS DIAGRAM NOTES
1. THE DRAWINGS DEPICTED HEREIN REPRESENT PRELIMINARY LAYOUT(S) OF A WASTEWATER TREATMENT SYSTEM CAPABLE OF TREATING THE DESIGN INFLUENT FLOW AND LOAD TO THE EFFLUENT WATER QUALITY DENOTED IN THE EFFLUENT TREATMENT SUMMARY.
  2. THE PROCESS SCHEMATIC SHOWS THE GENERAL FLOW LAYOUT. SPECIFIC REACTOR COMPONENTS, SIZES, AND CONFIGURATIONS MAY DIFFER.
  3. PRELIMINARY BASIN SIZING IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. FINAL DESIGN VALUES SHALL BE ESTABLISHED BY THE ENGINEER OF RECORD.
  4. SEE THE PROJECT SPECIFIC QUOTE FOR MORE INFORMATION REGARDING SCOPE OF SUPPLY AND CORRESPONDING TERMS AND CONDITIONS.
  5. ENTIRE SYSTEM TO BE PROVIDED WITH CONTROL PANEL(S) FOR ALL EQUIPMENT.

- Δ DIAPHRAGM VALVE  
 Δ GLOBE NEEDLE VALVE  
 Δ BALL VALVE  
 Δ CHARACTERIZED BALL VALVE  
 Δ BALL CHECK VALVE  
 □ PLUG VALVE  
 I/I BUTTERFLY VALVE  
 III GATE VALVE  
 3-WAY VALVE  
 Z CHECK VALVE  
 (B) BLOWER  
 (P) MECHANICAL PUMP  
 (AL) AIR LIFT PUMP  
 (M) MIXER  
 (M) FLOW METER  
 (C) CHEMICAL DOSING PUMP  
 (F) FILTER  
 (UV) ULTRAVIOLET DISINFECTION UNIT  
 (BS) BAR SCREEN  
 (MS) MECHANICAL SCREEN  
 (CL) TABLET FEEDER  
 — PROVIDED BY DELTA  
 - - - PROVIDED BY OTHERS  
 - - - PROVISIONAL

WASTEWATER SUMMARY:  
 INFLUENT WASTEWATER AS PROVIDED BY ENGINEER OF RECORD:  
 359 mgd (1720 LMD) BOD<sub>5</sub>  
 42 mgd (196 LMD) NH<sub>3</sub>-N (ASSUMED)  
 25 mgd (118 LMD) TP (ASSUMED)  
 7.0-8.0 pH (ASSUMED)  
 60°F (20°C) WATER TEMPERATURE (ASSUMED)

EFFLUENT TARGETS - SEE PERMIT FOR ADDITIONAL DETAILS:  
 3 mgd (136 LMD) AVERAGE TO 10 mgd (476 LMD) AVERAGE  
 1 mgd (47 LMD) AVERAGE TO 10 mgd (476 LMD) AVERAGE  
 2 mgd (94 LMD) AVERAGE TO 10 mgd (476 LMD) AVERAGE  
 2 mgd (94 LMD) AVERAGE TO 10 mgd (476 LMD) AVERAGE  
 120 N/100 mL E. COLI DAILY AVG  
 1.4 mgd TRC  
 6.5-8.5 pH  
 4 mgd DISSOLVED OXYGEN

ORGANIC LOADING  
 18 LB BOD<sub>5</sub>/CF (1000 ACT/ACTIVATED SLUDGE)

AERATION SYSTEM DESIGN  
 MAIN AIR DEMAND:  
 30 SCFM (1.000 CF) x 1.1 KCF = 33 SCFM = 39 KCFM  
 BLOWER AIRFLOW: 1 DUTY/1 STANDBY, 40 KCFM @ 2.9 PSIG  
 SELECTED BLOWER: GARDNER DENVER MODEL 3M @ 3.1 PSIG  
 SELECTED MOTOR: 1 HP  
 SOLIDS HOLDING MIXING AIR DEMAND:  
 20 SCFM (1.000 CF) x 1.3 KCF = 26 SCFM = 31 KCFM  
 BLOWER AIRFLOW: 1 DUTY/1 STANDBY, 30 KCFM @ 4.7 PSIG  
 SELECTED BLOWER: GARDNER DENVER MODEL 3M @ 4.7 PSIG  
 SELECTED MOTOR: 1 HP

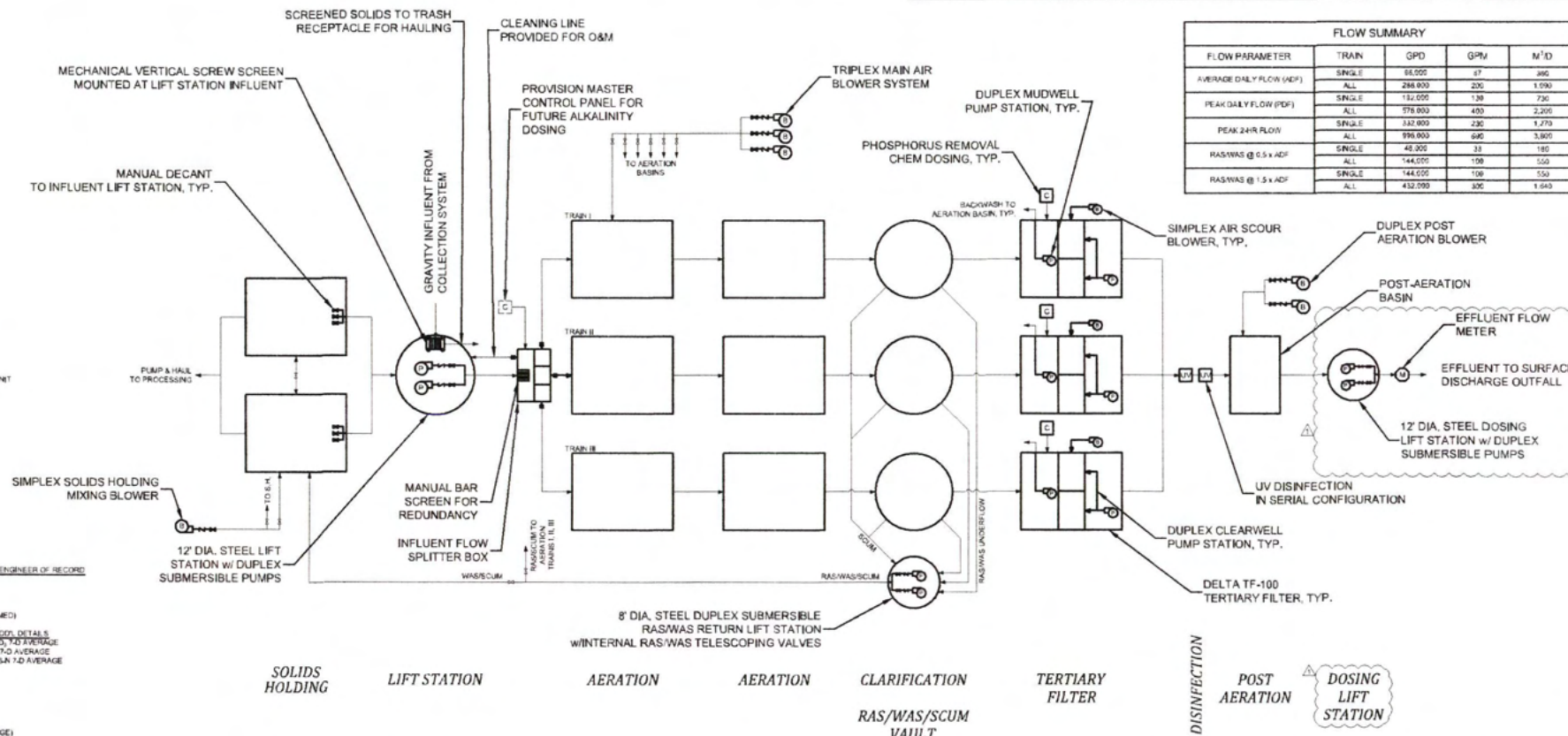
POST AERATION AIR DEMAND:  
 30 SCFM (1.000 CF) x 1.1 KCF = 33 SCFM = 39 KCFM  
 BLOWER AIRFLOW: 1 DUTY/1 STANDBY, 40 KCFM @ 2.9 PSIG  
 SELECTED BLOWER: GARDNER DENVER MODEL 3M @ 3.1 PSIG  
 SELECTED MOTOR: 1 HP  
 SOLIDS HOLDING MIXING AIR DEMAND:  
 20 SCFM (1.000 CF) x 1.3 KCF = 26 SCFM = 31 KCFM  
 BLOWER AIRFLOW: 1 DUTY/1 STANDBY, 30 KCFM @ 4.7 PSIG  
 SELECTED BLOWER: GARDNER DENVER MODEL 3M @ 4.7 PSIG  
 SELECTED MOTOR: 1 HP

TANK SIZES							
TANK	QTY	MATERIAL	WIDTH (FT)	LENGTH (FT)	HEIGHT (FT)	SWD (FT)	VOLUME (GAL)
INFLUENT LIFT STATION/HEADWORK	1	COATED STEEL	12 (DIA)	12 (DIA)	22	1.5 MIN 10.5 MAX	8,900 TOTAL 7,600 OPERATIONAL
INFLUENT SPLITTER BOX	1	COATED STEEL	4	6	3	—	—
AERATION	5	COATED STEEL	12	53	12	10.5	56,000 EA. 280,000 TOTAL
CLARIFIER	3	COATED STEEL	24 (DIA)	25 (DIA)	13.04	10	38,400 EA. 115,200 TOTAL
RAS/WAS/SCUM VAULT	1	COATED STEEL	8 (DIA)	9 (DIA)	15	—	—
TERTIARY FILTER	3	COATED STEEL	11	21.56	11	6.17	—
POST AERATION	1	COATED STEEL	14	26	8	4.42	7,800
DOSING LIFT STATION	1	COATED STEEL	12 (DIA)	12 (DIA)	7	1.5 MIN 5.5 MAX	4,700 TOTAL 3,400 OPERATIONAL
SOLIDS HOLDING	2	COATED STEEL	12	50	12	10.5	56,000 EA. 112,000 TOTAL

ALL DIMENSIONS ARE INSIDE OF TANK UNLESS NOTED OTHERWISE.

MOTOR LOADS						
DEVICE	QTY	CONCURRENTLY OPERATING	POWER (HP)	VOLTAGE (V)	STARTING CURRENT (A)	FULL LOAD CURRENT (A)
LIFT STATION PUMP	2	1	15	480 V - 3 PH	145	22
VERTICAL SCREW SCREEN MOTOR	1	1	1.5	TBD	TBD	TBD
ALKALINITY DOSING PUMP (PROVISIONAL)	TBD	TBD	TBD	TBD	TBD	TBD
MIXER AIR BLOWER	3	2	30	480 V - 3 PH	217	36
CLARIFIER DRIVE MOTOR	3	3	0.5	480 V - 3 PH	1.83	0.45
RAS/WAS/SCUM RETURN PUMP	2	1	7.5	480 V - 3 PH	55	13
PHOSPHORUS REMOVAL DOSING PUMP	3	3	TBD	TBD	TBD	TBD
TERTIARY FILTER MOTOR/BLW	3	3	0.2	480 V - 3 PH	TBD	1.0
TERTIARY FILTER BLOWER	3	3	2	480 V - 3 PH	24	3
TERTIARY FILTER CLEARWELL PUMP	3	3	5	480 V - 3 PH	49	7.0
UV DISINFECTION	2	2	TBD	230 V - 3 PH	24	24
POST AERATION BLOWER	2	1	1	480 V - 3 PH	3.0	1.0
DOSING LIFT STATION PUMP	2	1	7.5	480 V - 3 PH	55	11.8
EFFLUENT FLOW METER	1	1	TBD	TBD	TBD	TBD
SOLIDS HOLDING MIXING BLOWER	1	1	15	480 V - 3 PH	112	15

FLOW SUMMARY				
FLOW PARAMETER	TRAIN	GPD	GPM	M <sup>3</sup> /D
AVERAGE DAILY FLOW (ADF)	SINGLE	55,000	37	965
	ALL	288,000	220	1,090
PEAK DAILY FLOW (PDF)	SINGLE	132,000	139	730
	ALL	576,000	450	2,205
PEAK 24-H FLOW	SINGLE	332,000	230	1,279
	ALL	1,996,000	640	3,905
RAS/WAS @ 0.5 x ADF	SINGLE	48,000	33	180
	ALL	144,000	100	550
RAS/WAS @ 1.5 x ADF	SINGLE	144,000	100	550
	ALL	432,000	300	1,650



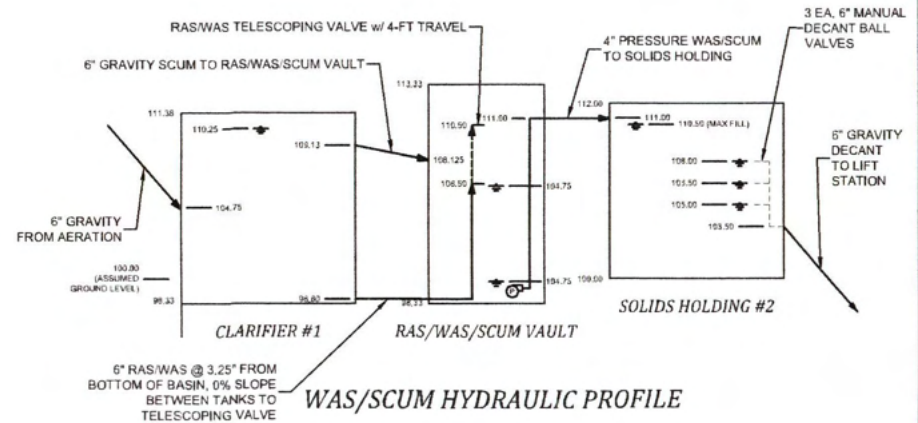
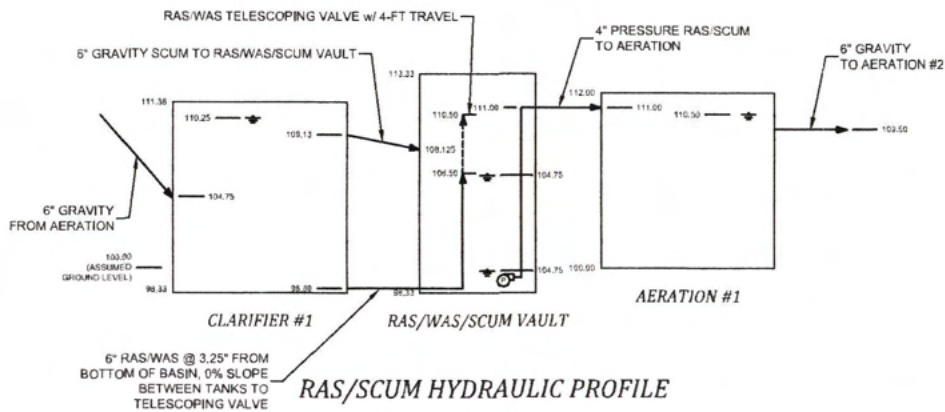
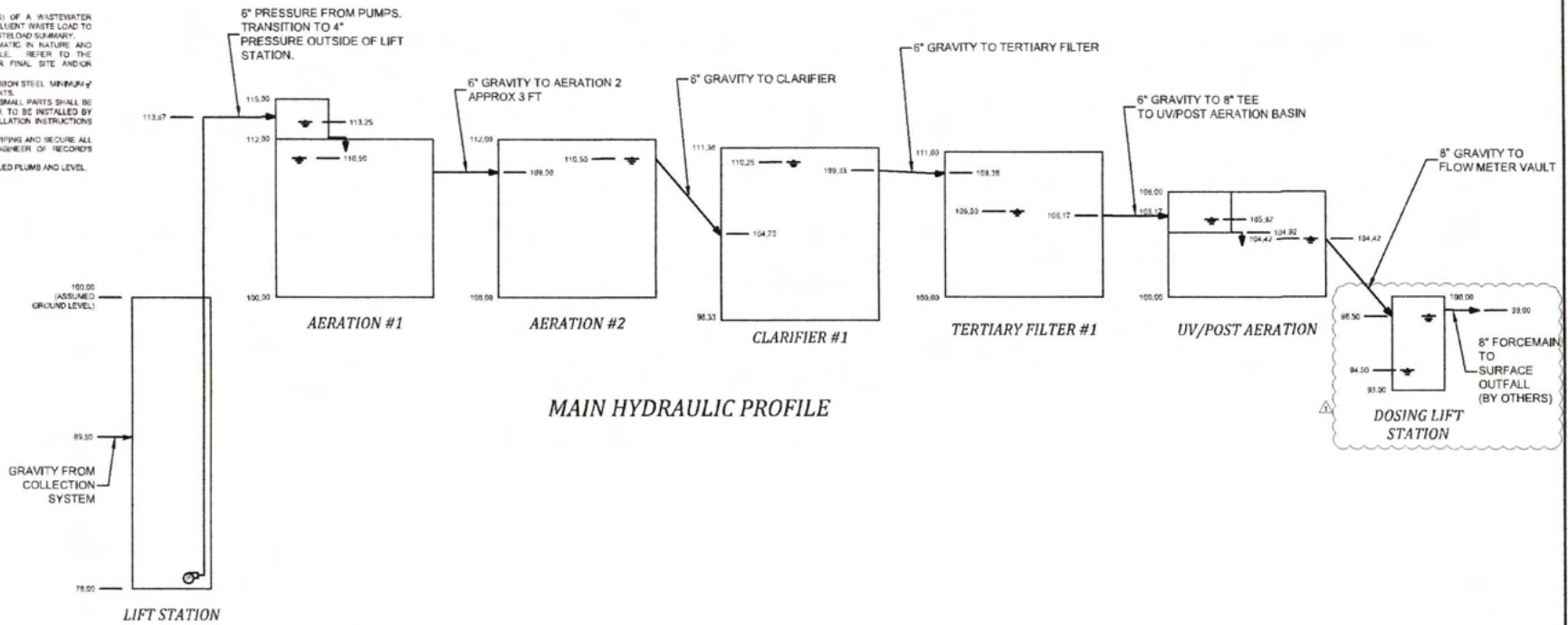
REV	DATE	INITIALS	DESCRIPTION
1	10/2/23	KJS	ISSUED FOR APPROVAL

Delta Treatment Systems, LLC  
 10000 Delta Drive, Suite 100, Dallas, TX 75243  
 (214) 343-1000  
 www.deltatreatment.com

LEGACY HOUSING DEVELOPMENT WWTF BEDFORD, TX 76022		HOME SCALE N/A	PROJECT NO. 21-01-10
PROCESS DIAGRAM		VERT. SCALE N/A	DATE 09/10/21
		DRAWN BY J.S.	DESIGNED BY J.S.
		DRAWING NO. P1.0	SHEET NO. 02 of 14

# HYDRAULIC PROFILE NOTES

1. THESE DRAWINGS DEPICT PRELIMINARY LAYOUT(S) OF A WASTEWATER TREATMENT SYSTEM CAPABLE OF TREATING THE INFLUENT WASTE LOAD TO THE EFFLUENT WATER QUALITY DENOTED IN THE WASTELOAD SUMMARY.
2. THE EQUIPMENT ARRANGEMENT/LAYOUT IS SCHEMATIC IN NATURE AND SOME OBJECTS MAY NOT BE DRAWN TO SCALE. REFER TO THE ENGINEER-OF-RECORD PROJECT DOCUMENTS FOR FINAL SITE AND/OR EQUIPMENT ARRANGEMENT.
3. ALL REACTORS SHALL BE CONSTRUCTED OF AMI CARBON STEEL MINIMUM 1/2" THICKNESS PER ENGINEER-OF-RECORD REQUIREMENTS.
4. BLOWERS, WEIRS, CONTROL PANELS, AND VARIOUS SMALL PARTS SHALL BE SHIPPED UNASSEMBLED AND SECURELY PACKAGED TO BE INSTALLED BY CONTRACTOR. REFER TO MANUFACTURER'S INSTALLATION INSTRUCTIONS FOR ADDITIONAL DETAIL.
5. CONTRACTOR TO PROVIDE AND INSTALL ALL FIELD PIPING AND SECURE ALL EQUIPMENT CONNECTIONS AS SHOWN IN THE ENGINEER-OF-RECORDS PROJECT DOCUMENTS.
6. REACTORS AND INTERNAL DEVICES SHALL BE INSTALLED PLUMB AND LEVEL.



NO.	DATE	INITIALS	DESCRIPTION
1	10-1-2023	KAS	ISSUED FOR APPROVAL



Delta Treatment Systems, LLC

© COPYRIGHT © 2023 DELTA TREATMENT SYSTEMS, LLC. ALL RIGHTS RESERVED. INFORMATION CONTAINED HEREIN IS CONFIDENTIAL AND THE PROPERTY OF DTS. NO PART OF THIS DRAWING SHALL BE REPRODUCED, DISTRIBUTED, DISCLOSED OR USED BY ANY PERSON OR ORGANIZATION IN WHOLE OR IN PART WITHOUT THE PRIOR WRITTEN PERMISSION OF DTS. THIS INFORMATION IS BASED ON PRELIMINARY FIELD DATA AND IS FOR BUDGETARY OR PRELIMINARY USE ONLY. USE AND INTERPRETATION OF THIS INFORMATION AND DETERMINING THE APPLICABILITY TO A SPECIFIC PROJECT IS AT THE SOLE DISCRETION OF THE USER AND/OR THE ENGINEER OF RECORD.

LEGACY HOUSING DEVELOPMENT WWTF  
BEDFORD, TX 76022

HYDRAULIC PROFILE

HORIZ. SCALE	PROJECT NO.
VERT. SCALE	DATE
DRAWN BY	DESIGNED BY
CHECKED BY	SHEET NO.
P1.1	03 of 14

ATTACHMENT E  
BUFFER ZONE MAP



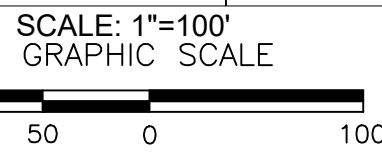


PRODUCED BY AN AUTODESK STUDENT VERSION

PRODUCED BY AN AUTODESK STUDENT VERSION

ATTACHMENT F  
USGS EXHIBIT





# USGS TOPO MAPS

<b>SITE DEVELOPMENT PLANS FOR</b> <b>STOIC FALCON DEVELOPMENT</b> <b>BASTROP COUNTY TEXAS</b>		<b>USGS MAP</b>	
<b>DATE:</b> APR_08_2019		<b>PROJECT:</b> FM812 SITE	
<b>DRAWING'S NAME:</b> USGS_TOPO_MAPS			
<b>DESIGN:</b> RC	<b>CHECKED:</b> RC		
<b>DRAWN:</b> STAFF	<b>APPROVED:</b> RC		
<b>SHEET:</b> 7 OF 8			



## Rainee Trevino

---

**From:** reycedillos@aol.com  
**Sent:** Sunday, August 31, 2025 3:36 PM  
**To:** Rainee Trevino  
**Subject:** Re: Application to Renew Permit No. WQ0015766001- Notice of Deficiency Letter  
**Attachments:** TCEQ 10400 Core Data Form(2)(s).pdf; Adm Report 1 - Pages 6 and 8 revised - 20250821\_13405439.pdf; USGS MAP 1MILE (2)(s).pdf; TCEQ-20972 Plain Language-Spanish(1).doc; TCEQ - 20971 Supplemental Permit Info Form(1).docx; Municipal Discharge Renewal Spanish NORI (2).docx

**Categories:** NOD Response Review

Rainee:  
Attached are the revised documents and additional information requested.  
Let me know if you need anything else.  
Thank you,  
Rey.

On Tuesday, August 19, 2025 at 04:19:38 PM CDT, Rainee Trevino <rainee.trevino@tceq.texas.gov> wrote:

Dear Mr. Cedillos,

The attached Notice of Deficiency letter sent on August 19, 2025, requests additional information needed to declare the application administratively complete. Please send the complete response to my attention by September 2, 2025.

Thank you,

**Rainee Trevino**

Water Quality Division | ARP Team

Texas Commission on Environmental Quality

512-239-4324



**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: Cedillos, Rey  
Title: Engineer Credential: P.E.  
Organization Name: Cedillos & Company  
Mailing Address: P.O. 50362 City, State, Zip Code: Austin, TX, 78763  
Phone No.: 512-363-6801 E-mail Address: reycedillos@aol.com

**D. Public Viewing Information**

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

Public building name: Bastrop County Tax Office  
Location within the building: Lobby  
Physical Address of Building: 211 Jackson Street  
City: Bastrop County: Bastrop  
Contact (Last Name, First Name): Thomas, Sonia  
Phone No.: 512-581-7176 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



E. Owner of effluent disposal site:

Prefix: Mr.

Last Name, First Name: Duncan, Bates

Title: Chief Executive Officer

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

Organization Name: Legacy Housing Corp.

Mailing Address: 1600 Airport Fwy., Ste 100 City, State, Zip Code: Bedford, TX 76022

Phone No.: 904-813-9240

E-mail Address: duncanbates@legacyhousingcorp.com

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

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

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): Bastrop

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

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









# 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

<b>1. Reason for Submission</b> (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other	
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 605618008		RN 110652609

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)			
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership					
<input type="checkbox"/> 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>					
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
Legacy Housing Corporation					
<b>7. TX SOS/CPA Filing Number</b>		<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b> (9 digits)	
0803506014		32072946836		202897516	
<b>10. DUNS Number</b> (if applicable)					
<b>11. Type of Customer:</b>		<input checked="" type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
<b>12. Number of Employees</b>		<b>13. Independently Owned and Operated?</b>			
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input checked="" type="checkbox"/> 501 and higher		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
<b>15. Mailing Address:</b>		1600 Airport Fwy., Suite 100			
City		Bedford		State TX	
ZIP		76022		ZIP + 4	
<b>16. Country Mailing Information</b> (if outside USA)		<b>17. E-Mail Address</b> (if applicable)			
		duncanbates@legacyhousingcorp.com			



# 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

<b>1. Reason for Submission</b> (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 605885219		RN 110652609

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)						
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership								
<input type="checkbox"/> 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>								
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)			<i>If new Customer, enter previous Customer below:</i>					
Legacy Housing Corporation								
<b>7. TX SOS/CPA Filing Number</b>	<b>8. TX State Tax ID</b> (11 digits)	<b>9. Federal Tax ID</b> (9 digits)	<b>10. DUNS Number</b> (if applicable)					
0803506014	32072946836	202897516						
<b>11. Type of Customer:</b>	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited					
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other:					
<b>12. Number of Employees</b>		<b>13. Independently Owned and Operated?</b>						
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input checked="" type="checkbox"/> 501 and higher		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following								
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:								
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant								
<b>15. Mailing Address:</b>	1600 Airport Fwy., Suite 100							
	City	Bedford	State	TX	ZIP	76022	ZIP + 4	
<b>16. Country Mailing Information</b> (if outside USA)					<b>17. E-Mail Address</b> (if applicable)			
					duncanbates@legacyhousingcorp.com			



<b>18. Telephone Number</b> ( 877 ) 652-3310	<b>19. Extension or Code</b>	<b>20. Fax Number (if applicable)</b> (   ) -
---	------------------------------	--

### SECTION III: Regulated Entity Information

<b>21. General Regulated Entity Information</b> (If 'New Regulated Entity' is selected, a new permit application is also required.) <input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> 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>							
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.)  Stoic Falcon Development							
<b>23. Street Address of the Regulated Entity:</b>  (No PO Boxes)							
	City		State		ZIP		ZIP + 4
<b>24. County</b>	Bastrop						

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

<b>25. Description to Physical Location:</b>	5,945 feet southeast of the Intersection of FM 812 and Mesa Road						
<b>26. Nearest City</b>	State				Nearest ZIP Code		
Bastrop	TX				78617		
<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>							
<b>27. Latitude (N) In Decimal:</b>		30.0914		<b>28. Longitude (W) In Decimal:</b>		97.5820	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
30	05	29	97	34	55		
<b>29. Primary SIC Code</b> (4 digits)	<b>30. Secondary SIC Code</b> (4 digits)		<b>31. Primary NAICS Code</b> (5 or 6 digits)		<b>32. Secondary NAICS Code</b> (5 or 6 digits)		
2451	5271		531190		45331		
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)  Residential Mobile Homes							
<b>34. Mailing Address:</b>	1600 Airport Fwy., Suite 100						
	City	Bedford	State	TX	ZIP	76022	ZIP + 4
<b>35. E-Mail Address:</b>	duncanbates@legacyhousingcorp.com						
<b>36. Telephone Number</b>	<b>37. Extension or Code</b>		<b>38. Fax Number (if applicable)</b>				
( 904 ) 813-9240			(   ) -				

**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.

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

### **SECTION IV: Preparer Information**

<b>40. Name:</b>	Rey Cedillos, P.E.	<b>41. Title:</b>	Engineer
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 512 ) 363-6801		( ) -	reycedillos@aol.com

### **SECTION V: Authorized Signature**

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

<b>Company:</b>	Cedillos & Company	<b>Job Title:</b>	Engineer
<b>Name (In Print):</b>	Rey Cedillos, P.E.	<b>Phone:</b>	( 512 ) 363- 6801
<b>Signature:</b>	<i>R. Cedillos</i>	<b>Date:</b>	9/18/2025



# 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](mailto:WQ-ARPTeam@tceq.texas.gov) or by phone at (512) 239-4671.

The following applies to all applications:

1. Permittee: Legacy Housing Corporation

Permit No. WQ00 15766001EPA ID No. TX 0139033

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

5,945' southeast of the intersection of FM 812 and Mesa Road, Bastrop County, Texas,  
78617

☐ 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):

The proposed plant is constructed on fill material in an area of about 1.0 acres.

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

Existing land use is rural/undeveloped. Vegetation is mostly native grasses and Juniper (cedar) trees.

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.



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

**AGUAS RESIDUALES DOMESTICAS/AGUAS PLUVIALES**

*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 federal de la solicitud de permiso.*

Legacy Housing Corporation, CN 605618008, propone operar, Stoic Falcon Development (Legacy Housing) WWTP, RN 110652609, una planta empleando el proceso de lodos activados. La instalación será ubicada a 5,945 pies al sureste de la intersección de FM 812 y Mesa Road, en el Condado de Bastrop, Texas, 78617. La petición de solicitud es una renovación para autorizar la descarga de aguas residuales tratadas en un volumen de promedio diario de 288,000 galones por día.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonoso (CBDO5), sólidos suspendidos totales (TSS), nitrógeno amoniacal (NH3-N), and Escherichia coli. Las aguas residuales domesticas serán tratadas por una planta de lodos activados que consiste de pantalla de barra, tanques de aireación, clarificadores finales, filtros terciarios, desinfección ultravioleta, manejo de sólidos, y post aeración.

## Rainee Trevino

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**From:** reycedillos@aol.com  
**Sent:** Thursday, September 25, 2025 4:14 PM  
**To:** Rainee Trevino  
**Subject:** Re: WQ0015766001  
**Attachments:** TCEQ ENGLISH TEMPLATE FOR TPDES or TLAP NEW(1).docx

**Categories:** Admin Complete

Is this the one you are looking for.  
It was also part of the Summary Transmittal Letter.

On Thursday, September 25, 2025 at 10:13:50 AM CDT, Rainee Trevino <rainee.trevino@tceq.texas.gov> wrote:

Good morning, Mr. Cedillos,

Thank you for providing the updated Spanish Plain Language Summary, Supplemental Permit Information Form, and Core Data Form. All these items are now sufficient. I was looking for the updated English Plain Language Summary and could not find it. I have it marked on my checklist as complete but unable to find it in previous responses. Do you have that electronically to send over?

Regards,

**Rainee Trevino**

Water Quality Division | ARP Team

Texas Commission on Environmental Quality

512-239-4324





**ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT  
APPLICATIONS**

**DOMESTIC WASTEWATER/STORMWATER**

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

Legacy Housing Corporation, (CN605618008) proposes to operate Stoic Falcon Development (Legacy Housing) WWTP, (RN110652609), an activated sludge process plant under construction that will be operated in the extended aeration mode. The facility will be located at 5,945 feet southeast of the intersection of FM 812 and Mesa Road , in , Bastrop County, Texas 78617. The application is for a renewal to discharge at an average flow of 288,000 gallons per day of treated domestic wastewater via Outfall 001.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBDO5), total suspended solids (TSS), ammonia nitrogen (NH3-N), and Escherichia coli. Domestic wastewater will be treated by an activated sludge process plant and the treatment units include a bar screen, aeration basins, final clarifiers, tertiary filters, UV disinfection, solids handling and post aeration.