



Administrative Package Cover Page

This file contains the following documents:

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

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 Texas Administrative Code Chapter 39. The information provided in this summary may change during the technical review of the application and are not federal enforceable representations of the permit application.

Nueces County Water Control and Improvement District No. 5 (CN600738645) operates Banquete Wastewater Treatment Plant RN101609543. a conventional extended aeration activated sludge system **with** tertiary disinfection **and** surface water discharge. The facility is located approximately 1.12 miles east of the intersection of Farm-to-Market Road 666 and Old Robstown Road, in Banquete, Nueces County, Texas 78339.

This application is for a renewal to discharge at an annual average flow of 0.10 MGD of treated domestic wastewater via Outfalls 00.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), and *Escherichia coli*. Domestic wastewater is treated by Extended aeration, starts with lift station, then to bar screens and grit chamber then to oxidation ditch, then to split clarifiers then to chlorine contact chambers and then to lift station discharge to creek.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0011583002

APPLICATION. Nueces County Water Control and Improvement District No. 5, P.O. Box 157, Banquete, Texas 78339, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0011583002 (EPA I.D. No. TX0137197) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 100,000 gallons per day. The domestic wastewater treatment facility is located approximately 1.12 miles east of the intersection of Farm-to-Market Road 666 and Old Robstown Road, near the city of Banquete, in Nueces County, Texas 78339. The discharge route is from the plant site to Banquete Creek; thence to Petronila Creek Above Tidal. TCEQ received this application on March 17, 2025. The permit application will be available for viewing and copying at Nueces County Water Control and Improvement District No. 5, Office Manager's Office, 4394 FM 666, Banquete, in Nueces 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=-97.783055,27.803611&level=18>

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

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

OPPORTUNITY FOR A CONTESTED CASE HEARING. After the deadline for submitting public comments, the Executive Director will consider all timely comments and prepare a response to all relevant and material, or significant public comments. **Unless the application is directly referred for a contested case hearing, the response to comments, and the Executive Director's decision on the application, will be mailed to everyone who submitted public comments and to those persons who are on the mailing list for this application.** If comments are received, the mailing will also provide instructions for requesting reconsideration of the Executive Director's decision and for requesting a contested case hearing. A contested case hearing is a legal proceeding similar to a civil trial in state district court.

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

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

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

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

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

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

AGENCY CONTACTS AND INFORMATION. All public comments and requests must be submitted either electronically at <https://www14.tceq.texas.gov/epic/eComment/>, or in writing to the Texas Commission on Environmental Quality, Office of the Chief Clerk, MC-105, P.O. Box 13087, Austin, Texas 78711-3087. Please be aware that any contact information you provide, including your name, phone number, email address and physical address will become part of the agency's public record. For more information about this permit application or the permitting process, please call the TCEQ Public Education Program, Toll Free, at 1-800-687-4040 or visit their website at www.tceq.texas.gov/goto/pep. Si desea información en Español, puede llamar al 1-800-687-4040.

Further information may also be obtained from Nueces County Water Control and Improvement District No. 5 at the address stated above or by calling Mr. Raul Salazar, Board Member, at 361-271-5686.

Issuance Date: March 24, 2025

Domestic Wastewater Permit Application

Application

Facility

Nueces County Water Control and Improvement District No.5

Wastewater Permit No:

WQ0011583002





March 7, 2025

Nueces County Water Control and Improvement District No.5
PO Box 157
Banquette, TX 78339

Re: Wastewater Permit Renewal – Permit No. WQ0011583002

Enclosed is a bound copy of the application for the renewal of wastewater permit WQ0011583002, issued to the Nueces County Water Control and Improvement District No.5. We have submitted the complete application to TCEQ via STEERS.

The application is now under review by TCEQ permit engineers. If you receive any requests for information from TCEQ, please notify us immediately so we can respond promptly. You may also request that they contact us directly with questions.

We will keep you updated throughout the process and address any concerns. Please note that while we will correct any errors on our part, our scope does not cover unusual TCEQ requirements, such as additional equipment, public hearings, or legal proceedings, unless specified otherwise.

If you have any questions or concerns, feel free to contact us at 832-776-5393.

Best regards,

Natalia Rodriguez
Environmental Consulting Group



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY DOMESTIC WASTEWATER PERMIT APPLICATION

CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Nueces County Water Control and Improvement District No.5

PERMIT NUMBER (If new, leave blank): WQ0011583002

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

For TCEQ Use Only

Segment Number _____ County _____

Expiration Date _____ Region _____
Permit Number _____



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 26)

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

Flow	New/Major Amendment	Renewal
<0.05 MGD	\$350.00 <input type="checkbox"/>	\$315.00 <input type="checkbox"/>
≥0.05 but <0.10 MGD	\$550.00 <input type="checkbox"/>	\$515.00 <input type="checkbox"/>
	\$850.00 <input type="checkbox"/>	\$815.00 <input checked="" type="checkbox"/>
≥0.10 but <0.25 MGD	\$1,250.00 <input type="checkbox"/>	\$1,215.00 <input type="checkbox"/>
≥0.25 but <0.50 MGD	\$1,650.00 <input type="checkbox"/>	\$1,615.00 <input type="checkbox"/>
	\$2,050.00 <input type="checkbox"/>	\$2,015.00 <input type="checkbox"/>
≥0.50 but <1.0 MGD		
Minor Amendment (for any flow) <input type="checkbox"/>	\$150.00 <input type="checkbox"/>	
≥1.0 MGD		

Payment Information:

Mailed Check/Money Order Number:

Check/Money Order Amount:

Name Printed on Check:

EPAY Voucher Number: 747253

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 WQ0011583002

EPA I.D. (TPDES only): TX TX0137197

Expiration Date: September 3, 2025

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?

Nueces County Water Control and Improvement District No.5

(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: CN600738645

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: Raul Salazar

Title: Board Member

Credential: N/A

B. Co-applcant 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-applcant applying for this permit?

N/A

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

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

CN: N/A

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

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Provide a brief description of the need for a co-permittee: N/A

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. **Attachment 2**

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: Miss.

Last Name, First Name: Rodriguez, Natalia

Title: Consultant

Credential: n/a

Organization Name: ECG, LLC

Mailing Address: 6823 Old Quarry Lane City, State, Zip Code: Austin, TX 78731

Phone No.: 832-776-5393 E-mail Address: natalia@environmentalcgroup.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix: Mrs.

Last Name, First Name: Anavi King

Title: Office Manager

Credential: n/a

Organization Name: NCWCID # 5

Mailing Address: PO Box 157 City, State, Zip Code: Banquete, TX 78339

Phone No.: 361-387-7612 E-mail Address: ncwcid5@aol.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Mr.

Last Name, First Name: Salazar, Raul

Title: Board Member

Credential: n/a

Organization Name: NCWCID

Mailing Address: PO Box 157 City, State, Zip Code: Banquete, TX 78339

Phone No.: 361-271-5686 E-mail Address: Raulncwcid5@gmail.com

B. Prefix: Mrs. Last Name, First Name: Selina Beltran
Title: secretary Credential: n/a
Organization Name: NCWCID #5
Mailing Address: PO Box 157 City, State, Zip Code: Banquete, TX 78339
Phone No.: 361-387-7612 E-mail Address: Nuecescountywcid5@gmail .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: Mrs. Last Name, First Name: Anavi King
Title: Office Manager Credential: n/a
Organization Name: NCWCID #5
Mailing Address: PO Box 157 City, State, Zip Code: Banquete, TX 78339
Phone No.: 361-387-7612 E-mail Address: Ncwcid5@aol.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: Mr. Last Name, First Name: Salazar, Raul
Title: Board Member Credential: n/a
Organization Name: NCWCID #5
Mailing Address: PO Box 157 City, State, Zip Code: Banquete, TX 78339
Phone No.: 361-271-5686 E-mail Address: Raulncwcid5@gmail.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Miss. Last Name, First Name: Rodriguez, Natalia
Title: Consultant Credential: n/a
Organization Name: ECG, LLC
Mailing Address: 6823 Old Quarry Lane City, State, Zip Code: Austin, TX 78731
Phone No.: 832-776-5393 E-mail Address: natalia@environmentalcgroup.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: Salazar, Raul

Title: Board Member

Credential: n/a

Organization Name: NCWCID

Mailing Address: PO Box 157

City, State, Zip Code: Banquete, TX 78339

Phone No.: 361-271-5686

E-mail Address: Raulncwcid5@gmail.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: Nueces County Water Control and Improvement District No.5

Location within the building: Office Manager Office

Physical Address of Building: 4394 FM 666

City: Banquete, TX 78339

County: Nueces

Contact (Last Name, First Name): Anavi King

Phone No.: 361-387-7612 Ext.: Click to enter text.

E. Bilingual Notice Requirements

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

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

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

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

☐ Yes

☒ No

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

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

☐ Yes

☒ No

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

☐ Yes

☒ No

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

☐ Yes

☒ No

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

F. Summary of Application in Plain Language Template

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

Attachment: No. 3

G. Public Involvement Plan Form

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

Attachment: N.A

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. **RN** 101609543

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):

Banquete WWTP

C. Owner of treatment facility: Nueces County WCID No.5

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

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

Prefix: n/a

Last Name, First Name: n/a

Title: n/a

Credential: n/a

Organization Name: Nueces County WCID No. 5

Mailing Address: PO Box 157

City, State, Zip Code: Banquete, TX 78339

Phone No.: 361-387-7612

E-mail Address: Ncwcid5@aol.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: N/A

E. Owner of effluent disposal site:

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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

Attachment: N/A

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

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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

Attachment: N/A

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes

☐ No

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

Click to enter text.

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

☒ Yes

☐ No

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

Click to enter text.

City nearest the outfall(s): Banquete

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

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

☐ Yes

☒ No

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

☐ Authorization granted

☐ Authorization pending

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

Attachment: N/A

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes

☐ No

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

N/A

- B.** City nearest the disposal site: N/A

- C.** County in which the disposal site is located: N/A

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

N/A

- E.** For **TLAPs**, please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: N/A

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: [Click to enter text.](#)

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ001583001

Applicant: Nueces County Water Control & Improvement District No. 5


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): Raul Salazar

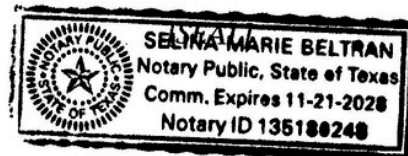
Signatory title: Board Member

Signature:  Date: 3/5/2025
(Use blue ink)

Subscribed and Sworn to before me by the said Selina Marie Beltran
on this 5th day of March, 20 25.
My commission expires on the 21st day of November, 20 28.


Notary Public

Nueces
County, Texas





TEXAS COMMISSION ON ENVIRONMENTAL QUALITY DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 0.10

2-Hr Peak Flow (MGD): 0.299520

Estimated construction start date: Unknown

Estimated waste disposal start date: Unknown

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): 0.10

2-Hr Peak Flow (MGD): 0.2995220

Estimated construction start date: Unknown

Estimated waste disposal start date: Unknown

D. Current Operating Phase

Provide the startup date of the facility: Final Phase

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.**

Extended aeration, starts with lift station, then to bar screens and grit chamber then to oxidation ditch, then to split clarifiers then to chlorine contact chambers and then to lift station discharge to creek.

B. Treatment Units

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

Table 1.0(1) - Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Bar Screens	4 1 2 2 4	27x11x2
Oxidation Ditch		5.8x52x105.5
Clarifiers		10x12"
Cl Contact Chamber		7'4"x9'10"x17'11"
Sludge Beds		13.5'x15 3/4'

C. Process Flow Diagram

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

Attachment: Attachment 6

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

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

- Latitude: 27 48' 10.35"
- Longitude: -97 46' 48.98"

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: [Click to enter text.](#)

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

N/A

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

Collection System Information

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

Section 4. Unbuilt Phases (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

[Click to enter text.](#)

Section 5. Closure Plans (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Click to enter text.

Section 6. Permit Specific Requirements (Instructions Page 44)

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

A. Summary transmittal

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

☐ Yes ☒ No

If **yes**, provide the date(s) of approval for each phase: Click to enter text.

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

Click to enter text.

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

Click to enter text.

C. Other actions required by the current permit

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

☐ Yes ☒ No

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

Click to enter text.

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

2. Grit and grease processing

Describe below how the grit and grease waste is treated at the facility. In your description, include how and where the grit and grease is introduced to the treatment works and how it is separated or processed. Provide a flow diagram showing how grit and grease is processed at the facility.

Click to enter text.

3. Grit disposal

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

☐ Yes ☐ No

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

Describe the method of grit disposal.

Click to enter text.

4. Grease and decanted liquid disposal

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

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

Click to enter text.

E. Stormwater management

1. Applicability

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

2. MSGP coverage

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

3. Conditional exclusion

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

☐ Yes ☐ No

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

Click to enter text.

4.Existing coverage in individual permit

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

☐ Yes ☐ No

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

Click to enter text.

5.Zero stormwater discharge

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

☐ Yes ☐ No

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

Click to enter text.

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

6.Request for coverage in individual permit

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

☐ Yes ☐ No

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

intend to divert stormwater to the treatment plant headworks and indirectly discharge it to water in the state.

Click to enter text.

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

Click to enter text.

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

1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD5 concentration of the sludge, and the design BOD5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

If yes to any of the above, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD5 concentration of the septic waste, and the design BOD5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

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

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

☐ Yes ☒ No

If yes, provide the date that the plant started accepting the waste, an estimate how much waste is accepted on a monthly basis (gallons or millions of gallons), a description of the entities generating the waste, and any distinguishing chemical or other physical characteristic of the waste. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

Is the facility in operation?

☒ Yes ☐ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD5, mg/l					
Total Suspended Solids, mg/l					
Ammonia Nitrogen, mg/l					
Nitrate Nitrogen, mg/l					
Total Kjeldahl Nitrogen, mg/l					
Sulfate, mg/l	112.28	112.28	1	Grab	2/5/25 6:30 am
Chloride, mg/l	165.48	165.48	1	grab	2/5/25 6:30 am
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, μ mohs/cm, †					
Oil & Grease, mg/l					
Alkalinity (CaCO3)*, 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 (CaCO3), mg/l					

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Raul Salazar

Facility Operator's License Classification and Level: Wastewater Operator, level C

Facility Operator's License Number: WG0019879

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

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

Check all that apply. See instructions for guidance

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

B. WWTP's Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

C. Sewage Sludge or Biosolids Management

Provide information on the *intended* sewage sludge or biosolids management practice. Do not enter every management practice that you want authorized in the permit, as the

permit will authorize all sewage sludge or biosolids management practices listed in the instructions. Rather indicate the management practice the facility plans to use.

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Reduction Option
Disposal in Landfill	Off-site Third-Party Handler or Preparer Choose an item.	Not Applicable		N/A: Disposal in Landfill	N/A: Disposal in Landfill
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.		Choose an item.		Choose an item.	Choose an item.

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: El Centro Landfill

TCEQ permit or registration number: MSW 2267

County where disposal site is located: Nueces County

E. Transportation method

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

Name of the hauler: A&A Enterprises LLC

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 type="checkbox"/> No	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Marketing and Distribution of Biosolids	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Sludge Surface Disposal or Sludge Monofill	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 1×10^{-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)

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:
 - o periodically inspected by the TCEQ; or
 - o located in another state and is accredited or inspected by that state; or
 - o performing work for another company with a unit located in the same site; or
 - o 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: Natalia Rodriguez

Title: Consultant

Signature: _____

Date: _____

C. Other actions required by the current permit

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

☐ Yes ☒ No

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

Click to enter text.

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

2. Grit and grease processing

Describe below how the grit and grease waste is treated at the facility. In your description, include how and where the grit and grease is introduced to the treatment works and how it is separated or processed. Provide a flow diagram showing how grit and grease is processed at the facility.

Click to enter text.

3. Grit disposal

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

☐ Yes ☐ No

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

Describe the method of grit disposal.

Click to enter text.

4. Grease and decanted liquid disposal

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

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

Click to enter text.

E. Stormwater management

1. Applicability

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

2. MSGP coverage

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

3. Conditional exclusion

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

☐ Yes ☐ No

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

Click to enter text.

4.Existing coverage in individual permit

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

☐ Yes ☐ No

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

Click to enter text.

5.Zero stormwater discharge

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

☐ Yes ☐ No

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

Click to enter text.

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

6.Request for coverage in individual permit

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

☐ Yes ☐ No

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

intend to divert stormwater to the treatment plant headworks and indirectly discharge it to water in the state.

Click to enter text.

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

Click to enter text.

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

1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD5 concentration of the sludge, and the design BOD5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

If yes to any of the above, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD5 concentration of the septic waste, and the design BOD5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

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

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

☐ Yes ☒ No

If yes, provide the date that the plant started accepting the waste, an estimate how much waste is accepted on a monthly basis (gallons or millions of gallons), a description of the entities generating the waste, and any distinguishing chemical or other physical characteristic of the waste. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

Is the facility in operation?

☒ Yes ☐ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD5, mg/l					
Total Suspended Solids, mg/l					
Ammonia Nitrogen, mg/l					
Nitrate Nitrogen, mg/l					
Total Kjeldahl Nitrogen, mg/l					
Sulfate, mg/l	112.28	112.28	1	Grab	2/5/25 6:30 am
Chloride, mg/l	165.48	165.48	1	grab	2/5/25 6:30 am
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, μ mohs/cm, †					
Oil & Grease, mg/l					
Alkalinity (CaCO3)*, 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 (CaCO3), mg/l					

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Raul SalazarFacility Operator's License Classification and Level: Wastewater Operator, level CFacility Operator's License Number: WG0019879

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

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

Check all that apply. See instructions for guidance

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

B. WWTP's Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

C. Sewage Sludge or Biosolids Management

Provide information on the *intended* sewage sludge or biosolids management practice. Do not enter every management practice that you want authorized in the permit, as the

permit will authorize all sewage sludge or biosolids management practices listed in the instructions. Rather indicate the management practice the facility plans to use.

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Reduction Option
Disposal in Landfill	Off-site Third-Party Handler or Preparer Choose an item.	Not Applicable		N/A: Disposal in Landfill	N/A: Disposal in Landfill
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.		Choose an item.		Choose an item.	Choose an item.

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: El Centro Landfill

TCEQ permit or registration number: MSW 2267

County where disposal site is located: Nueces County

E. Transportation method

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

Name of the hauler: A&A Enterprises LLC

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 type="checkbox"/> No	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Marketing and Distribution of Biosolids	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Sludge Surface Disposal or Sludge Monofill	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 1×10^{-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)

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:
 - o periodically inspected by the TCEQ; or
 - o located in another state and is accredited or inspected by that state; or
 - o performing work for another company with a unit located in the same site; or
 - o 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: Natalia Rodriguez

Title: Consultant

Signature: _____

Date: _____

DOMESTIC WASTEWATER PERMIT APPLICATION

TECHNICAL REPORT 1.1

The following information is required for new and amendment major applications.

Section 1. Justification for Permit (Instructions Page 56)

A. Justification of permit need

Provide a detailed discussion regarding the need for any phase(s) not currently permitted. Failure to provide sufficient justification may result in the Executive Director recommending denial of the proposed phase(s) or permit.

Click to enter text.

B. Regionalization of facilities

For additional guidance, please review [TCEQ's Regionalization Policy for Wastewater Treatment](#)¹.

Provide the following information concerning the potential for regionalization of domestic wastewater treatment facilities:

1. Municipally incorporated areas

If the applicant is a city, then Item 1 is not applicable. Proceed to Item 2 Utility CCN areas.

Is any portion of the proposed service area located in an incorporated city?

☐ Yes ☐ No ☐ Not Applicable

If yes, within the city limits of: [Click to enter text.](#)

If yes, attach correspondence from the city.

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

If consent to provide service is available from the city, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the city versus the cost of the proposed facility or expansion attached.

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

2. Utility CCN areas

Is any portion of the proposed service area located inside another utility's CCN area?

☐ Yes ☐ No

¹ <https://www.tceq.texas.gov/permitting/wastewater/tceq-regionalization-for-wastewater>

If yes, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the CCN facilities versus the cost of the proposed facility or expansion.

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

3. *Nearby WWTPs or collection systems*

Are there any domestic permitted wastewater treatment facilities or collection systems located within a three-mile radius of the proposed facility?

☐ Yes ☐ No

If yes, attach a list of these facilities and collection systems that includes each permittee's name and permit number, and an area map showing the location of these facilities and collection systems.

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

If yes, attach proof of mailing a request for service to each facility and collection system, the letters requesting service, and correspondence from each facility and collection system.

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

If the facility or collection system agrees to provide service, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the facility or collection system versus the cost of the proposed facility or expansion.

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

Section 2. Proposed Organic Loading (Instructions Page 58)

Is this facility in operation?

☐ Yes ☐ No

If no, proceed to Item B, Proposed Organic Loading.

If yes, provide organic loading information in Item A, Current Organic Loading

A. Current organic loading

Facility Design Flow (flow being requested in application): [Click to enter text.](#)

Average Influent Organic Strength or BOD5 Concentration in mg/l: [Click to enter text.](#)

Average Influent Loading (lbs/day = total average flow X average BOD5 conc. X 8.34): [Click to enter text.](#)

Provide the source of the average organic strength or BOD5 concentration.

[Click to enter text.](#)

B. Proposed organic loading

This table must be completed if this application is for a facility that is not in operation or if this application is to request an increased flow that will impact organic loading.

Table 1.1(1) – Design Organic Loading

Source	Total Average Flow (MGD)	Influent BOD5 Concentration (mg/l)
Municipality		
Subdivision		
Trailer park – transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources		
AVERAGE BOD5 from all sources		

Section 3. Proposed Effluent Quality and Disinfection (Instructions Page 58)

A. Existing/Interim I Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: [Click to enter text.](#)

Total Suspended Solids, mg/l: [Click to enter text.](#) Ammonia

Nitrogen, mg/l: [Click to enter text.](#) Total Phosphorus, mg/l: [Click](#)

to enter text. Dissolved Oxygen, mg/l: [Click](#) to enter text. Other:

[Click to enter text.](#)

B. Interim II Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: [Click to enter text.](#)
Total Suspended Solids, mg/l: [Click to enter text.](#) Ammonia Nitrogen, mg/l: [Click to enter text.](#) Total Phosphorus, mg/l: [Click to enter text.](#) Dissolved Oxygen, mg/l: [Click to enter text.](#) Other: [Click to enter text.](#)

C. Final Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: [Click to enter text.](#)
Total Suspended Solids, mg/l: [Click to enter text.](#)
Ammonia Nitrogen, mg/l: [Click to enter text.](#)
Total Phosphorus, mg/l: [Click to enter text.](#)
Dissolved Oxygen, mg/l: [Click to enter text.](#)
Other: [Click to enter text.](#)

D. Disinfection Method

Identify the proposed method of disinfection.

☐ Chlorine: [Click to enter text.](#) mg/l after [Click to enter text.](#) minutes detention time at peak flow

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

☐ Ultraviolet Light: [Click to enter text.](#) seconds contact time at peak flow

☐ Other: [Click to enter text.](#)

Section 4. Design Calculations (Instructions Page 58)

Attach design calculations and plant features for each proposed phase. Example 4 of the instructions includes sample design calculations and plant features.

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

Section 5. Facility Site (Instructions Page 59)

A. 100-year floodplain

Will the proposed facilities be located above the 100-year frequency flood level?

☐ Yes ☐ No

If no, describe measures used to protect the facility during a flood event. Include a site map showing the location of the treatment plant within the 100-year frequency flood level. If applicable, provide the size and types of protective structures.

[Click to enter text.](#)

Provide the source(s) used to determine 100-year frequency flood plain.

[Click to enter text.](#)

For a new or expansion of a facility, will a wetland or part of a wetland be filled?

☐ Yes ☐ No

If yes, has the applicant applied for a US Corps of Engineers 404 Dredge and Fill Permit?

☐ Yes ☐ No

If yes, provide the permit number: [Click to enter text.](#)

If no, provide the approximate date you anticipate submitting your application to the Corps: [Click to enter text.](#)

B. Wind rose

Attach a wind rose: [Click to enter text.](#)

Section 6. Permit Authorization for Sewage Sludge Disposal (Instructions Page 59)

A. Beneficial use authorization

Are you requesting to include authorization to land apply sewage sludge for beneficial use on property located adjacent to the wastewater treatment facility under the wastewater permit?

☐ Yes ☐ No

If yes, attach the completed **Application for Permit for Beneficial Land Use of Sewage Sludge (TCEQ Form No. 10451)**: [Click to enter text.](#)

B. Sludge processing authorization

Identify the sludge processing, storage or disposal options that will be conducted at the wastewater treatment facility:

- ☐ Sludge Composting
- ☐ Marketing and Distribution of sludge
- ☐ Sludge Surface Disposal or Sludge Monofill

If any of the above, sludge options are selected, attach the completed **Domestic Wastewater Permit Application: Sewage Sludge Technical Report (TCEQ Form No. 10056)**: [Click to enter text.](#)

Section 7. Sewage Sludge Solids Management Plan (Instructions Page 60)

Attach a solids management plan to the application.

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

The sewage sludge solids management plan must contain the following information:

- Treatment units and processes dimensions and capacities

- Solids generated at 100, 75, 50, and 25 percent of design flow
- Mixed liquor suspended solids operating range at design and projected actual flow
- Quantity of solids to be removed and a schedule for solids removal
- Identification and ownership of the ultimate sludge disposal site
- For facultative lagoons, design life calculations, monitoring well locations and depths, and the ultimate disposal method for the sludge from the facultative lagoon

An example of a sewage sludge solids management plan has been included as Example 5 of the instructions.

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: Banquette Creek

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.

Banquete Creek and Petronila 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.

water clarity is great at 6 in the morning lunch and around 7 at night

Date and time of observation: 1/30/25 6:00 am, 12:00 pm and 7:00 pm

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 checked="" type="checkbox"/> Other(s), specify: <u>Stormwater</u> |

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 checked="" 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: Click to enter text. |

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

Section 1. All POTWs (Instructions Page 87)

A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs – non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

B. Treatment plant interference

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

☐ Yes ☒ No

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

Click to enter text.

C. Treatment plant pass through

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

☐ Yes ☒ No

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

Click to enter text.

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

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

A. Substantial modifications

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

☐ Yes ☒ No

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

Click to enter text.

B. Non-substantial modifications

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

☐ Yes ☒ No

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

Click to enter text.

C. Effluent parameters above the MAL

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

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. Industrial user interruptions

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

☐ Yes ☒ No

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

Click to enter text.

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

A. General information

Company Name: n/a

SIC Code: n/a

Contact name: n/a

Address: n/a

City, State, and Zip Code: n/a

Telephone number: n/a

Email address: n/a

B. Process information

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

n/a

C. Product and service information

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

n/a

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: n/a

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: n/a

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Category: Subcategories: n/a

Click or tap here to enter text. n/a

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

F. Industrial user interruptions

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

☐ Yes ☐ No

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

n/a



Attachments

1. Epay Voucher
2. Core Data Form – TCEQ 10400
3. USGS Map
4. SPIF
5. 7.5-Minute USGS Quadrangle Map
6. Flow Diagram
7. Site Drawing

EXHIBIT 1

Epay Vaucher



Print this voucher for your records. If you are sending the TCEQ hardcopy documents related to this payment, include a copy of this voucher.

Transaction Information**Voucher Number:** 747253**Trace Number:** 582EA000649533**Date:** 02/05/2025 04:39 PM**Payment Method:** CC - Authorization 000000565Q**Voucher Amount:** \$800.00**Fee Type:** WW PERMIT - FACILITY WITH FLOW $\geq .10$ & $< .25$ MGD - RENEWAL**ePay Actor:** ANAVI KING**Actor Email:** ncwcid5@aol.com**IP:** 150.220.101.225**Payment Contact Information****Name:** ANAVI KING**Company:** NUECES COUNTY WCID 5**Address:** 4394 FM 666, BANQUETE, TX 78339 0157**Phone:** 361-387-7612**Site Information****RN:** RN101609543**Site Name:** BANQUETE PLANT**Site Location:** 5280 COUNTY ROAD 40 WHICH IS 0.5 MILES SOUTH OF STATE HIGHWAY 44**Customer Information****CN:** CN600738645**Customer Name:** NUECES COUNTY WATER CONTROL AND IMPROVEMENT DISTRICT NO 5**Customer Address:** 4394 FM 666 BANQUETE, BANQUETE, TX 78339 0157**Other Information****Program Area ID:** WQ0011583002[Close](#)

EXHIBIT 2

Core Data Form
TCEQ-10400





TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<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
2. Customer Reference Number (if issued)		3. Regulated Entity Reference Number (if issued)
CN 600738645		RN 1016095

[Follow this link to search for CN or RN numbers in Central Registry**](#)

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input type="checkbox"/> New Customer		<input checked="" type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)		<input type="checkbox"/> Change in Regulated Entity Ownership	
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)		If new Customer, enter previous Customer below:	
NUECES COUNTY WATER CONTROL AND IMPROVEMENT DISTRICT NO 5			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
11. Type of Customer:		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship	
12. Number of Employees		13. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following			
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator			
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant <input type="checkbox"/> Other:			
15. Mailing Address:			
PO BOX 157			
City	Banquete	State	TX
ZIP	78339	ZIP + 4	
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
		NCWCID@AOL.COM	
18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)	
(361) 387-7612		() -	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (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	
The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
BANQUETE WWTP	

23. Street Address of the Regulated Entity: (No PO Boxes)	PO BOX 157						
	City	Banquete	State	TX	ZIP	78339	ZIP + 4
24. County	Nueces						

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

25. Description to Physical Location:							
26. Nearest City		State			Nearest ZIP Code		
Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).							
27. Latitude (N) In Decimal:		27 48' 10.35"		28. Longitude (W) In Decimal:		-97 46' 48.98"	
Degrees	Minutes	Seconds		Degrees	Minutes	Seconds	
29. Primary SIC Code (4 digits)		30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)	
4941				221310			
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
Water services provider							
34. Mailing Address:							
		City		State		ZIP	ZIP + 4
35. E-Mail Address:							
36. Telephone Number		37. Extension or Code		38. Fax Number (if applicable)			
() -				() -			

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 checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
WQ0011583002				

SECTION IV: Preparer Information

40. Name:	Natalia Rodriguez		41. Title:	Consultant
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address	
(832) 776-5393		() -	natalia@environmentalcgroup.com	

SECTION V: Authorized Signature

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

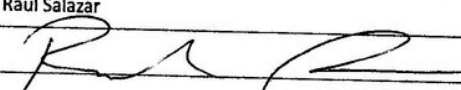
Company:	Nueces County WCID NO. 5	Job Title:	Board Memeber
Name (In Print):	Raul Salazar	Phone:	(361) 271- 5686
Signature:		Date:	3/5/2025

EXHIBIT 3

USGS Map





EXHIBIT 4

SPIF



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: County Renewal ☐ Major Amendment ☐ Minor Amendment ☐ New

Admin Complete Date: _____ Segment Number: _____

Agency Receiving SPIF: _____

☐ Texas Historical Commission

☐ U.S. Fish and Wildlife

☐ Texas Parks and Wildlife Department

☐ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: Nueces County Water Control and Improvement District No.5

Permit No. WQ00 11583002

EPA ID No. TX 0137197

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

located approximately 1.12 miles east of the intersection of Farm-to-Market Road 666 and Old Robstown Road, in Nueces County, Texas 78339

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

Prefix (Mr., Ms., Miss): Miss

First and Last Name: Natalia Rodriguez

Credential (P.E, P.G., Ph.D., etc.): [Click here to enter text](#)

Title: Consultant

Mailing Address: 6823 Old Quarry Lane

City, State, Zip Code: Austin, TX 78731

Phone No.: 832-776-5393 Ext.: [Click here to enter text](#) Fax No.: [Click here to enter text](#)

E-mail Address: natalia@environmentalCgroup.com

2. List the county in which the facility is located: Nueces

3. If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property.

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

to Banquete Creek, thence to Petronila Creek Above Tidal in Segment No. 2204 of the Nueces-RioGrande Coastal Basin

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

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

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.

EXHIBIT 5

7.5-Minute USGS Quadrangle Map



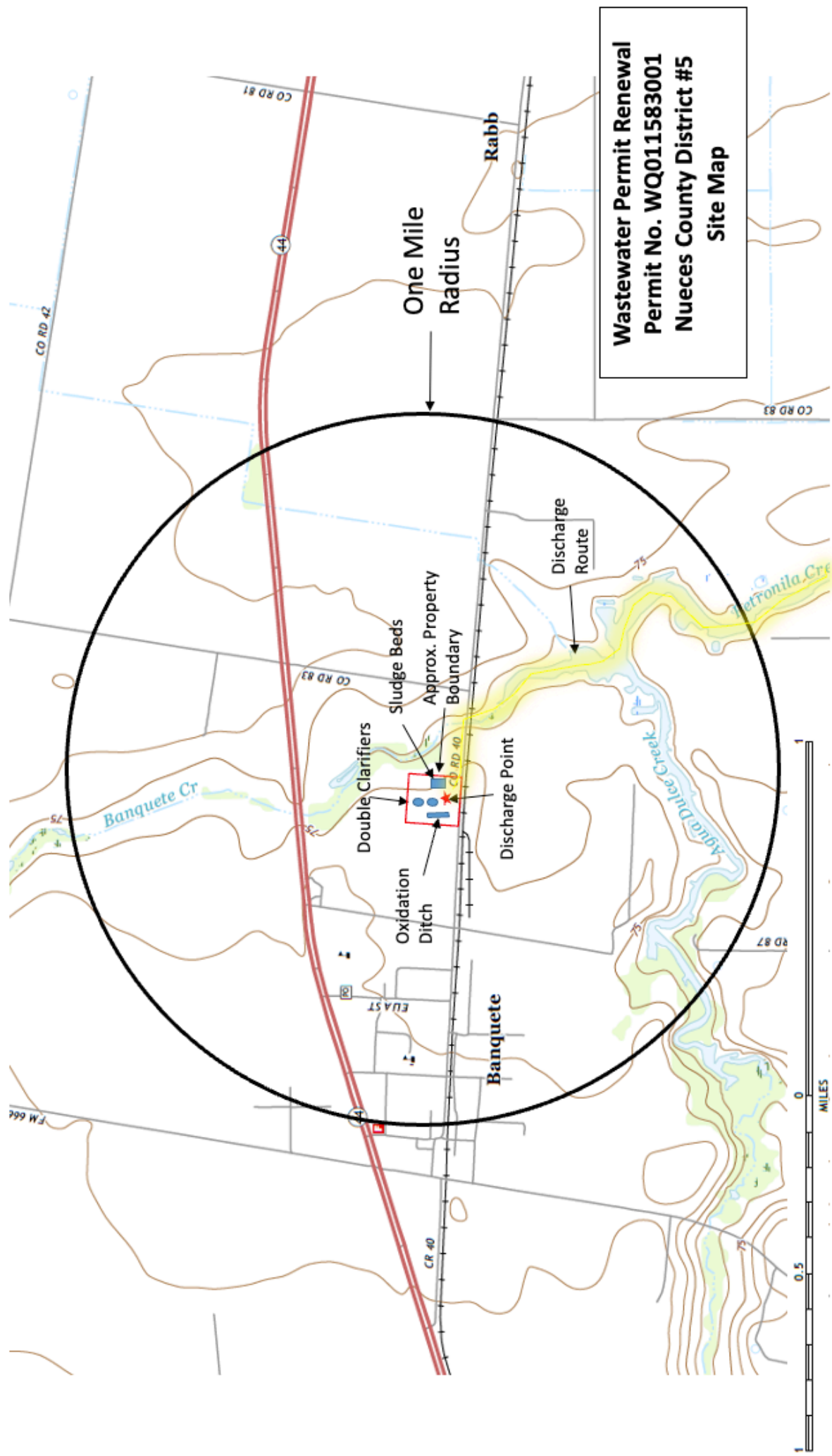


EXHIBIT 6

Flow Diagram



**Wastewater Permit Renewal
Permit No. WQ011583001
Nueces County District #5
Flow Diagram**

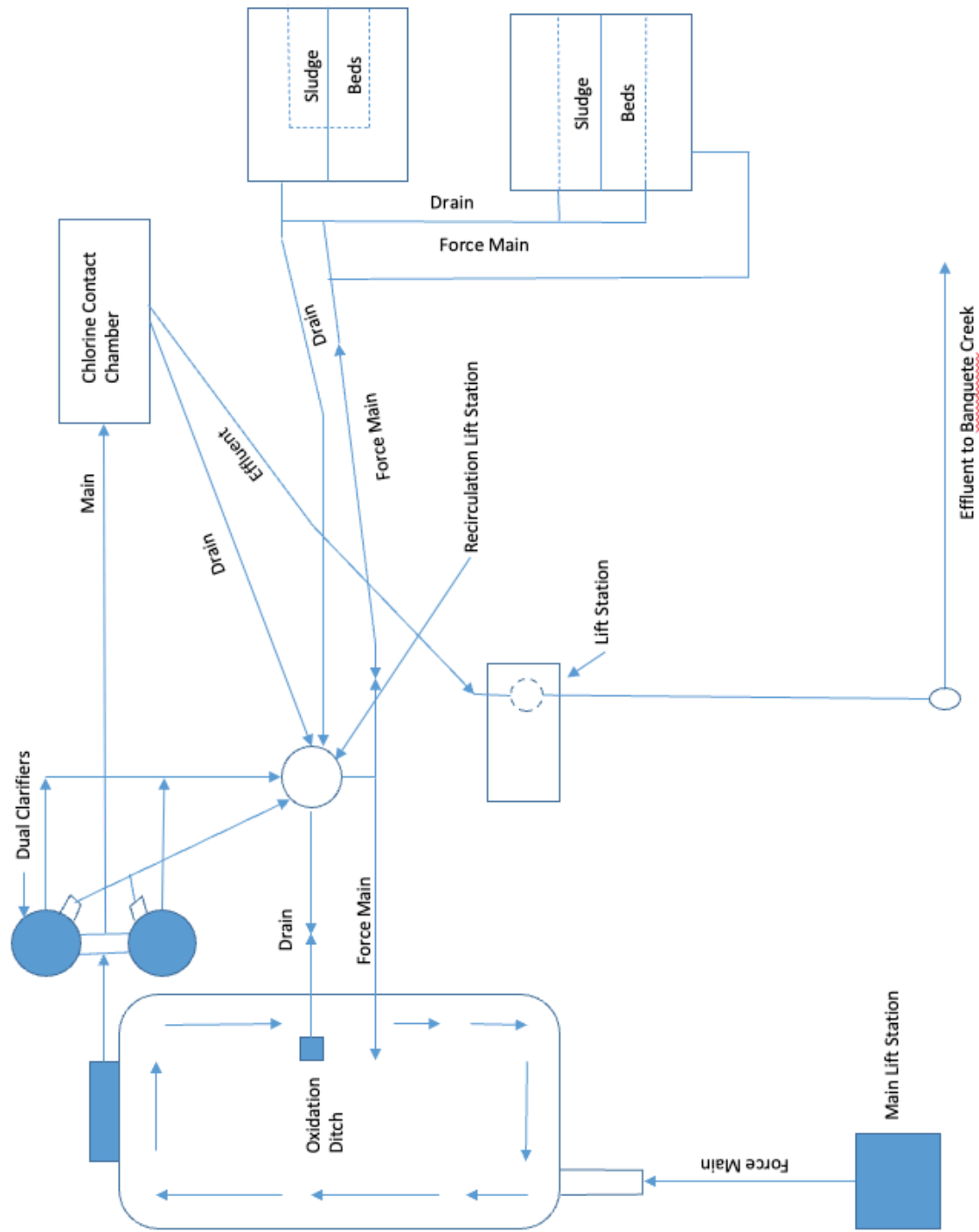


EXHIBIT 7

Site Drawing





**Wastewater Permit Renewal
Permit No. WQ011583001
Nueces County District #5
Site Drawing**

18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)
(361) 387-7612		() -

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (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>								
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)								
BANQUETE WWTP								
23. Street Address of the Regulated Entity: (No PO Boxes)	PO BOX 157							
	City	Banquete	State	TX	ZIP	78339	ZIP + 4	
24. County	Nueces							

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

25. Description to Physical Location:	approximately 1.12 miles east of the intersection of Farm-to-Market Road 666 and Old Robstown Road							
26. Nearest City	State					Nearest ZIP Code		
Nueces	te					78339		
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
27. Latitude (N) In Decimal:		27 48' 10.35"			28. Longitude (W) In Decimal:		-97 46' 48.98"	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)			32. Secondary NAICS Code (5 or 6 digits)		
4941			221310					
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)								
Water services provider								
34. Mailing Address:								
	City		State		ZIP		ZIP + 4	
35. E-Mail Address:								
36. Telephone Number			37. Extension or Code			38. Fax Number (if applicable)		
() -						() -		

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 Texas Administrative Code Chapter 39. The information provided in this summary may change during the technical review of the application and are not federal enforceable representations of the permit application.

Nueces County Water Control and Improvement District No. 5 (CN600738645) operates Banquete Wastewater Treatment Plant RN101609543. a conventional extended aeration activated sludge system **with** tertiary disinfection **and** surface water discharge. The facility is located approximately 1.12 miles east of the intersection of Farm-to-Market Road 666 and Old Robstown Road, in Banquete, Nueces County, Texas 78339.

This application is for a renewal to discharge at an annual average flow of 0.10 MGD of treated domestic wastewater via Outfalls 00.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), and *Escherichia coli*. Domestic wastewater is treated by Extended aeration, starts with lift station, then to bar screens and grit chamber then to oxidation ditch, then to split clarifiers then to chlorine contact chambers and then to lift station discharge to creek.

Brandon Maldonado

From: Natalia Rodriguez Pinilla <natalia@environmentalcgroup.com>
Sent: Tuesday, March 18, 2025 4:39 PM
To: Brandon Maldonado
Cc: ncwcid5@aol.com
Subject: Re: Application to Renew Permit No. WQ0011583002 - Notice of Deficiency Letter
Attachments: PLS.docx; core data form page 2.pdf

Brandon, Thank you for your email.

Here is the answer to each of the items in your letter:

1. PLS attached
2. Core Data Form attached
3. Yes, is a public place and can be accessed by the public.
4. It is incorrect, The domestic wastewater treatment facility is located at approximately 1.12 miles east of the intersection of Farm-to-Market Road 666 and Old Robstown Road.

Let us know if you need anything else.

Natalia Rodríguez Pinilla

Principal Consultant

ECG

E: natalia@environmentalcgroup.com

T: 832-776-5393

W: www.environmentalcgroup.com

From: Brandon Maldonado <Brandon.Maldonado@tceq.texas.gov>
Sent: Monday, March 17, 2025 3:55 PM
To: Natalia Rodriguez Pinilla <natalia@environmentalcgroup.com>
Cc: ncwcid5@aol.com <ncwcid5@aol.com>
Subject: Application to Renew Permit No. WQ0011583002 - Notice of Deficiency Letter

Dear Ms. Natalia Rodriguez

The attached Notice of Deficiency (NOD) letter sent on **March 17, 2025**, requests additional information needed to declare the application administratively complete. Please send complete response to my attention by **March 31, 2025**.

Please let me know if you have any questions.

Regards,



Brandon Maldonado

Texas Commission on Environmental
Quality

Water Quality Division

512-239-4331

Brandon.Maldonado@tceq.texas.gov

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