



Administrative Package Cover Page

This file contains the following documents:

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS Enter 'INDUSTRIAL' or 'DOMESTIC' here WASTEWATER/STORMWATER

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

TOWN OF MILLERS COVE (CN603608845) operates MILLERS COVE WASTEWATER TREATMENT PLANT (RN102180718), an activated sludge process plant operated in the complete mix mode.. The facility is located approximately 0.75 miles southwest of the intersection of Interstate 30 and Texas Spur 185, in TOWN OF MILLERS COVE, TITUS County, Texas 75493. This application is for a renewal to discharge at a daily average flow of 38,000 gallons per day of treated domestic wastewater..

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD), total suspended solids (TSS), and Escherichia coli. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, aeration basins, final clarifier, sludge digester, and a chlorine chamber..

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0011750001

APPLICATION. Town of Millers Cove, P.O. Box 300, Winfield, Texas 75493, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0011750001 (EPA I.D. No. TX0069710) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 38,000 gallons per day. The domestic wastewater treatment facility is located approximately 0.75 miles southwest of the intersection of Interstate 30 and Texas Spur 185, in Titus County, Texas 75493. The discharge route is from the plant site to an unnamed tributary, thence to Blundell Creek, thence to Lake Monticello, thence to Lake Bob Sandlin. TCEQ received this application on September 2, 2025. The permit application will be available for viewing and copying at Millers Cove City Hall, 5 Miller Street, Millers Cove, in Titus 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=-95.11777,33.154722&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 Town of Millers Cove at the address stated above or by calling Ms. Araceli Martinez, City Secretary, at (903) 305-4327.

Issuance Date: October 9, 2025

August 28, 2025

Executive Director
Applications Review and Processing Team (MC148)
Texas Commission on Environmental Quality
12100 Park 35 Circle
Austin, Texas 78753

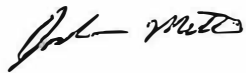
RE: Millers Cove Wastewater Treatment Facility
Renewal Application for Permit # WQ0011750001

Dear Sir/Madam:

Please find the Original Permit Renewal Application for the Millers Cove Wastewater Treatment Facility; Permit # WQ0011750001, along with a copy of the check for the renewal application sent to the TCEQ's Cashier's Office. An electronic copy has been uploaded to the FTPS site, and shared to WQDeCopy@tceq.texas.gov.

If you have any questions in regard in this manner, please do not hesitate to call.

Sincerely,



Joshua Miller, Operator
Town of Millers Cove
P. O. Box 300
Winfield, Texas 75493
903-204-5039





TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION
CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: TOWN OF MILLERS COVE

PERMIT NUMBER (If new, leave blank): WQ0011750001

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

Minor Amendment (for any flow) \$150.00 ☐

Payment Information:

Mailed Check/Money Order Number: 1751
Check/Money Order Amount: \$315.00
Name Printed on Check: TOWN OF MILLERS COVE
EPAY Voucher Number: N/A
Copy of Payment Voucher enclosed? Yes ☐ N/A

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

☐ Minor Amendment with Renewal

☐ Major Amendment without Renewal

☐ Minor Amendment without Renewal

☒ Renewal without changes

☐ Minor Modification of permit

e. For amendments or modifications, describe the proposed changes: N/A

f. For existing permits:

Permit Number: WQ00 11750001

EPA I.D. (TPDES only): TX 0069710

Expiration Date: 4/14/2026

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

TOWN OF MILLERS COVE

(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: 603608845

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: RAMIREZ, JAVIER

Title: MAYOR

Credential: N/A

B. Co-applclicant 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-applclicant 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-applclicant 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. NA**

Section 4. Application Contact Information (Instructions Page 27)

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

- A. Prefix: Mr. Last Name, First Name: MILLER, JOSHUA
Title: OPERATOR Credential: N/A
Organization Name: TOWN of MILLERS COVE
Mailing Address: P. O. Box 300 City, State, Zip Code: WINFIELD, TX 75493
Phone No.: 903-204-5039 E-mail Address: millerscove300@gmail.com
Check one or both: ☐ Administrative Contact ☒ Technical Contact
- B. Prefix: Mrs. Last Name, First Name: MARTINEZ, ARACELI
Title: CITY-SECRETARY Credential: N/A
Organization Name: TOWN OF MILLERS COVE
Mailing Address: P. O. Box 300 City, State, Zip Code: WINFIELD, TX 75493
Phone No.: 903-305-4327 E-mail Address: millerscove300@gmail.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: MILLER, JOSHUA
Title: OPERATOR Credential: N/A
Organization Name: TOWN of MILLERS COVE
Mailing Address: P. O. Box 300 City, State, Zip Code: WINFIELD, TX 75493
Phone No.: 903-204-5039 E-mail Address: millerscove300@gmail.com
- B. Prefix: Mrs. Last Name, First Name: MARTINEZ, ARACELI
Title: CITY-SECRETARY Credential: N/A
Organization Name: TOWN OF MILLERS COVE
Mailing Address: P. O. Box 300 City, State, Zip Code: WINFIELD, TX 75493
Phone No.: 903-305-4327 E-mail Address: millerscove300@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: Mr.

Last Name, First Name: RAMIREZ, JAVIER

Title: MAYOR

Credential: N/A

Organization Name: TOWN OF MILLERS COVE

Mailing Address: P. O. Box 300

City, State, Zip Code: WINFIELD, TX 75493

Phone No.: 903-434-2519

E-mail Address: millerscove300@gmail.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: MILLER, JOSHUA

Title: OPERATOR

Credential: N/A

Organization Name: TOWN OF MILLERS COVE

Mailing Address: P. O. Box 300

City, State, Zip Code: WINFIELD, TEXAS 75493

Phone No.: 903-204-5039

E-mail Address: millerscove300@gmail.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mrs.

Last Name, First Name: MARTINEZ, ARACELI

Title: CITY-SECRETARY

Credential: N/A

Organization Name: TOWN OF MILLERS COVE

Mailing Address: P. O. Box 300

City, State, Zip Code: WINFIELD, TX 75493

Phone No.: 903-30504327

E-mail Address: millerscove300@gmail.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: MRS.

Last Name, First Name: MARTINEZ, ARACELI

Title: CITY-SECRETARY

Credential: N/A

Organization Name: TOWN OF MILLERS COVE

Mailing Address: P. O. BOX 300

City, State, Zip Code: WINFIELD, TX 75493

Phone No.: 903-305-4327

E-mail Address: millerscove300@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: MILLERS COVE CITY HALL

Location within the building: FRONT

Physical Address of Building: 5 MILLER STREET

City: TOWN OF MILLERS COVE

County: TITUS

Contact (Last Name, First Name): MARTINEZ, ARACELI

Phone No.: 903-305-4327 Ext.: N/A

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: N/A

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 192180718

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):

MILLERS COVE WASTEWATER TREATMENT FACILITY

- C. Owner of treatment facility: TOWN OF MILLERS COVE

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: TOWN OF MILLERS COVE

Title: N/A

Credential: N/A

Organization Name: TOWN OF MILLERS COVE

Mailing Address: P. O. BOX 300

City, State, Zip Code: WINFIELD, TX 75493

Phone No.: 903-305-4327

E-mail Address: millerscove300@gmail.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: NONE

- 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: NONE

- 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: NONE

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:

N/A

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:

N/A

City nearest the outfall(s): TOWN OF MILLERS COVE

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

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: NONE

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.

N/A

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

☐ Yes ☒ No

If yes, list each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application: N/A

- 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: CORE DATA FORM

There are 2 USGS maps to show the 1 mile radius from the treatment plant; the western side 1 mile radius from the plant is in Franklin County, while most of the 1 mile radius from the plant is in the Titus County.



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)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 603608845		RN 102180718

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 Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)			
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)		<i>If new Customer, enter previous Customer below:</i>	
TOWN OF MILLERS COVE			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
N/A	N/A	N/A	N/A
11. Type of Customer:		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:	
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 checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other: <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant			
15. Mailing Address:	TOWN OF MILLERS COVE		
	P. O. BOX 300		
	City	State	ZIP
	WINFIELD	TX	75493
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
		millerscove300@gmail.com	

(903) 204-5039	19. Extension or Code	20. Fax Number (if applicable) () -
------------------	-----------------------	---

SECTION III: Regulated Entity Information

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

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

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

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

MILLERS COVE WASTEWATER TREATMENT FACILITY

23. Street Address of the Regulated Entity: (No PO Boxes)	SEWER ROAD							
	TOWN OF MILLERS COVE							
	City	WINFIELD	State	TX	ZIP	75493	ZIP + 4	300

24. County TITUS

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

25. Description to Physical Location:	.75 miles SW of the Intersection of TX Spur 185 and Interstate 30, just South of Winfield, Tx 75493-TITUS COUNTY							
26. Nearest City	WINFIELD				State	TX	Nearest ZIP Code	75493
<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:		33.154722			28. Longitude (W) In Decimal:		95.117778	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
33	09	17	95	07	04			
29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)			32. Secondary NAICS Code (5 or 6 digits)		
4952	4952							
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)								
WASTEWATER TREATMENT								
34. Mailing Address:	TOWN OF MILLERS COVE							
	P. O. BOX 300							
	City	WINFIELD	State	TX	ZIP	75493	ZIP + 4	300
35. E-Mail Address:		millerscove300@gmail.com						
36. Telephone Number		37. Extension or Code			38. Fax Number (if applicable)			
(937) 204-5039		N/A			() -0			

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.

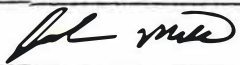
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review 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:
	WQ0011750001			

SECTION IV: Preparer Information

40. Name:	JOSHUA MILLER	41. Title:	OPERATOR
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(903) 204-5039		() -	millerscove300@gmail.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:	TOWN OF MILLERS COVE	Job Title:	OPERATOR
Name (In Print):	JOSHUA MILLER	Phone:	(903) 204-5039
Signature:		Date:	8-24-25

DOMESTIC WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: 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: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

____ Texas Historical Commission

____ U.S. Fish and Wildlife

____ Texas Parks and Wildlife Department

____ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: TOWN OF MILLERS COVE

Permit No. WQ00 11750001

EPA ID No. TX 0069710

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

SEWER ROAD, TOWN OF MILLERS COVE, TEXAS, TITUS COUNTY

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

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

First and Last Name: JOSHUA MILLER

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

Title: OPERATOR

Mailing Address: P. O. BOX 300

City, State, Zip Code: WINFIELD, TX 75493

Phone No.: 903-204-5039 Ext.: N/A Fax No.: N/A

E-mail Address: millerscove300@gmail.com

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

N/A

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.

The discharge route is from the plant to an unnamed tributary; then, to Blundell Creek; then, to Lake Monticello; then, to Lake Bob Sandlin.

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):

N/A

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

N/A

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

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

N/A

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

N/A

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: W0001175-0001

Applicant: TOWN OF MILLERS COVE

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): Javier Ramirez

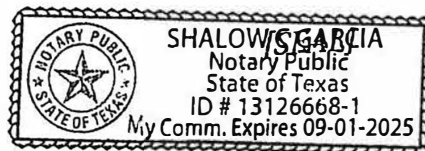
Signatory title: MAYOR

Signature: Javier Ramirez Date: 8-15-25
(Use blue ink)

Subscribed and Sworn to before me by the said Javier Ramirez
on this 15th day of August, 20 25.
My commission expires on the 1 day of September, 20 25.

Manuela
Notary Public

Texas
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): .038

2-Hr Peak Flow (MGD): .076

Estimated construction start date: OPERATIONAL

Estimated waste disposal start date: OPERATIONAL

B. Interim II Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

C. Final Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

D. Current Operating Phase

Provide the startup date of the facility: 1976

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.**

Contact stabilization with extended aeration. Influent enters contact zone, then clarifier, RAS back to reaeration zone, then clarifier enters a contact and discharges. Waste sludge to digester, then decanted and picked up once a year.

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)
Contact Basin	1	9.0' x 11.35' x 10 84'
Clarifier	1	8.92' x 12.0' diameter
Reaeration	1	9.0' x 11.35' x 21.75'
Chlorine Contact Chamber	1	1524 gallons
Digester	1	9.0' x 11 35' x 13.85'

C. Process Flow Diagram

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

Attachment: YES

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

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

- Latitude: 33.154722
- Longitude: 965117778

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

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

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

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

Attachment: SITE DRAWING

CONTACT STABILIZATION WITH EXTENDED AERATION OPTION

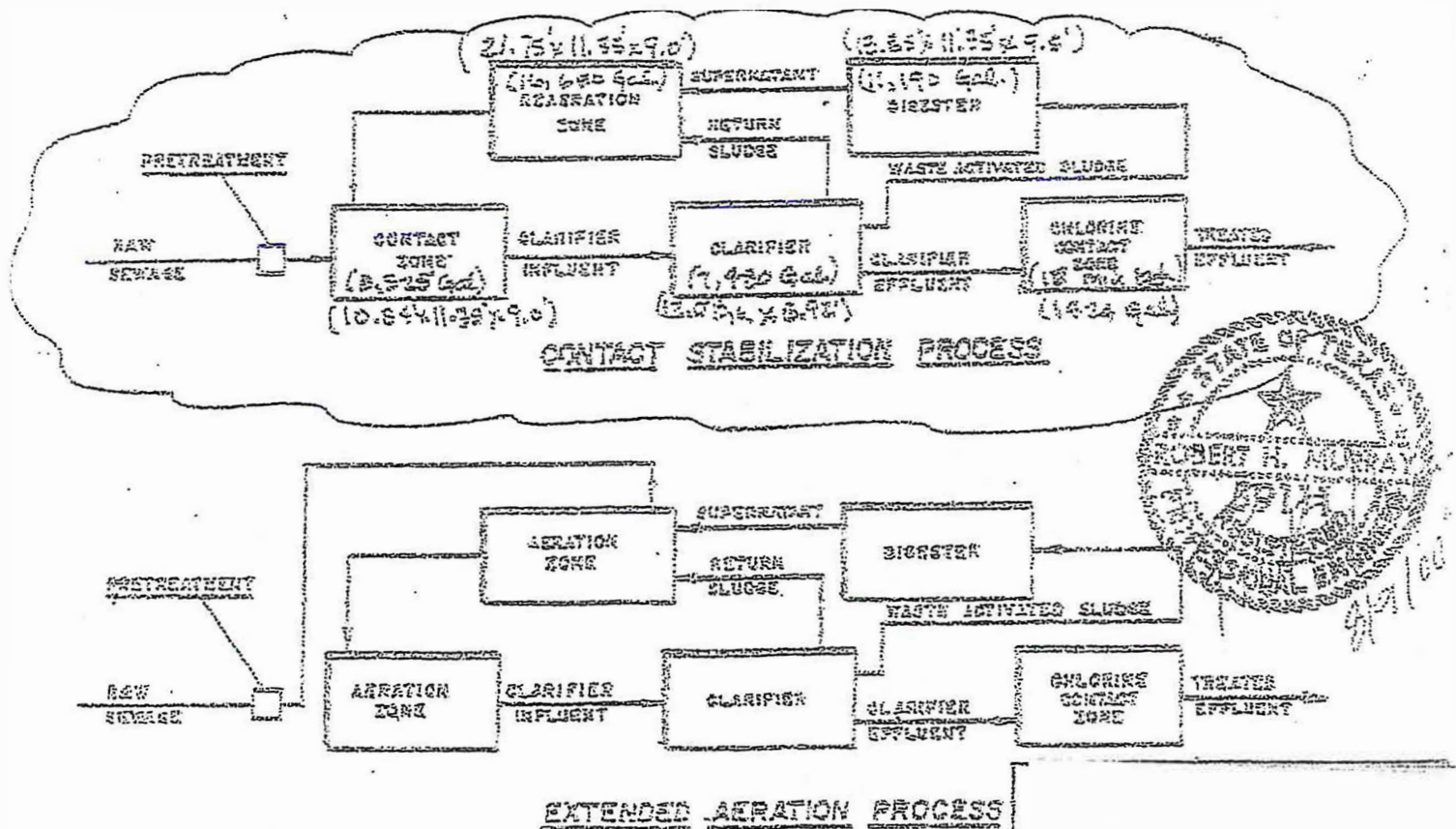
GENERAL

In liquid wastes there are two types of solids, inorganic and organic. The inorganic solids are "non-treatable" but are normally found in such small quantities that they cause little trouble in the treatment process. Excessive quantities of sand and grit can, however, cause blockages within the plant.

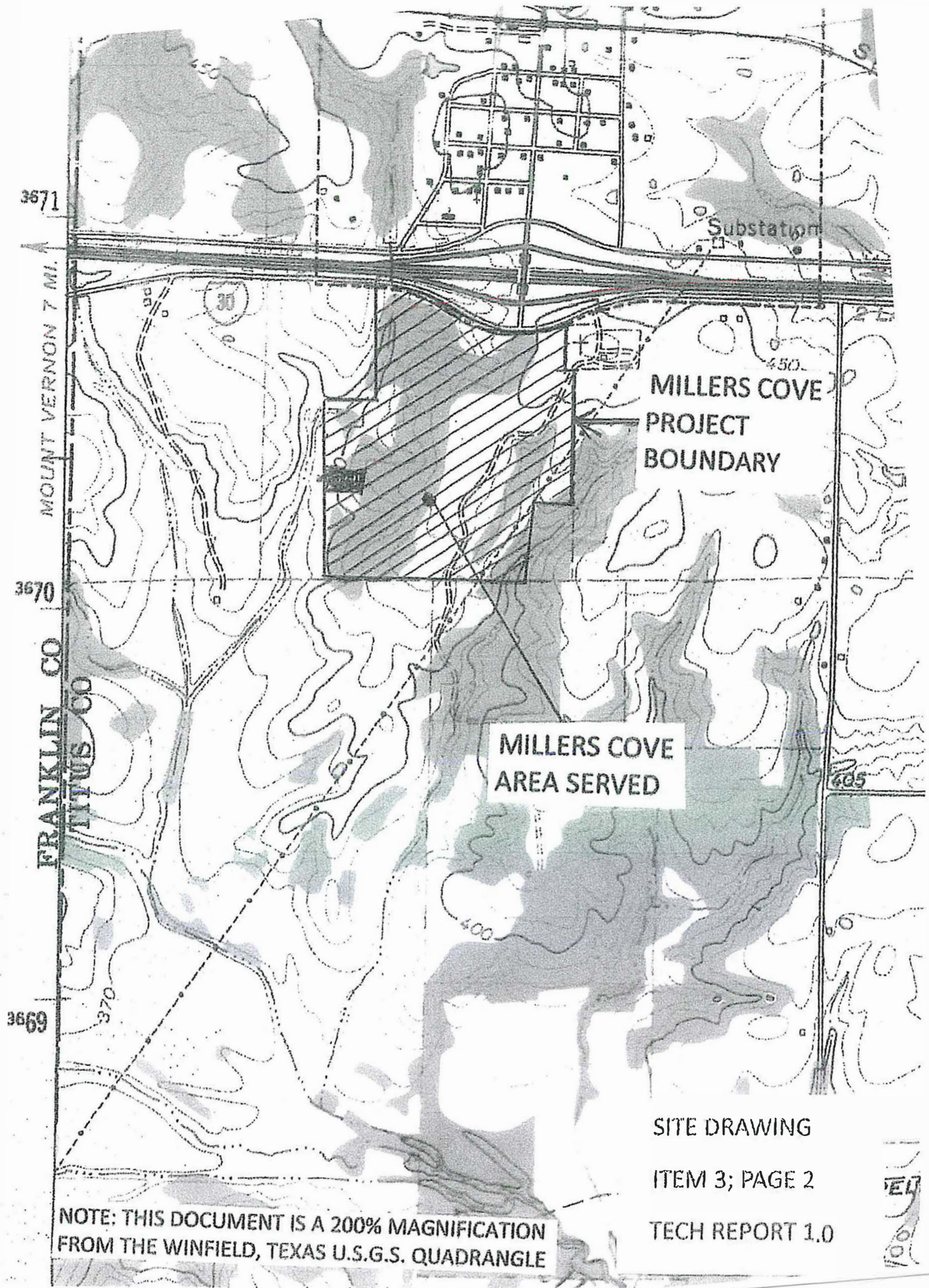
Organic solids will breakdown or decompose by biochemical reduction. The bacteria grown and maintained in the treatment plant are the same harmless, aerobic (able to live and grow only where free oxygen is present) type provided by nature in streams, in lakes, and in soil to destroy dead plants and animals. The difference is that an ideal environment is provided for a concentration of these bacteria thus the biological action is greatly accelerated.

Raw sewage is the food for the treatment plant bacteria. Diffused air provides the oxygen that permits them to live, grow, multiply, and quickly remove the contaminating elements from the sewage. As long as the bacteria colony in the treatment plant is well aerated and healthy, there will be no unpleasant odor from the treatment process. On the other hand, if the bacteria are not aerated, or if they are poisoned, a definite foul odor of decay will be noticed.

Shown below are the process diagrams which show the flow patterns utilized in the Davco treatment plant.



Flow Diagram
Item 2c page2
Tech Report 10



SITE DRAWING

ITEM 3; PAGE 2

TECH REPORT 1.0

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

TOWN OF MILLERS COVE, TEXAS 90+ acres-65 customers-NO COMMERCIAL WASTE

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
Millers Cove Wastewater Treatment Facility	Town of Millers Cove	Publicly Owned	200+
		Choose an item.	
		Choose an item.	
		Choose an item.	

Section 4. Unbuilt Phases (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

N/A

Section 5. Closure Plans (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

N/A

Section 6. Permit Specific Requirements (Instructions Page 44)

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

A. Summary transmittal

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

☒ Yes ☐ No

If yes, provide the date(s) of approval for each phase: 1976

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

N/A

B. Buffer zones

Have the buffer zone requirements been met?

☐ Yes ☒ No

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

N/A

C. Other actions required by the current permit

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

☐ Yes ☒ No

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

N/A

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

2. Grit and grease processing

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

N/A

3. Grit disposal

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

☐ Yes ☐ No

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

Describe the method of grit disposal.

N/A

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.

N/A

E. Stormwater management

1. Applicability

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

2. MSGP coverage

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

☐ Yes ☐ No

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

TXR05 [Click to enter text](#), or TXRNE [Click to enter text](#)

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

☐ Yes ☐ No

3. Conditional exclusion

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

☐ Yes ☐ No

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

N/A

4. Existing coverage in individual permit

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

☐ Yes ☐ No

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

N/A

5. Zero stormwater discharge

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

☐ Yes ☐ No

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

N/A

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

6. Request for coverage in individual permit

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

☐ Yes ☐ No

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

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

N/A

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

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

1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the 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.

N/A

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , mg/l	4.33		1	GRAB	7/24/25-7:50
Total Suspended Solids, mg/l	5.50		1	GRAB	7/24/25-7:50
Ammonia Nitrogen, mg/l	48.9		1	GRAB	7/24/25-7:50
Nitrate Nitrogen, mg/l	0.411		1	GRAB	7/24/25-7:50
Total Kjeldahl Nitrogen, mg/l	45.0		1	GRAB	7/24/25-7:50
Sulfate, mg/l	66.8		1	GRAB	7/24/25-7:50
Chloride, mg/l	49.0		1	GRAB	7/24/25-7:50
Total Phosphorus, mg/l	8.06		1	GRAB	7/24/25-7:50
pH, standard units	7.53		1	GRAB	7/24/25-7:50
Dissolved Oxygen*, mg/l	5.03		1	GRAB	7/24/25-7:50
Chlorine Residual, mg/l	2.83		1	GRAB	7/24/25-7:50
<i>E.coli</i> (CFU/100ml) freshwater	1.0		1	GRAB	7/24/25-7:50
Enterococci (CFU/100ml) saltwater	N/a		1	GRAB	7/24/25-7:50
Total Dissolved Solids, mg/l	350		1	GRAB	7/24/25-7:50
Electrical Conductivity, μ mohs/cm, †	587		1	GRAB	7/24/25-7:50
Oil & Grease, mg/l	<4.71		1	GRAB	7/24/25-7:50
Alkalinity (CaCO ₃)*, mg/l	134		1	GRAB	7/24/25-7:50

*TPDES permits only

†TLAP permits only

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l					
Total Dissolved Solids, mg/l					
pH, standard units					
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity (CaCO ₃), mg/l					

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: JOSHUA MILLERFacility Operator's License Classification and Level: CLASS CFacility Operator's License Number: WWW0053602



SAMPLE CROSS REFERENCE

Project
1156047

Printed 8/6/2025 Page 1 of 1

Millers Cove
 Sue Miller
 P O Box 300
 Winfield, TX 75493-

Sample	Sample ID	Taken	Time	Received
2431231	Permit Renewal	07/24/2025	07:50:00	07/24/2025

Bottle 01 Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized, I
 Bottle 02 Polyethylene 1/2 gal (White), Q
 Bottle 03 Polyethylene Quart, Q
 Bottle 04 H2SO4 to pH <2 Glass Qt w/Teflon lined lid, Q
 Bottle 05 H2SO4 to pH <2 Glass Qt w/Teflon lined lid, Q
 Bottle 06 16 oz HNO3 Metals Plastic, Q
 Bottle 07 8 oz Plastic H2SO4 pH <2, Q
 Bottle 08 BOD Titration Beaker A (Batch 1187050) Volume: 100.00000 mL <== Derived from 02 (100 ml)
 Bottle 09 BOD Analytical Beaker B (Batch 1187050) Volume: 100.00000 mL <== Derived from 02 (100 ml)
 Bottle 10 Prepared Bottle: ICP Preparation for Metals (Batch 1187125) Volume: 50.00000 mL <== Derived from 06 (50 ml)
 Bottle 11 Prepared Bottle: NH3N TRAACS Autosampler Vial (Batch 1187127) Volume: 6.00000 mL <== Derived from 07 (6 ml)
 Bottle 12 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1187373) Volume: 20.00000 mL <== Derived from 07 (20 ml)

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 300.0 2.1	02	1187134	07/24/2025	1187134	07/24/2025
EPA 200.7 4.4	10	1187125	07/25/2025	1187237	07/25/2025
SM 2320 B-2011	02	1188946	08/05/2025	1188946	08/05/2025
SM 5210 B-2016 (TCMP Inhibitor)	02	1187050	07/30/2025	1187050	07/30/2025
SM 2510 B-2011	02	1188096	07/30/2025	1188096	07/30/2025
SM 4500-C1 G-2011		1186998	07/24/2025	1186998	07/24/2025
SM 4500-O G-2016		1186962	07/24/2025	1186962	07/24/2025
EPA 1664B (HEM)	04	1187791	07/29/2025	1187791	07/29/2025
SM 9223 B (Colilert-18 QT)-2016	01	1187174	07/25/2025	1187174	07/25/2025
SM 9223 B (Colilert-18 QT)-2016	01	1187173	07/25/2025	1187173	07/25/2025
EPA 350.1 2	11	1187127	07/25/2025	1187668	07/29/2025
SM 2540 C-2020	03	1187732	07/26/2025	1187732	07/26/2025
EPA 351.2 2	12	1187373	07/28/2025	1187592	07/29/2025
SM 2540 D-2020	02	1187452	07/28/2025	1187452	07/28/2025
SM 4500-H+ B-2011		1186900	07/24/2025	1186900	07/24/2025

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Millers Cove
 Sue Miller
 P O Box 300
 Winfield, TX 75493

Project

1156047

Printed: 08/06/2025

RESULTS

Sample Results

2431231 Permit Renewal

Received: 07/24/2025

Non-Potable Water

Collected by: Client
 Taken: 07/24/2025

Millers Cove
 07:50:00

PO:

EPA 1664B (HEM)

Prepared: 1187791 07/29/2025 06:45:00 Analyzed 1187791 07/29/2025 06:45:00 BEK

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Oil and Grease (HEM)	<4.71	mg/L	4.71			04

EPA 200.7 4.4

Prepared: 1187125 07/25/2025 07:00:00 Analyzed 1187237 07/25/2025 15:15:00 ANC

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Phosphorus	8.06	mg/L	0.040		7723-14-0	10

EPA 300.0 2.1

Prepared: 1187134 07/24/2025 21:14:00 Analyzed 1187134 07/24/2025 21:14:00 KAP

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Chloride	49.0	mg/L	3.00			02
NELAC Nitrate-Nitrogen Total	0.411	mg/L	0.226		14797-55-8	02
NELAC Sulfate	66.8	mg/L	3.00			02

EPA 350.1 2

Prepared: 1187127 07/25/2025 10:51:00 Analyzed 1187668 07/29/2025 08:49:00 AMB

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Ammonia Nitrogen	48.9	mg/L	0.400			11

EPA 351.2 2

Prepared: 1187373 07/28/2025 09:46:21 Analyzed 1187592 07/29/2025 06:37:00 AMB

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Total Kjeldahl Nitrogen	45.0	mg/L	0.500		7727-37-9	12

SM 2320 B-2011

Prepared: 1188946 08/05/2025 08:09:00 Analyzed 1188946 08/05/2025 08:09:00 TRC

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Total Alkalinity (as CaCO3)	134	mg/L	1.00			02



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Millers Cove
 Sue Miller
 P O Box 300
 Winfield, TX 75493

Project
 1156047

Printed: 08/06/2025

2431231 Permit Renewal

Received: 07/24/2025

Non-Potable Water

Collected by: Client
 Taken: 07/24/2025

Millers Cove
 07:50:00

PO:

SM 2510 B-2011

Prepared: 1188096 07/30/2025 15:50:00 Analyzed 1188096 07/30/2025 15:50:00 JKL

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Lab Spec. Conductance at 25 C	587	umhos/cm				02

SM 2540 C-2020

Prepared: 1187732 07/26/2025 13:05:00 Analyzed 1187732 07/26/2025 13:05:00 JMB

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Total Dissolved Solids	350	mg/L	50.0			03

SM 2540 D-2020

Prepared: 1187452 07/28/2025 05:10:00 Analyzed 1187452 07/28/2025 05:10:00 LSM

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Total Suspended Solids	5.50	mg/L	2.00			02

SM 4500-CI G-2011

Prepared: 1186998 07/24/2025 07:56:00 Analyzed 1186998 07/24/2025 07:56:00 CLI

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Cl2 Res., Total(Onsite)Spec Mid [RL 0.05 mg/L]	2.83	mg/L	0.05			

SM 4500-H+ B-2011

Prepared: 1186900 07/24/2025 07:56:00 Analyzed 1186900 07/24/2025 07:56:00 CLI

Parameter	Results	Units	RL	Flags	CAS	Bottle
pH Client Provided	7.53	SU	0			

SM 4500-O G-2016

Prepared: 1186962 07/24/2025 08:05:00 Analyzed 1186962 07/24/2025 08:05:00 CLI

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Dissolved Oxygen by Client	5.03	mg/L	1			

SM 5210 B-2016 (TCMP Inhibitor)

Prepared: 1187050 07/25/2025 Analyzed 1187050 07/30/2025 11:45:18 ESN

Parameter	Results	Units	RL	Flags	CAS	Bottle
ELAC BOD Carbonaceous	4.33	mg/L	2.00			02



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Millers Cove
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 Winfield, TX 75493

Project
 1156047

Printed: 08/06/2025

2431231 Permit Renewal

Received: 07/24/2025

Non-Potable Water

Collected by: Client

Millers Cove

PO:

Taken: 07/24/2025

07:50:00

SM 9223 B (Colilert-18 QT)-2016

Prepared: 1187173 07/25/2025 10:48:00 Analyzed 1187173 07/25/2025 10:48:00 MDA:

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC MPN, Total Coliform, Non-Pot	88.0	MPN/100mL	1.00			01

SM 9223 B (Colilert-18 QT)-2016

Prepared: 1187174 07/25/2025 10:48:00 Analyzed 1187174 07/25/2025 10:48:00 MDA:

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC MPN, E.coli, Col-18 - Non-Pot	1.0	MPN/100mL	1.00			01

Sample Preparation

2431231 Permit Renewal

Received: 07/24/2025

07/24/2025

Prepared: 07/24/2025 15:54:12 Calculated 07/24/2025 15:54:12 CAL

Enviro Fee (per Sampling Group)

Verified

EPA 1664B (HEM)

Prepared: 1187521 07/29/2025 06:45:00 Analyzed 1187521 07/29/2025 06:45:00 BEK

NELAC O&G HEM Started

Started

EPA 200.2 2.8

Prepared: 1187125 07/25/2025 07:00:00 Analyzed 1187125 07/25/2025 07:00:00 AMC

Liquid Metals Digestion

50/50

ml

06



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Project
 1156047

Printed: 08/06/2025

2431231 Permit Renewal

Received: 07/24/2025

07/24/2025

EPA 350.1, Rev. 2.0		Prepared:	1187127	07/25/2025	10:51:00	Analyzed	1187127	07/25/2025	10:51:00	MEG
NELAC	Ammonia Distillation	6/6	ml							07
EPA 351.2, Rev 2.0		Prepared:	1187373	07/28/2025	09:46:21	Analyzed	1187373	07/28/2025	09:46:21	MEG
NELAC	TKN Block Digestion	20/20	ml							07
SM 2540 C-2015		Prepared:	1187298	07/26/2025	13:05:00	Analyzed	1187298	07/26/2025	13:05:00	JMB
NELAC	Total Dissolved Solids Started	Started								
SM 2540 D-2011		Prepared:	1185872	07/28/2025	05:10:00	Analyzed	1185872	07/28/2025	05:10:00	LSM
NELAC	TSS Set Started	Started								
SM 5210 B-2016 (TCMP Inhibitor)		Prepared:	1187050	07/25/2025		Analyzed	1187050	07/25/2025	06:52:23	ESN
NELAC	BOD ₅ Set Started	Started								
SM 9223 B (Colilert-18 QT)-2016		Prepared:	1187163	07/24/2025	15:43:00	Analyzed	1187163	07/24/2025	15:43:00	MIDN
NELAC	MPN (Colilert-18) Start Non-Pot	STARTED								01



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2600 Dudley Rd. Kilgore, Texas 75662
24 Waterway Avenue, Suite 375 The Woodlands, TX 77380
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MLC1-A

Millers Cove
Sue Miller
P O Box 300
Winfield, TX 75493-

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Project
1156047

Printed: 08/06/2025

Qualifiers:

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

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

(N)ELAC - Covered in our NELAC scope of accreditation

z -- Not covered by our NELAC scope of accreditation

These analytical results relate to the sample tested. This report may NOT be reproduced EXCEPT in FULL without written approval of SPL Kilgore. Unless otherwise specified, these test results meet the requirements of NELAC.

RL is the Reporting Limit (sample specific quantitation limit) and is at or above the Method Detection Limit (MDL). CAS is Chemical Abstract Service number. RL is our Reporting Limit, or Minimum Quantitation Level. The RL takes into account the Instrument Detection Limit (IDL), Method Detection Limit (MDL), and Practical Quantitation Limit (POL), and any dilutions and/or concentrations performed during sample preparation (EQL). Our analytical result must be above this RL before we report a value in the 'Results' column of our report (without a 'J' flag). Otherwise, we report ND (Not Detected above RL), because the result is "<" (less than) the number in the RL column. MAL is Minimum Analytical Level and is typically from regulatory agencies. Unless we report a result in the result column, or interferences prevent it, we work to have our RL at or below the MAL.

Bill Peery

Bill Peery, MS, VP Technical Services



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QUALITY CONTROL



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MLC1-A

Millers Cove
Sue Miller
P O Box 300
Winfield, TX 75493-

Project
1156047

Printed 08/06/2025

Analytical Set 1187173

SM 9223 B (Colilert-18 QT)-2016

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
MPN, Total Coliform, Non-Pot	1187173	<1.0	1.00	1.00	MPN/100mL	127878223

Micro Dup

Parameter	Sample	Type	Result	Unknown	Unit	Range	Criterion
MPN, Total Coliform, Non-Pot	2431182	Duplicate	>2419.6	>2419.6	MPN/100mL		0.7825
MPN, Total Coliform, Non-Pot	2431239	Duplicate	<1.0	1.0	MPN/100mL	0	0.7825

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
P. aeruginosa	1187163	<1.0	<1.0	MPN/100mL	-	-	127878220
Standard E. coli	1187163	>2419.6	>2419.6	MPN/100mL	-	-	127878222
Standard K. varicola	1187163	>2419.6	>2419.6	MPN/100mL	-	-	127878221

Analytical Set 1187174

SM 9223 B (Colilert-18 QT)-2016

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
MPN, E.coli, Col.-18 - Non-Pot	1187174	<1.0	1.00	1.00	MPN/100mL	127878241

Micro Dup

Parameter	Sample	Type	Result	Unknown	Unit	Range	Criterion
MPN, E.coli, Col.-18 - Non-Pot	2431182	Duplicate	9.8	20.9	MPN/100mL	0.329	0.7825
MPN, E.coli, Col.-18 - Non-Pot	2431239	Duplicate	<1.0	<1.0	MPN/100mL	0	0.7825

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
P. aeruginosa	1187163	<1.0	<1.0	MPN/100mL	-	-	127878238
Standard E. coli	1187163	>2419.6	>2419.6	MPN/100mL	-	-	127878240
Standard K. varicola	1187163	<1.0	<1.0	MPN/100mL	-	-	127878239

Analytical Set 1187050

SM 5210 B-2016 (TCMP Inhibitor)

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
BOD Carbonaceous	1187050	0.03	0.200	0.500	mg/L	127874347
BOD Carbonaceous	1187050	0.06	0.200	0.500	mg/L	127874397
BOD Carbonaceous	1187050	0.09	0.200	0.500	mg/L	127874447

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
BOD Carbonaceous	2430915	2.68	2.28	mg/L	16.1	30.0
BOD Carbonaceous	2430984	ND	3.80	mg/L	200	30.0
BOD Carbonaceous	2431156	3.65	3.77	mg/L	3.23	30.0
BOD Carbonaceous	2431197	11.0	10.5	mg/L	4.65	30.0
BOD Carbonaceous	2431295	12.6	12.3	mg/L	2.41	30.0

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QUALITY CONTROL



MLC1-A

Millers Cove
Sue Miller
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Project
1156047

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Seed Drop

Parameter	PrepSet	Reading	MDL	MQL	Units	File
BOD Carbonaceous	1187050	0.370	0.200	0.500	mg/L	127874349
BOD Carbonaceous	1187050	0.517	0.200	0.500	mg/L	127874399
BOD Carbonaceous	1187050	0.367	0.200	0.500	mg/L	127874449

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
BOD Carbonaceous		222	198	mg/L	112	83.7 - 116	127874350
BOD Carbonaceous		203	198	mg/L	103	83.7 - 116	127874400
BOD Carbonaceous		197	198	mg/L	99.5	83.7 - 116	127874450

Analytical Set 1187592

EPA 351.2 2

AWRL/LOQ C

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	0.198	0.200	mg/L	99.0	75.0 - 125	127889617
Total Kjeldahl Nitrogen	0.197	0.200	mg/L	98.5	75.0 - 125	127889651

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Kjeldahl Nitrogen	1187373	ND	0.00712	0.050	mg/L	127889555

CCB

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Kjeldahl Nitrogen	1187373	ND	0.00712	0.050	mg/L	127889554
Total Kjeldahl Nitrogen	1187373	ND	0.00712	0.050	mg/L	127889566
Total Kjeldahl Nitrogen	1187373	ND	0.00712	0.050	mg/L	127889576
Total Kjeldahl Nitrogen	1187373	ND	0.00712	0.050	mg/L	127889649

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	5.16	5.00	mg/L	103	90.0 - 110	127889553
Total Kjeldahl Nitrogen	5.13	5.00	mg/L	103	90.0 - 110	127889563
Total Kjeldahl Nitrogen	5.15	5.00	mg/L	103	90.0 - 110	127889572
Total Kjeldahl Nitrogen	5.17	5.00	mg/L	103	90.0 - 110	127889579
Total Kjeldahl Nitrogen	5.16	5.00	mg/L	103	90.0 - 110	127889584
Total Kjeldahl Nitrogen	5.45	5.00	mg/L	109	90.0 - 110	127889593
Total Kjeldahl Nitrogen	5.47	5.00	mg/L	109	90.0 - 110	127889604
Total Kjeldahl Nitrogen	5.45	5.00	mg/L	109	90.0 - 110	127889615
Total Kjeldahl Nitrogen	5.31	5.00	mg/L	106	90.0 - 110	127889626
Total Kjeldahl Nitrogen	5.49	5.00	mg/L	110	90.0 - 110	127889637
Total Kjeldahl Nitrogen	5.45	5.00	mg/L	109	90.0 - 110	127889648
Total Kjeldahl Nitrogen	5.46	5.00	mg/L	109	90.0 - 110	127889653

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Kjeldahl Nitrogen	2431467	0.968	0.940	mg/L	2.94	20.0
Total Kjeldahl Nitrogen	2431471	0.487	0.488	mg/L	0.205	20.0

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QUALITY CONTROL



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MLC1-A

Millers Cove
Sue Miller
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Winfield, TX 75493-



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ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	5.06	5.00	mg/L	101	90.0 - 110	127889552

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Total Kjeldahl Nitrogen	1187373	5.39	5.36	5.00	90.0 - 110	108	107	mg/L	0.558	20.0

Mat. Spike

Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File
Total Kjeldahl Nitrogen	2431467	5.42	0.940	5.00	mg/L	89.6	80.0 - 120	127889560
Total Kjeldahl Nitrogen	2431471	5.30	0.488	5.00	mg/L	96.2	80.0 - 120	127889564

Analytical Set 1187668

EPA 350.1 2

Blank

Parameter	PrepSet	Reading	MDL	MDL	Units	File
Ammonia Nitrogen	1187127	ND	0.00336	0.020	mg/L	127891356

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Ammonia Nitrogen	2.19	2.00	mg/L	110	90.0 - 110	127891293
Ammonia Nitrogen	2.18	2.00	mg/L	109	90.0 - 110	127891301
Ammonia Nitrogen	2.19	2.00	mg/L	110	90.0 - 110	127891312
Ammonia Nitrogen	2.16	2.00	mg/L	108	90.0 - 110	127891322
Ammonia Nitrogen	2.15	2.00	mg/L	108	90.0 - 110	127891333
Ammonia Nitrogen	2.14	2.00	mg/L	107	90.0 - 110	127891343
Ammonia Nitrogen	2.20	2.00	mg/L	110	90.0 - 110	127891353
Ammonia Nitrogen	2.17	2.00	mg/L	108	90.0 - 110	127891364
Ammonia Nitrogen	2.16	2.00	mg/L	108	90.0 - 110	127891374
Ammonia Nitrogen	2.13	2.00	mg/L	106	90.0 - 110	127891385
Ammonia Nitrogen	2.14	2.00	mg/L	107	90.0 - 110	127891396
Ammonia Nitrogen	2.12	2.00	mg/L	106	90.0 - 110	127891402

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Ammonia Nitrogen	2431157	ND	ND	mg/L		20.0

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Ammonia Nitrogen	2.17	2.00	mg/L	108	90.0 - 110	127891292

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Ammonia Nitrogen	1187127	2.17	2.07	2.00	90.0 - 110	108	104	mg/L	4.72	20.0

Mat. Spike

Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File
Ammonia Nitrogen	2431157	2.25	ND	2.00	mg/L	112	80.0 - 120	127891362

Analytical Set 1187452

SM 2540 D-2020

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QUALITY CONTROL



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MLC1-A

Millers Cove
Sue Miller
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Project
1156047

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Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Suspended Solids	1187452	ND	2	2	mg/L	127885452

ControlBlk

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Suspended Solids	1187452	0			grams	127885451

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Suspended Solids	2431292	263	275	mg/L	4.46	20.0
Total Suspended Solids	2431348	80.0	84.0	mg/L	4.88	20.0
Total Suspended Solids	2431420	216	224	mg/L	3.64	20.0

LCS

Parameter	PrepSet	Reading	Known	Units	Recover%	Limits	File
Total Suspended Solids	1187452	50.0	50.0	mg/L	100	90.0 - 110	127885485

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
Total Suspended Solids		94.0	100	mg/L	94.0	90.0 - 110	127885484

Analytical Set 1187732

SM 2540 C-2020

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Dissolved Solids	1187732	ND	5.00	5.00	mg/L	127892684

ControlBlk

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Dissolved Solids	1187732	0.0004			grams	127892671

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Dissolved Solids	2430860	278	286	mg/L	2.84	20.0

LCS

Parameter	PrepSet	Reading	Known	Units	Recover%	Limits	File
Total Dissolved Solids	1187732	196	200	mg/L	98.0	85.0 - 115	127892672

Analytical Set 1187791

EPA 1664B (HEM)

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Oil and Grease (HEM)	1187791	ND	0.804	4.00	mg/L	127893994

ControlBlk

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Oil and Grease (HEM)	1187791	0.0001			grams	127893993
Oil and Grease (HEM)	1187791	-0.0001			grams	127894018

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MLC1-A

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LCS

Parameter	PrepSet	Reading	Known	Units	Recover%	Limits	File
Oil and Grease (HEM)	1187791	37.4	40.0	mg/L	93.5	78.0 - 114	127893995

MS

Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Oil and Grease (HEM)	2431933	36.3	0	ND	40.0	78.0 - 114	90.8		mg/L		20.0

Analytical Set 1187134

EPA 300.0 2.1

AWRL/LOQ C

Parameter	Reading	Known	Units	Recover%	Limits%	File
Nitrate-Nitrogen Total	0.0222	0.0226	mg/L	98.2	70.0 - 130	127877312

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Chloride	1187134	0.052	0.0298	0.300	mg/L	127877313
Nitrate-Nitrogen Total	1187134	ND	0.00464	0.0226	mg/L	127877313
Sulfate	1187134	ND	0.160	0.300	mg/L	127877313

CCB

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Chloride	1187134	0	0.0298	0.300	mg/L	127877309
Chloride	1187134	0.0543	0.0298	0.300	mg/L	127877329
Chloride	1187134	0.0522	0.0298	0.300	mg/L	127877339
Nitrate-Nitrogen Total	1187134	0	0.00464	0.0226	mg/L	127877309
Nitrate-Nitrogen Total	1187134	0	0.00464	0.0226	mg/L	127877329
Nitrate-Nitrogen Total	1187134	0	0.00464	0.0226	mg/L	127877339
Sulfate	1187134	0	0.160	0.300	mg/L	127877309
Sulfate	1187134	0	0.160	0.300	mg/L	127877329
Sulfate	1187134	0	0.160	0.300	mg/L	127877339

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Chloride	10.2	10.0	mg/L	102	90.0 - 110	127877308
Chloride	10.2	10.0	mg/L	102	90.0 - 110	127877328
Chloride	10.2	10.0	mg/L	102	90.0 - 110	127877338
Nitrate-Nitrogen Total	2.27	2.26	mg/L	100	90.0 - 110	127877308
Nitrate-Nitrogen Total	2.29	2.26	mg/L	101	90.0 - 110	127877328
Nitrate-Nitrogen Total	2.28	2.26	mg/L	101	90.0 - 110	127877338
Sulfate	9.55	10.0	mg/L	95.5	90.0 - 110	127877308
Sulfate	9.54	10.0	mg/L	95.4	90.0 - 110	127877328
Sulfate	9.51	10.0	mg/L	95.1	90.0 - 110	127877338

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Chloride	1187134	5.03	5.02	5.00	85.0 - 115	101	100	mg/L	0.199	20.0
Nitrate-Nitrogen Total	1187134	1.27	1.27	1.13	86.3 - 117	112	112	mg/L	0	20.0
Sulfate	1187134	4.70	4.71	5.00	85.4 - 124	94.0	94.2	mg/L	0.213	20.0

Email: Kilgore.ProjectManagement@spllabs.com



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QUALITY CONTROL



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MLC1-A

Millers Cove
Sue Miller
P O Box 300
Winfield, TX 75493-

Project

1156047

Printed 08/06/2025

MSD

Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Chloride	2429964	465	456	285	200	80.0 - 120	90.0	85.5	mg/L	5.13	20.0
Nitrate-Nitrogen Total	2429964	45.9	45.4	ND	45.2	80.0 - 120	102	100	mg/L	1.10	20.0
Sulfate	2429964	1510	1460	1250	200	80.0 - 120	130 *	105	mg/L	21.3 *	20.0
Chloride	2429965	333	339	151	200	80.0 - 120	91.0	94.0	mg/L	3.24	20.0
Nitrate-Nitrogen Total	2429965	45.5	46.0	ND	45.2	80.0 - 120	101	102	mg/L	1.09	20.0
Sulfate	2429965	1340	1380	1090	200	80.0 - 120	125 *	145 *	mg/L	14.8	20.0

Analytical Set 1187237

EPA 200.7 4.4

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Phosphorus	1187125	ND	0.0353	0.040	mg/L	127880465

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Phosphorus	1.01	1.00	mg/L	101	90.0 - 110	127880464
Phosphorus	1.01	1.00	mg/L	101	90.0 - 110	127880472

ICL

Parameter	Reading	Known	Units	Recover%	Limits%	File
Phosphorus	25.0	25.0	mg/L	100	95.0 - 105	127880462

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Phosphorus	1.04	1.00	mg/L	104	90.0 - 110	127880463

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Phosphorus	1187125	3.91	3.99	4.00	85.0 - 115	97.8	99.8	mg/L	2.03	25.0

MSD

Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Phosphorus	2431113	6.62	6.50	2.54	4.00	75.0 - 125	102	99.0	mg/L	2.99	25.0

Analytical Set 1188096

SM 2510 B-2011

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Lab Spec. Conductance at 25 C	1188096	0.669			umhos/cm	127900270

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Lab Spec. Conductance at 25 C	2431231	597	587	umhos/cm	1.69	20.0

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Lab Spec. Conductance at 25 C	13000	12900	umhos/cm	101	90.0 - 110	127900273

Email: Kilgore.ProjectManagement@spilabs.com



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2000 Dudley Rd Kilgore, Texas 75662
 Office: 903-984-0851 • Fax: 903-984-5914



CHAIN OF CUSTODY

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Millers Cove
 Sue Miller
 P O Box 300
 Winfield, TX 75493

MLC1-A
 107

Lab Number 24.11231
 PO Number _____
 Phone: 903.984.3971

Permit Renewal

☐ Hand Delivered ☐ Not Hand Delivered

Matrix: Non-Potable Water

Sample Collection Start

Date: 7-24-25 Time: 7:50 amSampler Printed Name: Joshua MillerSampler Affiliation: Millers CoveSampler Signature: Joshua MillerSamples Radioactive? ☐Samples Contain Biotin? ☐Samples Biological Hazard? ☐☒ On Site Testing

MLAC

C120

C12 Res. Total(Onsite)Spec Mid (RL 0.05 mg/L)

SM-4500-C1 G-2011

C12 Res. Total(Onsite)Spec Mid (RL 0.05 mg/L)

Collected By JS Date 7/24/25 Time 7:52 am Analyzed By JS Date 7/24/25 Time 7:56 amResults 2.83 Units mg/l Temp. 26.2 C Duplicate _____ Units _____ Temp. _____ C

R1 _____

R2 _____

QC R1 _____

QC R2 _____

MLAC Short Hold

DOCI

Dissolved Oxygen by Client

SM-4500-DO G-2016 (0.0101 days)

Dissolved Oxygen by Client

Collected By JS Date 7/24/25 Time 7:52 am Analyzed By JS Date 7/24/25 Time 8:05 amResults 5.03 Units mg/l Temp. 26.2 C Duplicate _____ Units _____ Temp. _____ C

pHCl

pH Client Provided

SM-4500-HI B-2011



1156047 CoC Print Group 001 of 001

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 Office: 936.984.0551 • Fax: 936.984.5014



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Page 2 of 3

CHAIN OF CUSTODY

Millers Cove
 Sue Miller
 P.O. Box 300
 Winfield, TX 75491

MLC1-A
 107

pH Client Provided

Collected By AM Date 7/21/25 Time 7:52^{am} Analyzed By AM Date 7/21/25 Time 7:56^{am}

Results 7.53 Units mg/l Temp. 26.2 C Duplicates _____ Units _____ Temp. _____ C

<input checked="" type="checkbox"/> 1 Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized, I			
Method	Short Hold	MPNW	MPN, E. coli, Col. 18 - Non-Pet
			SM 9223 B (Coliforms-18 Q1)-2016 (11 days)
<input checked="" type="checkbox"/> 2 H2SO4 to pH <2 GIQt w/Tef-lined lid, Q			
Method	HPM	Oil and Grease (HBM)	EPA 166.01 (HEM) (28.0 days)
<input checked="" type="checkbox"/> 1 Polyethylene 1/2 gal (White), Q			
Method	Short Hold	BODc	BOD Carbonaceous
			SM 5210 B-2016 (TCMP Inhibition) (14 days)
Method		TSS	Total Suspended Solids
			SM 2540 D-2020 (7.00 days)
<input checked="" type="checkbox"/> 1 HNO3 to pH <2 Polyethylene 500 mL for Metals, Q			
Method		*PH	Phosphorus
			EPA 200.7-4.4 CAS:7723-14-0 (28.0 days)
		301L	Liquid Metals Digestion
			EPA 200.2.2.8 (180 days)
<input checked="" type="checkbox"/> 1 H2SO4 to pH <2 250 ml Polyethylene, Q			
Method		NH4N	Ammonia Nitrogen
			EPA 320.1.2 (28.0 days)
Method		TKN	Total Kjeldahl Nitrogen
			EPA 351.2.2 CAS:7727-37-9 (28.0 days)
<input checked="" type="checkbox"/> 1 Polyethylene Quart, Q			
Method		ICIL	Chloride
			EPA 309.0 2.1 (28.0 days)
Method	Short Hold	IN3L	Nitrate-Nitrogen Total
			EPA 309.0 2.1 CAS:14797-55-8 (28.0 days)
Method		IS4L	Sulfate
			EPA 309.0 2.1 (28.0 days)
Method		ALK+	Total Alkalinity (as CaCO3)
			SM 2320 B-2011 (14.0 days)
Method		CONL	Lab Spec. Conductance at 25 C
			SM 2510 B-2011 (28.0 days)
Method		TDS	Total Dissolved Solids
			SM 2540 C-2020 (7.00 days)





COOLER CHECKIN

Region/Driver/Client

HVV

Date / Time:

7/24 / 1500

Cooler:

of

Shipping Company:

SPL

Temp Label:

7/24 1500 KR		
Date	Time	Tech
Temp: 0.1	0.0	c
Therm#: 7738 Corr Fact: 0.1 C		

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

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

Check all that apply. See instructions for guidance

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

B. WWTP's Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

C. Sewage Sludge or Biosolids Management

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

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Other	Off-site Third-Party Handler or Preparer	Bulk		Class B: PSRP Composting	N/A: Transported to another facility for further processing
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

If "Other" is selected for Management Practice, please explain (e.g. monofill or transport to another WWTP): Transported to a permitted processing facility-included is a Liquid waste Transportation ticket with pick up; transportation; and disposal verifications.

D. Disposal site

Disposal site name: STOUTS CREEK COMPOST

TCEQ permit or registration number: 2382

County where disposal site is located: HOPKINS

E. Transportation method

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

Name of the hauler: NORTH EAST TEXAS DISPOSAL

Hauler registration number: 23977

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)?



STOUTS CREEK COMPOST

Liquid Waste Transportation Ticket

GENERATOR INFORMATION

Generator Name: Millers Cove Address: _____

Phone No.: _____ City/State/Zip: _____

Waste Removed From: Septic, Grease Other: Specify _____ Tank Size: 3400 Gallons

I certify that the waste material removed from the above premises contains no hazardous material.

Generator Name: Toshua Moore Date and Time: 6/2/25 13:30pm Generator Signature: [Signature]

TRANSPORTER INFORMATION

Business Name: Stouts Creek Compost

Address: 1000 CR 3372, Pickett, TX 75471

Phone No.: 903-335-5946

Disposal Facility Permit No.: 2382

I certify that I have been authorized by the TCEQ to accept the above specified waste and that I have disposed of the waste in accordance with the requirements outlined in that authorization.

Amount Received: 3400 Site Operator: LF Date and Time Received: 6/2/25 Site Operator Signature: [Signature]

TRANSPORTER INFORMATION

Business Name: Northeast Texas Disposal

Address: P.O. Box 2000, Sulphur Springs, TX 75483

Phone No.: 903-865-4946

TCEQ Reg. No.: 23977

Gallons Transported: 3400 Waste Disposal Site Name: Stouts Creek Compost Permit # 2382

I certify that the information provided above is correct, and that only the waste certified for removal by the generator is contained in the serving vehicle. I am aware that falsification of this trip ticket may result in revocation of my waste transportation permit, criminal prosecution and/or civil penalties.

Driver's Name: Braxton Date and Time Waste Transported: 6/2 Driver's Signature: [Signature]

Form #215740

☐ Yes ☐ No

B. Sludge processing authorization

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

Sludge Composting	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Marketing and Distribution of Biosolids	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Sludge Surface Disposal or Sludge Monofill	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Temporary storage in sludge lagoons	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

A. Location information

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

- Original General Highway (County) Map:
Attachment: [Click to enter text.](#)
- USDA Natural Resources Conservation Service Soil Map:
Attachment: [Click to enter text.](#)
- Federal Emergency Management Map:
Attachment: [Click to enter text.](#)
- Site map:
Attachment: [Click to enter text.](#)

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

- ☐ Overlap a designated 100-year frequency flood plain
- ☐ Soils with flooding classification
- ☐ Overlap an unstable area
- ☐ Wetlands
- ☐ Located less than 60 meters from a fault
- ☐ None of the above

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

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

N/A

B. Temporary storage information

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

Nitrate Nitrogen, mg/kg: [Click to enter text.](#)

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

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

Phosphorus, mg/kg: [Click to enter text.](#)

Potassium, mg/kg: [Click to enter text.](#)

pH, standard units: [Click to enter text.](#)

Ammonia Nitrogen mg/kg: [Click to enter text.](#)

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

C. Liner information

Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity of 1×10^{-7} cm/sec?

☐ Yes ☐ No

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

N/A

D. Site development plan

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

N/A

Attach the following documents to the application.

- Plan view and cross-section of the sludge lagoon(s)
Attachment: [Click to enter text.](#)
- Copy of the closure plan
Attachment: [Click to enter text.](#)
- Copy of deed recordation for the site
Attachment: [Click to enter text.](#)
- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons
Attachment: [Click to enter text.](#)
- Description of the method of controlling infiltration of groundwater and surface water from entering the site
Attachment: [Click to enter text.](#)
- Procedures to prevent the occurrence of nuisance conditions
Attachment: [Click to enter text.](#)

E. Groundwater monitoring

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

☐ Yes ☐ No

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

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

Section 12. Authorizations/Compliance/Enforcement (Instructions)

A. Additional authorizations

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

☐ Yes ☒ No

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

N/A

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

N/A

Section 13. RCRA/CERCLA Wastes (Instructions Page 55)**A. RCRA hazardous wastes**

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

Attachment: NONE

Section 14. Laboratory Accreditation (Instructions Page 55)

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

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

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

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

CERTIFICATION:

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

Printed Name: Javier Ramirez

Title: Mayor

Signature: Javier Ramirez

Date: 4-15-25

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

Owner of the drinking water supply: Click to enter text.

Distance and direction to the intake: Click to enter text.

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

Attachment: Click to enter text.

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

A. Receiving water outfall

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

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

N/A

C. Sea grasses

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

☐ Yes ☐ No

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

N/A

Section 3. Classified Segments (Instructions Page 63)

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

☐ Yes ☒ No

If yes, this Worksheet is complete.

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

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

Name of the immediate receiving waters: [Click to enter text.](#)

A. Receiving water type

Identify the appropriate description of the receiving waters.

☒ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: [Click to enter text.](#)

Average depth of the entire water body, in feet: [Click to enter text.](#)

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

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

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

B. Flow characteristics

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

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

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

☐ Perennial - normally flowing

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

☐ USGS flow records

☐ Historical observation by adjacent landowners

☒ Personal observation

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

C. Downstream perennial confluences

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

Unnamed tributary; then Blundell 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.

Receiving waters change from intermittent to perennial flow at Blundell Creek.

E. Normal dry weather characteristics

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

Effluent discharge point will be dry and Blundell Creek will not be flowing, only holding waters in shallow pools.

Date and time of observation: Late summer day around noon, 2024.

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 checked="" type="checkbox"/> Upstream discharges | <input checked="" type="checkbox"/> Agricultural runoff |
| <input type="checkbox"/> Septic tanks | <input type="checkbox"/> Other(s), specify: <u>Click to enter text.</u> |

B. Waterbody uses

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

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

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

Section 1. All POTWs (Instructions Page 87)

A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs - non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

B. Treatment plant interference

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

☐ Yes ☒ No

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

N/A

C. Treatment plant pass through

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

☐ Yes ☒ No

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

N/A

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

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

A. Substantial modifications

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

☐ Yes ☐ No

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

N/A

B. Non-substantial modifications

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

☐ Yes ☐ No

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

N/A

C. Effluent parameters above the MAL

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

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. Industrial user interruptions

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

☐ Yes ☐ No

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

N/A

Section 3. Significant Industrial User (SIU) Information and

A. General information

Company Name: NONE

SIC Code: Click to enter text.

Contact name: Click to enter text.

Address: Click to enter text.

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

Telephone number: Click to enter text.

Email address: Click to enter text.

B. Process information

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

NONE

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: NONE

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: NONE

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

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

[Click or tap here to enter text. Click to enter text.](#)

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

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

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

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

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

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

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

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

F. Industrial user interruptions

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

☐ Yes ☒ No

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

N/A

Rainee Trevino

From: Michael Miller <mmiller903@outlook.com>
Sent: Thursday, September 25, 2025 7:14 PM
To: Rainee Trevino
Subject: Town of Millers Cove Permit Application
Attachments: TCEQ DEFICIENCY LETTER.pdf

Categories: NOD Response Review

Attached is the deficiency corrections you requested for the renewal application for the Town of Millers Cove. Permit number WQ0011750001. The letter attached will have the contact numbers. WE will send the corrections by mail also. Thanks you, Joshua Miller Operator.

TOWN of MILLERS COVE
P. O. Box 300
WINFIELD, TEXAS 75493
903/305-4327 (City Secretary)

TCEQ

Attn: Raine Trevino
P O Box 13087
Austin, Texas 78711-3087

Dear Raine Trevino:

We did not know of the deficiency letter until September 24, 2025, when she found in her junk mail. We did not receive the letter by the postal service either.

We have completed what was needed to finish our application:

1: The address of the treatment plant is corrected on the SPIF and section 3 of the Core Data sheet.

2: An X marks the discharge site, and the 1 mile is noted, and the discharge route is highlighted.

3: We have read the notice, and it is all correct, with no errors.

4: The Plain Language Summary is completed.

Any questions, please call Joshua Miller (Wastewater Operator) at 903/204-5039; or E-Mail at jshmill82@gmail.com .

Thank you,

A handwritten signature in blue ink, appearing to read 'Josh Miller', is written above the printed name.

Joshua Miller

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

____ Texas Historical Commission

____ U.S. Fish and Wildlife

____ Texas Parks and Wildlife Department

____ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

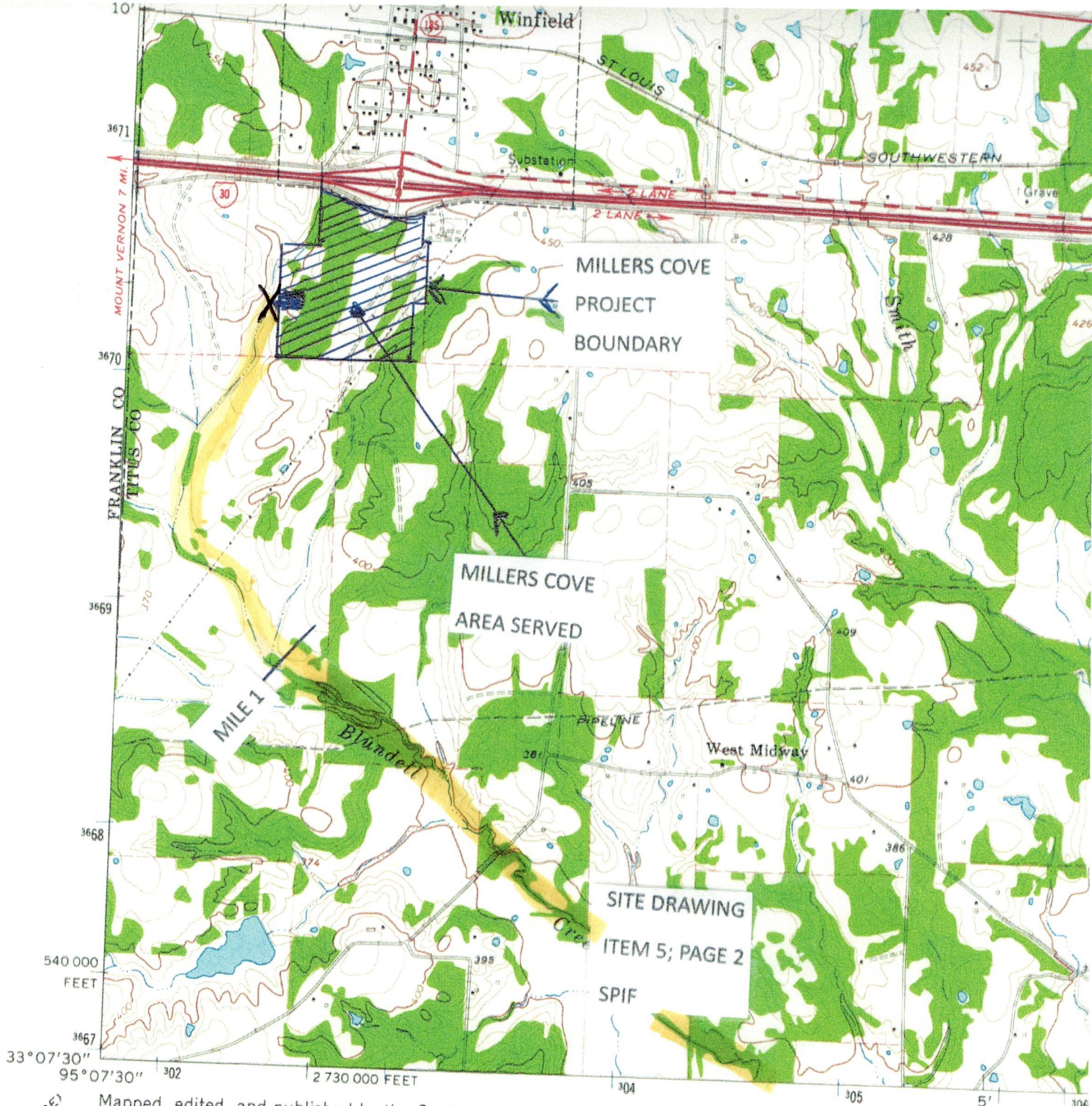
1. Permittee: TOWN OF MILLERS COVE

Permit No. WQ00 11750001

EPA ID No. TX 0069710

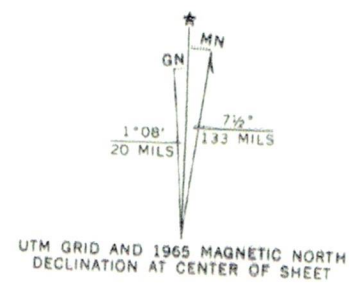
Address of the project (or a location description that includes street/highway, city/vicinity, and county):

approximately 0.75 miles southwest of the intersection of Interstate 30 and Texas Spur 185, n
near the city of Winfield, in Titus County, Texas 75493.



(NEW HOPE)
6950 11 SW

Mapped, edited, and published by the Geological Survey
Control by USGS and USC&GS
Topography by photogrammetric methods from aerial
photographs taken 1964. Field checked 1965
Polyconic projection. 1927 North American datum
10,000-foot grid based on Texas coordinate system, north central zone
1000-meter Universal Transverse Mercator grid ticks,
zone 15, shown in blue
Fine red dashed lines indicate selected fence lines



FOR SALE



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS Enter 'INDUSTRIAL' or 'DOMESTIC' here WASTEWATER/STORMWATER

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

TOWN OF MILLERS COVE (CN603608845) operates MILLERS COVE WASTEWATER TREATMENT PLANT (RN102180718), an activated sludge process plant operated in the complete mix mode.. The facility is located approximately 0.75 miles southwest of the intersection of Interstate 30 and Texas Spur 185, in TOWN OF MILLERS COVE, TITUS County, Texas 75493. This application is for a renewal to discharge at a daily average flow of 38,000 gallons per day of treated domestic wastewater..

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD), total suspended solids (TSS), and Escherichia coli. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, aeration basins, final clarifier, sludge digester, and a chlorine chamber..

Rainee Trevino

From: Michael Miller <mmiller903@outlook.com>
Sent: Friday, October 3, 2025 7:41 PM
To: Rainee Trevino
Subject: CORRECTED CORE DATA LOCATION
Attachments: CORRECTED CORE DATA LOCATION.pdf

HERE IS THE CORRECTED CORE DATA LOCATION FOR THE SEWER PLANT. PLEASE LET ME KNOW IF I NEED TO MAIL YOU THE CORRECTIONS AFTER YOU CHECK TO SEE IF THEY ARE OK, OR IF THE E-MAIL ATTACHMENTS ARE SUFFICIENT. THANKS AGAIN FOR BEING SO PROMPT. MICHAEL MILLER

18. Telephone Number (903) 204-5039	19. Extension or Code	20. Fax Number (if applicable) () -
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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.) MILLERS COVE WASTEWATER TREATMENT FACILITY							
23. Street Address of the Regulated Entity: (No PO Boxes)	101 SEWER ROAD						
	TOWN OF MILLERS COVE, TEXAS TITUS COUNTY						
	City	Millers Cove	State	TX	ZIP		ZIP + 4
24. County	TITUS						

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

25. Description to Physical Location:	.75 miles SW of the Intersection of TX Spur 185 and Interstate 30, just South of Winfield, Tx 75493-TITUS COUNTY						
26. Nearest City	State				Nearest ZIP Code		
WINFIELD	TX				75493		
<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:		33.154722			28. Longitude (W) In Decimal:		95.117778
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
33	09	17	95	07	04		
29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)		
4952	4952						
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.) WASTEWATER TREATMENT							
34. Mailing Address:	TOWN OF MILLERS COVE						
	P. O, BOX 300						
	City	WINFIELD	State	TX	ZIP	75493	ZIP + 4
35. E-Mail Address:	millerscove300@gmail.com						
36. Telephone Number	37. Extension or Code		38. Fax Number (if applicable)				
(903) 204-5039	N/A		() -0				

Rainee Trevino

From: Michael Miller <mmiller903@outlook.com>
Sent: Wednesday, October 8, 2025 7:00 PM
To: Rainee Trevino
Subject: Re: CORRECTED CORE DATA LOCATION

I asked to be sure, and someone will be there and it will be open and assessable to the public, where the notice can be viewed (at 5 Miller Street, Millers Cove, Texas) Thanks. Michael Miller

From: Rainee Trevino <Rainee.Trevino@tceq.texas.gov>
Sent: Wednesday, October 8, 2025 11:39 AM
To: Michael Miller <mmiller903@outlook.com>
Subject: RE: CORRECTED CORE DATA LOCATION

Michael,

I know in your previous email you stated residents pay their utilities at this location but can you confirm that the location is open and accessible to the public so that the notice can be viewed?

Rainee Trevino

Water Quality Division | ARP Team
Texas Commission on Environmental Quality
512-239-4324



From: Rainee Trevino
Sent: Wednesday, October 8, 2025 10:10 AM
To: 'Michael Miller' <mmiller903@outlook.com>
Subject: RE: CORRECTED CORE DATA LOCATION

Let me check with my supervisor and I will get back to you as soon as possible to see if this will be okay or if the location will have to be changed.

Rainee Trevino

Water Quality Division | ARP Team
Texas Commission on Environmental Quality
512-239-4324

