



# Administrative Package Cover Page

**This file contains the following documents:**

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



# Portada de Paquete Administrativo

**Este archivo contiene los siguientes documentos:**

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



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

Applicants should use this template to develop a plain language summary of your facility and application as required by Title 30, Texas Administrative Code (30 TAC), Chapter 39, Subchapter H. You may modify the template as necessary to accurately describe your facility as long as the summary includes the following information: (1) the function of the proposed plant or facility; (2) the expected output of the proposed plant or facility; (3) the expected pollutants that may be emitted or discharged by the proposed plant or facility; and (4) how you will control those pollutants, so that the proposed plant will not have an adverse impact on human health or the environment.

Fill in the highlighted areas below to describe your facility and application in plain language. Instructions and examples are provided below. Make any other edits necessary to improve readability or grammar and to comply with the rule requirements. After filling in the information for your facility delete these instructions.

If you are subject to the alternative language notice requirements in 30 TAC Section 39.426, **you must provide a translated copy of the completed plain language summary in the appropriate alternative language as part of your application package.** For your convenience, a Spanish template has been provided below.

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

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

Harris County Municipal Utility District 167 (CN600739031) operates the Harris County MUD 167 Wastewater Treatment Facility (RN103138335), an activated sludge process plant operated in the complete mix mode. The facility is located at 4950 Old Greenhouse Road, Katy, in Harris County, Texas 77449.

This application is for a renewal to discharge at an annual average flow of 1,600,000 gallons per day of treated domestic wastewater via Outfalls 001 and 002.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD<sub>5</sub>), total suspended solids (TSS), ammonia nitrogen (NH<sub>3</sub>-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by an activated sludge process

plant and the treatment units include a headworks, aeration basins, clarifiers, sludge digesters, a belt filter press, and a chlorine contact basin.

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

### **AGUAS RESIDUALES DOMESTICAS /AGUAS PLUVIALES**

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

El Distrito de Servicios Públicos Municipales del Condado de Harris 167 (CN600739031) opera la Instalación de Tratamiento de Aguas Residuales del Condado de Harris MUD 167 (RN103138335), una planta de proceso de lodos activados operada en modo de mezcla completa. La instalación está ubicada en 4950 Old Greenhouse Road, Katy, en el Condado de Harris, Texas 77449.

Esta solicitud es para una renovación de descarga con un flujo promedio anual de 1,600,000 galones por día de aguas residuales domésticas tratadas a través de los puntos de descarga 001 y 002.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonácea a cinco días (CBOD5), sólidos suspendidos totales (TSS), nitrógeno amoniacal (NH3-N) y Escherichia coli. Contaminantes adicionales potenciales están incluidos en el Informe Técnico Doméstico 1.0, Sección 7. Análisis de Contaminantes del Efluente Tratado y la Hoja de Cálculo Doméstica 4.0 en el paquete de solicitud de permiso.

Las aguas residuales domésticas se tratan mediante una planta de proceso de lodos activados y las unidades de tratamiento incluyen una obra de llegada, tanques de aireación, clarificadores, digestores de lodos, un filtro prensa de banda y un tanque de contacto con cloro.

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0012834001

**APPLICATION.** Harris County Municipal Utility District No. 167, 3200 Southwest Freeway, Suite 2600, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0012834001 (EPA I.D. No. TX0094307) to authorize the discharge of treated wastewater at a volume not to exceed an annual average flow of 1,600,000 gallons per day. The domestic wastewater treatment facility is located at 4950 Greenhouse Road, near the city of Houston, in Harris County, Texas 77449. The discharge route is via Outfall 002 to Bear Creek; thence to South Mayde Creek; thence to Buffalo Bayou Above Tidal. TCEQ received this application on May 13, 2025. The permit application will be available for viewing and copying at Katherine Tyra Branch Library 16719 Clay Road, Houston, in Harris 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=-95.701666,29.849166&level=18>

**ALTERNATIVE LANGUAGE NOTICE.** Alternative language notice in Spanish is available at:

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

El aviso de idioma alternativo en español está disponible en

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

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

**PUBLIC COMMENT / PUBLIC MEETING.** You may submit public comments or request a public meeting on this application. The purpose of a public meeting is to provide the opportunity to submit comments or to ask questions about the application. TCEQ will hold a public meeting if the Executive Director determines that there is a significant degree of public

interest in the application or if requested by a local legislator. A public meeting is not a contested case hearing.

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

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

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

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

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

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

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

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

Further information may also be obtained from Harris County Municipal Utility District 167 at the address stated above or by calling Mr. Robert S. Wempe, P.E. Pape-Dawson Engineers, Inc, at 713-428-2400.

Issuance Date: June 12, 2025

# Comisión de Calidad Ambiental del Estado de Texas



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

**PERMISO NO. WQ0012834001**

**SOLICITUD.** Harris County Municipal Utility District 167, 3200 Southwest Fwy, Suite 2600, Houston, TX 77027-7537, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0012834001 (EPA I.D. No. TX 0094307) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 1,600,000 galones por día. La planta está ubicada 4950 Greenhouse en el Condado de Harris, Texas 77449. La ruta de descarga es del sitio de la planta a través de Outfall 002 hacia Bear Creek, luego hacia South Mayde Creek, y de allí hacia Buffalo Bayou Above Tidal en Segment No. 1014 del San Jacinto River Basin. La TCEQ recibió esta solicitud el 13 de Mayo, 2025. La solicitud para el permiso estará disponible para leerla y copiarla en Katherine Tyra Branch Library 16719 Clay Road, Houston, en el Condado de Harris, Texas antes de la fecha de publicación de este aviso en el periódico. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web:

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

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

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.701666,29.849166&level=18>

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

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

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

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

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

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

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

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

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

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

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

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

También se puede obtener información adicional del Harris County Municipal Utility District 167 a la dirección indicada arriba o llamando a Alejandro Vasquez, E.I.T, o a Robert S. Wempe, P.E. con Pape-Dawson Engineers, Inc, al 713-428-2400.

Fecha de emisión: 12 de Junio de 2025



May 5, 2025

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

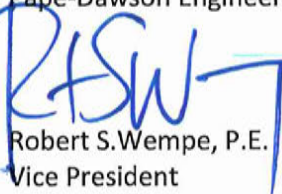
REFERENCE: HCMUD 167 WWTP  
TPDES Permit No. WQ0012834001  
Application to Renew Permit

To whom it may concern:

Please find enclosed one (1) original and three (2) copies of the completed application to renew wastewater permit #WQ0012834001. The required \$2,015.00 filing fee has been submitted separately, and a copy of the payment form and check is included with the renewal application.

If additional information is needed, please do not hesitate to contact this office.

Sincerely,  
Pape-Dawson Engineers, Inc.

A handwritten signature in blue ink, appearing to read 'R. S. Wempe', is written over the typed name. The signature is stylized and includes a horizontal line extending to the right.

Robert S. Wempe, P.E.  
Vice President

\\pape-dawson.com\hou-pd\Projects\406\28\14\1-0 Correspondence\1-1 Agency\2025 WWTP Permit Renewal\Application Letterhead.docx



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Harris County Municipal Utility District 167

PERMIT NUMBER (If new, leave blank): WQ0012834001

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Water Balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Worksheet 3.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Worksheet 3.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Worksheet 3.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Worksheet 4.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Worksheet 5.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Worksheet 6.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Worksheet 7.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

For TCEQ Use Only

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION  
ADMINISTRATIVE REPORT 1.0**

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

**Section 1. Application Fees (Instructions Page 26)**

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

Flow	New/Major Amendment	Renewal
<0.05 MGD	\$350.00 <input type="checkbox"/>	\$315.00 <input type="checkbox"/>
≥0.05 but <0.10 MGD	\$550.00 <input type="checkbox"/>	\$515.00 <input type="checkbox"/>
≥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 checked="" type="checkbox"/>

Minor Amendment (for any flow) \$150.00 ☐

**Payment Information:**

Mailed      Check/Money Order Number: 403690  
Check/Money Order Amount: \$2,015.00  
Name Printed on Check: Pape-Dawson Engineers, Inc.  
EPAY      Voucher Number: Click to enter text.  
Copy of Payment Voucher enclosed?      Yes ☐

**Section 2. Type of Application (Instructions Page 26)**

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

- ☒ Publicly Owned Domestic Wastewater  
☐ Privately-Owned Domestic Wastewater  
☐ Conventional Water Treatment

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

- ☒ Active      ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

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

f. For existing permits:

Permit Number: WQ00 12834001

EPA I.D. (TPDES only): TX 0094307

Expiration Date: October 6, 2025

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

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

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

Harris County Municipal District 167

*(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: 600739031

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: Ms.

Last Name, First Name: Verneath L. Hronas

Title: Board President

Credential: Click to enter text.

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

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

N/A

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

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

CN: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

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

### C. Core Data Form

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

## 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: Wempe, Robert S.

Title: Vice President

Credential: P.E.

Organization Name: Pape-Dawson Engineers, Inc.

Mailing Address: 2107 CityWest Boulevard, Third Floor  
77042

City, State, Zip Code: Houston, TX

Phone No.: 713-428-2400

E-mail Address: BWempe@pape-dawson.com

Check one or both:



Administrative Contact



Technical Contact

B. Prefix: Mr.

Last Name, First Name: Vasquez, Alejandro

Title: Engineer IV

Credential: E.I.T.

Organization Name: Pape-Dawson Engineers, Inc.

Mailing Address: 2107 CityWest Boulevard, Third Floor  
77042

City, State, Zip Code: Houston, TX

Phone No.: Click to enter text.

E-mail Address: avasquez@pape-dawson.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: Wempe, Robert S.

Title: Vice President

Credential: P.E.

Organization Name: Pape-Dawson Engineers, Inc.

Mailing Address: 2107 CityWest Boulevard, Third Floor  
77042

City, State, Zip Code: Houston, TX

Phone No.: 713-428-2400

E-mail Address: BWempe@pape-dawson.com

B. Prefix: Mr.

Last Name, First Name: Iftikhar, Hussain

Title: Senior Project Manager

Credential: P.E.

Organization Name: Pape-Dawson Engineers, Inc.

Mailing Address: 2107 CityWest Boulevard, Third Floor  
77042

City, State, Zip Code: Houston, TX

Phone No.: 713-428-2400

E-mail Address: HIftikhar@pape-dawson.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: Ms.

Last Name, First Name: Abad, Jennifer

Title: Manager

Credential: Click to enter text.

Organization Name: Municipal Accounts & Consulting, LP

Mailing Address: 1281 Brittmoore Road

City, State, Zip Code: Houston, TX 77043

Phone No.: 713-366-3045

E-mail Address: JAbad@municipalaccounts.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: Hoffman, Chris

Title: Operator of the District

Credential: Click to enter text.

Organization Name: H2O Consulting, Inc.

Mailing Address: 5870 Highway 6 North, Suite 215

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

Phone No.: 281-861-7265

E-mail Address: choffman@h2oconsulting.net

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

### A. Individual Publishing the Notices

Prefix: Mr.

Last Name, First Name: Vasquez, Alejandro

Title: Engineer IV

Credential: E.I.T.

Organization Name: Pape-Dawson Engineers, Inc.

Mailing Address: 2107 CityWest Boulevard, Third Floor  
77042

City, State, Zip Code: Houston, TX

Phone No.: 713-428-2400

E-mail Address: avasquez@pape-dawson.com

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

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

☒ E-mail Address

☐ Fax

☒ Regular Mail

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

Prefix: Mr.

Last Name, First Name: Wempe, Robert S.

Title: Vice President

Credential: P.E.

Organization Name: Pape-Dawson Engineers, Inc.

Mailing Address: 2107 CityWest Boulevard, Third Floor  
77042

City, State, Zip Code: Houston, TX

Phone No.: 713-428-2400

E-mail Address: BWempe@pape-dawson.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: Harris County Public Library – Katherine Tyra Branch @ Bear Creek Library

Location within the building: Reference

Physical Address of Building: 16719 Clay Road

City: Houston

County: Harris

Contact (Last Name, First Name): Huang, Chao

Phone No.: 832-927-5590 Ext.: Click to enter text.

**E. Bilingual Notice Requirements**

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

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

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

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

☒ Yes

☐ No

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

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

☒ Yes      ☐ No

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

☐ Yes      ☒ No

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

☐ Yes      ☒ No

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

#### F. Summary of Application in Plain Language Template

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

**Attachment:** Attachment B – Summary of Application in Plain Language for TDPEs or TLAP Permit Applications

#### G. Public Involvement Plan Form

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

**Attachment:** Click to enter text.

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 103138335

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):

Harris County Municipal Utility District 167 Wastewater Treatment Plant (WWTP)

C. Owner of treatment facility: Harris County Municipal Utility District 167

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

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

Prefix: Click to enter text.  
167

Last Name, First Name: Harris County Municipal Utility District

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Allen Boone Humphries Robinson, LLP, 3200 Southwest Fwy #2600 City,  
State, Zip Code: Houston, TX 77027

Phone No.: 713-860-6400

E-mail Address: sbapat@abhr.com

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

**Attachment:** Click to enter text.

E. Owner of effluent disposal site:

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

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

Organization Name: Click to enter text.

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

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

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

**Attachment:** Click to enter text.

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

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

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

Organization Name: Click to enter text.

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

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

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

**Attachment:** Click to enter text.

## Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

Click to enter text.

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

☒ Yes ☐ No

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

Click to enter text.

City nearest the outfall(s): Katy

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

- 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:** Attachment C

- 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:

Click to enter text.

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

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

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

Click to enter text.

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

## Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes      ☒ No

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

☐ Yes      ☐ No      ☒ Not Applicable

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

Click to enter text.

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account number: Click to enter text.

Amount past due: Click to enter text.

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

Enforcement order number: Click to enter text.

Amount past due: Click to enter text.

### Section 13. Attachments (Instructions Page 33)

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

- ☐ Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.
- ☒ Original full-size USGS Topographic Map with the following information:
  - Applicant's property boundary
  - Treatment facility boundary
  - Labeled point of discharge for each discharge point (TPDES only)
  - Highlighted discharge route for each discharge point (TPDES only)
  - Onsite sewage sludge disposal site (if applicable)
  - Effluent disposal site boundaries (TLAP only)
  - New and future construction (if applicable)
  - 1 mile radius information
  - 3 miles downstream information (TPDES only)
  - All ponds.
- ☐ Attachment 1 for Individuals as co-applicants
- ☐ Other Attachments. Please specify: Click to enter text.

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

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

Permit Number: WQ0012834001

Applicant: Harris County Municipal Utility District 167

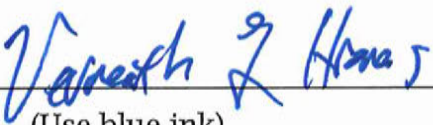
Certification:

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.

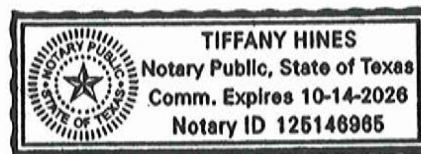
Signatory name (typed or printed): Verneath L. Hronas

Signatory title: Board President

Signature:  Date: 5/7/25  
(Use blue ink)

Subscribed and Sworn to before me by the said Verneath L. Hronas  
on this 7th day of May, 2025.  
My commission expires on the 14th day of October, 2025.

  
Notary Public



[SEAL]

  
County, Texas

# DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

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

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

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

Click to enter text.

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

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

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

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

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

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

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

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

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

- ☐ Yes      ☐ No

# **DOMESTIC WASTEWATER PERMIT APPLICATION**

## **SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)**

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

**Attachment:** D

# WATER QUALITY PERMIT

## PAYMENT SUBMITTAL FORM

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

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

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

*BY REGULAR U.S. MAIL*

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

*BY OVERNIGHT/EXPRESS MAIL*

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

**Fee Code: WQP      Waste Permit No: WQ0012834001**

1. Check or Money Order Number: 403690
2. Check or Money Order Amount: \$2,015.00
3. Date of Check or Money Order: 4/30/25
4. Name on Check or Money Order: Pape-Dawson Engineers, Inc.

**5. APPLICATION INFORMATION**

Name of Project or Site: Harris County Municipal Utility District 167 (WWTP)

Located approximately 1.6 miles northwest of the intersection of Barker-Cypress Road and Clay Road in Harris County, Texas 77084.

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

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



# ATTACHMENT 1

## INDIVIDUAL INFORMATION

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

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

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

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

Driver's License or State Identification Number: Click to enter text.

Date of Birth: Click to enter text.

Mailing Address: Click to enter text.

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

Phone Number: Click to enter text. Fax Number: Click to enter text.

E-mail Address: Click to enter text.

CN: Click to enter text.

#### For Commission Use Only:

Customer Number:

Regulated Entity Number:

Permit Number:

# DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

7.5 Minute USGS Quadrangle Topographic Map Attached ☒ Yes  
*(Full-size map if seeking "New" permit.*  
*8 ½ x 11 acceptable for Renewals and Amendments)*

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

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

## **Things to Know:**

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

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

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

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

Summary of Application (in Plain Language) ☒ Yes



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

#### A. Existing/Interim I Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

#### B. Interim II Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

#### C. Final Phase

Design Flow (MGD): 1.6

2-Hr Peak Flow (MGD): 6.4

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

#### D. Current Operating Phase

Provide the startup date of the facility: 06/01/2018

### 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.**

See Attachment E. Treatment Process, Treatment Units, and Process Flow Diagram.

## 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)
Refer to Attachment E. Treatment Process, Treatment Units, and Process Flow Diagram.		

## C. Process Flow Diagram

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

**Attachment:** Attachment E. Treatment Process, Treatment Units, and Process Flow Diagram

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

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

- Latitude: 29.848612
- Longitude: -95.702286

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: Attachment F – Site Drawing**

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

Harris County Municipal Utility District 167 service area (See Attachment F-Site Drawing for location of service area.

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
Harris County Municipal Utility District 167 Collection System	Harris County Municipal Utility District 167	Publicly Owned	15,837
		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.

Click to enter text.

## Section 6. Permit Specific Requirements (Instructions Page 44)

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

### A. Summary transmittal

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

☒ Yes ☐ No

If yes, provide the date(s) of approval for each phase: November 25, 2014 (Log No. 1114/073)

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.

Click to enter text.

**C. Other actions required by the current permit**

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

☐ Yes ☒ No

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

Click to enter text.

**D. Grit and grease treatment**

**1. Acceptance of grit and grease waste**

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

☐ Yes ☒ No

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

**2. Grit and grease processing**

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

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:

Click to enter text.

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

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

☐ Yes ☒ No

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

Click to enter text.

### 5. *Zero stormwater discharge*

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

☐ Yes ☒ No

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

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

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

#### F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

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

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

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

☐ Yes ☒ No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the sludge, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

##### 2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If **yes to any of the above**, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the septic waste, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

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

Is the facility in operation?

☒ Yes ☐ No

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

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

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

**Table 1.0(2) – Pollutant Analysis for Wastewater Treatment Facilities**

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l	7.2	7.2	1	Comp	3-18-25/0700
Total Suspended Solids, mg/l	2.9	2.9	1	Comp	3-18-25/0700
Ammonia Nitrogen, mg/l	<0.20	<0.20	1	Comp	3-18-25/0700
Nitrate Nitrogen, mg/l	19.7	19.7	1	Comp	3-18-25/0700
Total Kjeldahl Nitrogen, mg/l	1.9	1.9	1	Comp	3-18-25/0700
Sulfate, mg/l	43.1	43.1	1	Comp	3-18-25/0700
Chloride, mg/l	144	144	1	Comp	3-18-25/0700
Total Phosphorus, mg/l	5.25	5.25	1	Comp	3-18-25/0700
pH, standard units	7.24	7.24	1	Grab	3-18-25/0835
Dissolved Oxygen*, mg/l	7.29	7.29	1	Grab	3-18-25/0835
Chlorine Residual, mg/l	<0.01	<0.01	1	Grab	3-18-25/0835
<i>E.coli</i> (CFU/100ml) freshwater	<1	<1	1	Grab	3-18-25/0835
Enterococci (CFU/100ml) saltwater	<2	<2	1	Grab	3-18-25/0835
Total Dissolved Solids, mg/l	468	468	1	Comp	3-18-25/0700
Electrical Conductivity, $\mu$ mohs/cm, †	1060	1060	1	Comp	3-18-25/0700
Oil & Grease, mg/l	<5.0	<5.0	1	Comp	3-18-25/0835
Alkalinity (CaCO <sub>3</sub> )*, mg/l	217	217	1	Comp	3-18-25/0700

\*TPDES permits only

†TLAP permits only

**Table 1.0(3) – Pollutant Analysis for Water Treatment Facilities**

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

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

Facility Operator Name: Chris Hoffman, H2O Consulting, Inc.

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

Facility Operator's License Number: WW0042985

## 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
Disposal in Landfill	Off-site Third-Party Handler or Preparer	Bulk		N/A: Disposal in Landfill	N/A: Disposal in Landfill
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

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

### D. Disposal site

Disposal site name: New Earth, & Triple S Compost

TCEQ permit or registration number: 42041 (New Earth), 42042 (Triple S Compost)

County where disposal site is located: Waller (New Earth), Montgomery (Triple S Compost)

### E. Transportation method

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

Name of the hauler: Sprint Waste of Texas

Hauler registration number: 25978

Sludge is transported as a:

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

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

### A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

### B. Sludge processing authorization

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

Sludge Composting ☐ Yes ☒ No

Marketing and Distribution of Biosolids ☐ Yes ☒ No

Sludge Surface Disposal or Sludge Monofill ☐ Yes ☒ No

Temporary storage in sludge lagoons ☐ Yes ☒ No

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

☐ Yes ☐ No

## Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

### A. Location information

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

- Original General Highway (County) Map:

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

- USDA Natural Resources Conservation Service Soil Map:

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

- Federal Emergency Management Map:

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

- Site map:

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

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

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

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

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

[Click to enter text.](#)

## **B. Temporary storage information**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

### C. Liner information

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

☐ Yes ☐ No

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

[Click to enter text.](#)

### D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

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

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

- Copy of the closure plan

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

- Copy of deed recordation for the site

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

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

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

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

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

- Procedures to prevent the occurrence of nuisance conditions

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

#### E. Groundwater monitoring

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

☐ Yes ☐ No

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

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

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

#### A. Additional authorizations

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

☐ Yes ☒ No

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

[Click to enter text.](#)

#### B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Click to enter text.

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

#### A. RCRA hazardous wastes

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

☐ Yes ☒ No

#### B. Remediation activity wastewater

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

☐ Yes ☒ No

#### C. Details about wastes received

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

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

## Section 14. Laboratory Accreditation (Instructions Page 55)

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

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

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

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

### CERTIFICATION:

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

Printed Name: Verneath L. Hronas

Title: Harris County Municipal Utility District 167 – Board President

Signature: \_\_\_\_\_

Date: 5/9/25

# DOMESTIC WASTEWATER PERMIT APPLICATION

## TECHNICAL REPORT 1.1

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

### Section 1. Justification for Permit (Instructions Page 56)

#### A. Justification of permit need

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

N/A

#### B. Regionalization of facilities

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

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

##### 1. Municipally incorporated areas

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

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

☐ Yes ☐ No ☐ Not Applicable

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

If yes, attach correspondence from the city.

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

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

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

##### 2. Utility CCN areas

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

☐ Yes ☐ No

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

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

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

### 3. *Nearby WWTPs or collection systems*

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

☐ Yes      ☐ No

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

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

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

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

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

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

## **Section 2. Proposed Organic Loading (Instructions Page 58)**

Is this facility in operation?

☐ Yes    ☐ No

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

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

### **A. Current organic loading**

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

Average Influent Organic Strength or BOD<sub>5</sub> Concentration in mg/l: [Click to enter text.](#)

Average Influent Loading (lbs/day = total average flow X average BOD<sub>5</sub> conc. X 8.34): [Click to enter text.](#)

Provide the source of the average organic strength or BOD<sub>5</sub> concentration.

[Click to enter text.](#)

## B. Proposed organic loading

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

**Table 1.1(1) – Design Organic Loading**

Source	Total Average Flow (MGD)	Influent BOD5 Concentration (mg/l)
Municipality		
Subdivision		
Trailer park – transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources		
AVERAGE BOD <sub>5</sub> from all sources		

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

### A. Existing/Interim I Phase Design Effluent Quality

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

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

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

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

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

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

#### B. Interim II Phase Design Effluent Quality

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

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

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

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

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

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

#### C. Final Phase Design Effluent Quality

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

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

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

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

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

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

#### D. Disinfection Method

Identify the proposed method of disinfection.

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

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

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

### Section 4. Design Calculations (Instructions Page 58)

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

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

### Section 5. Facility Site (Instructions Page 59)

#### A. 100-year floodplain

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

- ☐ Yes ☐ No

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

[Click to enter text.](#)

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

Click to enter text.

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

#### B. Wind rose

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

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

#### A. Beneficial use authorization

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

☐ Yes ☐ No

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

#### B. Sludge processing authorization

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

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

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

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

Attach a solids management plan to the application.

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

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

- Treatment units and processes dimensions and capacities

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

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

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

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

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

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

Attachment: Click to enter text.

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

#### A. Receiving water outfall

Width of the receiving water at the outfall, in feet: 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).

Click to enter text.

#### C. Sea grasses

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

☐ Yes ☒ No

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

Click to enter text.

### Section 3. Classified Segments (Instructions Page 63)

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

☐ Yes ☒ No

If **yes**, this Worksheet is complete.

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

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

Name of the immediate receiving waters: Bear Creek

#### A. Receiving water type

Identify the appropriate description of the receiving waters.

☒ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: Click to enter text.

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

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

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: Click to enter text.

#### B. Flow characteristics

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

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

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

☒ Perennial - normally flowing

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

☒ USGS flow records

☐ Historical observation by adjacent landowners

☐ Personal observation

☐ Other, specify: Click to enter text.

### C. Downstream perennial confluences

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

U102-02-00, U102-23-00, U202-01-00 (See Attachment H)

### 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.

One Ponded area just downstream of the intersection of u102-23-00 and Bear Creek

### E. Normal dry weather characteristics

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

Creek characteristics are common in the area. Mostly sand and clay mixture, frequent rock riffles, with some widening and narrowing of the channel. Water is slightly turbid from suspended sediments.

Date and time of observation: April 15, 2025, at 11 AM

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

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

### A. Upstream influences

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

☐ Oil field activities

☒ Urban runoff

☒ Upstream discharges

☒ Agricultural runoff

☐ Septic tanks

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

## B. Waterbody uses

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

- |   |   |
|---|---|
| <input type="checkbox"/> Livestock watering         | <input type="checkbox"/> Contact recreation                                       |
| <input type="checkbox"/> Irrigation withdrawal      | <input type="checkbox"/> Non-contact recreation                                   |
| <input type="checkbox"/> Fishing                    | <input type="checkbox"/> Navigation   |
| <input type="checkbox"/> Domestic water supply      | <input type="checkbox"/> Industrial water supply                                  |
| <input checked="" type="checkbox"/> Park activities | <input checked="" type="checkbox"/> Other(s), specify: <u>Flood Control Ditch</u> |

## 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 2.1: STREAM PHYSICAL CHARACTERISTICS

Required for new applications, major facilities, and applications adding an outfall.

Worksheet 2.1 is not required for discharges to intermittent streams or discharges directly to (or within 300 feet of) a classified segment.

### Section 1. General Information (Instructions Page 65)

Date of study: 11/11/2010 (Previously submitted for permit renewal) Time of study: 11:00 AM

Stream name: Bear Creek

Location: Bear Creek, downstream of Greenhouse Road (Refer to Attachment G – Transect Map)

Type of stream upstream of existing discharge or downstream of proposed discharge (check one).

☒ Perennial    ☐ Intermittent with perennial pools

### Section 2. Data Collection (Instructions Page 65)

Number of stream bends that are well defined: 0

Number of stream bends that are moderately defined: 0

Number of stream bends that are poorly defined: 1

Number of riffles: 2

Evidence of flow fluctuations (check one):

☒ Minor    ☐ moderate    ☐ severe

Indicate the observed stream uses and if there is evidence of flow fluctuations or channel obstruction/modification.

Observed stream uses include 1 pool, 4 runs, and 2 riffles.

## Stream transects

In the table below, provide the following information for each transect downstream of the existing or proposed discharges. Use a separate row for each transect.

**Table 2.1(1) - Stream Transect Records**

Stream type at transect Select riffle, run, glide, or pool. See Instructions, Definitions section.	Transect location	Water surface width (ft)	Stream depths (ft) at 4 to 10 points along each transect from the channel bed to the water surface. Separate the measurements with commas.
pool	1	20	1,2,4,4,4,4,3,2,1,0.5
riffle	2	6	0.25,0.5,0.25,0.5,0.25,0.5,0.25
run	3	15	0.25,0.5,0.5,0.5,1,0.5,0.5,0.5,0.5,0.25
run	4	8	0.25,0.5,1,2,1,0.5,0.25
run	5	15	0.25,0.5,1,2,1,0.5,0.25
riffle	6	6	0.25,0,0,0.25,0,0.25
run	7	6	0.25,0.5,0.5,0.5,0.5,0.25
Choose an item.			
Choose an item.			
Choose an item.			

## Section 3. Summarize Measurements (Instructions Page 65)

Streambed slope of entire reach, from USGS map in feet/feet: 0.002275 (Refer to Attachment I – USGS Map)

Approximate drainage area above the most downstream transect (from USGS map or county highway map, in square miles): 20.7 sq. mi.

Length of stream evaluated, in feet: 2,640

Number of lateral transects made: 7

Average stream width, in feet: 10 ft

Average stream depth, in feet: 0.89 ft

Average stream velocity, in feet/second: 0.61 ft/sec

Instantaneous stream flow, in cubic feet/second: 1.83 cfs

Indicate flow measurement method (type of meter, floating chip timed over a fixed distance, etc.): Global Water Flow Probe

Size of pools (large, small, moderate, none): Small

Maximum pool depth, in feet: 4 ft

# DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND DISPOSAL OF EFFLUENT

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

## Section 1. Type of Disposal System (Instructions Page 67)

Identify the method of land disposal:

- |   |  |
|---|--|
| <input type="checkbox"/> Surface application  | <input type="checkbox"/> Subsurface application                |
| <input type="checkbox"/> Irrigation   | <input type="checkbox"/> Subsurface soils absorption           |
| <input type="checkbox"/> Drip irrigation system   | <input type="checkbox"/> Subsurface area drip dispersal system |
| <input type="checkbox"/> Evaporation  | <input type="checkbox"/> Evapotranspiration beds               |
| <input type="checkbox"/> Other (describe in detail): <a href="#">Click to enter text.</a> |  |

NOTE: All applicants without authorization or proposing new/amended subsurface disposal MUST complete and submit Worksheet 7.0.

For existing authorizations, provide Registration Number: [Click to enter text.](#)

## Section 2. Land Application Site(s) (Instructions Page 67)

In table 3.0(1), provide the requested information for the land application sites. Include the agricultural or cover crop type (wheat, cotton, alfalfa, bermuda grass, native grasses, etc.), land use (golf course, hayland, pastureland, park, row crop, etc.), irrigation area, amount of effluent applied, and whether or not the public has access to the area. Specify the amount of land area and the amount of effluent that will be allotted to each agricultural or cover crop, if more than one crop will be used.

Table 3.0(1) – Land Application Site Crops

Crop Type & Land Use	Irrigation Area (acres)	Effluent Application (GPD)	Public Access? Y/N

### Section 3. Storage and Evaporation Lagoons/Ponds (Instructions Page 67)

Table 3.0(2) – Storage and Evaporation Ponds

Pond Number	Surface Area (acres)	Storage Volume (acre-feet)	Dimensions	Liner Type

Attach a copy of a liner certification that was prepared, signed, and sealed by a Texas licensed professional engineer for each pond.

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

### Section 4. Flood and Runoff Protection (Instructions Page 67)

Is the land application site within the 100-year frequency flood level?

☐ Yes ☐ No

If yes, describe how the site will be protected from inundation.

[Click to enter text.](#)

Provide the source used to determine the 100-year frequency flood level:

[Click to enter text.](#)

Provide a description of tailwater controls and rainfall run-on controls used for the land application site.

[Click to enter text.](#)

## Section 5. Annual Cropping Plan (Instructions Page 67)

Attach an Annual Cropping Plan which includes a discussion of each of the following items. If not applicable, provide a detailed explanation indicating why. **Attachment:** [Click to enter text.](#)

- Soils map with crops
- Cool and warm season plant species
- Crop yield goals
- Crop growing season
- Crop nutrient requirements
- Additional fertilizer requirements
- Minimum/maximum harvest height (for grass crops)
- Supplemental watering requirements
- Crop salt tolerances
- Harvesting method/number of harvests
- Justification for not removing existing vegetation to be irrigated

## Section 6. Well and Map Information (Instructions Page 68)

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation indicating why. **Attachment:** [Click to enter text.](#)

- The boundaries of the land application site(s)
- Waste disposal or treatment facility site(s)
- On-site buildings
- Buffer zones
- Effluent storage and tailwater control facilities
- All water wells within 1-mile radius of the disposal site or property boundaries
- All springs and seeps onsite and within 500 feet of the property boundaries
- All surface waters in the state onsite and within 500 feet of the property boundaries
- All faults and sinkholes onsite and within 500 feet of the property

List and cross reference all water wells located within a half-mile radius of the disposal site or property boundaries shown on the USGS map in the following table. Attach additional pages as necessary to include all of the wells.

**Table 3.0(3) – Water Well Data**

Well ID	Well Use	Producing? Y/N	Open, cased, capped, or plugged?	Proposed Best Management Practice
			Choose an item.	
			Choose an item.	
			Choose an item.	
			Choose an item.	
			Choose an item.	

If water quality data or well log information is available please include the information in an attachment listed by Well ID.

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

## Section 7. Groundwater Quality (Instructions Page 68)

Attach a Groundwater Quality Technical Report which assesses the impact of the wastewater disposal system on groundwater. This report shall include an evaluation of the water wells (including the information in the well table provided in Item 6. above), the wastewater application rate, and pond liners. Indicate by a check mark that this report is provided.

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

Are groundwater monitoring wells available onsite? ☐ Yes ☐ No

Do you plan to install ground water monitoring wells or lysimeters around the land application site? ☐ Yes ☐ No

If yes, provide the proposed location of the monitoring wells or lysimeters on a site map.

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

## Section 8. Soil Map and Soil Analyses (Instructions Page 69)

### A. Soil map

Attach a USDA Soil Survey map that shows the area to be used for effluent disposal.

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

### B. Soil analyses

Attach the laboratory results sheets from the soil analyses. **Note:** for renewal applications, the current annual soil analyses required by the permit are acceptable as long as the test date is less than one year prior to the submission of the application.

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

List all USDA designated soil series on the proposed land application site. Attach additional pages as necessary.

**Table 3.0(4) – Soil Data**

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number

## Section 9. Effluent Monitoring Data (Instructions Page 70)

Is the facility in operation?

☒ Yes    ☐ No

**If no**, this section is not applicable and the worksheet is complete.

**If yes**, provide the effluent monitoring data for the parameters regulated in the existing permit. If a parameter is not regulated in the existing permit, enter N/A.

**Table 3.0(5) – Effluent Monitoring Data**

[illegible]

Provide a discussion of all persistent excursions above the permitted limits and any corrective actions taken.

Click to enter text.

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 3.1: SURFACE LAND DISPOSAL OF EFFLUENT

The following is required for new and major amendment permit applications. Renewal and minor amendment permit applications may be asked for this worksheet on a case by case basis.

### Section 1. Surface Disposal (Instructions Page 71)

Complete the item that applies for the method of disposal being used.

#### A. Irrigation

Area under irrigation, in acres: [Click to enter text.](#)

Design application frequency:

hours/day [Click to enter text.](#) And days/week [Click to enter text.](#)

Land grade (slope):

average percent (%): [Click to enter text.](#)

maximum percent (%): [Click to enter text.](#)

Design application rate in acre-feet/acre/year: [Click to enter text.](#)

Design total nitrogen loading rate, in lbs N/acre/year: [Click to enter text.](#)

Soil conductivity (mmhos/cm): [Click to enter text.](#)

Method of application: [Click to enter text.](#)

Attach a separate engineering report with the water balance and storage volume calculations, method of application, irrigation efficiency, and nitrogen balance.

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

#### B. Evaporation ponds

Daily average effluent flow into ponds, in gallons per day: [Click to enter text.](#)

Attach a separate engineering report with the water balance and storage volume calculations.

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

#### C. Evapotranspiration beds

Number of beds: [Click to enter text.](#)

Area of bed(s), in acres: [Click to enter text.](#)

Depth of bed(s), in feet: [Click to enter text.](#)

Void ratio of soil in the beds: [Click to enter text.](#)

Storage volume within the beds, in acre-feet: [Click to enter text.](#)

Attach a separate engineering report with the water balance and storage volume calculations, and a description of the lining.

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

#### D. Overland flow

Area used for application, in acres: [Click to enter text.](#)

Slopes for application area, percent (%): [Click to enter text.](#)

Design application rate, in gpm/foot of slope width: [Click to enter text.](#)

Slope length, in feet: [Click to enter text.](#)

Design BOD<sub>5</sub> loading rate, in lbs BOD<sub>5</sub>/acre/day: [Click to enter text.](#)

Design application frequency:

hours/day: [Click to enter text.](#) And days/week: [Click to enter text.](#)

Attach a separate engineering report with the method of application and design requirements according to *30 TAC Chapter 217*.

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

### Section 2. Edwards Aquifer (Instructions Page 72)

Is the facility subject to *30 TAC Chapter 213*, Edwards Aquifer Rules?

☐ Yes ☐ No

If **yes**, is the facility located on the Edwards Aquifer Recharge Zone?

☐ Yes ☐ No

If **yes**, attach a geological report addressing potential recharge features.

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

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 3.2: SURFACE LAND DISPOSAL OF EFFLUENT

The following is required for new and major amendment permit applications. Renewal and minor amendments applicants may be asked for the worksheet on a case by case basis.

NOTE: All applicants proposing new/amended subsurface disposal MUST complete and submit Worksheet 7.0. This worksheet applies to any subsurface disposal system that **does not meet** the definition of a subsurface area drip dispersal system as defined in *30 TAC Chapter 222, Subsurface Area Drip Dispersal System*.

### Section 1. Subsurface Application (Instructions Page 73)

Identify the type of system:

- ☐ Conventional Gravity Drainfield, Beds, or Trenches (new systems must be less than 5,000 GPD)
- ☐ Low Pressure Dosing
- ☐ Other, specify: [Click to enter text.](#)

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

Area of drainfield, in square feet: [Click to enter text.](#)

Application rate, in gal/square foot/day: [Click to enter text.](#)

Depth to groundwater, in feet: [Click to enter text.](#)

Area of trench, in square feet: [Click to enter text.](#)

Dosing duration per area, in hours: [Click to enter text.](#)

Number of beds: [Click to enter text.](#)

Dosing amount per area, in inches/day: [Click to enter text.](#)

Infiltration rate, in inches/hour: [Click to enter text.](#)

Storage volume, in gallons: [Click to enter text.](#)

Area of bed(s), in square feet: [Click to enter text.](#)

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

Attach a separate engineering report with the information required in *30 TAC § 309.20*, excluding the requirements of *§ 309.20 b(3)(A)* and (B) design analysis which may be asked for on a case by case basis. Include a description of the schedule of dosing basin rotation.

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

### Section 2. Edwards Aquifer (Instructions Page 73)

Is the subsurface system over the Edwards Aquifer Recharge Zone as mapped by TCEQ?

- ☐ Yes ☐ No

Is the subsurface system over the Edwards Aquifer Transition Zone as mapped by TCEQ?

- ☐ Yes ☐ No

If yes to either question, the subsurface system may be prohibited by *30 TAC §213.8*. Please call the Municipal Permits Team, at 512-239-4671, to schedule a pre-application meeting.

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 3.3: SUBSURFACE AREA DRIP DISPERSAL (SADDS) LAND DISPOSAL OF EFFLUENT

The following **is required** for new and major amendment subsurface area drip dispersal system permit applications. Renewal and minor amendments applicants may be asked for the worksheet on a case by case basis.

NOTE: All applicants proposing new/amended subsurface disposal MUST complete and submit Worksheet 7.0. This worksheet applies to any subsurface disposal system that **meets** the definition of a subsurface area drip dispersal system as defined in *30 TAC Chapter 222, Subsurface Area Drip Dispersal System*.

### Section 1. Administrative Information (Instructions Page 74)

A. Provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the treatment facility:

B. Click to enter text. Is the owner of the land where the treatment facility is located the same as the owner of the treatment facility?

☐ Yes ☐ No

If **no**, provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the land where the treatment facility is located.

Click to enter text.

C. Owner of the subsurface area drip dispersal system: Click to enter text.

D. Is the owner of the subsurface area drip dispersal system the same as the owner of the wastewater treatment facility or the site where the wastewater treatment facility is located?

☐ Yes ☐ No

If **no**, identify the names of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in Item 1.C.

Click to enter text.

E. Owner of the land where the subsurface area drip dispersal system is located: Click to enter text.

F. Is the owner of the land where the subsurface area drip dispersal system is located the same as owner of the wastewater treatment facility, the site where the wastewater treatment facility is located, or the owner of the subsurface area drip dispersal system?

☐ Yes ☐ No

If **no**, identify the name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in item 1.E.

Click to enter text.

## Section 2. Subsurface Area Drip Dispersal System (Instructions Page 74)

### A. Type of system

- ☐ Subsurface Drip Irrigation
- ☐ Surface Drip Irrigation
- ☐ Other, specify: Click to enter text.

### B. Irrigation operations

Application area, in acres: Click to enter text.

Infiltration Rate, in inches/hour: Click to enter text.

Average slope of the application area, percent (%): Click to enter text.

Maximum slope of the application area, percent (%): Click to enter text.

Storage volume, in gallons: Click to enter text.

Major soil series: Click to enter text.

Depth to groundwater, in feet: Click to enter text.

### C. Application rate

Is the facility located **west** of the boundary shown in 30 TAC § 222.83 **and** also using a vegetative cover of non-native grasses over seeded with cool season grasses during the winter months (October-March)?

- ☐ Yes ☐ No

If **yes**, then the facility may propose a hydraulic application rate not to exceed 0.1 gal/square foot/day.

Is the facility located **east** of the boundary shown in 30 TAC § 222.83 **or** in any part of the state when the vegetative cover is any crop other than non-native grasses?

- ☐ Yes ☐ No

If **yes**, the facility must use the formula in 30 TAC §222.83 to calculate the maximum hydraulic application rate.

Do you plan to submit an alternative method to calculate the hydraulic application rate for approval by the executive director?

- ☐ Yes ☐ No

Hydraulic application rate, in gal/square foot/day: Click to enter text.

Nitrogen application rate, in lbs/gal/day: Click to enter text.

### D. Dosing information

Number of doses per day: Click to enter text.

Dosing duration per area, in hours: Click to enter text.

Rest period between doses, in hours: Click to enter text.

Dosing amount per area, in inches/day: Click to enter text.

Number of zones: [Click to enter text.](#)

Does the proposed subsurface drip irrigation system use tree vegetative cover as a crop?

☐ Yes ☐ No

If **yes**, provide a vegetation survey by a certified arborist. Please call the Water Quality Assessment Team at (512) 239-4671 to schedule a pre-application meeting.

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

### **Section 3. Required Plans (Instructions Page 74)**

#### **A. Recharge feature plan**

Attach a Recharge Feature Plan with all information required in *30 TAC §222.79*.

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

#### **B. Soil evaluation**

Attach a Soil Evaluation with all information required in *30 TAC §222.73*.

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

#### **C. Site preparation plan**

Attach a Site Preparation Plan with all information required in *30 TAC §222.75*.

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

#### **D. Soil sampling/testing**

Attach soil sampling and testing that includes all information required in *30 TAC §222.157*.

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

### **Section 4. Floodway Designation (Instructions Page 75)**

#### **A. Site location**

Is the existing/proposed land application site within a designated floodway?

☐ Yes ☐ No

#### **B. Flood map**

Attach either the FEMA flood map or alternate information used to determine the floodway.

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

### **Section 5. Surface Waters in the State (Instructions Page 75)**

#### **A. Buffer Map**

Attach a map showing appropriate buffers on surface waters in the state, water wells, and springs/seeps.

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

**B. Buffer variance request**

Do you plan to request a buffer variance from water wells or waters in the state?

☐ Yes ☐ No

If yes, then attach the additional information required in *30 TAC § 222.81(c)*.

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

**Section 6. Edwards Aquifer (Instructions Page 75)**

A. Is the SADDs located over the Edwards Aquifer Recharge Zone as mapped by TCEQ?

☐ Yes ☐ No

B. Is the SADDs located over the Edwards Aquifer Transition Zone as mapped by TCEQ?

☐ Yes ☐ No

If yes to either question, then the SADDs may be prohibited by *30 TAC §213.8*. Please call the Municipal Permits Team at 512-239-4671 to schedule a pre-application meeting.

# DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 4.0: POLLUTANT ANALYSIS REQUIREMENTS

The following **is required** for facilities with a permitted or proposed flow of **1.0 MGD or greater**, facilities with an approved **pretreatment** program, or facilities classified as a **major** facility. See instructions for further details.

This worksheet is not required minor amendments without renewal.

## Section 1. Toxic Pollutants (Instructions Page 76)

For pollutants identified in Table 4.0(1), indicate the type of sample.

Grab ☒

Composite ☒

Date and time sample(s) collected: Grab: 3-18-25 @ 0835 Comp: 3-18-25 @ 0700

**Table 4.0(1) – Toxics Analysis**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrylonitrile	<50	<50	1	50
Aldrin	<0.01	<0.01	1	0.01
Aluminum	46.5	46.5	1	2.5
Anthracene	<10	<10	1	10
Antimony	<5	<5	1	5
Arsenic	4.7	4.7	1	0.5
Barium	75.3	75.3	1	3
Benzene	<10	<10	1	10
Benzidine	<50	<50	1	50
Benzo(a)anthracene	<5	<5	1	5
Benzo(a)pyrene	<5	<5	1	5
Bis(2-chloroethyl)ether	<10	<10	1	10
Bis(2-ethylhexyl)phthalate	<10	<10	1	10
Bromodichloromethane	22.5	22.5	1	10
Bromoform	<10	<10	1	10
Cadmium	3.0	3.0	1	1
Carbon Tetrachloride	<2	<2	1	2
Carbaryl	<5	<5	1	5
Chlordane*	<0.2	<0.2	1	0.2
Chlorobenzene	<10	<10	1	10
Chlorodibromomethane	<10	<10	1	10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAI (µg/l)
Chloroform	42.3	42.3	1	10
Chlorpyrifos	<0.05	<0.05	1	0.05
Chromium (Total)	<3	<3	1	3
Chromium (Tri) (*1)	<3	<3	1	N/A
Chromium (Hex)	<3	<3	1	3
Copper	5.6	5.6	1	2
Chrysene	<5	<5	1	5
p-Chloro-m-Cresol	<10	<10	1	10
4,6-Dinitro-o-Cresol	<50	<50	1	50
p-Cresol	<10	<10	1	10
Cyanide (*2)	<10	<10	1	10
4,4'- DDD	<0.1	<0.1	1	0.1
4,4'- DDE	<0.1	<0.1	1	0.1
4,4'- DDT	<0.02	<0.02	1	0.02
2,4-D	<0.7	<0.7	1	0.7
Demeton (O and S)	<0.20	<0.20	1	0.20
Diazinon	<0.5	<0.5	1	0.5/0.1
1,2-Dibromoethane	<10	<10	1	10
m-Dichlorobenzene	<10	<10	1	10
o-Dichlorobenzene	<10	<10	1	10
p-Dichlorobenzene	<10	<10	1	10
3,3'-Dichlorobenzidine	<5	<5	1	5
1,2-Dichloroethane	<10	<10	1	10
1,1-Dichloroethylene	<10	<10	1	10
Dichloromethane	<20	<20	1	20
1,2-Dichloropropane	<10	<10	1	10
1,3-Dichloropropene	<10	<10	1	10
Dicofol	<1	<1	1	1
Dieldrin	0.027	0.027	1	0.02
2,4-Dimethylphenol	<10	<10	1	10
Di-n-Butyl Phthalate	<10	<10	1	10
Diuron	<0.09	<0.09	1	0.09
Endosulfan I (alpha)	<0.01	<0.01	1	0.01

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Endosulfan II (beta)	0.02	0.02	1	0.02
Endosulfan Sulfate	0.1	0.1	1	0.1
Endrin	0.02	0.02	1	0.02
Epichlorohydrin			1	---
Ethylbenzene			1	10
Ethylene Glycol			1	---
Fluoride			1	500
Guthion			1	0.1
Heptachlor			1	0.01
Heptachlor Epoxide			1	0.01
Hexachlorobenzene			1	5
Hexachlorobutadiene			1	10
Hexachlorocyclohexane (alpha)			1	0.05
Hexachlorocyclohexane (beta)			1	0.05
gamma-Hexachlorocyclohexane (Lindane)			1	0.05
Hexachlorocyclopentadiene			1	10
Hexachloroethane			1	20
Hexachlorophene			1	10
4,4'-Isopropylidenediphenol			1	1
Lead			1	0.5
Malathion			1	0.1
Mercury			1	0.005
Methoxychlor			1	2
Methyl Ethyl Ketone			1	50
Methyl tert-butyl ether			1	---
Mirex			1	0.02
Nickel			1	2
Nitrate-Nitrogen			1	100
Nitrobenzene			1	10
N-Nitrosodiethylamine			1	20
N-Nitroso-di-n-Butylamine			1	20
Nonylphenol			1	333

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Parathion (ethyl)				0.1
Pentachlorobenzene				20
Pentachlorophenol				5
Phenanthrene				10
Polychlorinated Biphenyls (PCB's) (*3)				0.2
Pyridine				20
Selenium				5
Silver				0.5
1,2,4,5-Tetrachlorobenzene				20
1,1,2,2-Tetrachloroethane				10
Tetrachloroethylene				10
Thallium				0.5
Toluene				10
Toxaphene				0.3
2,4,5-TP (Silvex)				0.3
Tributyltin (see instructions for explanation)				0.01
1,1,1-Trichloroethane				10
1,1,2-Trichloroethane				10
Trichloroethylene				10
2,4,5-Trichlorophenol				50
TTHM (Total Trihalomethanes)				10
Vinyl Chloride				10
Zinc				5

(\*1) Determined by subtracting hexavalent Cr from total Cr.

(\*2) Cyanide, amenable to chlorination or weak-acid dissociable.

(\*3) The sum of seven PCB congeners 1242, 1254, 1221, 1232, 1248, 1260, and 1016.

## Section 2. Priority Pollutants

For pollutants identified in Tables 4.0(2)A-E, indicate type of sample.

Grab ☐ Composite ☐

Date and time sample(s) collected: [Click to enter text.](#)

**Table 4.0(2)A – Metals, Cyanide, and Phenols**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Antimony				5
Arsenic				0.5
Beryllium				0.5
Cadmium				1
Chromium (Total)				3
Chromium (Hex)				3
Chromium (Tri) (*1)				N/A
Copper				2
Lead				0.5
Mercury				0.005
Nickel				2
Selenium				5
Silver				0.5
Thallium				0.5
Zinc				5
Cyanide (*2)				10
Phenols, Total				10

(\*1) Determined by subtracting hexavalent Cr from total Cr.

(\*2) Cyanide, amenable to chlorination or weak-acid dissociable

**Table 4.0(2)B – Volatile Compounds**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrolein				50
Acrylonitrile				50
Benzene				10
Bromoform				10
Carbon Tetrachloride				2
Chlorobenzene				10
Chlorodibromomethane				10
Chloroethane				50
2-Chloroethylvinyl Ether				10
Chloroform				10
Dichlorobromomethane [Bromodichloromethane]				10
1,1-Dichloroethane				10
1,2-Dichloroethane				10
1,1-Dichloroethylene				10
1,2-Dichloropropane				10
1,3-Dichloropropylene [1,3-Dichloropropene]				10
1,2-Trans-Dichloroethylene				10
Ethylbenzene				10
Methyl Bromide				50
Methyl Chloride				50
Methylene Chloride				20
1,1,2,2-Tetrachloroethane				10
Tetrachloroethylene				10
Toluene				10
1,1,1-Trichloroethane				10
1,1,2-Trichloroethane				10
Trichloroethylene				10
Vinyl Chloride				10

**Table 4.0(2)C – Acid Compounds**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
2-Chlorophenol				10
2,4-Dichlorophenol				10
2,4-Dimethylphenol				10
4,6-Dinitro-o-Cresol				50
2,4-Dinitrophenol				50
2-Nitrophenol				20
4-Nitrophenol				50
P-Chloro-m-Cresol				10
Pentalchlorophenol				5
Phenol				10
2,4,6-Trichlorophenol				10

**Table 4.0(2)D – Base/Neutral Compounds**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acenaphthene				10
Acenaphthylene				10
Anthracene				10
Benzidine				50
Benzo(a)Anthracene				5
Benzo(a)Pyrene				5
3,4-Benzofluoranthene				10
Benzo(ghi)Perylene				20
Benzo(k)Fluoranthene				5
Bis(2-Chloroethoxy)Methane				10
Bis(2-Chloroethyl)Ether				10
Bis(2-Chloroisopropyl)Ether				10
Bis(2-Ethylhexyl)Phthalate				10
4-Bromophenyl Phenyl Ether				10
Butyl benzyl Phthalate				10
2-Chloronaphthalene				10
4-Chlorophenyl phenyl ether				10
Chrysene				5
Dibenzo(a,h)Anthracene				5
1,2-(o)Dichlorobenzene				10
1,3-(m)Dichlorobenzene				10
1,4-(p)Dichlorobenzene				10
3,3-Dichlorobenzidine				5
Diethyl Phthalate				10
Dimethyl Phthalate				10
Di-n-Butyl Phthalate				10
2,4-Dinitrotoluene				10
2,6-Dinitrotoluene				10
Di-n-Octyl Phthalate				10
1,2-Diphenylhydrazine (as Azo-benzene)				20
Fluoranthene				10

<b>Pollutant</b>	<b>AVG Effluent Conc. (µg/l)</b>	<b>MAX Effluent Conc. (µg/l)</b>	<b>Number of Samples</b>	<b>MAL (µg/l)</b>
Fluorene				10
Hexachlorobenzene				5
Hexachlorobutadiene				10
Hexachlorocyclo-pentadiene				10
Hexachloroethane				20
Indeno(1,2,3-cd)pyrene				5
Isophorone				10
Naphthalene				10
Nitrobenzene				10
N-Nitrosodimethylamine				50
N-Nitrosodi-n-Propylamine				20
N-Nitrosodiphenylamine				20
Phenanthrene				10
Pyrene				10
1,2,4-Trichlorobenzene				10

**Table 4.0(2)E - Pesticides**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Aldrin				0.01
alpha-BHC (Hexachlorocyclohexane)				0.05
beta-BHC (Hexachlorocyclohexane)				0.05
gamma-BHC (Hexachlorocyclohexane)				0.05
delta-BHC (Hexachlorocyclohexane)				0.05
Chlordane				0.2
4,4-DDT				0.02
4,4-DDE				0.1
4,4,-DDD				0.1
Dieldrin				0.02
Endosulfan I (alpha)				0.01
Endosulfan II (beta)				0.02
Endosulfan Sulfate				0.1
Endrin				0.02
Endrin Aldehyde				0.1
Heptachlor				0.01
Heptachlor Epoxide				0.01
PCB-1242				0.2
PCB-1254				0.2
PCB-1221				0.2
PCB-1232				0.2
PCB-1248				0.2
PCB-1260				0.2
PCB-1016				0.2
Toxaphene				0.3

\* For PCBs, if all are non-detects, enter the highest non-detect preceded by a "<".

### Section 3. Dioxin/Furan Compounds

A. Indicate which of the following compounds from may be present in the influent from a contributing industrial user or significant industrial user. Check all that apply.

- ☐ 2,4,5-trichlorophenoxy acetic acid  
Common Name 2,4,5-T, CASRN 93-76-5
- ☐ 2-(2,4,5-trichlorophenoxy) propanoic acid  
Common Name Silvex or 2,4,5-TP, CASRN 93-72-1
- ☐ 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate  
Common Name Erbon, CASRN 136-25-4
- ☐ 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate  
Common Name Ronnel, CASRN 299-84-3
- ☐ 2,4,5-trichlorophenol  
Common Name TCP, CASRN 95-95-4
- ☐ hexachlorophene  
Common Name HCP, CASRN 70-30-4

For each compound identified, provide a brief description of the conditions of its/their presence at the facility.

Click to enter text.

B. Do you know or have any reason to believe that 2,3,7,8 Tetrachlorodibenzo-P-Dioxin (TCDD) or any congeners of TCDD may be present in your effluent?

☐ Yes ☐ No

If **yes**, provide a brief description of the conditions for its presence.

Click to enter text.

C. If any of the compounds in Subsection A **or** B are present, complete Table 4.0(2)F.

For pollutants identified in Table 4.0(2)F, indicate the type of sample.

Grab ☐ Composite ☐

Date and time sample(s) collected: [Click to enter text.](#)

**Table 4.0(2)F – Dioxin/Furan Compounds**

Compound	Toxic Equivalenc y Factors	Wastewater Concentration (ppq)	Wastewater Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Equivalents (ppt)	MAL (ppq)
2,3,7,8 TCDD	1					10
1,2,3,7,8 PeCDD	0.5					50
2,3,7,8 HxCDDs	0.1					50
1,2,3,4,6,7,8 HpCDD	0.01					50
2,3,7,8 TCDF	0.1					10
1,2,3,7,8 PeCDF	0.05					50
2,3,4,7,8 PeCDF	0.5					50
2,3,7,8 HxCDFs	0.1					50
2,3,4,7,8 HpCDFs	0.01					50
OCDD	0.0003					100
OCDF	0.0003					100
PCB 77	0.0001					0.5
PCB 81	0.0003					0.5
PCB 126	0.1					0.5
PCB 169	0.03					0.5
Total						

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 5.0: TOXICITY TESTING REQUIREMENTS

The following **is required** for facilities with a current operating design flow of **1.0 MGD or greater**, with an EPA-approved **pretreatment** program (or those required to have one under 40 CFR Part 403), or are required to perform Whole Effluent Toxicity testing. See Page 86 of the instructions for further details.

This worksheet is not required minor amendments without renewal.

### Section 1. Required Tests

Indicate the number of 7-day chronic or 48-hour acute Whole Effluent Toxicity (WET) tests performed in the four and one-half years prior to submission of the application.

7-day Chronic: N/A

48-hour Acute: N/A

### Section 2. Toxicity Reduction Evaluations (TREs)

Has this facility completed a TRE in the past four and a half years? Or is the facility currently performing a TRE?

☐ Yes ☒ No

If yes, describe the progress to date, if applicable, in identifying and confirming the toxicant.

Click to enter text.

### Section 3. Summary of WET Tests

If the required biomonitoring test information has not been previously submitted via both the Discharge Monitoring Reports (DMRs) and the Table 1 (as found in the permit), provide a summary of the testing results for all valid and invalid tests performed over the past four and one-half years. Make additional copies of this table as needed.

**Table 5.0(1) Summary of WET Tests**

Test Date	Test Species	NOEC Survival	NOEC Sub-lethal

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

### Section 1. All POTWs (Instructions Page 87)

#### A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs - non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

#### B. Treatment plant interference

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

☐ Yes ☒ No

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

Click to enter text.

### C. Treatment plant pass through

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

☐ Yes ☒ No

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

Click to enter text.

### D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

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

### A. Substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

**B. Non-substantial modifications**

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

☐ Yes   ☐ No

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

Click to enter text.

**C. Effluent parameters above the MAL**

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

**Table 6.0(1) – Parameters Above the MAL**

Pollutant	Concentration	MAL	Units	Date

**D. Industrial user interruptions**

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

☐ Yes   ☐ No

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

Click to enter text.

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

#### A. General information

Company Name: N/A

SIC Code: Click to enter text.

Contact name: Click to enter text.

Address: Click to enter text.

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

Telephone number: Click to enter text.

Email address: Click to enter text.

#### B. Process information

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

Click to enter text.

#### C. Product and service information

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

Click to enter text.

#### D. Flow rate information

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

Process Wastewater:

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

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

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

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

#### E. Pretreatment standards

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

#### F. Industrial user interruptions

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

☐ Yes ☐ No

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

[Click to enter text.](#)

# WORKSHEET 7.0

## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

### CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:

TCEQ  
IUC Permits Team  
Radioactive Materials Division  
MC-233  
PO Box 13087  
Austin, Texas 78711-3087  
512-239-6466

For TCEQ Use Only

Reg. No. \_\_\_\_\_

Date Received \_\_\_\_\_

Date Authorized \_\_\_\_\_

#### Section 1. General Information (Instructions Page 90)

**1. TCEQ Program Area**

Program Area (PST, VCP, IHW, etc.): [Click to enter text.](#)

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

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

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

**2. Agent/Consultant Contact Information**

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

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

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

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

**3. Owner/Operator Contact Information**

☐ Owner ☐ Operator

Owner/Operator Name: [Click to enter text.](#)

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

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

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

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

**4. Facility Contact Information**

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

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

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

Location description (if no address is available): [Click to enter text.](#)

Facility Contact Person: [Click to enter text.](#)

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

5. **Latitude and Longitude, in degrees-minutes-seconds**

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

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

Method of determination (GPS, TOPO, etc.): [Click to enter text.](#)

Attach topographic quadrangle map as attachment A.

6. **Well Information**

Type of Well Construction, select one:

- ☐ Vertical Injection
- ☐ Subsurface Fluid Distribution System
- ☐ Infiltration Gallery
- ☐ Temporary Injection Points
- ☐ Other, Specify: [Click to enter text.](#)

Number of Injection Wells: [Click to enter text.](#)

7. **Purpose**

Detailed Description regarding purpose of Injection System:

[Click to enter text.](#)

Attach a Site Map as Attachment B (Attach the Approved Remediation Plan, if appropriate.)

8. **Water Well Driller/Installer**

Water Well Driller/Installer Name: [Click to enter text.](#)

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

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

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

## Section 2. Proposed Down Hole Design

Attach a diagram signed and sealed by a licensed engineer as Attachment C.

**Table 7.0(1) – Down Hole Design Table**

Name of String	Size	Setting Depth	Sacks Cement/Grout – Slurry Volume – Top of Cement	Hole Size	Weight (lbs/ft) PVC/Steel
Casing					
Tubing					
Screen					

### Section 3. Proposed Trench System, Subsurface Fluid Distribution System, or Infiltration Gallery

Attach a diagram signed and sealed by a licensed engineer as Attachment D.

System(s) Dimensions: [Click to enter text.](#)

System(s) Construction: [Click to enter text.](#)

### Section 4. Site Hydrogeological and Injection Zone Data

1. Name of Contaminated Aquifer: [Click to enter text.](#)
2. Receiving Formation Name of Injection Zone: [Click to enter text.](#)
3. Well/Trench Total Depth: [Click to enter text.](#)
4. Surface Elevation: [Click to enter text.](#)
5. Depth to Ground Water: [Click to enter text.](#)
6. Injection Zone Depth: [Click to enter text.](#)
7. Injection Zone vertically isolated geologically? ☐ Yes ☐ No  
Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:  
Name: [Click to enter text.](#)  
Thickness: [Click to enter text.](#)
8. Provide a list of contaminants and the levels (ppm) in contaminated aquifer  
Attach as Attachment E.
9. Horizontal and Vertical extent of contamination and injection plume  
Attach as Attachment F.
10. Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc.  
Attach as Attachment G.
11. Injection Fluid Chemistry in PPM at point of injection  
Attach as Attachment H.
12. Lowest Known Depth of Ground Water with < 10,000 PPM TDS: [Click to enter text.](#)
13. Maximum injection Rate/Volume/Pressure: [Click to enter text.](#)
14. Water wells within 1/4 mile radius (attach map as Attachment I): [Click to enter text.](#)
15. Injection wells within 1/4 mile radius (attach map as Attachment J): [Click to enter text.](#)
16. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K): [Click to enter text.](#)
17. Sampling frequency: [Click to enter text.](#)
18. Known hazardous components in injection fluid: [Click to enter text.](#)

## Section 5. Site History

1. Type of Facility: Click to enter text.
2. Contamination Dates: Click to enter text.
3. Original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations (attach as Attachment L): Click to enter text.
4. Previous Remediation (attach results of any previous remediation as attachment M): Click to enter text.

**NOTE: Authorization Form should be completed in detail and authorization given by the TCEQ before construction, operation, and/or conversion can begin. Attach additional pages as necessary.**

### *Class V Injection Well Designations*

- 5A07 Heat Pump/AC return (IW used for groundwater to heat and/or cool buildings)
- 5A19 Industrial Cooling Water Return Flow (IW used to cool industrial process equipment)
- 5B22 Salt Water Intrusion Barrier (IW used to inject fluids to prevent the intrusion of salt water into an aquifer)
- 5D02 Storm Water Drainage (IW designed for the disposal of rain water)
- 5D04 Industrial Stormwater Drainage Wells (IW designed for the disposal of rain water associated with industrial facilities)
- 5F01 Agricultural Drainage (IW that receive agricultural runoff)
- 5R21 Aquifer Recharge (IW used to inject fluids to recharge an aquifer)
- 5S23 Subsidence Control Wells (IW used to control land subsidence caused by ground water withdrawal)
- 5W09 Untreated Sewage
- 5W10 Large Capacity Cesspools (Cesspools that are designed for 5,000 gpd or greater)
- 5W11 Large Capacity Septic systems (Septic systems designed for 5,000 gpd or greater)
- 5W12 WTP disposal
- 5W20 Industrial Process Waste Disposal Wells
- 5W31 Septic System (Well Disposal method)
- 5W32 Septic System Drainfield Disposal
- 5X13 Mine Backfill (IW used to control subsidence, dispose of mining byproducts, and/or fill sections of a mine)
- 5X25 Experimental Wells (Pilot Test) (IW used to test new technologies or tracer dye studies)
- 5X26 Aquifer Remediation (IW used to clean up, treat, or prevent contamination of a USDW)
- 5X27 Other Wells
- 5X28 Motor Vehicle Waste Disposal Wells (IW used to dispose of waste from a motor vehicle site - These are currently banned)
- 5X29 Abandoned Drinking Water Wells (waste disposal)

**Attachment A**  
**TCEQ Core Data Form**



# TCEQ Core Data Form

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

## SECTION I: General Information

<b>1. Reason for Submission</b> (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 600739031		RN 103138335

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)							
<input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership									
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)									
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>									
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)			<i>If new Customer, enter previous Customer below:</i>						
Harris County Municipal Utility District 167									
<b>7. TX SOS/CPA Filing Number</b>	<b>8. TX State Tax ID</b> (11 digits)	<b>9. Federal Tax ID</b> (9 digits)	<b>10. DUNS Number</b> (if applicable)						
N/A	N/A	76-0085424	N/A						
<b>11. Type of Customer:</b>		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited							
<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual							
Government: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input checked="" type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Other: Municipal Utility District							
<b>12. Number of Employees</b>		<b>13. Independently Owned and Operated?</b>							
<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following									
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:									
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant									
<b>15. Mailing Address:</b>	Allen Boone Humphries Robinson, LLP								
	3200 Southwest Freeway								
	City	Houston	State	TX	ZIP	77027	ZIP + 4	7537	
<b>16. Country Mailing Information</b> (if outside USA)					<b>17. E-Mail Address</b> (if applicable)				
					sbapat@abhrr.com				

<b>18. Telephone Number</b> ( 713 ) 860-6400	<b>19. Extension or Code</b>	<b>20. Fax Number (if applicable)</b> ( 713 ) 860-6401
---	------------------------------	---

## SECTION III: Regulated Entity Information

<b>21. General Regulated Entity Information</b> (If 'New Regulated Entity' is selected, a new permit application is also required.) <input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information							
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>							
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.) Harris County Municipal Utility District 167 WWTP							
<b>23. Street Address of the Regulated Entity:</b>  (No PO Boxes)	4950 Old Greenhouse Rd						
	<b>City</b>	Houston	<b>State</b>	TX	<b>ZIP</b>	77449	<b>ZIP + 4</b>
<b>24. County</b>	Harris County						

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

<b>25. Description to Physical Location:</b>	Located approximately 1.6 miles northwest of the intersection of Barker-Cypress Road and Clay Road in Harris County, Texas 77084.						
<b>26. Nearest City</b>	<b>State</b>				<b>Nearest ZIP Code</b>		
Houston	TX				77449		
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>							
<b>27. Latitude (N) In Decimal:</b>		29.849094			<b>28. Longitude (W) In Decimal:</b>		95.701994
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
29	50	56.74	95	42	7.18		
<b>29. Primary SIC Code</b> (4 digits)	<b>30. Secondary SIC Code</b> (4 digits)		<b>31. Primary NAICS Code</b> (5 or 6 digits)		<b>32. Secondary NAICS Code</b> (5 or 6 digits)		
4952			221320				
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.) Sanitary Sewer Treatment and Discharge							
<b>34. Mailing Address:</b>	Allen Boone Humphries Robinson, LLP						
	3200 Southwest Fwy, Suite 2600						
	<b>City</b>	Houston	<b>State</b>	TX	<b>ZIP</b>	77027	<b>ZIP + 4</b> 7537
<b>35. E-Mail Address:</b>	sbapat@abhr.com						
<b>36. Telephone Number</b>	<b>37. Extension or Code</b>		<b>38. Fax Number (if applicable)</b>				
( 713 ) 860-6400			( 713 ) 860-6401				

**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.

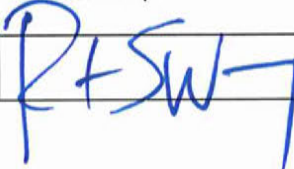
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review 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:
	WQ0012834001			

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

<b>40. Name:</b>	Alejandro Vasquez			<b>41. Title:</b>	Engineer IV
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>		
( 713 ) 428-2400		( ) -	avasquez@pape-dawson.com		

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

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

<b>Company:</b>	Pape-Dawson Engineers		<b>Job Title:</b>	Vice President	
<b>Name (In Print):</b>	Robert S. Wempe			<b>Phone:</b>	( 713 ) 428- 2400
<b>Signature:</b>				<b>Date:</b>	5/12/25

**Attachment B**  
Summary of Application in Plain Language for TPDES  
or TLAP Permit Applications



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

Applicants should use this template to develop a plain language summary of your facility and application as required by Title 30, Texas Administrative Code (30 TAC), Chapter 39, Subchapter H. You may modify the template as necessary to accurately describe your facility as long as the summary includes the following information: (1) the function of the proposed plant or facility; (2) the expected output of the proposed plant or facility; (3) the expected pollutants that may be emitted or discharged by the proposed plant or facility; and (4) how you will control those pollutants, so that the proposed plant will not have an adverse impact on human health or the environment.

Fill in the highlighted areas below to describe your facility and application in plain language. Instructions and examples are provided below. Make any other edits necessary to improve readability or grammar and to comply with the rule requirements. After filling in the information for your facility delete these instructions.

If you are subject to the alternative language notice requirements in 30 TAC Section 39.426, **you must provide a translated copy of the completed plain language summary in the appropriate alternative language as part of your application package.** For your convenience, a Spanish template has been provided below.

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

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

Harris County Municipal Utility District 167 (CN600739031) operates the Harris County MUD 167 Wastewater Treatment Facility (RN103138335), an activated sludge process plant operated in the complete mix mode. The facility is located at 4950 Old Greenhouse Road, Katy, in Harris County, Texas 77449.

This application is for a renewal to discharge at an annual average flow of 1,600,000 gallons per day of treated domestic wastewater via Outfalls 001 and 002.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD<sub>5</sub>), total suspended solids (TSS), ammonia nitrogen (NH<sub>3</sub>-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by an activated sludge process

plant and the treatment units include a headworks, aeration basins, clarifiers, sludge digesters, a belt filter press, and a chlorine contact basin.

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

### **AGUAS RESIDUALES DOMESTICAS /AGUAS PLUVIALES**

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

El Distrito de Servicios Públicos Municipales del Condado de Harris 167 (CN600739031) opera la Instalación de Tratamiento de Aguas Residuales del Condado de Harris MUD 167 (RN103138335), una planta de proceso de lodos activados operada en modo de mezcla completa. La instalación está ubicada en 4950 Old Greenhouse Road, Katy, en el Condado de Harris, Texas 77449.

Esta solicitud es para una renovación de descarga con un flujo promedio anual de 1,600,000 galones por día de aguas residuales domésticas tratadas a través de los puntos de descarga 001 y 002.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonácea a cinco días (CBOD5), sólidos suspendidos totales (TSS), nitrógeno amoniacal (NH3-N) y Escherichia coli. Contaminantes adicionales potenciales están incluidos en el Informe Técnico Doméstico 1.0, Sección 7. Análisis de Contaminantes del Efluente Tratado y la Hoja de Cálculo Doméstica 4.0 en el paquete de solicitud de permiso.

Las aguas residuales domésticas se tratan mediante una planta de proceso de lodos activados y las unidades de tratamiento incluyen una obra de llegada, tanques de aireación, clarificadores, digestores de lodos, un filtro prensa de banda y un tanque de contacto con cloro.

## **Attachment C**

### **Authorization to Discharge into Bear Creek**

(Corresponds to Administrative Report 1.0, Item 10C, Page 8 of 17)



9900 Northwest Freeway  
Houston, Texas 77092  
713-684-4000  
[www.hcfc.org](http://www.hcfc.org)

December 4, 2013

Mr. Keith O'Connor, P.E.  
AECOM  
5444 Westheimer Road, Suite 200  
Houston, Texas 77056

RE: Wastewater Discharge from HCMUD No. 167  
Discharge of 1.2 MGD  
TCEQ Discharge Permit # 12834-001  
HCFC Unit U102-02-00

Dear Mr. O'Connor:

The Harris County Flood Control District (HCFC) has received your application for discharge into a Flood Control or County facility. Harris County's waterways are impaired for bacteria (E. coli), therefore HCFC requests that discharges from HCMUD No. 167 be monitored for bacteria (E. coli) with the other required parameters. Also, HCFC requests a copy of the Draft Permit effluent limits to be forwarded when received from TCEQ. Your application is being processed and we have no objection at this time to a maximum daily average of 1.2 MGD discharge of treated wastewater into or toward HCFC Unit U102-02-00, as long as monitoring reports for bacteria (E. coli) and Draft Permit effluent limits are submitted to HCFC.

Please note that construction plans designed in accordance with Harris County Flood Control District's criteria and other adopted policies must be submitted for review to the Watershed Management Department.

If you should have any questions or need additional information, please contact our Stormwater Quality Department at 713-684-4177.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Catherine A. Elliott', with a long horizontal line extending to the right.

Catherine A. Elliott  
Stormwater Quality Department Manager

CAE:ag

Attachment: Copy of Application

cc: Carl Woodward  
Rondy Spardella  
Project File 450

**HARRIS COUNTY PUBLIC INFRASTRUCTURE DEPARTMENT  
APPLICATION FOR DISCHARGE TO COUNTY OR DISTRICT FACILITY**

**1. APPLICANT INFORMATION (Please print or type)**

Owner/Applicant

Name Harris County Municipal Utility District No. 167

Applicant Mailing Address 3200 SW Frwy., Ste 2600 City Houston State TX Zip 77027

Home Phone N/A Daytime Phone 713-860-6422 Fax 713-860-6622 Pager N/A

Agent/Consultant Name Keith O'Connor, P.E. Phone 713-267-3135

Agent's Mailing Address 5444 Westheimer Rd., Suite 200 State TX Zip 77056

**2. LOCATION OF PROPERTY**

Subdivision N/A Section N/A Block 1 Lot N/A Reserve C

Street Address 4950 Old Greenhouse Rd. City Katy State TX Zip 77449

Survey Name WW-RR Co. Abstract Number 201905 Acreage 3.0780

Property Tax Account Number 131 - 046 - 001 - 0003

**3. DISCHARGE LOCATION**

Attach the following documents in support of the application

A. Detailed Map Showing Discharge Point ☒ Key Map Page [ 446D ] attached GPS Latitude 29 ° 50.5 '05.28 " N

B. Detailed Map Showing downstream Path for one mile after discharge point ☒ Longitude 95 ° 42 '05.04 " W

**4. DISCHARGE PARAMETERS**

A. Type

☒ Treated Sewage Effluent

☐ Treated Stormwater

☐ Potable Water

☐

B. Quantity: 1.2 Millions Gallons Per Day ( ☐ Initial ☐ Intermediate ☒ Final ) Check One

C. Quality (Either Current or Proposed)

BOD<sub>5</sub> = 10 mg/l

TSS = 15 mg/l

NH<sub>3</sub>-N = 3 mg/l

Disinfection Type = chlorination

O<sub>2</sub> = 6 mg/l

Source ☒ Permit Application

Bacteria (Ecoli or Enterococcus) = 63 MPN Daily Avg.

☐ Other: \_\_\_\_\_ Specify

**5. OTHER PERMITS/APPLICATION:**

☒ TCEQ Discharge Permit # 12834-001

☐ New ☐ Renewal ☒ Amendment

☐ Harris County Notice # \_\_\_\_\_

☐ Harris County Development Permit # \_\_\_\_\_

☐ Other: \_\_\_\_\_

I, Keith O'Connor, P.E., the undersigned have carefully reviewed this application and my answers to all questions. To the best of my knowledge, the answers are all true and correct.

SIGNATURE of Applicant/Agent/Consultant or Attorney

Date 11/25/13

Receiving	Plancher	Date Application Received
Applicant Number	Approved By	<b>RECEIVED</b>  <b>DEC 03 2013</b>
Request No.	Date	
Project ID No. <u>U102-02-00</u>	Vio No.	
Clerk & Date		

NO FACSIMILE'S PLEASE

9900 Northwest Frwy Houston TX 77092-8615  
(713) 956-3000

HCCED FPM 99-0000  
ENVIRONMENTAL SERVICES

rev 11-16-10

**PROUD: M333859**

**Attachment D**  
Supplemental Permit Information Form (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 [WQ-ARPTeam@tceq.texas.gov](mailto:WQ-ARPTeam@tceq.texas.gov) or by phone at (512) 239-4671.

The following applies to all applications:

1. Permittee: Harris County Municipal Utility District 167

Permit No. WQ00 0012834001EPA ID No. TX 0094307

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

4950 Old Greenhouse Rd, Houston TX 77449.

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: Robert S. Wempe

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

Title: Vice President

Mailing Address: 2107 CityWest Boulevard, Third Floor

City, State, Zip Code: Houston, TX 77042

Phone No.: 713-428-2400 Ext.:

Fax No.:

E-mail Address: BWempe@pape-dawson.com

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

Harris County Municipal Utility District 167

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

Via outfall 002 to Bear Creek, then to South Mayde Creek, thence to Buffalo Bayou above tidal in Segment No. 1014 of the San Jacinto River Basin.

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

There is no proposed construction.

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

There are no disturbances due to proposed construction. This application is for a renewal of the permit to discharge wastes for Harris County Municipal Utility District No. 167.

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

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

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

**Attachment E :**

**Treatment Process, Treatment Units, and Process Flow Diagram**

(Corresponds to Domestic Technical Report 1.0, Items 3A, 3B, and 3C, Pages 2 and 3)

**HCMUD 167 WWTP  
ATTACHMENT E  
Treatment Process, Treatment Units, and Process Flow Diagram**

Corresponds to Domestic Technical Report 1.0, Item 3A, Page 2

HCMUD No. 167 wastewater treatment plant is a permanent concrete wastewater treatment plant which employs a treatment process of conventional activated sludge treatment process with complete mix aeration and nitrification. The plant is currently operating at full capacity with an average daily design flow of 1.6 MGD. The activated sludge process is operated using three existing aeration basins, two final clarifiers, and two chlorine contact basins.

The activated sludge process is operated utilizing two lift stations and headworks with one rotary drum screen, two manually cleaned bar screens and a flow splitting structure, three aeration basins, two clarifiers, two chlorine contact basins, effluent flow measurement devices, and one outfall. The chlorination and dechlorination facility consists of liquid sodium hypochlorite and sodium bisulfite feed facilities.

Waste activated sludge will be stabilized onsite with aerobic digesters and a sludge thickener. Sludge from the thickener will be pumped to a dewatering belt filter press on-site. Dewatered sludge will be regularly hauled off-site to landfills for final disposal.

**HCMUD 167 WWTP  
ATTACHMENT E  
Treatment Process, Treatment Units, and Process Flow Diagram**

Corresponds to Domestic Technical Report 1.0, Item 3B, Page 2

<b>PROPOSED TREATMENT UNITS</b>		
<b>Treatment Units</b>	<b>Number of Units</b>	<b>Size</b>
Aeration Basin	3	Each Unit = 56.75' x 28' x 20.18' (SWD = 17.8')
Clarifier	2	Clarifier #1: 52' diameter x 12.11' SWD. Clarifier #2: 67.17' diameter X 12.11' SWD.
Centrifugal Blower	1	1,600 scfm @ 9.0 psig
Chlorine (Sodium Hypochlorite) Supply Source	1	2 – 5,000 gallon storage tanks 2 – 25.0 gph chemical metering pumps
Chlorine Contact Basins	2	Each Unit = 6,502 cu. ft.
Dechlorination (Sodium Bisulfite) Supply Source	1	2 – 1,000 gallon storage tanks 2 – 2.0 gph chemical metering pumps
Return Activated Sludge (RAS) Pump	1	8" – 600 gpm RAS pump
Waste Activated Sludge (WAS) Pump	3	6" – 300 gpm WAS pump
Aerobic Digester	3	Digester #1 & #2 : Each Basin is 9,995 Cu. Ft.  Digester #3: Converted Train/Aeration Basin (excluding existing digester portion) = 28,480 Cu. Ft. (40' x 40' x 16.5' SWD and 21' x 6' x 16.5' SWD)
Belt Filter Press	1	2 Meter Press; Solids loading rate - 1,400 lbs/hr @2% solids Hydraulic loading rate – 140 gpm @ 2% solids
Sludge Thickener	1	60' Diameter

NOTE:



JOB NO. 51228-50  
DATE OCTOBER 25, 2021  
DESIGNER JS  
CHECKED PG DRAWN JS  
SHEET 3 of 3

**HARRIS COUNTY MUD 167**  
CITY OF HOUSTON, TEXAS  
ATTACHMENT E: PROCESS FLOW DIAGRAM



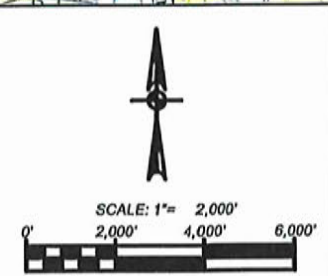
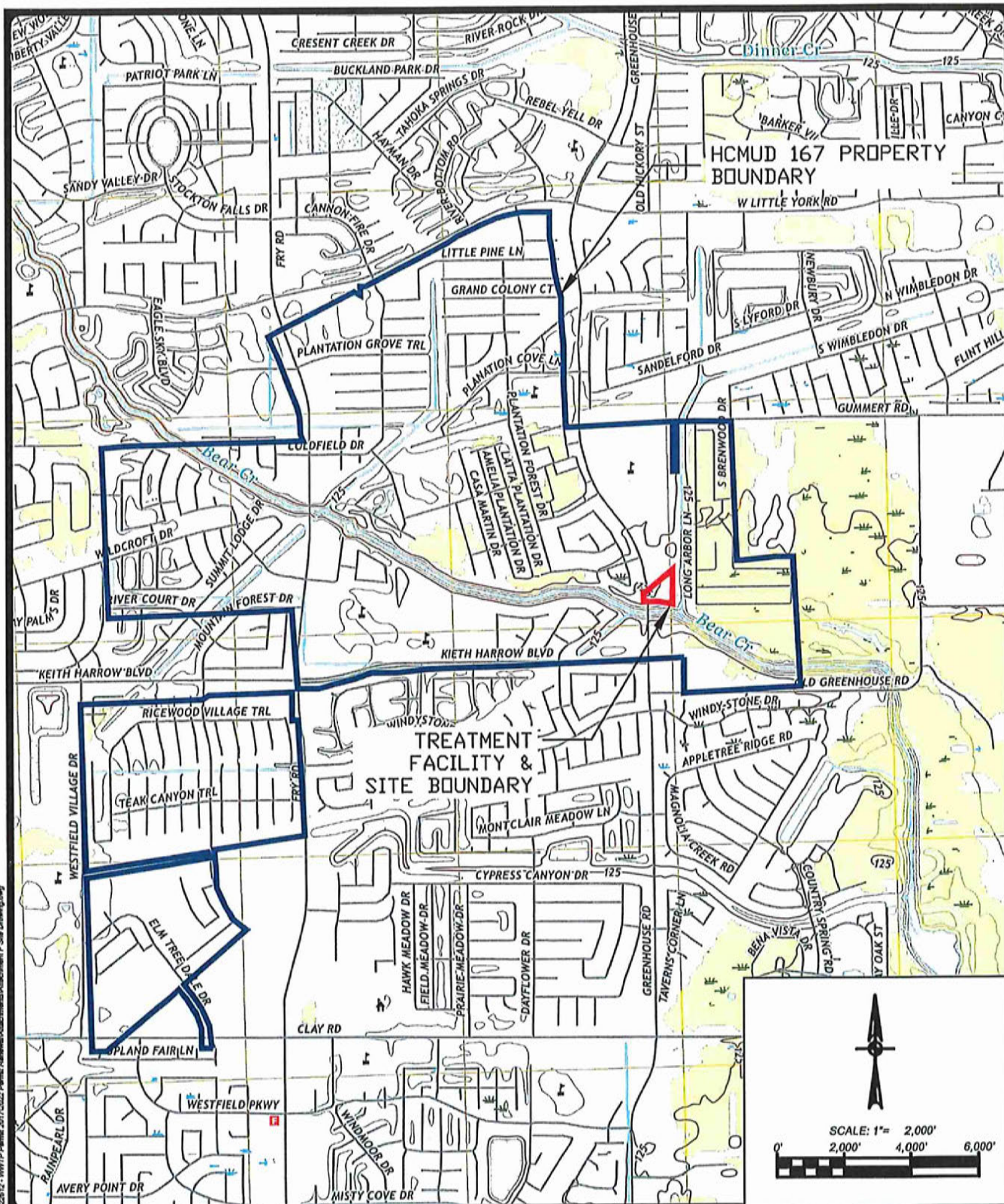
**PAPE-DAWSON  
ENGINEERS**

AUSTIN | SAN ANTONIO | HOUSTON | FORT WORTH | DALLAS  
100801 N MOPAC EXPY, BLDG 3, STE 200 | AUSTIN, TX 78759 | 512.454.8711  
TYPE FIRM REGISTRATION #478 | TBPLS FIRM REGISTRATION #10028601

THIS DOCUMENT HAS BEEN PRODUCED FROM MATERIAL THAT WAS STORED AND/OR TRANSMITTED ELECTRONICALLY AND MAY HAVE BEEN INADVERTENTLY ALTERED. RELY ONLY ON FINAL HARDCOPY MATERIAL AS BEARING THE CONSULTANT'S ORIGINAL SIGNATURE AND SEAL.

**Attachment F:**  
**Site Drawing**

(Corresponds to Domestic Technical Report 1.0, Item 3, Page 3)



JOB NO. 40628-00  
 DATE 10/26/2021  
 DESIGNER  
 CHECKED DRAWN TR  
 SHEET

# HCMUD 167 WWTP ATTACHMENT F - SITE DRAWING TECHNICAL REPORT 1.0 ITEM 4

**PAPE-DAWSON  
 ENGINEERS**

10301 H MOPAC EXPY., SUITE 200 AUSTIN TEXAS 78757 PHONE: 512.454.8711 FAX: 512.459.8507  
 TEXAS BOARD OF PROFESSIONAL ENGINEERS, FIRM REGISTRATION # 470

Date: Oct 26, 2021, 10:07am User: J2:TR:aud  
 File: K:\Projects\40628-00\H20\DWG\H20\02020812 - WWTP Permit 2017\02022 Permit Renewal\Attachments\Attachment F Site Drawing.dwg  
 THIS DOCUMENT HAS BEEN PRODUCED FROM MATERIAL THAT WAS STORED AND/OR TRANSMITTED ELECTRONICALLY AND MAY HAVE BEEN UNINTENTIONALLY ALTERED. RELY ONLY ON FINAL HANDCOPED MATERIALS BEARING THE CONSULTANT'S ORIGINAL SIGNATURE AND SEAL.

**Attachment G:**

**Transect Map**

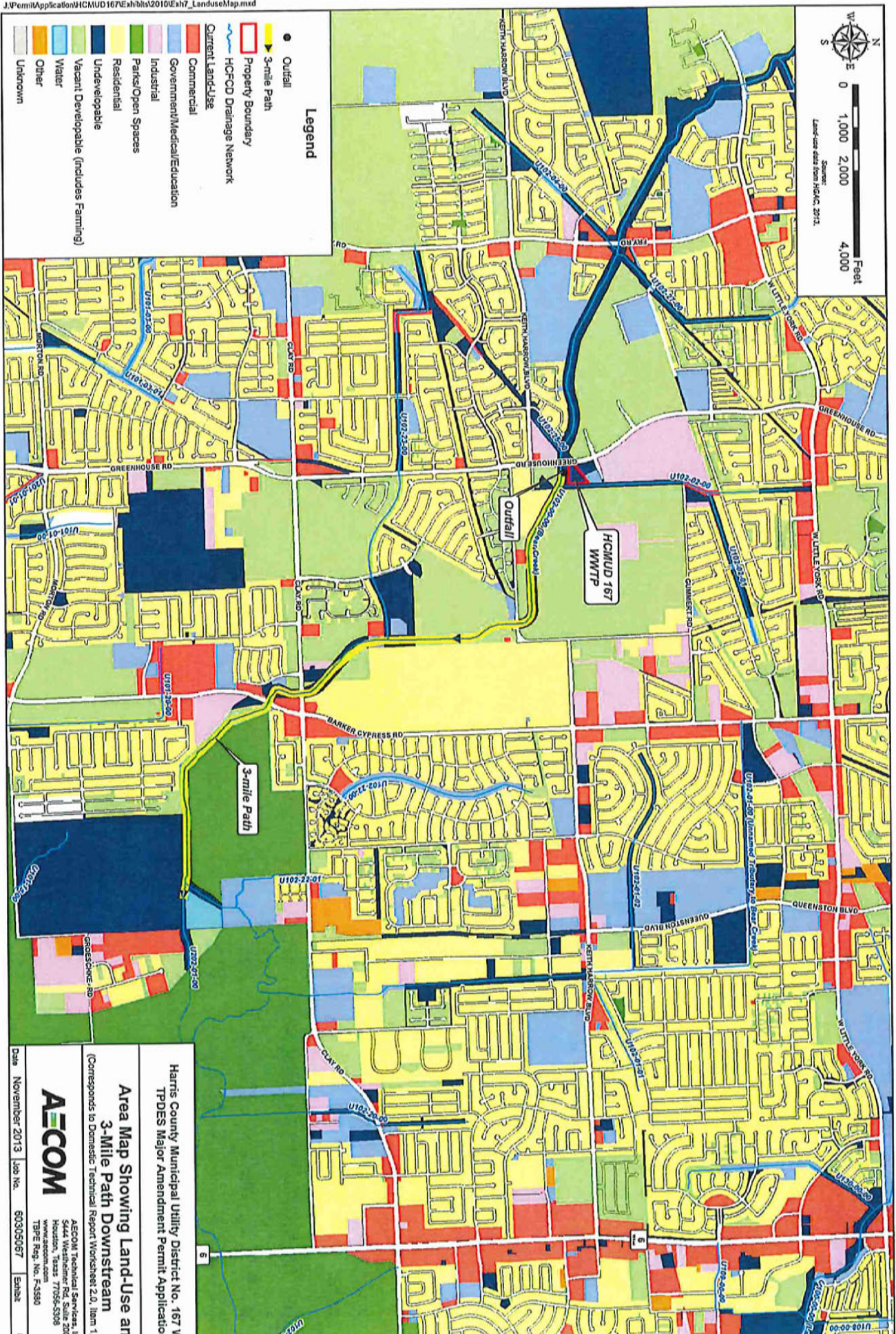
(Corresponds to Domestic Worksheet 2.1, Item 1, Page 29)



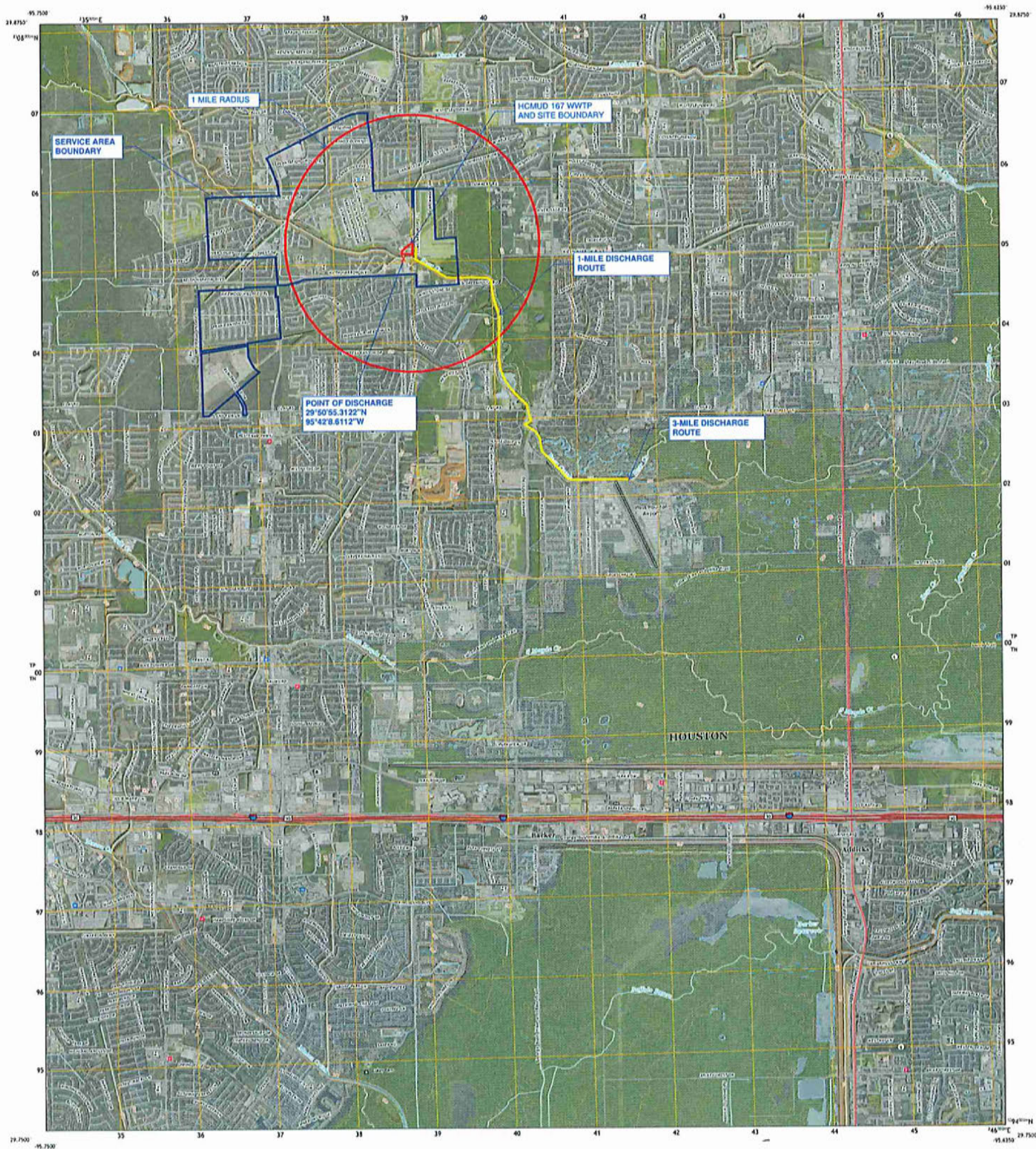
**Attachment H:**

**Perennial Streams within 3 miles of Discharge Point**

(Corresponds to Domestic Technical Report 2.0, Item 4C, Page 30)



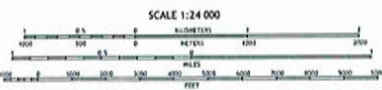
**Attachment I :**  
USGS Map



Produced by the United States Geological Survey

This map is not a legal document. Boundaries may be generalized for this map style. Private lands within private land restoration may not be shown. Obtain permission before entering private lands.

	NAP, September
Inquiry:	U.S. Census
Revised:	National Hydrology
Hydrography:	National Hydrology
Contours:	National Hydrology
Boundaries:	National Hydrology
Land Use:	National Hydrology



CONTOUR INTERVAL 5 FEET  
NORTH AMERICAN VERTICAL DATUM OF 1988

This map was produced to conform with the  
National Geospatial Program L5 Topo Product Standard, 2003.  
A metadata file associated with this product is draft version 0.8.0.



1	2	3	1 Warren Lake
			2 Cypress
4		5	3 Laramie
			4 Katy
6	7	8	5 Hedwig Village
			6 Rio Grande Rd
			7 Cleburne
			8 Kief

**ROAD CLASSIFICATION**

Expressway	Local Connector
Secondary Hwy	Local Road
Ramp	and
Interstate Route	US Route
	State Route

ADDICKS, TX  
2019

**Attachment J:**  
Laboratory Results



Envirodyne Laboratories, Inc  
11011 Brooklet Dr., # 230  
Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

08 April 2025

H2O Consulting, Inc.  
Charles Leidigh  
5870 Highway 6 North Ste 215  
Houston, TX 77084

**HCMUD #167 Permit Renewal**

Enclosed are the results of analyses for samples received by the laboratory on 18-Mar-25 15:25. The analytical data provided relates only to the samples as received in this laboratory report.

ELI certifies that all results are NELAP compliant and performed in accordance with the referenced method except as noted in the Case Narrative or as noted with a qualifier. Any reproductions of this laboratory report should be in full and only with the written authorization from the client.

The total number of pages in this report is 15

Thank you for selecting ELI for your analytical needs. If you have any questions regarding this report, please contact us.

Sincerely,

A handwritten signature in blue ink that reads "Laura Bonjonia".

Laura Bonjonia  
Administrator



Certificate ID: TX-C24-00284



Envirodyne Laboratories, Inc  
11011 Brooklet Dr., # 230  
Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

Client: H2O Consulting, Inc.  
Project: HCMUD #167 Permit Renewal  
Work Order: 25C2056

Reported:  
08-Apr-25 18:38

#### ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
Effluent	25C2056-01	Water	18-Mar-25 07:00	18-Mar-25 15:25

L - Sample analyzed by TNI certified lab: T104704220-22-45

Envirodyne Laboratories, Inc.

A handwritten signature in blue ink, reading 'Laura Bonjonia', is written over a horizontal line.

Laura Bonjonia, Administrator

*The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.*

If **yes** to any of the above, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the septic waste, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

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

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

☐ Yes ☐ No

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

Click to enter text.

## Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 50)

Is the facility in operation?

☐ Yes ☐ No

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

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

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

**Table 1.0(2) – Pollutant Analysis for Wastewater Treatment Facilities**

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l	7.2	7.2	1	Comp	3-18-25/0700
Total Suspended Solids, mg/l	2.9	2.9	1	Comp	3-18-25/0700
Ammonia Nitrogen, mg/l	<0.20	<0.20	1	Comp	3-18-25/0700
Nitrate Nitrogen, mg/l	19.7	19.7	1	Comp	3-18-25/0700

Total Kjeldahl Nitrogen, mg/l	1.9	1.9	1	Comp	3-18-25/0700
Sulfate, mg/l	43.1	43.1	1	Comp	3-18-25/0700
Chloride, mg/l	144	144	1	Comp	3-18-25/0700
Total Phosphorus, mg/l	5.25	5.25	1	Comp	3-18-25/0700
pH, standard units	7.24	7.24	1	Grab	3-18-25/0835
Dissolved Oxygen*, mg/l	7.29	7.29	1	Grab	3-18-25/0835
Chlorine Residual, mg/l	<0.01	<0.01	1	Grab	3-18-25/0835
<i>E.coli</i> (CFU/100ml) freshwater	<1	<1	1	Grab	3-18-25/0835
Enterococci (CFU/100ml) saltwater	<2	<2	1	Grab	3-18-25/0835
Total Dissolved Solids, mg/l	468	468	1	Comp	3-18-25/0700
Electrical Conductivity, umohs/cm, †	1060	1060	1	Comp	3-18-25/0700
Oil & Grease, mg/l	<5.0	<5.0	1	Grab	3-18-25/0835
Alkalinity (CaCO <sub>3</sub> )*, mg/l	217	217	1	Comp	3-18-25/0700

\*TPDES permits only

†TLAP permits only

**Table 1.0(3) – Pollutant Analysis for Water Treatment Facilities**

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

## Section 8. Facility Operator (Instructions Page 50)

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

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

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

## Section 9. Sludge and Biosolids Management and Disposal (Instructions Page 51)

### A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

☐ Design flow >= 1 MGD

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 4.0: POLLUTANT ANALYSIS REQUIREMENTS

The following is **required** for facilities with a permitted or proposed flow of 1.0 MGD or **greater**, facilities with an approved **pretreatment** program, or facilities classified as a **major** facility. See instructions for further details.

This worksheet is not required minor amendments without renewal.

### Section 1. Toxic Pollutants (Instructions Page 78)

For pollutants identified in Table 4.0(1), indicate the type of sample.

Grab ☒ Composite ☒

Date and time sample(s) collected: Grab: 3-18-25 @ 0835 Comp: 3-18-25 @ 0700

**Table 4.0(1) – Toxics Analysis**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrylonitrile	<50	<50	1	50
Aldrin	<0.01	<0.01	1	0.01
Aluminum	46.5	46.5	1	2.5
Anthracene	<10	<10	1	10
Antimony	<5	<5	1	5
Arsenic	4.7	4.7	1	0.5
Barium	75.3	75.3	1	3
Benzene	<10	<10	1	10
Benzidine	<50	<50	1	50
Benzo(a)anthracene	<5	<5	1	5
Benzo(a)pyrene	<5	<5	1	5
Bis(2-chloroethyl)ether	<10	<10	1	10
Bis(2-ethylhexyl)phthalate	<10	<10	1	10
Bromodichloromethane	22.5	22.5	1	10
Bromoform	<10	<10	1	10
Cadmium	3.0	3.0	1	1
Carbon Tetrachloride	<2	<2	1	2
Carbaryl	<5	<5	1	5
Chlordane*	<0.2	<0.2	1	0.2
Chlorobenzene	<10	<10	1	10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Chlorodibromomethane	<10	<10	1	10
Chloroform	42.3	42.3	1	10
Chlorpyrifos	<0.05	<0.05	1	0.05
Chromium (Total)	<3	<3	1	3
Chromium (Tri) (*1)	<3	<3	1	N/A
Chromium (Hex)	<3	<3	1	3
Copper	5.6	5.6	1	2
Chrysene	<5	<5	1	5
p-Chloro-m-Cresol	<10	<10	1	10
4,6-Dinitro-o-Cresol	<50	<50	1	50
p-Cresol	<10	<10	1	10
Cyanide (*2)	<10	<10	1	10
4,4'- DDD	<0.1	<0.1	1	0.1
4,4'- DDE	<0.1	<0.1	1	0.1
4,4'- DDT	<0.02	<0.02	1	0.02
2,4-D	<0.7	<0.7	1	0.7
Demeton (O and S)	<0.20	<0.20	1	0.20
Diazinon	<0.5	<0.5	1	0.5/0.1
1,2-Dibromoethane	<10	<10	1	10
m-Dichlorobenzene	<10	<10	1	10
o-Dichlorobenzene	<10	<10	1	10
p-Dichlorobenzene	<10	<10	1	10
3,3'-Dichlorobenzidine	<5	<5	1	5
1,2-Dichloroethane	<10	<10	1	10
1,1-Dichloroethylene	<10	<10	1	10
Dichloromethane	<20	<20	1	20
1,2-Dichloropropane	<10	<10	1	10
1,3-Dichloropropene	<10	<10	1	10
Dicofol	<1	<1	1	1
Dieldrin	0.027	0.027	1	0.02
2,4-Dimethylphenol	<10	<10	1	10
Di-n-Butyl Phthalate	<10	<10	1	10
Diuron	<0.09	<0.09	1	0.09

<b>Pollutant</b>	<b>AVG Effluent Conc. (µg/l)</b>	<b>MAX Effluent Conc. (µg/l)</b>	<b>Number of Samples</b>	<b>MAL (µg/l)</b>
Endosulfan I (alpha)	<0.01	<0.01	1	0.01
Endosulfan II (beta)	<0.02	<0.02	1	0.02
Endosulfan Sulfate	<0.1	<0.1	1	0.1
Endrin	<0.02	<0.02	1	0.02
Ethylbenzene	<10	<10	1	10
Fluoride	1140	1140	1	500
Guthion	<0.1	<0.1	1	0.1
Heptachlor	<0.01	<0.01	1	0.01
Heptachlor Epoxide	0.074	0.074	1	0.01
Hexachlorobenzene	<5	<5	1	5
Hexachlorobutadiene	<10	<10	1	10
Hexachlorocyclohexane (alpha)	<0.05	<0.05	1	0.05
Hexachlorocyclohexane (beta)	<0.05	<0.05	1	0.05
gamma-Hexachlorocyclohexane (Lindane)	<0.05	<0.05	1	0.05
Hexachlorocyclopentadiene	<10	<10	1	10
Hexachloroethane	<20	<20	1	20
Hexachlorophene	<10	<10	1	10
Lead	<0.5	<0.5	1	0.5
Malathion	<0.1	<0.1	1	0.1
Mercury	<0.005	<0.005	1	0.005
Methoxychlor	<2	<2	1	2
Methyl Ethyl Ketone	<50	<50	1	50
Mirex	<0.02	<0.02	1	0.02
Nickel	<2	<2	1	2
Nitrate-Nitrogen	19,700	19,700	1	100
Nitrobenzene	<10	<10	1	10
N-Nitrosodiethylamine	<20	<20	1	20
N-Nitroso-di-n-Butylamine	<20	<20	1	20
Nonylphenol	<333	<333	1	333
Parathion (ethyl)	<0.1	<0.1	1	0.1
Pentachlorobenzene	<20	<20	1	20
Pentachlorophenol	<5	<5	1	5

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Phenanthrene	<10	<10	1	10
Polychlorinated Biphenyls (PCB's) (*3)	<0.2	<0.2	1	0.2
Pyridine	<20	<20	1	20
Selenium	<5	<5	1	5
Silver	0.6	0.6	1	0.5
1,2,4,5-Tetrachlorobenzene	<20	<20	1	20
1,1,2,2-Tetrachloroethane	<10	<10	1	10
Tetrachloroethylene	<10	<10	1	10
Thallium	<0.5	<0.5	1	0.5
Toluene	<10	<10	1	10
Toxaphene	<0.3	<0.3	1	0.3
2,4,5-TP (Silvex)	<0.3	<0.3	1	0.3
Tributyltin (see instructions for explanation)	N/A	N/A	N/A	0.01
1,1,1-Trichloroethane	<10	<10	1	10
1,1,2-Trichloroethane	<10	<10	1	10
Trichloroethylene	<10	<10	1	10
2,4,5-Trichlorophenol	<50	<50	1	50
TTHM (Total Trihalomethanes)	64.8	64.8	1	10
Vinyl Chloride	<10	<10	1	10
Zinc	44.5	44.5	1	5

(\*1) Determined by subtracting hexavalent Cr from total Cr.

(\*2) Cyanide, amenable to chlorination or weak-acid dissociable.

(\*3) The sum of seven PCB congeners 1242, 1254, 1221, 1232, 1248, 1260, and 1016.

## Section 2. Priority Pollutants

For pollutants identified in Tables 4.0(2)A-E, indicate type of sample.

Grab ☒

Composite ☒

Date and time sample(s) collected: Grab: 3-18-25 @ 0835 Comp: 3-18-25 @ 0700

**Table 4.0(2)A – Metals, Cyanide, and Phenols**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Antimony	<5	<5	1	5
Arsenic	4.7	4.7	1	0.5
Beryllium	<0.5	<0.5	1	0.5
Cadmium	3.0	3.0	1	1
Chromium (Total)	<3	<3	1	3
Chromium (Hex)	<3	<3	1	3
Chromium (Tri) (*1)	<3	<3	1	N/A
Copper	5.6	5.6	1	2
Lead	<0.5	<0.5	1	0.5
Mercury	<0.005	<0.005	1	0.005
Nickel	<2	<2	1	2
Selenium	<5	<5	1	5
Silver	0.6	0.6	1	0.5
Thallium	<0.5	<0.5	1	0.5
Zinc	44.5	44.5	1	5
Cyanide (*2)	<10	<10	1	10
Phenols, Total	<10	<10	1	10

(\*1) Determined by subtracting hexavalent Cr from total Cr.

(\*2) Cyanide, amenable to chlorination or weak-acid dissociable

**Table 4.0(2)B – Volatile Compounds**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrolein	<50	<50	1	50
Acrylonitrile	<50	<50	1	50
Benzene	<10	<10	1	10
Bromoform	<10	<10	1	10
Carbon Tetrachloride	<2	<2	1	2
Chlorobenzene	<10	<10	1	10
Chlorodibromomethane	<10	<10	1	10
Chloroethane	<50	<50	1	50
2-Chloroethylvinyl Ether	<10	<10	1	10
Chloroform	42.3	42.3	1	10
Dichlorobromomethane [Bromodichloromethane]	22.5	22.5	1	10
1,1-Dichloroethane	<10	<10	1	10
1,2-Dichloroethane	<10	<10	1	10
1,1-Dichloroethylene	<10	<10	1	10
1,2-Dichloropropane	<10	<10	1	10
1,3-Dichloropropylene [1,3-Dichloropropene]	<10	<10	1	10
1,2-Trans-Dichloroethylene	<10	<10	1	10
Ethylbenzene	<10	<10	1	10
Methyl Bromide	<50	<50	1	50
Methyl Chloride	<50	<50	1	50
Methylene Chloride	<20	<20	1	20
1,1,2,2-Tetrachloroethane	<10	<10	1	10
Tetrachloroethylene	<10	<10	1	10
Toluene	<10	<10	1	10
1,1,1-Trichloroethane	<10	<10	1	10
1,1,2-Trichloroethane	<10	<10	1	10
Trichloroethylene	<10	<10	1	10
Vinyl Chloride	<10	<10	1	10

**Table 4.0(2)C – Acid Compounds**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
2-Chlorophenol	<10	<10	1	10
2,4-Dichlorophenol	<10	<10	1	10
2,4-Dimethylphenol	<10	<10	1	10
4,6-Dinitro-o-Cresol	<50	<50	1	50
2,4-Dinitrophenol	<50	<50	1	50
2-Nitrophenol	<20	<20	1	20
4-Nitrophenol	<50	<50	1	50
P-Chloro-m-Cresol	<10	<10	1	10
Pentalchlorophenol	<5	<5	1	5
Phenol	<10	<10	1	10
2,4,6-Trichlorophenol	<10	<10	1	10

**Table 4.0(2)D – Base/Neutral Compounds**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acenaphthene	<10	<10	1	10
Acenaphthylene	<10	<10	1	10
Anthracene	<10	<10	1	10
Benzidine	<50	<50	1	50
Benzo(a)Anthracene	<5	<5	1	5
Benzo(a)Pyrene	<5	<5	1	5
3,4-Benzofluoranthene	<10	<10	1	10
Benzo(ghi)Perylene	<20	<20	1	20
Benzo(k)Fluoranthene	<5	<5	1	5
Bis(2-Chloroethoxy)Methane	<10	<10	1	10
Bis(2-Chloroethyl)Ether	<10	<10	1	10
Bis(2-Chloroisopropyl)Ether	<10	<10	1	10
Bis(2-Ethylhexyl)Phthalate	<10	<10	1	10
4-Bromophenyl Phenyl Ether	<10	<10	1	10
Butyl benzyl Phthalate	<10	<10	1	10
2-Chloronaphthalene	<10	<10	1	10
4-Chlorophenyl phenyl ether	<10	<10	1	10
Chrysene	<5	<5	1	5
Dibenzo(a,h)Anthracene	<5	<5	1	5
1,2-(o)Dichlorobenzene	<10	<10	1	10
1,3-(m)Dichlorobenzene	<10	<10	1	10
1,4-(p)Dichlorobenzene	<10	<10	1	10
3,3-Dichlorobenzidine	<5	<5	1	5
Diethyl Phthalate	<10	<10	1	10
Dimethyl Phthalate	<10	<10	1	10
Di-n-Butyl Phthalate	<10	<10	1	10
2,4-Dinitrotoluene	<10	<10	1	10
2,6-Dinitrotoluene	<10	<10	1	10
Di-n-Octyl Phthalate	<10	<10	1	10
1,2-Diphenylhydrazine (as Azo-benzene)	<20	<20	1	20
Fluoranthene	<10	<10	1	10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Fluorene	<10	<10	1	10
Hexachlorobenzene	<5	<5	1	5
Hexachlorobutadiene	<10	<10	1	10
Hexachlorocyclo-pentadiene	<10	<10	1	10
Hexachloroethane	<20	<20	1	20
Indeno(1,2,3-cd)pyrene	<5	<5	1	5
Isophorone	<10	<10	1	10
Naphthalene	<10	<10	1	10
Nitrobenzene	<10	<10	1	10
N-Nitrosodimethylamine	<50	<50	1	50
N-Nitrosodi-n-Propylamine	<20	<20	1	20
N-Nitrosodiphenylamine	<20	<20	1	20
Phenanthrene	<10	<10	1	10
Pyrene	<10	<10	1	10
1,2,4-Trichlorobenzene	<10	<10	1	10

**Table 4.0(2)E - Pesticides**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Aldrin	<0.01	<0.01	1	0.01
alpha-BHC (Hexachlorocyclohexane)	<0.05	<0.05	1	0.05
beta-BHC (Hexachlorocyclohexane)	<0.05	<0.05	1	0.05
gamma-BHC (Hexachlorocyclohexane)	<0.05	<0.05	1	0.05
delta-BHC (Hexachlorocyclohexane)	0.058	0.058	1	0.05
Chlordane	<0.2	<0.2	1	0.2
4,4-DDT	<0.02	<0.02	1	0.02
4,4-DDE	<0.1	<0.1	1	0.1
4,4,-DDD	<0.1	<0.1	1	0.1
Dieldrin	0.027	0.027	1	0.02
Endosulfan I (alpha)	<0.01	<0.01	1	0.01
Endosulfan II (beta)	<0.02	<0.02	1	0.02
Endosulfan Sulfate	<0.1	<0.1	1	0.1
Endrin	<0.02	<0.02	1	0.02
Endrin Aldehyde	<0.1	<0.1	1	0.1
Heptachlor	<0.01	<0.01	1	0.01
Heptachlor Epoxide	0.074	0.074	1	0.01
PCB-1242	<0.2	<0.2	1	0.2
PCB-1254	<0.2	<0.2	1	0.2
PCB-1221	<0.2	<0.2	1	0.2
PCB-1232	<0.2	<0.2	1	0.2
PCB-1248	<0.2	<0.2	1	0.2
PCB-1260	<0.2	<0.2	1	0.2
PCB-1016	<0.2	<0.2	1	0.2
Toxaphene	<0.3	<0.3	1	0.3

\* For PCBs, if all are non-detects, enter the highest non-detect preceded by a "<".



# ENVIRODYNE LABORATORIES, INC.

## CERTIFICATE OF ANALYSIS

CLIENT: HCMUD #167 PERMIT RENEWAL  
(H2O Consulting)  
DATE COLLECTED: 18-Mar-25  
DATE COMPLETED: 28-Mar-25  
LOCATION: EFFLUENT - Grab

LAB NUMBER: 25C2056A  
DATE RECEIVED: 18-Mar-25  
SAMPLED BY: TA

PARAMETERS:	VOLATILES	CONC.	DETECTION LIMITS (ug/l)
ACROLEIN (ug/l)		50.0 U	50.0
ACRYLONITRILE (ug/l)		50.0 U	50.0
CHLOROMETHANE (ug/l)		10.0 U	10.0
VINYL CHLORIDE (ug/l)		10.0 U	10.0
BROMOMETHANE (ug/l)		50.0 U	50.0
CHLOROETHANE (ug/l)		50.0 U	50.0
TRICHLOROFLUOROMETHANE (ug/l)		10.0 U	10.0
1,1-DICHLOROETHYLENE (ug/l)		10.0 U	10.0
METHYLENE CHLORIDE (ug/l)		20.0 U	20.0
trans-1,2-DICHLOROETHYLENE (ug/l)		10.0 U	10.0
1,1-DICHLOROETHANE (ug/l)		10.0 U	10.0
1,1,1-TRICHLOROETHANE (ug/l)		10.0 U	10.0
METHYL BROMIDE (ug/l)		50.0 U	50.0
METHYL CHLORIDE (ug/l)		10.0 U	10.0
CHLOROFORM (ug/l)		42.3	10.0
CARBON TETRACHLORIDE (ug/l)		2.0 U	2.0
1,2-DICHLOROETHANE (ug/l)		10.0 U	10.0
TRICHLOROETHANE (ug/l)		10.0 U	10.0
BENZENE (ug/l)		10.0 U	10.0
TRICHLOROETHYLENE (ug/l)		10.0 U	10.0
1,2-DICHLOROPROPANE (ug/l)		10.0 U	10.0
DICHLOROBROMOMETHANE (ug/l)		22.5	10.0
1,3 DICHLOROPROPYLENE (ug/l)		10.0 U	10.0
TOLUENE (ug/l)		10.0 U	10.0
trans-1,3-DICHLOROPROPENE (ug/l)		10.0 U	10.0
1,1,2-TRICHLOROETHANE (ug/l)		10.0 U	10.0
TETRACHLOROETHYLENE (ug/l)		10.0 U	10.0
DIBROMOCHLOROMETHANE (ug/l)		10.0 U	10.0
CHLOROBENZENE (ug/l)		10.0 U	10.0
2-CHLOROETHYL VINYL ETHER (ug/l)		10.0 U	10.0
1,2-DIBROMOETHANE (ug/l)		2.0 U	2.0
ETHYLBENZENE (ug/l)		10.0 U	10.0
BROMOFORM (ug/l)		10.0 U	10.0
1,1,2,2-TETRACHLOROETHANE (ug/l)		10.0 U	10.0
TOTAL TRIHALOMETHANES (ug/l)		64.8	10.0
METHYL ETHYL KETONE (ug/l)		50.0 U	50.0
1,3 DICHLOROBENZENE (ug/l)		10.0 U	10.0
1,4 DICHLOROBENZENE (ug/l)		10.0 U	10.0
1,2 DICHLOROBENZENE (ug/l)		10.0 U	10.0
XYLENE (ug/l)		10.0 U	10.0

Analyzed by NELAP accredited lab T104704220

Ref. EPA 624.1 (VOLATILES)

U - Analyte Not Detected at the Listed Detection Limit

J - Analyte Present but Below Detection Limit

  
LAB REPRESENTATIVE



## ENVIRODYNE LABORATORIES, INC.

### CERTIFICATE OF ANALYSIS

CLIENT: HCMUD #167 PERMIT RENEWAL

LAB NUMBER: 25C2056B

(H2O Consulting)

DATE COLLECTED: 18-Mar-25

DATE RECEIVED: 18-Mar-25

DATE COMPLETED: 25-Mar-25

SAMPLED BY: TA

LOCATION: EFFLUENT

#### PARAMETERS:

##### BASE/ NEUTRALS

ACENAPHTHENE (ug/l)	10.0 U
ACENAPHTHYLENE (ug/l)	10.0 U
ANTHRACENE (ug/l)	10.0 U
BENZIDINE (ug/l)	50.0 U
BENZO (a) ANTHRACENE (ug/l)	5.0 U
BENZO (a) PYRENE (ug/l)	5.0 U
BENZO (B) FLUORANTHENE (ug/l)	10.0 U
BENZO (GHI) PERYLENE (ug/l)	20.0 U
BENZO (k) FLUORANTHENE (ug/l)	5.0 U
BIS (2-CHLOROETHYL) ETHER (ug/l)	10.0 U
BIS (2-CHLOROETHOXY) METHANE (ug/l)	10.0 U
BIS (2-CHLOROISOPROPYL) ETHER (ug/l)	10.0 U
BIS (2-ETHYLHEXYL) PHTHALATE (ug/l)	10.0 U
4-BROMOPHENYL PHENYL ETHER (ug/l)	10.0 U
BUTYL BENZYL PHTHALATE (ug/l)	10.0 U
2-CHLORONAPHTHALENE (ug/l)	10.0 U
4-CHLOROPHENYL PHENYL ETHER (ug/l)	10.0 U
CHRYSENE (ug/l)	5.0 U
DIBENZO (a,h) ANTHRACENE (ug/l)	5.0 U
1,2-DICHLOROBENZENE (ug/l)	10.0 U
1,3-DICHLOROBENZENE (ug/l)	10.0 U
(p)1,4-DICHLOROBENZENE (ug/l)	10.0 U
3,3-DICHLOROBENZIDINE (ug/l)	5.0 U
DIETHYL PHTHALATE (ug/l)	10.0 U
DIMETHYL PHTHALATE (ug/l)	10.0 U
DI-N-BUTYL PHTHALATE (ug/l)	10.0 U
DIBENZOFURAN (ug/l)	10.0 U
FLUORANTHENE (ug/l)	10.0 U
FLUORENE (ug/l)	10.0 U
HEXACHLOROBENZENE (ug/l)	5.0 U
HEXACHLOROBUTADIENE (ug/l)	10.0 U
HEXACHLOROETHANE (ug/l)	20.0 U
HEXACHLOROCYCLOPENTADIENE (ug/l)	10.0 U
HEXACHLOROPHENE (ug/l)	10.0 U
IDENO (1,2,3,cd) PYRENE (ug/l)	5.0 U
1,2-Diphenyl Hydrazine (ug/l)	20.0 U
N-NITROSO-di-n-BUTYLAMINE (ug/l)	20.0 U
N-NITROSO-DI-ETHYLAMINE (ug/l)	20.0 U

ISOPHORONE (ug/l)	10.0 U
NAPHTHALENE (ug/l)	10.0 U
NITROBENZENE (ug/l)	10.0 U
N-NITROSO-di-n-PROPYLAMINE (ug/l)	20.0 U
N-NITROSODIPHENYLAMINE (ug/l)	20.0 U
N-NITROSODIMETHYLAMINE (ug/l)	50.0 U
PHENANTHRENE (ug/l)	10.0 U
PYRENE (ug/l)	10.0 U
1,2,4-TRICHLOROBENZENE (ug/l)	10.0 U
1,2,4,5-TETRACHLOROBENZENE (ug/l)	20.0 U
2, 4-DINITROTOLUENE (ug/l)	10.0 U
2, 6-DINITROTOLUENE (ug/l)	10.0 U
2-METHYLNAPHTHALENE (ug/l)	10.0 U
Di-n-octyl PHTHALATE (ug/l)	10.0 U
PYRIDINE (ug/l)	20.0 U
p-CRESOL (ug/l)	10.0 U

#### ACID COMPOUNDS

##### EFFLUENT (Cont.)

2-CHLOROPHENOL (ug/l)	10.0 U
2,4-DICHLOROPHENOL (ug/l)	10.0 U
2,4-DIMETHYLPHENOL (ug/l)	10.0 U
4, 6-DINITRO-o-CRESOL (ug/l)	50.0 U
4,6-DINITRO-2-METHYLPHENOL (ug/l)	20.0 U
2,4-DINITROPHENOL (ug/l)	50.0 U
2-NITROPHENOL (ug/l)	20.0 U
4-NITROPHENOL (ug/l)	50.0 U
p-CHLORO-m-CRESOL (ug/l)	10.0 U
2-METHYLPHENOL (ug/l)	10.0 U
PENTACHLOROPHENOL (ug/l)	5.0 U
PHENOL (ug/l)	10.0 U
2,4,6-TRICHLOROPHENOL (ug/l)	10.0 U
2,4,5-TRICHLOROPHENOL (ug/l)	50.0 U
PENTACHLOROBENZENE (ug/l)	20.0 U
4-CHLORO-3-METHYL PHENOL (ug/l)	10.0 U
NONYLPHENOL (ug/l)	5.0 U

Analyzed by NELAP accredited lab T104704220  
Ref. EPA-625.1 (Base/Neutrals & Acids)  
U - Analyte Not Detected at the listed Detection Limit  
J - Analyte Present but below Detection Limit

LAB REPRESENTATIVE



# ENVIRODYNE LABORATORIES, INC.

CLIENT: HCMUD #167 PERMIT RENEWAL

LAB NUMBER: 25C2056C

DATE COLLECTED: (H2O Consulting) 18-Mar-25

DATE RECEIVED: 18-Mar-25

DATE COMPLETED: 01-Apr-25

SAMPLED BY: TA

LOCATION: Comp  
EFFLUENT

## PARAMETERS:

METALS	CONCENTRATION	METHOD	INITIALS	MAL
TOTAL ALUMINUM (ug/l)	46.5	EPA 200.8	JMM	2.5
TOTAL ANTIMONY (ug/l)	<5.0	EPA 200.8	JMM	5.0
TOTAL ARSENIC (ug/l)	4.7	EPA 200.8	JMM	0.5
TOTAL BARIUM (ug/l)	75.3	EPA 200.8	JMM	3.0
TOTAL BERYLLIUM (ug/l)	<0.5	EPA 200.8	JMM	0.5
TOTAL CADMIUM (ug/l)	3.0	EPA 200.8	JMM	1.0
TOTAL CHROMIUM (ug/l)	<3.0	EPA 200.8	JMM	3.0
HEX CHROMIUM (ug/l)	<3.0	3500 - Cr D	SSJ	3.0
TRI CHROMIUM (ug/l)	<3.0	N/A	JMM	3.0
TOTAL COPPER (ug/l)	5.6	EPA 200.8	JMM	2.0
TOTAL LEAD (ug/l)	<0.5	EPA 200.8	JMM	<0.5
TOTAL MERCURY (ug/l)	*<0.005	EPA 245.1	SUB	0.0
TOTAL NICKEL (ug/l)	<2.0	EPA 200.8	JMM	2.0
TOTAL SELENIUM (ug/l)	<5.0	EPA 200.8	JMM	5.0
TOTAL SILVER (ug/l)	0.6	EPA 200.8	JMM	0.5
TOTAL THALLIUM (ug/l)	<0.5	EPA 200.8	JMM	0.5
TOTAL ZINC (ug/l)	44.5	EPA 200.8	JMM	5.0
AMENABLE CYANIDE (ug/l)	*<10.0	EPA 335.4	SUB	10.0
TOTAL PHENOLS (ug/l)	*<10.0	EPA 420.4	SUB	10.0
FLUORIDE (ug/l)	1,140.0	SM 4500-F C	SKP	500.0
NITRATE-N (ug/l)	19,700.0	EPA 353.1	SSJ	100.0

LAB REPRESENTATIVE

Ref. EPA METHODS FOR CHEMICAL ANALYSIS

\*Analyzed by NELAC certified lab T104704231



## ENVIRODYNE LABORATORIES, INC.

### CERTIFICATE OF ANALYSIS

CLIENT: HCMUD #167 PERMIT RENEWAL  
(H2O Consulting)  
DATE COLLECTED: 18-Mar-25  
DATE COMPLETED 28-Mar-25

LAB NUMBER: 25C2056D  
DATE RECEIVED: 18-Mar-25  
SAMPLED BY: TA

SAMPLE TYPE:  
LOCATION:

EFFLUENT

EFFLUENT

PARAMETERS:

PESTICIDES-PCB

PESTICIDES-PCB

#### EPA 1657\*

Guthion (Azinphos Methyl) (ug/l)	< 0.10
Chlorpyrifos (ug/l)	< 0.05
Demeton -O (ug/l)	< 0.20
Demeton -S (ug/l)	< 0.20
Diazinon (ug/l)	< 0.5
Disulfoton (ug/l)	< 0.5
EPN (ug/l)	< 0.5
Ethion (ug/l)	< 0.5
Ethyl Parathion (ug/l)	< 0.1
Malathion (ug/l)	< 0.10
Methyl Parathion (ug/l)	< 0.1
Parathion (ug/l)	< 0.10
EPA 608*	
Aldrin (ug/l)	< 0.01
Alpha - BHC (ug/l) (Hexachlorocyclohexane)	< 0.05
Beta - BHC (ug/l)	< 0.05

#### EPA 608\*

Chlordane (ug/l)	< 0.15
4-4' - DDD (ug/l)	< 0.10
4-4' - DDE (ug/l)	< 0.10
4-4' - DDT (ug/l)	< 0.02
Dieldrin (ug/l)	0.027
Dicofol (ug/l)	< 1.0
Endosulfan I (ug/l)	< 0.01
Endosulfan II (ug/l)	< 0.02
Endosulfan Sulfate (ug/l)	< 0.10
Endrin (ug/l)	< 0.02
Gamma-BHC (Lindane) (ug/l)	< 0.05
Heptachlor (ug/l)	< 0.01
Heptachlor Epoxide (ug/l)	0.074
Methoxychlor (ug/l)	< 0.20
Mirex (ug/l)	< 0.02
Total PCBs (ug/l)	< 0.2
PCB-1016 (ug/l)	< 0.2
PCB-1221 (ug/l)	< 0.2
PCB-1232 (ug/l)	< 0.2
PCB-1242 (ug/l)	< 0.2
PCB-1248 (ug/l)	< 0.2
PCB-1254 (ug/l)	< 0.2
PCB-1260 (ug/l)	< 0.2
Toxaphene (ug/l)	< 0.3
Endrin Aldehyde (ug/l)	< 0.10
Delta - BHC (ug/l)	0.058

#### EPA 632\*

Diuron (ug/l)	<0.09
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#### EPA 8151\*

2,4-D (ug/l)	< 0.7
2,4,5-TP (Silvex) (ug/l)	< 0.3

#### EPA 625\*

Carbaryl (ug/l)	< 5.0
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Analyzed by NELAP accredited lab T104704220

  
LAB REPRESENTATIVE



# ENVIRODYNE LABORATORIES, INC.

## CERTIFICATE OF ANALYSIS

CLIENT: HCMUD #167 PERMIT RENEWAL

LAB NUMBER: 25C2056E

(H2O Consulting)  
DATE COLLECTED: 18-Mar-25

DATE RECEIVED: 18-Mar-25

DATE COMPLETED: 02-Apr-25

SAMPLED BY: TA

SAMPLE TYPE:

LOCATION:

PARAMETERS:

EFFLUENT  
@ 0700

METHOD #

DATE/TIME  
ANALYZED

ANALYST

CBOD-5 (mg/l)	7.2	SM 5210 B	19-Mar-25 09:20	TEB
T.S.S. (mg/l)	2.9	SM 2540 D	20-Mar-25 12:07	CSM
NH3-N (mg/l)	<0.20	EPA 350.1	20-Mar-25 15:40	SSJ
TKN-N (mg/l)	**1.9	EPA 351.2	02-Apr-25 18:39	SUB
NO3-N (mg/l)	19.70	EPA 353.1	19-Mar-25 08:40	SSJ
SULFATE (mg/l)	43.1	EPA 375.4	20-Mar-25 17:00	SSJ
CHLORIDE (mg/l)	144.0	SM 4500-Cl B	24-Mar-25 12:11	BRC
T. DISSOLVED SOLIDS (mg/l)	468.0	SM 2540 C	21-Mar-25 15:51	CSM
T. PHOSPHORUS as P (mg/l)	5.25	SM 4500-P E	25-Mar-25 14:52	BRC
OIL and GREASE (mg/l)	*<5.0	EPA 1664A	21-Mar-25 11:30	JMM
ALKALINITY as CaCO3 (mg/l)	217.0	EPA 310.2	19-Mar-25 09:20	SSJ
CONDUCTIVITY @ 25C (umho/cm)	1060	SM 2510 B	20-Mar-25 12:27	BRC
E. COLI (MPN/100 ml)	*<1	SM 9223B	18-Mar-25 15:45	LN
ENTEROCOCCI (MPN/100 ml)	*<2	ENTEROLERT	18-Mar-25 15:38	LN

\*Grab sample collected at 0835

\*\*Analyzed by NELAC certified lab T104704220

  
CERTIFIED BY



Envirodyne Laboratories, Inc  
11011 Brooklet Dr., # 230  
Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

Client: H2O Consulting, Inc.  
Project: HCMUD #167 Permit Renewal  
Work Order: 25C2056

Reported:  
08-Apr-25 18:38

Microbiology - Quality Control  
Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B5C5268 - Microbiology</b>										
<b>Blank (B5C5268-BLK1)</b>					Prepared & Analyzed: 18-Mar-25					
Enterococci	<1		1 MPN/100 mL							
<b>Duplicate (B5C5268-DUP1)</b>					Source: 25C2056-01		Prepared & Analyzed: 18-Mar-25			
Enterococci	<2		2 MPN/100 mL		<2			0	0.5366	
<b>Batch B5C5279 - Microbiology</b>										
<b>Blank (B5C5279-BLK1)</b>					Prepared & Analyzed: 18-Mar-25					
E.coli	<1		1 MPN/100 mL							
<b>Duplicate (B5C5279-DUP1)</b>					Source: 25C1821-02		Prepared & Analyzed: 18-Mar-25			
E.coli	<2		2 MPN/100 mL		<2			.3010	0.402	

Envirodyne Laboratories, Inc.

Laura Bonjonia, Administrator

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



Envirodyne Laboratories, Inc  
11011 Brooklet Dr., # 230  
Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

Client: H2O Consulting, Inc.  
Project: HCMUD #167 Permit Renewal  
Work Order: 25C2056

Reported:  
08-Apr-25 18:38

**Wet Chemistry - Quality Control**  
**Envirodyne Laboratories, Inc.**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B5C5146 - Inorganics</b>										
<b>Blank (B5C5146-BLK1)</b>				Prepared & Analyzed: 19-Mar-25						
Alkalinity (Total) as CaCO <sub>3</sub>	<20.0	20.0	mg/L							
<b>LCS (B5C5146-BS1)</b>				Prepared & Analyzed: 19-Mar-25						
Alkalinity (Total) as CaCO <sub>3</sub>	97.3		mg/L	100		97.3	90-110			
<b>Duplicate (B5C5146-DUP1)</b>				Source: 25C1786-02 Prepared & Analyzed: 19-Mar-25						
Alkalinity (Total) as CaCO <sub>3</sub>	524	20.0	mg/L		516			1.67	20	
<b>Batch B5C5149 - Inorganics</b>										
<b>Blank (B5C5149-BLK1)</b>				Prepared & Analyzed: 19-Mar-25						
Nitrate-N	<0.50	0.50	mg/L							
<b>LCS (B5C5149-BS1)</b>				Prepared & Analyzed: 19-Mar-25						
Nitrate-N	3.02		mg/L	3.00		101	90-110			
<b>Matrix Spike (B5C5149-MS1)</b>				Source: 25C1871-01 Prepared & Analyzed: 19-Mar-25						
Nitrate-N	80.0	10.0	mg/L	60.0	17.8	104	80-120			
<b>Matrix Spike Dup (B5C5149-MSD1)</b>				Source: 25C1871-01 Prepared & Analyzed: 19-Mar-25						
Nitrate-N	79.4	10.0	mg/L	60.0	17.8	103	80-120	0.753	20	
<b>Batch B5C5246 - Inorganics</b>										
<b>Blank (B5C5246-BLK1)</b>				Prepared & Analyzed: 20-Mar-25						
Fluoride	<0.10	0.10	mg/L							

Envirodyne Laboratories, Inc.

*Laura Bonjonia*

Laura Bonjonia, Administrator

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Envirodyne Laboratories, Inc  
11011 Brooklet Dr., # 230  
Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

Client: H2O Consulting, Inc.  
Project: HCMUD #167 Permit Renewal  
Work Order: 25C2056

Reported:  
08-Apr-25 18:38

**Wet Chemistry - Quality Control**  
**Envirodyne Laboratories, Inc.**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B5C5246 - Inorganics</b>										
<b>LCS (B5C5246-BS1)</b>				Prepared & Analyzed: 20-Mar-25						
Fluoride	0.52		mg/L	0.500		103	90-110			
<b>Matrix Spike (B5C5246-MS1)</b>				Source: 25C1128-03 Prepared & Analyzed: 20-Mar-25						
Fluoride	3.92	0.20	mg/L	1.00	2.95	97.0	80-120			
<b>Matrix Spike Dup (B5C5246-MSD1)</b>				Source: 25C1128-03 Prepared & Analyzed: 20-Mar-25						
Fluoride	3.96	0.20	mg/L	1.00	2.95	101	80-120	1.02	20	
<b>Batch B5C5290 - Inorganics</b>										
<b>Blank (B5C5290-BLK1)</b>				Prepared & Analyzed: 20-Mar-25						
TSS	<2.0	2.0	mg/L							Q
<b>Blank (B5C5290-BLK2)</b>				Prepared & Analyzed: 20-Mar-25						
TSS	<2.0	2.0	mg/L							Q
<b>Blank (B5C5290-BLK3)</b>				Prepared & Analyzed: 20-Mar-25						
TSS	<2.0	2.0	mg/L							Q
<b>LCS (B5C5290-BS1)</b>				Prepared & Analyzed: 20-Mar-25						
TSS	95.0		mg/L	100		95.0	80-120			Q
<b>Duplicate (B5C5290-DUP1)</b>				Source: 25C1629-01 Prepared & Analyzed: 20-Mar-25						
TSS	2.8	2.0	mg/L		5.6			66.7	20	Q
<b>Batch B5C5303 - Inorganics</b>										
<b>Blank (B5C5303-BLK1)</b>				Prepared & Analyzed: 20-Mar-25						
Conductivity at 25 C	<30	30	umho/cm							

Envirodyne Laboratories, Inc.

Laura Bonjonia, Administrator

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11011 Brooklet Dr., # 230  
Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

Client: H2O Consulting, Inc.  
Project: HCMUD #167 Permit Renewal  
Work Order: 25C2056

Reported:  
08-Apr-25 18:38

Wet Chemistry - Quality Control  
Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B5C5303 - Inorganics</b>										
<b>Duplicate (B5C5303-DUP1)</b> Source: 25C1128-05 Prepared & Analyzed: 20-Mar-25										
Conductivity at 25 C	307	30	umho/cm		306			0.196	20	
<b>Reference (B5C5303-SRM1)</b> Prepared & Analyzed: 20-Mar-25										
Conductivity at 25 C	172		umho/cm	180		95.3	90-110			
<b>Batch B5C5361 - Inorganics</b>										
<b>Blank (B5C5361-BLK1)</b> Prepared & Analyzed: 21-Mar-25										
Oil & Grease	<5.0	5.0	mg/L							
<b>LCS (B5C5361-BS1)</b> Prepared & Analyzed: 21-Mar-25										
Oil & Grease	35.3		mg/L	40.0		88.2	78-114			
<b>LCS Dup (B5C5361-BSD1)</b> Prepared & Analyzed: 21-Mar-25										
Oil & Grease	31.6		mg/L	40.0		79.0	78-114	11.0	18	
<b>Batch B5C5427 - Inorganics</b>										
<b>Blank (B5C5427-BLK1)</b> Prepared & Analyzed: 21-Mar-25										
Sulfate	<2.00	2.00	mg/L							
<b>LCS (B5C5427-BS1)</b> Prepared & Analyzed: 21-Mar-25										
Sulfate	21.2		mg/L	20.0		106	90-110			
<b>Matrix Spike (B5C5427-MS1)</b> Source: 25C0791-03 Prepared & Analyzed: 21-Mar-25										
Sulfate	181	10.0	mg/L	100	73.5	107	80-120			

Envirodyne Laboratories, Inc.

*Laura Bonjonia*

Laura Bonjonia, Administrator

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Envirodyne Laboratories, Inc  
11011 Brooklet Dr., # 230  
Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

Client: H2O Consulting, Inc.  
Project: HCMUD #167 Permit Renewal  
Work Order: 25C2056

Reported:  
08-Apr-25 18:38

Wet Chemistry - Quality Control  
Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
---------	--------	--------------------	-------	----------------	------------------	------	----------------	-----	--------------	-------

Batch B5C5427 - Inorganics

Matrix Spike Dup (B5C5427-MSD1)

Source: 25C0791-03

Prepared & Analyzed: 21-Mar-25

Sulfate	184	10.0	mg/L	100	73.5	110	80-120	1.75	20	
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Batch B5C5507 - Inorganics

Blank (B5C5507-BLK1)

Prepared & Analyzed: 20-Mar-25

Sulfate	<2.00	2.00	mg/L							
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LCS (B5C5507-BS1)

Prepared & Analyzed: 20-Mar-25

Sulfate	20.3		mg/L	20.0		102	90-110			
---------	------	--	------	------	--	-----	--------	--	--	--

Matrix Spike (B5C5507-MS1)

Source: 25C1128-03

Prepared & Analyzed: 20-Mar-25

Sulfate	265	20.0	mg/L	200	79.5	92.9	80-120			
---------	-----	------	------	-----	------	------	--------	--	--	--

Matrix Spike Dup (B5C5507-MSD1)

Source: 25C1128-03

Prepared & Analyzed: 20-Mar-25

Sulfate	266	20.0	mg/L	200	79.5	93.0	80-120	0.0754	20	
---------	-----	------	------	-----	------	------	--------	--------	----	--

Batch B5C5520 - Inorganics

Blank (B5C5520-BLK1)

Prepared & Analyzed: 20-Mar-25

Ammonia-N (NH3-N)	<0.20	0.20	mg/L							
-------------------	-------	------	------	--	--	--	--	--	--	--

LCS (B5C5520-BS1)

Prepared & Analyzed: 20-Mar-25

Ammonia-N (NH3-N)	1.04		mg/L	1.00		104	90-110			
-------------------	------	--	------	------	--	-----	--------	--	--	--

Matrix Spike (B5C5520-MS1)

Source: 25C1933-01

Prepared & Analyzed: 20-Mar-25

Ammonia-N (NH3-N)	1.36	0.20	mg/L	1.00	0.35	101	90-110			
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Envirodyne Laboratories, Inc.

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*Laura Bonjonia*

Laura Bonjonia, Administrator



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281.568.7880 Phone  
www.envirodyne.com

Client: H2O Consulting, Inc.  
Project: HCMUD #167 Permit Renewal  
Work Order: 25C2056

Reported:  
08-Apr-25 18:38

Wet Chemistry - Quality Control  
Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B5C5520 - Inorganics</b>										
<b>Matrix Spike Dup (B5C5520-MSD1)</b>		<b>Source: 25C1933-01</b>		<b>Prepared &amp; Analyzed: 20-Mar-25</b>						
Ammonia-N (NH3-N)	1.37	0.20	mg/L	1.00	0.35	102	90-110	0.733	20	
<b>Batch B5C5532 - Inorganics</b>										
<b>Blank (B5C5532-BLK1)</b>		<b>Prepared &amp; Analyzed: 21-Mar-25</b>								
TDS	<50.0	50.0	mg/L							Q
<b>LCS (B5C5532-BS1)</b>		<b>Prepared &amp; Analyzed: 21-Mar-25</b>								
TDS	458		mg/L	500		91.6	80-120			Q
<b>Duplicate (B5C5532-DUP1)</b>		<b>Source: 25C1481-02</b>		<b>Prepared &amp; Analyzed: 21-Mar-25</b>						
TDS	432	50.0	mg/L		588			30.6	20	Q
<b>Batch B5C5573 - Inorganics</b>										
<b>Blank (B5C5573-BLK1)</b>		<b>Prepared &amp; Analyzed: 24-Mar-25</b>								
Chloride	<3.0	3.0	mg/L							
<b>LCS (B5C5573-BS1)</b>		<b>Prepared &amp; Analyzed: 24-Mar-25</b>								
Chloride	110		mg/L	100		110	90-110			
<b>Matrix Spike (B5C5573-MS1)</b>		<b>Source: 25C1587-03</b>		<b>Prepared &amp; Analyzed: 24-Mar-25</b>						
Chloride	140	12.0	mg/L	20.0	118	110	80-120			
<b>Matrix Spike Dup (B5C5573-MSD1)</b>		<b>Source: 25C1587-03</b>		<b>Prepared &amp; Analyzed: 24-Mar-25</b>						
Chloride	138	12.0	mg/L	20.0	118	100	80-120	1.44	20	

Envirodyne Laboratories, Inc.

*Laura Bonjonia*

Laura Bonjonia, Administrator

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Client: H2O Consulting, Inc.  
Project: HICMUD #167 Permit Renewal  
Work Order: 25C2056

Reported:  
08-Apr-25 18:38

Wet Chemistry - Quality Control  
Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B5C5728 - Inorganics</b>										
<b>Blank (B5C5728-BLK1)</b>				Prepared & Analyzed: 25-Mar-25						
Phosphorus, Total	<0.10	0.10	mg/L							
<b>LCS (B5C5728-BS1)</b>				Prepared & Analyzed: 25-Mar-25						
Phosphorus, Total	1.01		mg/L	1.00		101	80-120			
<b>Matrix Spike (B5C5728-MS1)</b>				Source: 25C1899-01 Prepared & Analyzed: 25-Mar-25						
Phosphorus, Total	1.78	0.10	mg/L	1.00	0.770	101	80-120			
<b>Matrix Spike Dup (B5C5728-MSD1)</b>				Source: 25C1899-01 Prepared & Analyzed: 25-Mar-25						
Phosphorus, Total	1.83	0.10	mg/L	1.00	0.770	106	80-120	2.77	20	
<b>Batch B5C5822 - Inorganics</b>										
<b>Blank (B5C5822-BLK1)</b>				Prepared & Analyzed: 19-Mar-25						
CBOD-5	<2.0	2.0	mg/L							
<b>LCS (B5C5822-BS1)</b>				Prepared & Analyzed: 19-Mar-25						
CBOD-5	191		mg/L	198		96.5	84.6-115.4			
<b>Duplicate (B5C5822-DUP1)</b>				Source: 25C1841-01 Prepared & Analyzed: 19-Mar-25						
CBOD-5	9.20	2.0	mg/L		9.50			3.21	20	1

Envirodyne Laboratories, Inc.

Laura Bonjonia, Administrator

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281.568.7880 Phone  
www.envirodyne.com

Client: H2O Consulting, Inc.  
Project: HCMUD #167 Permit Renewal  
Work Order: 25C2056

Reported:  
08-Apr-25 18:38

**Metals - Quality Control**  
**Envirodyne Laboratories, Inc.**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B5C5152 - Inorganics</b>										
<b>Blank (B5C5152-BLK1)</b>				Prepared & Analyzed: 18-Mar-25						
Chromium, Hexavalent	<1.0	1.0	ug/L							
<b>LCS (B5C5152-BS1)</b>				Prepared & Analyzed: 18-Mar-25						
Chromium, Hexavalent	51.7		ug/L	50.0		103	95-105			
<b>Matrix Spike (B5C5152-MS1)</b>				Source: 25C1919-01 Prepared & Analyzed: 18-Mar-25						
Chromium, Hexavalent	49.1	1.0	ug/L	50.0	ND	98.2	80-120			
<b>Matrix Spike Dup (B5C5152-MSD1)</b>				Source: 25C1919-01 Prepared & Analyzed: 18-Mar-25						
Chromium, Hexavalent	49.2	1.0	ug/L	50.0	ND	98.4	80-120	0.203	20	

Envirodyne Laboratories, Inc.

*Laura Bonjonia*

Laura Bonjonia, Administrator

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www.envirodyne.com

Client: H2O Consulting, Inc.  
Project: HCMUD #167 Permit Renewal  
Work Order: 25C2056

Reported:  
08-Apr-25 18:38

Total Metals by ICP-MS - Quality Control  
Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
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Batch B5D3428 - Metals - EPA 200.2

Blank (B5D3428-BLK1)

Prepared: 27-Mar-25 Analyzed: 01-Apr-25

Nickel	<0.5	0.5	ug/L
Lead	<0.5	0.5	"
Copper	<0.5	0.5	"
Silver	<0.5	0.5	"
Chromium	<2.0	2.0	"
Cadmium	<0.50	0.50	"
Beryllium	<0.5	0.5	"
Barium	<2.0	2.0	"
Thallium	<0.5	0.5	"
Arsenic	<0.5	0.5	"
Selenium	<2.0	2.0	"
Zinc	<2.0	2.0	"
Aluminum	<2.0	2.0	"
Antimony	<0.5	0.5	"

LCS (B5D3428-BS1)

Prepared: 27-Mar-25 Analyzed: 01-Apr-25

Thallium	67.5	ug/L	75.0	90.0	85-115
Nickel	67.2	"	75.0	89.6	85-115
Lead	68	"	75.0	90.9	85-115
Cadmium	69	"	75.0	91.9	85-115
Chromium	68.9	"	75.0	91.9	85-115
Silver	66	"	75.0	88.7	85-115
Beryllium	68.9	"	75.0	91.8	85-115
Copper	68.6	"	75.0	91.4	85-115
Barium	68.4	"	75.0	91.2	85-115
Arsenic	67.8	"	75.0	90.4	85-115
Selenium	69.3	"	75.0	92.4	85-115
Zinc	69.5	"	75.0	92.6	85-115
Antimony	68.7	"	75.0	91.5	85-115
Aluminum	70.0	"	75.0	93.3	85-115

Envirodyne Laboratories, Inc.

*Laura Bonjonia*

Laura Bonjonia, Administrator

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3/18

CECQ Certification # T104704265  
 Name: H2O Consulting  
 Address: 5870 Hwy 6 North, Ste 215  
 City: Houston, TX 77084  
 Contact: Chris Hoffman  
 Phone (281) 568-7880 - Fax (281) 568-7880



ord

Project No. Phone: 281-861-6215 Email: 281-861-6218

Client/Project

Lab ID No.	Field Sample No./ Identification	Date & Time	Grab	Comp	Sample Container (Size/Type)	Sample Type (Liquid, Sludge, etc)	Preservative	ANALYSIS REQUESTED	PH	D.O.	Temp.	Analysis Time
	Effluent	3/18/03	✓		NA	Liquid	NA	pH, DO, Cl2 residual	7.4	7.9	78	0836
	Effluent	3/18/03	✓		1 gal cubic	Liquid	Ice	BOD, TSS, TDS, SO4, Cl, Cond, Cr+6, F, Alkalinity				
	Effluent	3/18/03	✓		500 mL P	Liquid	Ice, H2SO4	NH3-N, TKN-N, T. PO4, NO3-N				
	Effluent	3/18/03	✓		(2) 120 ml P	Liquid	Ice, Sod Thio	Ecoli, Enterococci				
	Effluent	3/18/03	✓		500 ml P	Liquid	HNO3	Sb, As, Be, Cd, Cr, Cu, Pb, Hg, Ni, Se, Ag, Ti, Zn, Al, Fe				
	Effluent	3/18/03	✓		1 L G	Liquid	Ice, HCl	Oil & Grease				
	Effluent	3/18/03	✓		(3) 40ml VOA	Liquid	Ice	VOC (624)				
	Effluent	3/18/03	✓		250 ml P	Liquid	Ice, NaOH	Cyanide, Amenable				
	Effluent	3/18/03	✓		1 L Amber	Liquid	Ice, H2SO4	Phenol				
	Effluent	3/18/03	✓		(3) 1 L Amber	Liquid	Ice	BNA, Pesticides, PCBs				

Samplers: (Signature) *[Signature]* Relinquished by: (Signature) *[Signature]* Date: *3/18/03* Time: *15:25*

Affiliation: *[Signature]* Relinquished by: (Signature) *[Signature]* Date: *3/18/03* Time: *15:25*

Remarks: *[Signature]* Relinquished by: (Signature) *[Signature]* Date: *3/18/03* Time: *15:25*

Site Representative: *[Signature]* Date: *3/18/03* Time: *15:25*

Arrival Temp: *3.5/3.4/1.1*

Lab Results To: *3.5/3.4/1.1*

Flow: *5.7*

Min Correction: *0.4*

Gr Corrected: *5.3*



Envirodyne Laboratories, Inc  
11011 Brooklet Dr., # 230  
Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

08 May 2025

H2O Consulting, Inc.  
Charles Leidigh  
5870 Highway 6 North Ste 215  
Houston, TX 77084

### **HCMUD #167 Permit Renewal**

Enclosed are the results of analyses for samples received by the laboratory on 15-Apr-25 15:45. The analytical data provided relates only to the samples as received in this laboratory report.

ELI certifies that all results are NELAP compliant and performed in accordance with the referenced method except as noted in the Case Narrative or as noted with a qualifier. Any reproductions of this laboratory report should be in full and only with the written authorization from the client.

The total number of pages in this report is 5

Thank you for selecting ELI for your analytical needs. If you have any questions regarding this report, please contact us.

Sincerely,

A handwritten signature in blue ink that reads 'Laura Bonjonia'.

Laura Bonjonia  
Administrator



Certificate ID: TX-C25-00114



Envirodyne Laboratories, Inc  
11011 Brooklet Dr., # 230  
Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

**Client:** H2O Consulting, Inc.  
**Project:** HCMUD #167 Permit Renewal  
**Work Order:** 25D1757

**Reported:**  
08-May-25 09:36

#### ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
Effluent	25D1757-01	Water	15-Apr-25 07:00	15-Apr-25 15:45

L - Sample analyzed by SGS North America Inc. 500 Ambassador Caffery Scott, LA 70583

Envirodyne Laboratories, Inc.

Laura Bonjonia, Administrator

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www.envirodyne.com

**Client:** H2O Consulting, Inc.  
**Project:** HCMUD #167 Permit Renewal  
**Work Order:** 25D1757

**Reported:**  
08-May-25 09:36

### Effluent

25D1757-01 (Water) Sampled: 15-Apr-25 07:00

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Analyst	Notes
---------	--------	--------------------	-------	----------	-------	----------	----------	--------	---------	-------

### Envirodyne Laboratories, Inc.

#### Total Metals by ICP

Arsenic	6.7	0.5	ug/L	1	B5D5308	21-Apr-25	22-Apr-25 15:56	EPA 200.7	JMM	
Cadmium	<0.5	0.5	ug/L	1	B5D5308	21-Apr-25	22-Apr-25 15:56	EPA 200.7	JMM	

#### Organochlorine Pesticides and PCBs by EPA 608

d-BHC	<0.01	0.01	ug/L	1	B5E3786	01-May-25	02-May-25 03:03	EPA 608.3	SUB	
Heptachlor Epoxide	<0.01	0.01	ug/L	1	B5E3786	01-May-25	02-May-25 03:03	EPA 608.3	SUB	
Dieldrin	<0.01	0.01	ug/L	1	B5E3786	01-May-25	02-May-25 03:03	EPA 608.3	SUB	

Envirodyne Laboratories, Inc.

Laura Bonjonia, Administrator

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**Client:** H2O Consulting, Inc.  
**Project:** HCMUD #167 Permit Renewal  
**Work Order:** 25D1757

**Reported:**  
08-May-25 09:36

**Total Metals by ICP - Quality Control**  
**Envirodyne Laboratories, Inc.**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B5D5308 - Metals - EPA 200.2</b>									
<b>Blank (B5D5308-BLK1)</b>									
				Prepared: 21-Apr-25 Analyzed: 22-Apr-25					
Cadmium	<5.0	5.0	ug/L						
Arsenic	<5.0	5.0	"						
<b>LCS (B5D5308-BS1)</b>									
				Prepared: 21-Apr-25 Analyzed: 22-Apr-25					
Cadmium	241		ug/L	250		96.6	85-115		
Arsenic	237		"	250		94.7	85-115		
<b>Matrix Spike (B5D5308-MS1)</b>									
				<b>Source: 25D1766-01</b>		Prepared: 21-Apr-25 Analyzed: 22-Apr-25			
Cadmium	984	10.0	ug/L	1000	ND	98.4	70-130		
Arsenic	933	10.0	"	1000	ND	93.3	70-130		
<b>Matrix Spike Dup (B5D5308-MSD1)</b>									
				<b>Source: 25D1766-01</b>		Prepared: 21-Apr-25 Analyzed: 22-Apr-25			
Cadmium	979	10.0	ug/L	1000	ND	97.9	70-130	0.454	20
Arsenic	937	10.0	"	1000	ND	93.7	70-130	0.420	20

Envirodyne Laboratories, Inc.

Laura Bonjonia, Administrator

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**Project:** HCMUD #167 Permit Renewal  
**Work Order:** 25D1757

**Reported:**  
08-May-25 09:36

### Notes and Definitions

ND Analyte NOT DETECTED at or above the reporting limit  
< Result is less than the RL  
a Analyte not available for TNI/NELAP accreditation  
n Not accredited

Envirodyne Laboratories, Inc.

A handwritten signature in blue ink that reads "Laura Bonjonia".

Laura Bonjonia, Administrator

*The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.*

Name: H2O Consulting, Inc.			Phone: 281-8		
Address: 5870 Hwy 6 North Suite 215			Email: choffman@h2oconsulting.net		
City: Houston	State: TX	Zip: 77084	Alternate Contact:		
Contact: Chris Hoffman					

Project No.			Client/Project					HCMUD #167 Permit Renewal					pH	D.O.	Temp.	Analysis Time
Lab ID No.	Field Sample No. / Identification	Date & Time	Grab	Comp	Sample Container (Size/Mat'l)	Sample Type (Liquid, Sludge, etc.)	Preservative	ANALYSIS REQUESTED								
	Effluent	4-14-4-15-25 800766		✓	500 ml P	Liquid	Ice HNO3	Arsenic, Cadmium								
	Effluent			✓	2-1 L Amber G	Liquid	Ice	delta-BHC, Dieldrin, Heptachlor expoxide (EPA 608.3)								

Samplers: (Signature)  Affiliation Envirodyne Labs	Relinquished by:	Date:	Received by:	Date:	Seal Intact?
	(Signature)	Time:	(Signature)	Time:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Relinquished by:	Date:	Received by:	Date:	Seal Intact?
	(Signature)	Time:	(Signature)	Time:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Relinquished by:	Date: 4-15-15	Received by Lab:	Date: 4-15-15	Seal Intact?
	(Signature)	Time: 15:45	(Signature)	Time: 15:45	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	FLOW: _____ Cl <sub>2</sub> Residual: _____ Meter Reading: _____ Mn Correction: _____ H <sub>2</sub> S: _____ Cl <sub>2</sub> Correction: _____	Arrival Temp. Act: 1.2 Corr: 1.2 Therm. ID: _____	Site Representative:  Comments:		



# TCEQ Core Data Form

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

## SECTION I: General Information

<b>1. Reason for Submission</b> (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 600739031		RN 103138335

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)						
<input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership								
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)								
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>								
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)			<i>If new Customer, enter previous Customer below:</i>					
Harris County Municipal Utility District 167								
<b>7. TX SOS/CPA Filing Number</b>	<b>8. TX State Tax ID</b> (11 digits)	<b>9. Federal Tax ID</b> (9 digits)	<b>10. DUNS Number</b> (if applicable)					
N/A	N/A	76-0085424	N/A					
<b>11. Type of Customer:</b>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited					
Government: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input checked="" type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship	<input checked="" type="checkbox"/> Other: Municipal Utility District					
<b>12. Number of Employees</b>		<b>13. Independently Owned and Operated?</b>						
<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following								
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:								
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant								
<b>15. Mailing Address:</b>	Allen Boone Humphries Robinson, LLP							
	3200 Southwest Freeway, Suite 2600							
	City	Houston	State	TX	ZIP	77027	ZIP + 4	7537
<b>16. Country Mailing Information</b> (if outside USA)					<b>17. E-Mail Address</b> (if applicable)			
					sbapat@abhrr.com			

<b>18. Telephone Number</b> ( 713 ) 860-6400	<b>19. Extension or Code</b>	<b>20. Fax Number (if applicable)</b> ( 713 ) 860-6401
---	------------------------------	---

## SECTION III: Regulated Entity Information

<b>21. General Regulated Entity Information</b> (If 'New Regulated Entity' is selected, a new permit application is also required.) <input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information								
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>								
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.) Harris County Municipal Utility District 167 WWTP								
<b>23. Street Address of the Regulated Entity:</b>  (No PO Boxes)	4950 Greenhouse Road							
	<b>City</b>	Houston	<b>State</b>	TX	<b>ZIP</b>	77449	<b>ZIP + 4</b>	
<b>24. County</b>	Harris County							

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

<b>25. Description to Physical Location:</b>	Located approximately 1.6 miles northwest of the intersection of Barker-Cypress Road and Clay Road in Harris County, Texas 77084.							
<b>26. Nearest City</b>				<b>State</b>		<b>Nearest ZIP Code</b>		
Houston				TX		77449		
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
<b>27. Latitude (N) In Decimal:</b>		29.849094			<b>28. Longitude (W) In Decimal:</b>		95.701994	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
29	50	56.74	95	42	7.18			
<b>29. Primary SIC Code</b> (4 digits)		<b>30. Secondary SIC Code</b> (4 digits)		<b>31. Primary NAICS Code</b> (5 or 6 digits)		<b>32. Secondary NAICS Code</b> (5 or 6 digits)		
4952				221320				
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.) Sanitary Sewer Treatment and Discharge								
<b>34. Mailing Address:</b>	Allen Boone Humphries Robinson, LLP							
	3200 Southwest Fwy, Suite 2600							
	<b>City</b>	Houston	<b>State</b>	TX	<b>ZIP</b>	77027	<b>ZIP + 4</b>	7537
<b>35. E-Mail Address:</b>		sbapat@abhr.com						
<b>36. Telephone Number</b>			<b>37. Extension or Code</b>			<b>38. Fax Number (if applicable)</b>		
( 713 ) 860-6400						( 713 ) 860-6401		

**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.

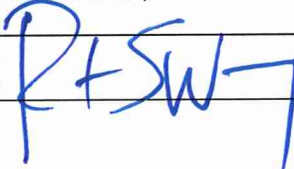
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review 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:
	WQ0012834001			

### SECTION IV: Preparer Information

<b>40. Name:</b>	Alejandro Vasquez			<b>41. Title:</b>	Engineer IV
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>		
( 713 ) 428-2400		( ) -	avasquez@pape-dawson.com		

### SECTION V: Authorized Signature

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

<b>Company:</b>	Pape-Dawson Engineers		<b>Job Title:</b>	Vice President	
<b>Name (In Print):</b>	Robert S. Wempe			<b>Phone:</b>	( 713 ) 428- 2400
<b>Signature:</b>				<b>Date:</b>	5/12/25

## MEMO

**TO:** Brandon Maldonado **DATE:** 05/30/2025

**FROM:** Alejandro A. Vasquez, E.I.T. **PROJECT NO.:** 40628-14

**cc:** Hussain Iftikhar, P.E. and Robert S. Wempe, P.E.

**RE:** Application to Renew Permit No.: WQ0012834001 (EPA I.D. No. TX0094307)  
Applicant Name: Harris County Municipal Utility District 167 (CN600739031) Site  
Name: Harris County MUD 167 WWTP (RN103138335)  
Type of Application: Renewal without changes

Dear Mr. Maldonado,

We have received the comments on the application for the permit renewal and have worked to address the flagged sections. Please check that these revisions are sufficient to declare the application administratively complete.

1. Administrative Report 1.0  
Section 4, Item b: No phone number was provided. Please provide an updated Section 4, Item b, with a valid phone number.  
Section 7: The mailing address provided did not have a city, state, or zip code included and thus could not be verified with USPS. Please provide an updated Section 7 with a complete mailing address.

***Response:***

***Section 4, Item b: This was updated to include the valid phone number.***

***Section 7: The complete mailing address has been amended to include the city, state, and zip code.***

2. Core Data Form (CDF)  
Section II, Item 15: The mailing address provided could not be verified using USPS. Please provide an updated Core Data Form Section II, Item 15, with a mailing address that can be verified with USPS.

***Response:***

***Section II, Item 15: The mailing address has been updated and should now be verified with USPS.***

## MEMO

Application to Renew Discharge Permit for Harris County MUD 167

June 2025

Page 2 of 4

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

**APPLICATION.** Harris County Municipal Utility District 167, "Waiting on applicant response", has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0012834001 (EPA I.D. No. TX0094307) to authorize the discharge of treated wastewater at a volume not to exceed an annual average flow of 1,600,000 gallons per day. The domestic wastewater treatment facility is located at 4950 Old Greenhouse Road, near the city of Houston, in Harris County, Texas 77449. The discharge route is from the plant site to Bear Creek; thence to South Mayde Creek; thence to Buffalo Bayou Above Tidal. TCEQ received this application on May 13, 2025. The permit application will be available for viewing and copying at Katherine Tyra Branch Library 16719 Clay Road, Houston, in Harris 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=-95.701666,29.849166&level=18>

Further information may also be obtained from Harris County Municipal Utility District 167 at the address stated above or by calling Mr. Alejandro Vasquez, P.E. Pape-Dawson Engineers, Inc, at 713-428-2400.

***Response:***

***Certain sections of the NORI were corrected. The three revisions are reflected in the applicant mailing address, discharge route section, and my correct title. Everything else has been checked for errors. Please see below for the revised version.***

**APPLICATION.** Harris County Municipal Utility District 167, 3200 Southwest Fwy, Suite 2600, Houston, TX 77027-7537, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0012834001 (EPA I.D. No. TX0094307) to authorize the discharge of treated wastewater at a volume not to exceed an annual average flow of 1,600,000 gallons per

## MEMO

Application to Renew Discharge Permit for Harris County MUD 167

June 2025

Page 3 of 4

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4. The application indicates that public notices in Spanish are required. After confirming the portion of the NORI above does not contain any errors or omissions, please use the attached template to translate the NORI into Spanish. Only the first and last paragraphs are unique to this application and require translation. Please provide the translated Spanish NORI in a Microsoft Word document.

### ***Response:***

***The given template was used to translate the NORI into Spanish. Please see below.***

**SOLICITUD.** Harris County Municipal Utility District 167, 3200 Southwest Fwy, Suite 2600, Houston, TX 77027-7537, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0012834001 (EPA I.D. No. TX 0094307) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 1,600,000 galones por día. La planta está ubicada 4950 Old Greenhouse en el Condado de Harris, Texas 77449. La ruta de descarga es del sitio de la planta a través de Outfall 002 hacia Bear Creek, luego hacia South Mayde Creek, y de allí hacia Buffalo Bayou Above Tidal en Segmento No. 1014 del San Jacinto River Basin. La TCEQ recibió esta solicitud el 13 de Mayo, 2025. La solicitud para el permiso estará disponible para leerla y copiarla en Katherine Tyra Branch Library 16719

**MEMO**

Application to Renew Discharge Permit for Harris County MUD 167

June 2025

Page 4 of 4

Clay Road, Houston, en el Condado de Harris, Texas antes de la fecha de publicación de este aviso en el periódico. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web:

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También se puede obtener información adicional del Harris County Municipal Utility District 167 a la dirección indicada arriba o llamando a Alejandro Vasquez, E.I.T, o a Robert S. Wempe, P.E. con Pape-Dawson Engineers, Inc, al 713-428-2400.

Please let me know if you need any additional information. Should you have any questions, please contact me at my email at [avasquez@pape-dawson.com](mailto:avasquez@pape-dawson.com) or call me at 713-428-2400.

Sincerely,

Alejandro A. Vasquez, E.I.T.  
Engineer IV

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**cc:** Hussain Iftikhar, P.E. and Robert S. Wempe, P.E.

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Applicant Name: Harris County Municipal Utility District 167 (CN600739031) Site  
Name: Harris County MUD 167 WWTP (RN103138335)  
Type of Application: Renewal without changes

Dear Mr. Maldonado,

We have received the comments on the application for the permit renewal and have worked to address the flagged sections. Please check that these revisions are sufficient to declare the application administratively complete.

1. Administrative Report 1.0  
Section 4, Item b: No phone number was provided. Please provide an updated Section 4, Item b, with a valid phone number.  
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## MEMO

Application to Renew Discharge Permit for Harris County MUD 167

June 2025

Page 2 of 4

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## MEMO

Application to Renew Discharge Permit for Harris County MUD 167

June 2025

Page 3 of 4

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**MEMO**

Application to Renew Discharge Permit for Harris County MUD 167

June 2025

Page 4 of 4

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<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.701666,29.849166&level=18>

También se puede obtener información adicional del Harris County Municipal Utility District 167 a la dirección indicada arriba o llamando a Alejandro Vasquez, E.I.T, o a Robert S. Wempe, P.E. con Pape-Dawson Engineers, Inc, al 713-428-2400.

Please let me know if you need any additional information. Should you have any questions, please contact me at my email at [avasquez@pape-dawson.com](mailto:avasquez@pape-dawson.com) or call me at 713-428-2400.

Sincerely,



Alejandro A. Vasquez, E.I.T.  
Engineer IV

# Comisión de Calidad Ambiental del Estado de Texas



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

**PERMISO NO. WQ0012834001**

**SOLICITUD.** Harris County Municipal Utility District 167, 3200 Southwest Fwy, Suite 2600, Houston, TX 77027-7537, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0012834001 (EPA I.D. No. TX 0094307) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 1,600,000 galones por día. La planta está ubicada 4950 Old Greenhouse en el Condado de Harris, Texas 77449. La ruta de descarga es del sitio de la planta a través de Outfall 002 hacia Bear Creek, luego hacia South Mayde Creek, y de allí hacia Buffalo Bayou Above Tidal. La TCEQ recibió esta solicitud el 13 de Mayo, 2025. La solicitud para el permiso estará disponible para leerla y copiarla en Katherine Tyra Branch Library 16719 Clay Road, Houston, en el Condado de Harris, Texas antes de la fecha de publicación de este aviso en el periódico. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web:

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<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.701666,29.849166&level=18>

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

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

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

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

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

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

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

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

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

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

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

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

También se puede obtener información adicional del Harris County Municipal Utility District 167 a la dirección indicada arriba o llamando a Alejandro Vasquez, E.I.T, o a Robert S. Wempe, P.E. con Pape-Dawson Engineers, Inc, al 713-428-2400.

Fecha de emisión: *[Date notice issued]*



May 5, 2025

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

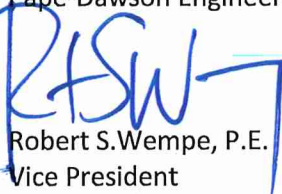
REFERENCE: HCMUD 167 WWTP  
TPDES Permit No. WQ0012834001  
Application to Renew Permit

To whom it may concern:

Please find enclosed one (1) original and three (2) copies of the completed application to renew wastewater permit #WQ0012834001. The required \$2,015.00 filing fee has been submitted separately, and a copy of the payment form and check is included with the renewal application.

If additional information is needed, please do not hesitate to contact this office.

Sincerely,  
Pape-Dawson Engineers, Inc.

A handwritten signature in blue ink, appearing to read 'R. S. Wempe', with a stylized flourish at the end. The signature is written over the printed name and title of the signatory.

Robert S. Wempe, P.E.  
Vice President

\\pape-dawson.com\hou-pd\Projects\406\28\14\1-0 Correspondence\1-1 Agency\2025 WWTP Permit Renewal\Application Letterhead.docx



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Harris County Municipal Utility District 167

PERMIT NUMBER (If new, leave blank): WQ0012834001

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Water Balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Worksheet 3.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Worksheet 3.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Worksheet 3.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Worksheet 4.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Worksheet 5.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Worksheet 6.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Worksheet 7.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

## For TCEQ Use Only

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION  
ADMINISTRATIVE REPORT 1.0**

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

**Section 1. Application Fees (Instructions Page 26)**

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

Flow	New/Major Amendment	Renewal
<0.05 MGD	\$350.00 <input type="checkbox"/>	\$315.00 <input type="checkbox"/>
≥0.05 but <0.10 MGD	\$550.00 <input type="checkbox"/>	\$515.00 <input type="checkbox"/>
≥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 checked="" type="checkbox"/>

Minor Amendment (for any flow) \$150.00 ☐

**Payment Information:**

Mailed      Check/Money Order Number: 403690  
Check/Money Order Amount: \$2,015.00  
Name Printed on Check: Pape-Dawson Engineers, Inc.

EPAY      Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed?      Yes ☐

**Section 2. Type of Application (Instructions Page 26)**

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

- ☒ Publicly Owned Domestic Wastewater  
☐ Privately-Owned Domestic Wastewater  
☐ Conventional Water Treatment

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

- ☒ Active      ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

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

f. For existing permits:

Permit Number: WQ00 12834001

EPA I.D. (TPDES only): TX 0094307

Expiration Date: October 6, 2025

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

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

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

Harris County Municipal District 167

*(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: 600739031

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: Ms.

Last Name, First Name: Verneath L. Hronas

Title: Board President

Credential: Click to enter text.

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

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

N/A

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

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

CN: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

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

### C. Core Data Form

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

## 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: Wempe, Robert S.

Title: Vice President

Credential: P.E.

Organization Name: Pape-Dawson Engineers, Inc.

Mailing Address: 2107 CityWest Boulevard, Third Floor  
77042

City, State, Zip Code: Houston, TX

Phone No.: 713-428-2400

E-mail Address: BWempe@pape-dawson.com

Check one or both:



Administrative Contact



Technical Contact

B. Prefix: Mr.

Last Name, First Name: Vasquez, Alejandro

Title: Engineer IV

Credential: E.I.T.

Organization Name: Pape-Dawson Engineers, Inc.

Mailing Address: 2107 CityWest Boulevard, Third Floor  
77042

City, State, Zip Code: Houston, TX

Phone No.: 713-428-2400

E-mail Address: avasquez@pape-dawson.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: Wempe, Robert S.

Title: Vice President

Credential: P.E.

Organization Name: Pape-Dawson Engineers, Inc.

Mailing Address: 2107 CityWest Boulevard, Third Floor  
77042

City, State, Zip Code: Houston, TX

Phone No.: 713-428-2400

E-mail Address: BWempe@pape-dawson.com

B. Prefix: Mr.

Last Name, First Name: Iftikhar, Hussain

Title: Senior Project Manager

Credential: P.E.

Organization Name: Pape-Dawson Engineers, Inc.

Mailing Address: 2107 CityWest Boulevard, Third Floor  
77042

City, State, Zip Code: Houston, TX

Phone No.: 713-428-2400

E-mail Address: HIftikhar@pape-dawson.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: Ms.

Last Name, First Name: Abad, Jennifer

Title: Manager

Credential: Click to enter text.

Organization Name: Municipal Accounts & Consulting, LP

Mailing Address: 1281 Brittmoore Road

City, State, Zip Code: Houston, TX 77043

Phone No.: 713-366-3045

E-mail Address: JAbad@municipalaccounts.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: Hoffman, Chris

Title: Operator of the District

Credential: Click to enter text.

Organization Name: H2O Consulting, Inc.

Mailing Address: 5870 Highway 6 North, Suite 215

City, State, Zip Code: Houston, TX 77084

Phone No.: 281-861-7265

E-mail Address: choffman@h2oconsulting.net

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

### A. Individual Publishing the Notices

Prefix: Mr.

Last Name, First Name: Vasquez, Alejandro

Title: Engineer IV

Credential: E.I.T.

Organization Name: Pape-Dawson Engineers, Inc.

Mailing Address: 2107 CityWest Boulevard, Third Floor  
77042

City, State, Zip Code: Houston, TX

Phone No.: 713-428-2400

E-mail Address: avasquez@pape-dawson.com

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

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

☒ E-mail Address

☐ Fax

☒ Regular Mail

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

Prefix: Mr.

Last Name, First Name: Wempe, Robert S.

Title: Vice President

Credential: P.E.

Organization Name: Pape-Dawson Engineers, Inc.

Mailing Address: 2107 CityWest Boulevard, Third Floor  
77042

City, State, Zip Code: Houston, TX

Phone No.: 713-428-2400

E-mail Address: BWempe@pape-dawson.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: Harris County Public Library – Katherine Tyra Branch @ Bear Creek Library

Location within the building: Reference

Physical Address of Building: 16719 Clay Road

City: Houston

County: Harris

Contact (Last Name, First Name): Huang, Chao

Phone No.: 832-927-5590 Ext.: Click to enter text.

**E. Bilingual Notice Requirements**

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

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

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

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

☒ Yes

☐ No

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

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

☒ Yes      ☐ No

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

☐ Yes      ☒ No

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

☐ Yes      ☒ No

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

#### F. Summary of Application in Plain Language Template

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

**Attachment:** Attachment B – Summary of Application in Plain Language for TDPEs or TLAP Permit Applications

#### G. Public Involvement Plan Form

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

**Attachment:** Click to enter text.

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 103138335

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):

Harris County Municipal Utility District 167 Wastewater Treatment Plant (WWTP)

C. Owner of treatment facility: Harris County Municipal Utility District 167

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

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

Prefix: Click to enter text.

Last Name, First Name: Harris County Municipal Utility District 167

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Allen Boone Humphries Robinson, LLP, 3200 Southwest Fwy #2600 City,  
State, Zip Code: Houston, TX 77027

Phone No.: 713-860-6400

E-mail Address: sbapat@abhr.com

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

**Attachment:** Click to enter text.

E. Owner of effluent disposal site:

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

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

Organization Name: Click to enter text.

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

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

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

**Attachment:** Click to enter text.

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

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

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

Organization Name: Click to enter text.

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

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

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

**Attachment:** Click to enter text.

## Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

Click to enter text.

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

☒ Yes ☐ No

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

Click to enter text.

City nearest the outfall(s): Katy

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

- 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:** Attachment C

- 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:

Click to enter text.

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

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

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

Click to enter text.

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

## Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes      ☒ No

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

☐ Yes      ☐ No      ☒ Not Applicable

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

Click to enter text.

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account number: Click to enter text.

Amount past due: Click to enter text.

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

Enforcement order number: Click to enter text.

Amount past due: Click to enter text.

### Section 13. Attachments (Instructions Page 33)

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

- ☐ Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.
- ☒ Original full-size USGS Topographic Map with the following information:
  - Applicant's property boundary
  - Treatment facility boundary
  - Labeled point of discharge for each discharge point (TPDES only)
  - Highlighted discharge route for each discharge point (TPDES only)
  - Onsite sewage sludge disposal site (if applicable)
  - Effluent disposal site boundaries (TLAP only)
  - New and future construction (if applicable)
  - 1 mile radius information
  - 3 miles downstream information (TPDES only)
  - All ponds.
- ☐ Attachment 1 for Individuals as co-applicants
- ☐ Other Attachments. Please specify: Click to enter text.

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

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

Permit Number: WQ0012834001

Applicant: Harris County Municipal Utility District 167

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.

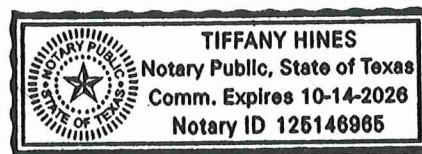
Signatory name (typed or printed): Verneath L. Hronas

Signatory title: Board President

Signature: *Verneath L. Hronas* Date: 5/7/25  
(Use blue ink)

Subscribed and Sworn to before me by the said Verneath L. Hronas  
on this 7th day of May, 2025.  
My commission expires on the 14th day of October, 2025.

*Tiffany Hines*  
Notary Public



[SEAL]

*Harris*  
County, Texas

# DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

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

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

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

Click to enter text.

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

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

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

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

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

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

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

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

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

- ☐ Yes      ☐ No

# **DOMESTIC WASTEWATER PERMIT APPLICATION**

## **SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)**

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

**Attachment:** D

# WATER QUALITY PERMIT

## PAYMENT SUBMITTAL FORM

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

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

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

*BY REGULAR U.S. MAIL*

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

*BY OVERNIGHT/EXPRESS MAIL*

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

**Fee Code: WQP      Waste Permit No: WQ0012834001**

1. Check or Money Order Number: 403690
2. Check or Money Order Amount: \$2,015.00
3. Date of Check or Money Order: 4/30/25
4. Name on Check or Money Order: Pape-Dawson Engineers, Inc.

**5. APPLICATION INFORMATION**

Name of Project or Site: Harris County Municipal Utility District 167 (WWTP)

Located approximately 1.6 miles northwest of the intersection of Barker-Cypress Road and Clay Road in Harris County, Texas 77084.

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

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



10350 Richmond Ave., Suite 200  
Houston, Texas 77042-4469  
Houston Imprest Account

FROST NATIONAL BANK  
SAN ANTONIO, TEXAS

403690

CHECK DATE 04/30/25

PAY Two Thousand Fifteen Dollars and No Cents

AMOUNT \$2,015.00

TO TCEQ

Harris County MUD No. 167  
WWTP Discharge Permit Renewal Application

PAPE-DAWSON ENGINEERS, INC.

⑈403690⑈ ⑆114000093⑆

02 0282588⑈

# ATTACHMENT 1

## INDIVIDUAL INFORMATION

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

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

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

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

Driver's License or State Identification Number: Click to enter text.

Date of Birth: Click to enter text.

Mailing Address: Click to enter text.

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

Phone Number: Click to enter text. Fax Number: Click to enter text.

E-mail Address: Click to enter text.

CN: Click to enter text.

#### For Commission Use Only:

Customer Number:

Regulated Entity Number:

Permit Number:

# DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

7.5 Minute USGS Quadrangle Topographic Map Attached ☒ Yes  
(Full-size map if seeking "New" permit.  
8 ½ x 11 acceptable for Renewals and Amendments)

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

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

## Things to Know:

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

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

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

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

Summary of Application (in Plain Language) ☒ Yes



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

#### A. Existing/Interim I Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

#### B. Interim II Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

#### C. Final Phase

Design Flow (MGD): 1.6

2-Hr Peak Flow (MGD): 6.4

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

#### D. Current Operating Phase

Provide the startup date of the facility: 06/01/2018

### 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.**

See Attachment E. Treatment Process, Treatment Units, and Process Flow Diagram.

**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)
Refer to Attachment E. Treatment Process, Treatment Units, and Process Flow Diagram.		

**C. Process Flow Diagram**

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

**Attachment:** Attachment E. Treatment Process, Treatment Units, and Process Flow Diagram

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

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

- Latitude: 29.848612
- Longitude: -95.702286

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: Attachment F – Site Drawing**

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

Harris County Municipal Utility District 167 service area (See Attachment F-Site Drawing for location of service area.

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
Harris County Municipal Utility District 167 Collection System	Harris County Municipal Utility District 167	Publicly Owned	15,837
		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.

Click to enter text.

## Section 6. Permit Specific Requirements (Instructions Page 44)

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

### A. Summary transmittal

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

☒ Yes ☐ No

If yes, provide the date(s) of approval for each phase: November 25, 2014 (Log No. 1114/073)

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.

Click to enter text.

**C. Other actions required by the current permit**

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

☐ Yes ☒ No

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

Click to enter text.

**D. Grit and grease treatment**

**1. Acceptance of grit and grease waste**

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

☐ Yes ☒ No

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

**2. Grit and grease processing**

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

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:

Click to enter text.

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

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

☐ Yes ☒ No

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

Click to enter text.

### 5. *Zero stormwater discharge*

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

☐ Yes ☒ No

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

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

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

#### F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

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

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

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

☐ Yes ☒ No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the sludge, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

##### 2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If **yes to any of the above**, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the septic waste, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

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

Is the facility in operation?

☒ Yes ☐ No

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

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

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

**Table 1.0(2) – Pollutant Analysis for Wastewater Treatment Facilities**

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l	7.2	7.2	1	Comp	3-18-25/0700
Total Suspended Solids, mg/l	2.9	2.9	1	Comp	3-18-25/0700
Ammonia Nitrogen, mg/l	<0.20	<0.20	1	Comp	3-18-25/0700
Nitrate Nitrogen, mg/l	19.7	19.7	1	Comp	3-18-25/0700
Total Kjeldahl Nitrogen, mg/l	1.9	1.9	1	Comp	3-18-25/0700
Sulfate, mg/l	43.1	43.1	1	Comp	3-18-25/0700
Chloride, mg/l	144	144	1	Comp	3-18-25/0700
Total Phosphorus, mg/l	5.25	5.25	1	Comp	3-18-25/0700
pH, standard units	7.24	7.24	1	Grab	3-18-25/0835
Dissolved Oxygen*, mg/l	7.29	7.29	1	Grab	3-18-25/0835
Chlorine Residual, mg/l	<0.01	<0.01	1	Grab	3-18-25/0835
<i>E.coli</i> (CFU/100ml) freshwater	<1	<1	1	Grab	3-18-25/0835
Enterococci (CFU/100ml) saltwater	<2	<2	1	Grab	3-18-25/0835
Total Dissolved Solids, mg/l	468	468	1	Comp	3-18-25/0700
Electrical Conductivity, $\mu$ mohs/cm, †	1060	1060	1	Comp	3-18-25/0700
Oil & Grease, mg/l	<5.0	<5.0	1	Comp	3-18-25/0835
Alkalinity (CaCO <sub>3</sub> )*, mg/l	217	217	1	Comp	3-18-25/0700

\*TPDES permits only

†TLAP permits only

**Table 1.0(3) – Pollutant Analysis for Water Treatment Facilities**

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

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

Facility Operator Name: Chris Hoffman, H2O Consulting, Inc.

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

Facility Operator's License Number: WW0042985

## 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
Disposal in Landfill	Off-site Third-Party Handler or Preparer	Bulk		N/A: Disposal in Landfill	N/A: Disposal in Landfill
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

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

### D. Disposal site

Disposal site name: New Earth, & Triple S Compost

TCEQ permit or registration number: 42041 (New Earth), 42042 (Triple S Compost)

County where disposal site is located: Waller (New Earth), Montgomery (Triple S Compost)

### E. Transportation method

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

Name of the hauler: Sprint Waste of Texas

Hauler registration number: 25978

Sludge is transported as a:

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

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

### A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

### B. Sludge processing authorization

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

Sludge Composting ☐ Yes ☒ No

Marketing and Distribution of Biosolids ☐ Yes ☒ No

Sludge Surface Disposal or Sludge Monofill ☐ Yes ☒ No

Temporary storage in sludge lagoons ☐ Yes ☒ No

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

☐ Yes ☐ No

## Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

### A. Location information

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

- Original General Highway (County) Map:  
**Attachment:** Click to enter text.
- USDA Natural Resources Conservation Service Soil Map:  
**Attachment:** Click to enter text.

- Federal Emergency Management Map:

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

- Site map:

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

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

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

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

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

[Click to enter text.](#)

## **B. Temporary storage information**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

### C. Liner information

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

☐ Yes ☐ No

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

[Click to enter text.](#)

### D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

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

- Procedures to prevent the occurrence of nuisance conditions

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

#### **E. Groundwater monitoring**

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

☐ Yes ☐ No

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

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

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

#### **A. Additional authorizations**

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

☐ Yes ☒ No

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

[Click to enter text.](#)

#### **B. Permittee enforcement status**

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Click to enter text.

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

#### A. RCRA hazardous wastes

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

☐ Yes ☒ No

#### B. Remediation activity wastewater

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

☐ Yes ☒ No

#### C. Details about wastes received

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

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

## Section 14. Laboratory Accreditation (Instructions Page 55)

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

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

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

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

### CERTIFICATION:

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

Printed Name: Verneath L. Hronas

Title: Harris County Municipal Utility District 167 – Board President

Signature: \_\_\_\_\_

Date: 5/9/25

# DOMESTIC WASTEWATER PERMIT APPLICATION

## TECHNICAL REPORT 1.1

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

### Section 1. Justification for Permit (Instructions Page 56)

#### A. Justification of permit need

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

N/A

#### B. Regionalization of facilities

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

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

##### 1. *Municipally incorporated areas*

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

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

☐ Yes ☐ No ☐ Not Applicable

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

If yes, attach correspondence from the city.

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

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

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

##### 2. *Utility CCN areas*

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

☐ Yes ☐ No

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

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

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

### 3. *Nearby WWTPs or collection systems*

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

☐ Yes      ☐ No

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

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

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

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

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

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

## **Section 2. Proposed Organic Loading (Instructions Page 58)**

Is this facility in operation?

☐ Yes    ☐ No

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

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

### **A. Current organic loading**

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

Average Influent Organic Strength or BOD<sub>5</sub> Concentration in mg/l: [Click to enter text.](#)

Average Influent Loading (lbs/day = total average flow X average BOD<sub>5</sub> conc. X 8.34): [Click to enter text.](#)

Provide the source of the average organic strength or BOD<sub>5</sub> concentration.

[Click to enter text.](#)

## B. Proposed organic loading

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

**Table 1.1(1) – Design Organic Loading**

Source	Total Average Flow (MGD)	Influent BOD5 Concentration (mg/l)
Municipality		
Subdivision		
Trailer park – transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources		
AVERAGE BOD <sub>5</sub> from all sources		

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

### A. Existing/Interim I Phase Design Effluent Quality

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

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

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

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

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

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

## B. Interim II Phase Design Effluent Quality

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

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

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

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

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

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

## C. Final Phase Design Effluent Quality

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

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

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

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

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

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

## D. Disinfection Method

Identify the proposed method of disinfection.

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

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

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

## Section 4. Design Calculations (Instructions Page 58)

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

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

## Section 5. Facility Site (Instructions Page 59)

### A. 100-year floodplain

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

- ☐ Yes ☐ No

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

[Click to enter text.](#)

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

Click to enter text.

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

#### B. Wind rose

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

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

#### A. Beneficial use authorization

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

☐ Yes ☐ No

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

#### B. Sludge processing authorization

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

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

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

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

Attach a solids management plan to the application.

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

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

- Treatment units and processes dimensions and capacities

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

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

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

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

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

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

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

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

#### A. Receiving water outfall

Width of the receiving water at the outfall, in feet: [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).

[Click to enter text.](#)

#### C. Sea grasses

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

☐ Yes ☒ No

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

[Click to enter text.](#)

### Section 3. Classified Segments (Instructions Page 63)

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

☐ Yes ☒ No

If **yes**, this Worksheet is complete.

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

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

Name of the immediate receiving waters: Bear Creek

#### A. Receiving water type

Identify the appropriate description of the receiving waters.

☒ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: Click to enter text.

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

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

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: Click to enter text.

#### B. Flow characteristics

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

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

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

☒ Perennial - normally flowing

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

☒ USGS flow records

☐ Historical observation by adjacent landowners

☐ Personal observation

☐ Other, specify: Click to enter text.

### C. Downstream perennial confluences

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

U102-02-00, U102-23-00, U202-01-00 (See Attachment H)

### 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.

One Ponded area just downstream of the intersection of u102-23-00 and Bear Creek

### E. Normal dry weather characteristics

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

Creek characteristics are common in the area. Mostly sand and clay mixture, frequent rock riffles, with some widening and narrowing of the channel. Water is slightly turbid from suspended sediments.

Date and time of observation: April 15, 2025, at 11 AM

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

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

### A. Upstream influences

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

☐ Oil field activities

☒ Urban runoff

☒ Upstream discharges

☒ Agricultural runoff

☐ Septic tanks

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

## B. Waterbody uses

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

- |   |   |
|---|---|
| <input type="checkbox"/> Livestock watering         | <input type="checkbox"/> Contact recreation                                       |
| <input type="checkbox"/> Irrigation withdrawal      | <input type="checkbox"/> Non-contact recreation                                   |
| <input type="checkbox"/> Fishing                    | <input type="checkbox"/> Navigation   |
| <input type="checkbox"/> Domestic water supply      | <input type="checkbox"/> Industrial water supply                                  |
| <input checked="" type="checkbox"/> Park activities | <input checked="" type="checkbox"/> Other(s), specify: <u>Flood Control Ditch</u> |

## 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 2.1: STREAM PHYSICAL CHARACTERISTICS

Required for new applications, major facilities, and applications adding an outfall.

Worksheet 2.1 is not required for discharges to intermittent streams or discharges directly to (or within 300 feet of) a classified segment.

### Section 1. General Information (Instructions Page 65)

Date of study: 11/11/2010 (Previously submitted for permit renewal) Time of study: 11:00 AM

Stream name: Bear Creek

Location: Bear Creek, downstream of Greenhouse Road (Refer to Attachment G – Transect Map)

Type of stream upstream of existing discharge or downstream of proposed discharge (check one).

☒ Perennial ☐ Intermittent with perennial pools

### Section 2. Data Collection (Instructions Page 65)

Number of stream bends that are well defined: 0

Number of stream bends that are moderately defined: 0

Number of stream bends that are poorly defined: 1

Number of riffles: 2

Evidence of flow fluctuations (check one):

☒ Minor ☐ moderate ☐ severe

Indicate the observed stream uses and if there is evidence of flow fluctuations or channel obstruction/modification.

Observed stream uses include 1 pool, 4 runs, and 2 riffles.

## Stream transects

In the table below, provide the following information for each transect downstream of the existing or proposed discharges. Use a separate row for each transect.

**Table 2.1(1) - Stream Transect Records**

Stream type at transect Select riffle, run, glide, or pool. See Instructions, Definitions section.	Transect location	Water surface width (ft)	Stream depths (ft) at 4 to 10 points along each transect from the channel bed to the water surface. Separate the measurements with commas.
pool	1	20	1,2,4,4,4,4,3,2,1,0.5
riffle	2	6	0.25,0.5,0.25,0.5,0.25,0.5,0.25
run	3	15	0.25,0.5,0.5,0.5,1,0.5,0.5,0.5,0.5,0.25
run	4	8	0.25,0.5,1,2,1,0.5,0.25
run	5	15	0.25,0.5,1,2,1,0.5,0.25
riffle	6	6	0.25,0,0,0.25,0,0.25
run	7	6	0.25,0.5,0.5,0.5,0.5,0.25
Choose an item.			
Choose an item.			
Choose an item.			

## Section 3. Summarize Measurements (Instructions Page 65)

Streambed slope of entire reach, from USGS map in feet/feet: 0.002275 (Refer to Attachment I – USGS Map)

Approximate drainage area above the most downstream transect (from USGS map or county highway map, in square miles): 20.7 sq. mi.

Length of stream evaluated, in feet: 2,640

Number of lateral transects made: 7

Average stream width, in feet: 10 ft

Average stream depth, in feet: 0.89 ft

Average stream velocity, in feet/second: 0.61 ft/sec

Instantaneous stream flow, in cubic feet/second: 1.83 cfs

Indicate flow measurement method (type of meter, floating chip timed over a fixed distance, etc.): Global Water Flow Probe

Size of pools (large, small, moderate, none): Small

Maximum pool depth, in feet: 4 ft

# DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND DISPOSAL OF EFFLUENT

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

## Section 1. Type of Disposal System (Instructions Page 67)

Identify the method of land disposal:

- |   |  |
|---|--|
| <input type="checkbox"/> Surface application  | <input type="checkbox"/> Subsurface application                |
| <input type="checkbox"/> Irrigation   | <input type="checkbox"/> Subsurface soils absorption           |
| <input type="checkbox"/> Drip irrigation system   | <input type="checkbox"/> Subsurface area drip dispersal system |
| <input type="checkbox"/> Evaporation  | <input type="checkbox"/> Evapotranspiration beds               |
| <input type="checkbox"/> Other (describe in detail): <a href="#">Click to enter text.</a> |  |

NOTE: All applicants without authorization or proposing new/amended subsurface disposal MUST complete and submit Worksheet 7.0.

For existing authorizations, provide Registration Number: [Click to enter text.](#)

## Section 2. Land Application Site(s) (Instructions Page 67)

In table 3.0(1), provide the requested information for the land application sites. Include the agricultural or cover crop type (wheat, cotton, alfalfa, bermuda grass, native grasses, etc.), land use (golf course, hayland, pastureland, park, row crop, etc.), irrigation area, amount of effluent applied, and whether or not the public has access to the area. Specify the amount of land area and the amount of effluent that will be allotted to each agricultural or cover crop, if more than one crop will be used.

**Table 3.0(1) – Land Application Site Crops**

Crop Type & Land Use	Irrigation Area (acres)	Effluent Application (GPD)	Public Access? Y/N

### Section 3. Storage and Evaporation Lagoons/Ponds (Instructions Page 67)

Table 3.0(2) – Storage and Evaporation Ponds

Pond Number	Surface Area (acres)	Storage Volume (acre-feet)	Dimensions	Liner Type

Attach a copy of a liner certification that was prepared, signed, and sealed by a Texas licensed professional engineer for each pond.

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

### Section 4. Flood and Runoff Protection (Instructions Page 67)

Is the land application site within the 100-year frequency flood level?

☐ Yes ☐ No

If **yes**, describe how the site will be protected from inundation.

[Click to enter text.](#)

Provide the source used to determine the 100-year frequency flood level:

[Click to enter text.](#)

Provide a description of tailwater controls and rainfall run-on controls used for the land application site.

[Click to enter text.](#)

## Section 5. Annual Cropping Plan (Instructions Page 67)

Attach an Annual Cropping Plan which includes a discussion of each of the following items. If not applicable, provide a detailed explanation indicating why. **Attachment:** [Click to enter text.](#)

- Soils map with crops
- Cool and warm season plant species
- Crop yield goals
- Crop growing season
- Crop nutrient requirements
- Additional fertilizer requirements
- Minimum/maximum harvest height (for grass crops)
- Supplemental watering requirements
- Crop salt tolerances
- Harvesting method/number of harvests
- Justification for not removing existing vegetation to be irrigated

## Section 6. Well and Map Information (Instructions Page 68)

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation indicating why. **Attachment:** [Click to enter text.](#)

- The boundaries of the land application site(s)
- Waste disposal or treatment facility site(s)
- On-site buildings
- Buffer zones
- Effluent storage and tailwater control facilities
- All water wells within 1-mile radius of the disposal site or property boundaries
- All springs and seeps onsite and within 500 feet of the property boundaries
- All surface waters in the state onsite and within 500 feet of the property boundaries
- All faults and sinkholes onsite and within 500 feet of the property

List and cross reference all water wells located within a half-mile radius of the disposal site or property boundaries shown on the USGS map in the following table. Attach additional pages as necessary to include all of the wells.

**Table 3.0(3) – Water Well Data**

Well ID	Well Use	Producing? Y/N	Open, cased, capped, or plugged?	Proposed Best Management Practice
			Choose an item.	
			Choose an item.	
			Choose an item.	
			Choose an item.	
			Choose an item.	

If water quality data or well log information is available please include the information in an attachment listed by Well ID.

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

## Section 7. Groundwater Quality (Instructions Page 68)

Attach a Groundwater Quality Technical Report which assesses the impact of the wastewater disposal system on groundwater. This report shall include an evaluation of the water wells (including the information in the well table provided in Item 6. above), the wastewater application rate, and pond liners. Indicate by a check mark that this report is provided.

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

Are groundwater monitoring wells available onsite? ☐ Yes ☐ No

Do you plan to install ground water monitoring wells or lysimeters around the land application site? ☐ Yes ☐ No

If yes, provide the proposed location of the monitoring wells or lysimeters on a site map.

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

## Section 8. Soil Map and Soil Analyses (Instructions Page 69)

### A. Soil map

Attach a USDA Soil Survey map that shows the area to be used for effluent disposal.

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

### B. Soil analyses

Attach the laboratory results sheets from the soil analyses. **Note:** for renewal applications, the current annual soil analyses required by the permit are acceptable as long as the test date is less than one year prior to the submission of the application.

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

List all USDA designated soil series on the proposed land application site. Attach additional pages as necessary.

**Table 3.0(4) – Soil Data**

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number

## Section 9. Effluent Monitoring Data (Instructions Page 70)

Is the facility in operation?

☒ Yes    ☐ No

If **no**, this section is not applicable and the worksheet is complete.

**If yes**, provide the effluent monitoring data for the parameters regulated in the existing permit. If a parameter is not regulated in the existing permit, enter N/A.

**Table 3.0(5) – Effluent Monitoring Data**

[illegible]

Provide a discussion of all persistent excursions above the permitted limits and any corrective actions taken.

Click to enter text.

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 3.1: SURFACE LAND DISPOSAL OF EFFLUENT

The following is required for new and major amendment permit applications. Renewal and minor amendment permit applications may be asked for this worksheet on a case by case basis.

### Section 1. Surface Disposal (Instructions Page 71)

Complete the item that applies for the method of disposal being used.

#### A. Irrigation

Area under irrigation, in acres: [Click to enter text.](#)

Design application frequency:

hours/day [Click to enter text.](#) And days/week [Click to enter text.](#)

Land grade (slope):

average percent (%): [Click to enter text.](#)

maximum percent (%): [Click to enter text.](#)

Design application rate in acre-feet/acre/year: [Click to enter text.](#)

Design total nitrogen loading rate, in lbs N/acre/year: [Click to enter text.](#)

Soil conductivity (mmhos/cm): [Click to enter text.](#)

Method of application: [Click to enter text.](#)

Attach a separate engineering report with the water balance and storage volume calculations, method of application, irrigation efficiency, and nitrogen balance.

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

#### B. Evaporation ponds

Daily average effluent flow into ponds, in gallons per day: [Click to enter text.](#)

Attach a separate engineering report with the water balance and storage volume calculations.

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

#### C. Evapotranspiration beds

Number of beds: [Click to enter text.](#)

Area of bed(s), in acres: [Click to enter text.](#)

Depth of bed(s), in feet: [Click to enter text.](#)

Void ratio of soil in the beds: [Click to enter text.](#)

Storage volume within the beds, in acre-feet: [Click to enter text.](#)

Attach a separate engineering report with the water balance and storage volume calculations, and a description of the lining.

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

#### D. Overland flow

Area used for application, in acres: [Click to enter text.](#)

Slopes for application area, percent (%): [Click to enter text.](#)

Design application rate, in gpm/foot of slope width: [Click to enter text.](#)

Slope length, in feet: [Click to enter text.](#)

Design BOD<sub>5</sub> loading rate, in lbs BOD<sub>5</sub>/acre/day: [Click to enter text.](#)

Design application frequency:

hours/day: [Click to enter text.](#) And days/week: [Click to enter text.](#)

Attach a separate engineering report with the method of application and design requirements according to *30 TAC Chapter 217*.

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

### Section 2. Edwards Aquifer (Instructions Page 72)

Is the facility subject to *30 TAC Chapter 213*, Edwards Aquifer Rules?

☐ Yes ☐ No

If **yes**, is the facility located on the Edwards Aquifer Recharge Zone?

☐ Yes ☐ No

If **yes**, attach a geological report addressing potential recharge features.

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

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 3.2: SURFACE LAND DISPOSAL OF EFFLUENT

The following is required for new and major amendment permit applications. Renewal and minor amendments applicants may be asked for the worksheet on a case by case basis.

NOTE: All applicants proposing new/amended subsurface disposal MUST complete and submit Worksheet 7.0. This worksheet applies to any subsurface disposal system that **does not meet** the definition of a subsurface area drip dispersal system as defined in *30 TAC Chapter 222, Subsurface Area Drip Dispersal System*.

### Section 1. Subsurface Application (Instructions Page 73)

Identify the type of system:

- ☐ Conventional Gravity Drainfield, Beds, or Trenches (new systems must be less than 5,000 GPD)
- ☐ Low Pressure Dosing
- ☐ Other, specify: [Click to enter text.](#)

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

Area of drainfield, in square feet: [Click to enter text.](#)

Application rate, in gal/square foot/day: [Click to enter text.](#)

Depth to groundwater, in feet: [Click to enter text.](#)

Area of trench, in square feet: [Click to enter text.](#)

Dosing duration per area, in hours: [Click to enter text.](#)

Number of beds: [Click to enter text.](#)

Dosing amount per area, in inches/day: [Click to enter text.](#)

Infiltration rate, in inches/hour: [Click to enter text.](#)

Storage volume, in gallons: [Click to enter text.](#)

Area of bed(s), in square feet: [Click to enter text.](#)

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

Attach a separate engineering report with the information required in *30 TAC § 309.20*, excluding the requirements of *§ 309.20 b(3)(A)* and (B) design analysis which may be asked for on a case by case basis. Include a description of the schedule of dosing basin rotation.

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

### Section 2. Edwards Aquifer (Instructions Page 73)

Is the subsurface system over the Edwards Aquifer Recharge Zone as mapped by TCEQ?

- ☐ Yes ☐ No

Is the subsurface system over the Edwards Aquifer Transition Zone as mapped by TCEQ?

- ☐ Yes ☐ No

If yes to either question, the subsurface system may be prohibited by *30 TAC §213.8*. Please call the Municipal Permits Team, at 512-239-4671, to schedule a pre-application meeting.

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 3.3: SUBSURFACE AREA DRIP DISPERSAL (SADDS) LAND DISPOSAL OF EFFLUENT

The following **is required** for new and major amendment subsurface area drip dispersal system permit applications. Renewal and minor amendments applicants may be asked for the worksheet on a case by case basis.

NOTE: All applicants proposing new/amended subsurface disposal MUST complete and submit Worksheet 7.0. This worksheet applies to any subsurface disposal system that **meets** the definition of a subsurface area drip dispersal system as defined in *30 TAC Chapter 222, Subsurface Area Drip Dispersal System*.

### Section 1. Administrative Information (Instructions Page 74)

A. Provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the treatment facility:

B. Click to enter text. Is the owner of the land where the treatment facility is located the same as the owner of the treatment facility?

☐ Yes ☐ No

If **no**, provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the land where the treatment facility is located.

Click to enter text.

C. Owner of the subsurface area drip dispersal system: Click to enter text.

D. Is the owner of the subsurface area drip dispersal system the same as the owner of the wastewater treatment facility or the site where the wastewater treatment facility is located?

☐ Yes ☐ No

If **no**, identify the names of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in Item 1.C.

Click to enter text.

E. Owner of the land where the subsurface area drip dispersal system is located: Click to enter text.

F. Is the owner of the land where the subsurface area drip dispersal system is located the same as owner of the wastewater treatment facility, the site where the wastewater treatment facility is located, or the owner of the subsurface area drip dispersal system?

☐ Yes ☐ No

If **no**, identify the name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in item 1.E.

Click to enter text.

## Section 2. Subsurface Area Drip Dispersal System (Instructions Page 74)

### A. Type of system

- ☐ Subsurface Drip Irrigation
- ☐ Surface Drip Irrigation
- ☐ Other, specify: Click to enter text.

### B. Irrigation operations

Application area, in acres: Click to enter text.

Infiltration Rate, in inches/hour: Click to enter text.

Average slope of the application area, percent (%): Click to enter text.

Maximum slope of the application area, percent (%): Click to enter text.

Storage volume, in gallons: Click to enter text.

Major soil series: Click to enter text.

Depth to groundwater, in feet: Click to enter text.

### C. Application rate

Is the facility located **west** of the boundary shown in 30 TAC § 222.83 **and** also using a vegetative cover of non-native grasses over seeded with cool season grasses during the winter months (October-March)?

- ☐ Yes ☐ No

If **yes**, then the facility may propose a hydraulic application rate not to exceed 0.1 gal/square foot/day.

Is the facility located **east** of the boundary shown in 30 TAC § 222.83 **or** in any part of the state when the vegetative cover is any crop other than non-native grasses?

- ☐ Yes ☐ No

If **yes**, the facility must use the formula in 30 TAC §222.83 to calculate the maximum hydraulic application rate.

Do you plan to submit an alternative method to calculate the hydraulic application rate for approval by the executive director?

- ☐ Yes ☐ No

Hydraulic application rate, in gal/square foot/day: Click to enter text.

Nitrogen application rate, in lbs/gal/day: Click to enter text.

### D. Dosing information

Number of doses per day: Click to enter text.

Dosing duration per area, in hours: Click to enter text.

Rest period between doses, in hours: Click to enter text.

Dosing amount per area, in inches/day: Click to enter text.

Number of zones: [Click to enter text.](#)

Does the proposed subsurface drip irrigation system use tree vegetative cover as a crop?

☐ Yes ☐ No

If **yes**, provide a vegetation survey by a certified arborist. Please call the Water Quality Assessment Team at (512) 239-4671 to schedule a pre-application meeting.

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

### **Section 3. Required Plans (Instructions Page 74)**

#### **A. Recharge feature plan**

Attach a Recharge Feature Plan with all information required in *30 TAC §222.79*.

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

#### **B. Soil evaluation**

Attach a Soil Evaluation with all information required in *30 TAC §222.73*.

**Attachment:** [Click to enter text.](#)

#### **C. Site preparation plan**

Attach a Site Preparation Plan with all information required in *30 TAC §222.75*.

**Attachment:** [Click to enter text.](#)

#### **D. Soil sampling/testing**

Attach soil sampling and testing that includes all information required in *30 TAC §222.157*.

**Attachment:** [Click to enter text.](#)

### **Section 4. Floodway Designation (Instructions Page 75)**

#### **A. Site location**

Is the existing/proposed land application site within a designated floodway?

☐ Yes ☐ No

#### **B. Flood map**

Attach either the FEMA flood map or alternate information used to determine the floodway.

**Attachment:** [Click to enter text.](#)

### **Section 5. Surface Waters in the State (Instructions Page 75)**

#### **A. Buffer Map**

Attach a map showing appropriate buffers on surface waters in the state, water wells, and springs/seeps.

**Attachment:** [Click to enter text.](#)

**B. Buffer variance request**

Do you plan to request a buffer variance from water wells or waters in the state?

☐ Yes ☐ No

If yes, then attach the additional information required in *30 TAC § 222.81(c)*.

Attachment: [Click to enter text.](#)

**Section 6. Edwards Aquifer (Instructions Page 75)**

A. Is the SADDs located over the Edwards Aquifer Recharge Zone as mapped by TCEQ?

☐ Yes ☐ No

B. Is the SADDs located over the Edwards Aquifer Transition Zone as mapped by TCEQ?

☐ Yes ☐ No

If yes to either question, then the SADDs may be prohibited by *30 TAC §213.8*. Please call the Municipal Permits Team at 512-239-4671 to schedule a pre-application meeting.

# DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 4.0: POLLUTANT ANALYSIS REQUIREMENTS

The following **is required** for facilities with a permitted or proposed flow of **1.0 MGD or greater**, facilities with an approved **pretreatment** program, or facilities classified as a **major** facility. See instructions for further details.

This worksheet is not required minor amendments without renewal.

## Section 1. Toxic Pollutants (Instructions Page 76)

For pollutants identified in Table 4.0(1), indicate the type of sample.

Grab ☒

Composite ☒

Date and time sample(s) collected: Grab: 3-18-25 @ 0835 Comp: 3-18-25 @ 0700

**Table 4.0(1) – Toxics Analysis**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrylonitrile	<50	<50	1	50
Aldrin	<0.01	<0.01	1	0.01
Aluminum	46.5	46.5	1	2.5
Anthracene	<10	<10	1	10
Antimony	<5	<5	1	5
Arsenic	4.7	4.7	1	0.5
Barium	75.3	75.3	1	3
Benzene	<10	<10	1	10
Benzidine	<50	<50	1	50
Benzo(a)anthracene	<5	<5	1	5
Benzo(a)pyrene	<5	<5	1	5
Bis(2-chloroethyl)ether	<10	<10	1	10
Bis(2-ethylhexyl)phthalate	<10	<10	1	10
Bromodichloromethane	22.5	22.5	1	10
Bromoform	<10	<10	1	10
Cadmium	3.0	3.0	1	1
Carbon Tetrachloride	<2	<2	1	2
Carbaryl	<5	<5	1	5
Chlordane*	<0.2	<0.2	1	0.2
Chlorobenzene	<10	<10	1	10
Chlorodibromomethane	<10	<10	1	10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAI (µg/l)
Chloroform	42.3	42.3	1	10
Chlorpyrifos	<0.05	<0.05	1	0.05
Chromium (Total)	<3	<3	1	3
Chromium (Tri) (*1)	<3	<3	1	N/A
Chromium (Hex)	<3	<3	1	3
Copper	5.6	5.6	1	2
Chrysene	<5	<5	1	5
p-Chloro-m-Cresol	<10	<10	1	10
4,6-Dinitro-o-Cresol	<50	<50	1	50
p-Cresol	<10	<10	1	10
Cyanide (*2)	<10	<10	1	10
4,4'- DDD	<0.1	<0.1	1	0.1
4,4'- DDE	<0.1	<0.1	1	0.1
4,4'- DDT	<0.02	<0.02	1	0.02
2,4-D	<0.7	<0.7	1	0.7
Demeton (O and S)	<0.20	<0.20	1	0.20
Diazinon	<0.5	<0.5	1	0.5/0.1
1,2-Dibromoethane	<10	<10	1	10
m-Dichlorobenzene	<10	<10	1	10
o-Dichlorobenzene	<10	<10	1	10
p-Dichlorobenzene	<10	<10	1	10
3,3'-Dichlorobenzidine	<5	<5	1	5
1,2-Dichloroethane	<10	<10	1	10
1,1-Dichloroethylene	<10	<10	1	10
Dichloromethane	<20	<20	1	20
1,2-Dichloropropane	<10	<10	1	10
1,3-Dichloropropene	<10	<10	1	10
Dicofol	<1	<1	1	1
Dieldrin	0.027	0.027	1	0.02
2,4-Dimethylphenol	<10	<10	1	10
Di-n-Butyl Phthalate	<10	<10	1	10
Diuron	<0.09	<0.09	1	0.09
Endosulfan I (alpha)	<0.01	<0.01	1	0.01

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Endosulfan II (beta)	0.02	0.02	1	0.02
Endosulfan Sulfate	0.1	0.1	1	0.1
Endrin	0.02	0.02	1	0.02
Epichlorohydrin			1	---
Ethylbenzene			1	10
Ethylene Glycol			1	---
Fluoride			1	500
Guthion			1	0.1
Heptachlor			1	0.01
Heptachlor Epoxide			1	0.01
Hexachlorobenzene			1	5
Hexachlorobutadiene			1	10
Hexachlorocyclohexane (alpha)			1	0.05
Hexachlorocyclohexane (beta)			1	0.05
gamma-Hexachlorocyclohexane (Lindane)			1	0.05
Hexachlorocyclopentadiene			1	10
Hexachloroethane			1	20
Hexachlorophene			1	10
4,4'-Isopropylidenediphenol			1	1
Lead			1	0.5
Malathion			1	0.1
Mercury			1	0.005
Methoxychlor			1	2
Methyl Ethyl Ketone			1	50
Methyl tert-butyl ether			1	---
Mirex			1	0.02
Nickel			1	2
Nitrate-Nitrogen			1	100
Nitrobenzene			1	10
N-Nitrosodiethylamine			1	20
N-Nitroso-di-n-Butylamine			1	20
Nonylphenol			1	333

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Parathion (ethyl)				0.1
Pentachlorobenzene				20
Pentachlorophenol				5
Phenanthrene				10
Polychlorinated Biphenyls (PCB's) (*3)				0.2
Pyridine				20
Selenium				5
Silver				0.5
1,2,4,5-Tetrachlorobenzene				20
1,1,2,2-Tetrachloroethane				10
Tetrachloroethylene				10
Thallium				0.5
Toluene				10
Toxaphene				0.3
2,4,5-TP (Silvex)				0.3
Tributyltin (see instructions for explanation)				0.01
1,1,1-Trichloroethane				10
1,1,2-Trichloroethane				10
Trichloroethylene				10
2,4,5-Trichlorophenol				50
TTHM (Total Trihalomethanes)				10
Vinyl Chloride				10
Zinc				5

(\*1) Determined by subtracting hexavalent Cr from total Cr.

(\*2) Cyanide, amenable to chlorination or weak-acid dissociable.

(\*3) The sum of seven PCB congeners 1242, 1254, 1221, 1232, 1248, 1260, and 1016.

## Section 2. Priority Pollutants

For pollutants identified in Tables 4.0(2)A-E, indicate type of sample.

Grab ☐ Composite ☐

Date and time sample(s) collected: [Click to enter text.](#)

**Table 4.0(2)A – Metals, Cyanide, and Phenols**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Antimony				5
Arsenic				0.5
Beryllium				0.5
Cadmium				1
Chromium (Total)				3
Chromium (Hex)				3
Chromium (Tri) (*1)				N/A
Copper				2
Lead				0.5
Mercury				0.005
Nickel				2
Selenium				5
Silver				0.5
Thallium				0.5
Zinc				5
Cyanide (*2)				10
Phenols, Total				10

(\*1) Determined by subtracting hexavalent Cr from total Cr.

(\*2) Cyanide, amenable to chlorination or weak-acid dissociable

**Table 4.0(2)B – Volatile Compounds**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrolein				50
Acrylonitrile				50
Benzene				10
Bromoform				10
Carbon Tetrachloride				2
Chlorobenzene				10
Chlorodibromomethane				10
Chloroethane				50
2-Chloroethylvinyl Ether				10
Chloroform				10
Dichlorobromomethane [Bromodichloromethane]				10
1,1-Dichloroethane				10
1,2-Dichloroethane				10
1,1-Dichloroethylene				10
1,2-Dichloropropane				10
1,3-Dichloropropylene [1,3-Dichloropropene]				10
1,2-Trans-Dichloroethylene				10
Ethylbenzene				10
Methyl Bromide				50
Methyl Chloride				50
Methylene Chloride				20
1,1,2,2-Tetrachloroethane				10
Tetrachloroethylene				10
Toluene				10
1,1,1-Trichloroethane				10
1,1,2-Trichloroethane				10
Trichloroethylene				10
Vinyl Chloride				10

**Table 4.0(2)C – Acid Compounds**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
2-Chlorophenol				10
2,4-Dichlorophenol				10
2,4-Dimethylphenol				10
4,6-Dinitro-o-Cresol				50
2,4-Dinitrophenol				50
2-Nitrophenol				20
4-Nitrophenol				50
P-Chloro-m-Cresol				10
Pentalchlorophenol				5
Phenol				10
2,4,6-Trichlorophenol				10

**Table 4.0(2)D – Base/Neutral Compounds**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAI (µg/l)
Acenaphthene				10
Acenaphthylene				10
Anthracene				10
Benzidine				50
Benzo(a)Anthracene				5
Benzo(a)Pyrene				5
3,4-Benzofluoranthene				10
Benzo(ghi)Perylene				20
Benzo(k)Fluoranthene				5
Bis(2-Chloroethoxy)Methane				10
Bis(2-Chloroethyl)Ether				10
Bis(2-Chloroisopropyl)Ether				10
Bis(2-Ethylhexyl)Phthalate				10
4-Bromophenyl Phenyl Ether				10
Butyl benzyl Phthalate				10
2-Chloronaphthalene				10
4-Chlorophenyl phenyl ether				10
Chrysene				5
Dibenzo(a,h)Anthracene				5
1,2-(o)Dichlorobenzene				10
1,3-(m)Dichlorobenzene				10
1,4-(p)Dichlorobenzene				10
3,3-Dichlorobenzidine				5
Diethyl Phthalate				10
Dimethyl Phthalate				10
Di-n-Butyl Phthalate				10
2,4-Dinitrotoluene				10
2,6-Dinitrotoluene				10
Di-n-Octyl Phthalate				10
1,2-Diphenylhydrazine (as Azo-benzene)				20
Fluoranthene				10

<b>Pollutant</b>	<b>AVG Effluent Conc. (µg/l)</b>	<b>MAX Effluent Conc. (µg/l)</b>	<b>Number of Samples</b>	<b>MAL (µg/l)</b>
Fluorene				10
Hexachlorobenzene				5
Hexachlorobutadiene				10
Hexachlorocyclo-pentadiene				10
Hexachloroethane				20
Indeno(1,2,3-cd)pyrene				5
Isophorone				10
Naphthalene				10
Nitrobenzene				10
N-Nitrosodimethylamine				50
N-Nitrosodi-n-Propylamine				20
N-Nitrosodiphenylamine				20
Phenanthrene				10
Pyrene				10
1,2,4-Trichlorobenzene				10

**Table 4.0(2)E - Pesticides**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Aldrin				0.01
alpha-BHC (Hexachlorocyclohexane)				0.05
beta-BHC (Hexachlorocyclohexane)				0.05
gamma-BHC (Hexachlorocyclohexane)				0.05
delta-BHC (Hexachlorocyclohexane)				0.05
Chlordane				0.2
4,4-DDT				0.02
4,4-DDE				0.1
4,4,-DDD				0.1
Dieldrin				0.02
Endosulfan I (alpha)				0.01
Endosulfan II (beta)				0.02
Endosulfan Sulfate				0.1
Endrin				0.02
Endrin Aldehyde				0.1
Heptachlor				0.01
Heptachlor Epoxide				0.01
PCB-1242				0.2
PCB-1254				0.2
PCB-1221				0.2
PCB-1232				0.2
PCB-1248				0.2
PCB-1260				0.2
PCB-1016				0.2
Toxaphene				0.3

\* For PCBs, if all are non-detects, enter the highest non-detect preceded by a "<".

### Section 3. Dioxin/Furan Compounds

A. Indicate which of the following compounds from may be present in the influent from a contributing industrial user or significant industrial user. Check all that apply.

- ☐ 2,4,5-trichlorophenoxy acetic acid  
Common Name 2,4,5-T, CASRN 93-76-5
- ☐ 2-(2,4,5-trichlorophenoxy) propanoic acid  
Common Name Silvex or 2,4,5-TP, CASRN 93-72-1
- ☐ 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate  
Common Name Erbon, CASRN 136-25-4
- ☐ 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate  
Common Name Ronnel, CASRN 299-84-3
- ☐ 2,4,5-trichlorophenol  
Common Name TCP, CASRN 95-95-4
- ☐ hexachlorophene  
Common Name HCP, CASRN 70-30-4

For each compound identified, provide a brief description of the conditions of its/their presence at the facility.

Click to enter text.

B. Do you know or have any reason to believe that 2,3,7,8 Tetrachlorodibenzo-P-Dioxin (TCDD) or any congeners of TCDD may be present in your effluent?

☐ Yes ☐ No

If yes, provide a brief description of the conditions for its presence.

Click to enter text.

C. If any of the compounds in Subsection A **or** B are present, complete Table 4.0(2)F.

For pollutants identified in Table 4.0(2)F, indicate the type of sample.

Grab ☐ Composite ☐

Date and time sample(s) collected: [Click to enter text.](#)

**Table 4.0(2)F – Dioxin/Furan Compounds**

Compound	Toxic Equivalenc y Factors	Wastewater Concentration (ppq)	Wastewater Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Equivalents (ppt)	MAL (ppq)
2,3,7,8 TCDD	1					10
1,2,3,7,8 PeCDD	0.5					50
2,3,7,8 HxCDDs	0.1					50
1,2,3,4,6,7,8 HpCDD	0.01					50
2,3,7,8 TCDF	0.1					10
1,2,3,7,8 PeCDF	0.05					50
2,3,4,7,8 PeCDF	0.5					50
2,3,7,8 HxCDFs	0.1					50
2,3,4,7,8 HpCDFs	0.01					50
OCDD	0.0003					100
OCDF	0.0003					100
PCB 77	0.0001					0.5
PCB 81	0.0003					0.5
PCB 126	0.1					0.5
PCB 169	0.03					0.5
Total						

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 5.0: TOXICITY TESTING REQUIREMENTS

The following **is required** for facilities with a current operating design flow of **1.0 MGD or greater**, with an EPA-approved **pretreatment** program (or those required to have one under 40 CFR Part 403), or are required to perform Whole Effluent Toxicity testing. See Page 86 of the instructions for further details.

This worksheet is not required minor amendments without renewal.

### Section 1. Required Tests

Indicate the number of 7-day chronic or 48-hour acute Whole Effluent Toxicity (WET) tests performed in the four and one-half years prior to submission of the application.

7-day Chronic: N/A

48-hour Acute: N/A

### Section 2. Toxicity Reduction Evaluations (TREs)

Has this facility completed a TRE in the past four and a half years? Or is the facility currently performing a TRE?

☐ Yes ☒ No

If yes, describe the progress to date, if applicable, in identifying and confirming the toxicant.

Click to enter text.

### Section 3. Summary of WET Tests

If the required biomonitoring test information has not been previously submitted via both the Discharge Monitoring Reports (DMRs) and the Table 1 (as found in the permit), provide a summary of the testing results for all valid and invalid tests performed over the past four and one-half years. Make additional copies of this table as needed.

**Table 5.0(1) Summary of WET Tests**

Test Date	Test Species	NOEC Survival	NOEC Sub-lethal

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

### Section 1. All POTWs (Instructions Page 87)

#### A. Industrial users (IUs)

Provide the number of each of the following types of industrial users (IUs) that discharge to your POTW and the daily flows from each user. See the Instructions for definitions of Categorical IUs, Significant IUs - non-categorical, and Other IUs.

If there are no users, enter 0 (zero).

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs - non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

#### B. Treatment plant interference

In the past three years, has your POTW experienced treatment plant interference (see instructions)?

☐ Yes ☒ No

If yes, identify the dates, duration, description of interference, and probable cause(s) and possible source(s) of each interference event. Include the names of the IUs that may have caused the interference.

Click to enter text.

### C. Treatment plant pass through

In the past three years, has your POTW experienced pass through (see instructions)?

☐ Yes ☒ No

If yes, identify the dates, duration, a description of the pollutants passing through the treatment plant, and probable cause(s) and possible source(s) of each pass through event. Include the names of the IUs that may have caused pass through.

Click to enter text.

### D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

If yes, complete Section 2.c. and 2.d. only, and skip Section 3.

If no to either question above, skip Section 2 and complete Section 3 for each significant industrial user and categorical industrial user.

## Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 87)

### A. Substantial modifications

Have there been any **substantial modifications** to the approved pretreatment program that have not been submitted to the TCEQ for approval according to 40 CFR §403.18?

☐ Yes ☐ No

If yes, identify the modifications that have not been submitted to TCEQ, including the purpose of the modification.

Click to enter text.

**B. Non-substantial modifications**

Have there been any **non-substantial modifications** to the approved pretreatment program that have not been submitted to TCEQ for review and acceptance?

☐ Yes ☐ No

If yes, identify all non-substantial modifications that have not been submitted to TCEQ, including the purpose of the modification.

Click to enter text.

**C. Effluent parameters above the MAL**

In Table 6.0(1), list all parameters measured above the MAL in the POTW’s effluent monitoring during the last three years. Submit an attachment if necessary.

**Table 6.0(1) – Parameters Above the MAL**

Pollutant	Concentration	MAL	Units	Date

**D. Industrial user interruptions**

Has any SIU, CIU, or other IU caused or contributed to any problems (excluding interferences or pass throughs) at your POTW in the past three years?

☐ Yes ☐ No

If yes, identify the industry, describe each episode, including dates, duration, description of the problems, and probable pollutants.

Click to enter text.

### Section 3. Significant Industrial User (SIU) Information and Categorical Industrial User (CIU) (Instructions Page 88)

#### A. General information

Company Name: N/A

SIC Code: Click to enter text.

Contact name: Click to enter text.

Address: Click to enter text.

City, State, and Zip Code: Click to enter text.

Telephone number: Click to enter text.

Email address: Click to enter text.

#### B. Process information

Describe the industrial processes or other activities that affect or contribute to the SIU(s) or CIU(s) discharge (i.e., process and non-process wastewater).

Click to enter text.

#### C. Product and service information

Provide a description of the principal product(s) or services performed.

Click to enter text.

#### D. Flow rate information

See the Instructions for definitions of "process" and "non-process wastewater."

Process Wastewater:

Discharge, in gallons/day: Click to enter text.

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: Click to enter text.

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

#### E. Pretreatment standards

Is the SIU or CIU subject to technically based local limits as defined in the instructions?

☐ Yes ☐ No

Is the SIU or CIU subject to categorical pretreatment standards found in *40 CFR Parts 405-471*?

☐ Yes ☐ No

**If subject to categorical pretreatment standards**, indicate the applicable category and subcategory for each categorical process.

Category: Subcategories: [Click to enter text.](#)

Click or tap here to enter text. [Click to enter text.](#)

Category: [Click to enter text.](#)

Subcategories: [Click to enter text.](#)

Category: [Click to enter text.](#)

Subcategories: [Click to enter text.](#)

Category: [Click to enter text.](#)

Subcategories: [Click to enter text.](#)

Category: [Click to enter text.](#)

Subcategories: [Click to enter text.](#)

#### F. Industrial user interruptions

Has the SIU or CIU caused or contributed to any problems (e.g., interferences, pass through, odors, corrosion, blockages) at your POTW in the past three years?

☐ Yes ☐ No

**If yes**, identify the SIU, describe each episode, including dates, duration, description of problems, and probable pollutants.

[Click to enter text.](#)

# WORKSHEET 7.0

## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

### CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:

TCEQ  
IUC Permits Team  
Radioactive Materials Division  
MC-233  
PO Box 13087  
Austin, Texas 78711-3087  
512-239-6466

For TCEQ Use Only

Reg. No. \_\_\_\_\_

Date Received \_\_\_\_\_

Date Authorized \_\_\_\_\_

#### Section 1. General Information (Instructions Page 90)

**1. TCEQ Program Area**

Program Area (PST, VCP, IHW, etc.): [Click to enter text.](#)

Program ID: [Click to enter text.](#)

Contact Name: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

**2. Agent/Consultant Contact Information**

Contact Name: [Click to enter text.](#)

Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

**3. Owner/Operator Contact Information**

☐ Owner ☐ Operator

Owner/Operator Name: [Click to enter text.](#)

Contact Name: [Click to enter text.](#)

Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

**4. Facility Contact Information**

Facility Name: [Click to enter text.](#)

Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Location description (if no address is available): [Click to enter text.](#)

Facility Contact Person: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

5. **Latitude and Longitude, in degrees-minutes-seconds**

Latitude: [Click to enter text.](#)

Longitude: [Click to enter text.](#)

Method of determination (GPS, TOPO, etc.): [Click to enter text.](#)

Attach topographic quadrangle map as attachment A.

6. **Well Information**

Type of Well Construction, select one:

- ☐ Vertical Injection
- ☐ Subsurface Fluid Distribution System
- ☐ Infiltration Gallery
- ☐ Temporary Injection Points
- ☐ Other, Specify: [Click to enter text.](#)

Number of Injection Wells: [Click to enter text.](#)

7. **Purpose**

Detailed Description regarding purpose of Injection System:

[Click to enter text.](#)

Attach a Site Map as Attachment B (Attach the Approved Remediation Plan, if appropriate.)

8. **Water Well Driller/Installer**

Water Well Driller/Installer Name: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

License Number: [Click to enter text.](#)

## Section 2. Proposed Down Hole Design

Attach a diagram signed and sealed by a licensed engineer as Attachment C.

**Table 7.0(1) – Down Hole Design Table**

Name of String	Size	Setting Depth	Sacks Cement/Grout – Slurry Volume – Top of Cement	Hole Size	Weight (lbs/ft) PVC/Steel
Casing					
Tubing					
Screen					

### Section 3. Proposed Trench System, Subsurface Fluid Distribution System, or Infiltration Gallery

Attach a diagram signed and sealed by a licensed engineer as Attachment D.

System(s) Dimensions: [Click to enter text.](#)

System(s) Construction: [Click to enter text.](#)

### Section 4. Site Hydrogeological and Injection Zone Data

1. Name of Contaminated Aquifer: [Click to enter text.](#)
2. Receiving Formation Name of Injection Zone: [Click to enter text.](#)
3. Well/Trench Total Depth: [Click to enter text.](#)
4. Surface Elevation: [Click to enter text.](#)
5. Depth to Ground Water: [Click to enter text.](#)
6. Injection Zone Depth: [Click to enter text.](#)
7. Injection Zone vertically isolated geologically? ☐ Yes ☐ No  
Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:  
Name: [Click to enter text.](#)  
Thickness: [Click to enter text.](#)
8. Provide a list of contaminants and the levels (ppm) in contaminated aquifer  
Attach as Attachment E.
9. Horizontal and Vertical extent of contamination and injection plume  
Attach as Attachment F.
10. Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc.  
Attach as Attachment G.
11. Injection Fluid Chemistry in PPM at point of injection  
Attach as Attachment H.
12. Lowest Known Depth of Ground Water with < 10,000 PPM TDS: [Click to enter text.](#)
13. Maximum injection Rate/Volume/Pressure: [Click to enter text.](#)
14. Water wells within 1/4 mile radius (attach map as Attachment I): [Click to enter text.](#)
15. Injection wells within 1/4 mile radius (attach map as Attachment J): [Click to enter text.](#)
16. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K): [Click to enter text.](#)
17. Sampling frequency: [Click to enter text.](#)
18. Known hazardous components in injection fluid: [Click to enter text.](#)

## Section 5. Site History

1. Type of Facility: Click to enter text.
2. Contamination Dates: Click to enter text.
3. Original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations (attach as Attachment L): Click to enter text.
4. Previous Remediation (attach results of any previous remediation as attachment M): Click to enter text.

**NOTE: Authorization Form should be completed in detail and authorization given by the TCEQ before construction, operation, and/or conversion can begin. Attach additional pages as necessary.**

### *Class V Injection Well Designations*

- 5A07 Heat Pump/AC return (IW used for groundwater to heat and/or cool buildings)
- 5A19 Industrial Cooling Water Return Flow (IW used to cool industrial process equipment)
- 5B22 Salt Water Intrusion Barrier (IW used to inject fluids to prevent the intrusion of salt water into an aquifer)
- 5D02 Storm Water Drainage (IW designed for the disposal of rain water)
- 5D04 Industrial Stormwater Drainage Wells (IW designed for the disposal of rain water associated with industrial facilities)
- 5F01 Agricultural Drainage (IW that receive agricultural runoff)
- 5R21 Aquifer Recharge (IW used to inject fluids to recharge an aquifer)
- 5S23 Subsidence Control Wells (IW used to control land subsidence caused by ground water withdrawal)
- 5W09 Untreated Sewage
- 5W10 Large Capacity Cesspools (Cesspools that are designed for 5,000 gpd or greater)
- 5W11 Large Capacity Septic systems (Septic systems designed for 5,000 gpd or greater)
- 5W12 WTP disposal
- 5W20 Industrial Process Waste Disposal Wells
- 5W31 Septic System (Well Disposal method)
- 5W32 Septic System Drainfield Disposal
- 5X13 Mine Backfill (IW used to control subsidence, dispose of mining byproducts, and/or fill sections of a mine)
- 5X25 Experimental Wells (Pilot Test) (IW used to test new technologies or tracer dye studies)
- 5X26 Aquifer Remediation (IW used to clean up, treat, or prevent contamination of a USDW)
- 5X27 Other Wells
- 5X28 Motor Vehicle Waste Disposal Wells (IW used to dispose of waste from a motor vehicle site - These are currently banned)
- 5X29 Abandoned Drinking Water Wells (waste disposal)

**Attachment A**  
**TCEQ Core Data Form**



# TCEQ Core Data Form

For detailed instructions on completing this form, please read the Core Data Form Instructions or call 512-239-5175.

## SECTION I: General Information

<b>1. Reason for Submission</b> (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 600739031		RN 103138335

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)						
<input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership								
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)								
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>								
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)			<i>If new Customer, enter previous Customer below:</i>					
Harris County Municipal Utility District 167								
<b>7. TX SOS/CPA Filing Number</b>	<b>8. TX State Tax ID</b> (11 digits)	<b>9. Federal Tax ID</b> (9 digits)	<b>10. DUNS Number</b> (if applicable)					
N/A	N/A	76-0085424	N/A					
<b>11. Type of Customer:</b>		<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited				
Government: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input checked="" type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship	<input checked="" type="checkbox"/> Other: Municipal Utility District					
<b>12. Number of Employees</b>			<b>13. Independently Owned and Operated?</b>					
<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following								
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:								
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant								
<b>15. Mailing Address:</b>	Allen Boone Humphries Robinson, LLP							
	3200 Southwest Freeway, Suite 2600							
	City	Houston	State	TX	ZIP	77027	ZIP + 4	7537
<b>16. Country Mailing Information</b> (if outside USA)					<b>17. E-Mail Address</b> (if applicable)			
					sbapat@abhrr.com			

<b>18. Telephone Number</b> ( 713 ) 860-6400	<b>19. Extension or Code</b>	<b>20. Fax Number (if applicable)</b> ( 713 ) 860-6401
---	------------------------------	---

## SECTION III: Regulated Entity Information

<b>21. General Regulated Entity Information</b> (If 'New Regulated Entity' is selected, a new permit application is also required.) <input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information							
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>							
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.)  Harris County Municipal Utility District 167 WWTP							
<b>23. Street Address of the Regulated Entity:</b>  (No PO Boxes)	4950 Old Greenhouse Rd						
	<b>City</b>	Houston	<b>State</b>	TX	<b>ZIP</b>	77449	<b>ZIP + 4</b>
<b>24. County</b>	Harris County						

If no Street Address is provided, fields 25-28 are required.

<b>25. Description to Physical Location:</b>	Located approximately 1.6 miles northwest of the intersection of Barker-Cypress Road and Clay Road in Harris County, Texas 77084.						
<b>26. Nearest City</b>	<b>State</b>				<b>Nearest ZIP Code</b>		
Houston	TX				77449		
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>							
<b>27. Latitude (N) In Decimal:</b>		29.849094			<b>28. Longitude (W) In Decimal:</b>		95.701994
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
29	50	56.74	95	42	7.18		
<b>29. Primary SIC Code</b> (4 digits)	<b>30. Secondary SIC Code</b> (4 digits)		<b>31. Primary NAICS Code</b> (5 or 6 digits)		<b>32. Secondary NAICS Code</b> (5 or 6 digits)		
4952			221320				
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)  Sanitary Sewer Treatment and Discharge							
<b>34. Mailing Address:</b>	Allen Boone Humphries Robinson, LLP						
	3200 Southwest Fwy, Suite 2600						
	<b>City</b>	Houston	<b>State</b>	TX	<b>ZIP</b>	77027	<b>ZIP + 4</b> 7537
<b>35. E-Mail Address:</b>	sbapat@abhr.com						
<b>36. Telephone Number</b>	<b>37. Extension or Code</b>		<b>38. Fax Number (if applicable)</b>				
( 713 ) 860-6400			( 713 ) 860-6401				

**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.

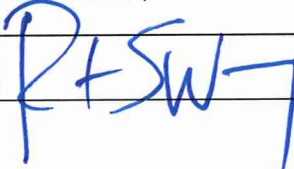
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review 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:
	WQ0012834001			

**SECTION IV: Preparer Information**

<b>40. Name:</b>	Alejandro Vasquez			<b>41. Title:</b>	Engineer IV
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>		
( 713 ) 428-2400		(   ) -	avasquez@pape-dawson.com		

**SECTION V: Authorized Signature**

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

<b>Company:</b>	Pape-Dawson Engineers		<b>Job Title:</b>	Vice President	
<b>Name (In Print):</b>	Robert S. Wempe			<b>Phone:</b>	( 713 ) 428- 2400
<b>Signature:</b>				<b>Date:</b>	5/12/25

**Attachment B**  
Summary of Application in Plain Language for TPDES  
or TLAP Permit Applications



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# SUMMARY OF APPLICATION IN PLAIN LANGUAGE FOR TPDES OR TLAP PERMIT APPLICATIONS

## Summary of Application (in plain language) Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

Applicants should use this template to develop a plain language summary of your facility and application as required by Title 30, Texas Administrative Code (30 TAC), Chapter 39, Subchapter H. You may modify the template as necessary to accurately describe your facility as long as the summary includes the following information: (1) the function of the proposed plant or facility; (2) the expected output of the proposed plant or facility; (3) the expected pollutants that may be emitted or discharged by the proposed plant or facility; and (4) how you will control those pollutants, so that the proposed plant will not have an adverse impact on human health or the environment.

Fill in the highlighted areas below to describe your facility and application in plain language. Instructions and examples are provided below. Make any other edits necessary to improve readability or grammar and to comply with the rule requirements. After filling in the information for your facility delete these instructions.

If you are subject to the alternative language notice requirements in 30 TAC Section 39.426, **you must provide a translated copy of the completed plain language summary in the appropriate alternative language as part of your application package.** For your convenience, a Spanish template has been provided below.

### ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS DOMESTIC WASTEWATER/STORMWATER

*The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and is not a federal enforceable representation of the permit application.*

Harris County Municipal Utility District 167 (CN600739031) operates the Harris County MUD 167 Wastewater Treatment Facility (RN103138335), an activated sludge process plant operated in the complete mix mode. The facility is located at 4950 Old Greenhouse Road, Katy, in Harris County, Texas 77449.

This application is for a renewal to discharge at an annual average flow of 1,600,000 gallons per day of treated domestic wastewater via Outfalls 001 and 002.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD<sub>5</sub>), total suspended solids (TSS), ammonia nitrogen (NH<sub>3</sub>-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by an activated sludge process

plant and the treatment units include a headworks, aeration basins, clarifiers, sludge digesters, a belt filter press, and a chlorine contact basin.

## **PLANTILLA EN ESPAÑOL PARA SOLICITUDES NUEVAS/RENOVACIONES/ENMIENDAS DE TPDES o TLAP**

### **AGUAS RESIDUALES DOMESTICAS /AGUAS PLUVIALES**

*El siguiente resumen se proporciona para esta solicitud de permiso de calidad del agua pendiente que está siendo revisada por la Comisión de Calidad Ambiental de Texas según lo requerido por el Capítulo 39 del Código Administrativo de Texas 30. La información proporcionada en este resumen puede cambiar durante la revisión técnica de la solicitud y no es una representación ejecutiva fedérale de la solicitud de permiso.*

El Distrito de Servicios Públicos Municipales del Condado de Harris 167 (CN600739031) opera la Instalación de Tratamiento de Aguas Residuales del Condado de Harris MUD 167 (RN103138335), una planta de proceso de lodos activados operada en modo de mezcla completa. La instalación está ubicada en 4950 Old Greenhouse Road, Katy, en el Condado de Harris, Texas 77449.

Esta solicitud es para una renovación de descarga con un flujo promedio anual de 1,600,000 galones por día de aguas residuales domésticas tratadas a través de los puntos de descarga 001 y 002.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonácea a cinco días (CBOD5), sólidos suspendidos totales (TSS), nitrógeno amoniacal (NH3-N) y Escherichia coli. Contaminantes adicionales potenciales están incluidos en el Informe Técnico Doméstico 1.0, Sección 7. Análisis de Contaminantes del Efluente Tratado y la Hoja de Cálculo Doméstica 4.0 en el paquete de solicitud de permiso.

Las aguas residuales domésticas se tratan mediante una planta de proceso de lodos activados y las unidades de tratamiento incluyen una obra de llegada, tanques de aireación, clarificadores, digestores de lodos, un filtro prensa de banda y un tanque de contacto con cloro.

## **Attachment C**

### **Authorization to Discharge into Bear Creek**

(Corresponds to Administrative Report 1.0, Item 10C, Page 8 of 17)



9900 Northwest Freeway  
Houston, Texas 77092  
713-684-4000  
[www.hcfdc.org](http://www.hcfdc.org)

December 4, 2013

Mr. Keith O'Connor, P.E.  
AECOM  
5444 Westheimer Road, Suite 200  
Houston, Texas 77056

RE: Wastewater Discharge from HCMUD No. 167  
Discharge of 1.2 MGD  
TCEQ Discharge Permit # 12834-001  
HCFCD Unit U102-02-00

Dear Mr. O'Connor:

The Harris County Flood Control District (HCFCD) has received your application for discharge into a Flood Control or County facility. Harris County's waterways are impaired for bacteria (E. coli), therefore HCFCD requests that discharges from HCMUD No. 167 be monitored for bacteria (E. coli) with the other required parameters. Also, HCFCD requests a copy of the Draft Permit effluent limits to be forwarded when received from TCEQ. Your application is being processed and we have no objection at this time to a maximum daily average of 1.2 MGD discharge of treated wastewater into or toward HCFCD Unit U102-02-00, as long as monitoring reports for bacteria (E. coli) and Draft Permit effluent limits are submitted to HCFCD.

Please note that construction plans designed in accordance with Harris County Flood Control District's criteria and other adopted policies must be submitted for review to the Watershed Management Department.

If you should have any questions or need additional information, please contact our Stormwater Quality Department at 713-684-4177.

Sincerely,

A handwritten signature in blue ink, which appears to read 'Catherine A. Elliott'. The signature is written in a cursive style and is positioned above the printed name of the signatory.

Catherine A. Elliott  
Stormwater Quality Department Manager

CAE:ag

Attachment: Copy of Application

cc: Carl Woodward  
Rondy Spardella  
Project File 450

**HARRIS COUNTY PUBLIC INFRASTRUCTURE DEPARTMENT  
APPLICATION FOR DISCHARGE TO COUNTY OR DISTRICT FACILITY**

**1. APPLICANT INFORMATION (Please print or type)**

Owner/Applicant

Name Harris County Municipal Utility District No. 167  
Applicant Mailing Address 3200 SW Frwy., Ste 2600 City Houston State TX Zip 77027  
Home Phone N/A Daytime Phone 713-860-6422 Fax 713-860-6622 Pager N/A  
Agent/Consultant Name Keith O'Connor, P.E. Phone 713-267-3135  
Agent's Mailing Address 5444 Westheimer Rd., Suite 200 State TX Zip 77056

**2. LOCATION OF PROPERTY**

Subdivision N/A Section N/A Block 1 Lot N/A Reserve C  
Street Address 4950 Old Greenhouse Rd. City Katy State TX Zip 77449  
Survey Name WW-RR Co. Abstract Number 201905 Acreage 3.0780  
Property Tax Account Number 131 - 046 - 001 - 0003

**3. DISCHARGE LOCATION**

Attach the following documents in support of the application

- A. Detailed Map Showing Discharge Point ☒ Key Map Page [ 446D ] attached GPS Latitude 29 ° 50.5 '05.28 " N  
B. Detailed Map Showing downstream Path for one mile after discharge point ☒ Longitude 95 ° 42 '05.04 " W

**4. DISCHARGE PARAMETERS**

A. Type

☒ Treated Sewage Effluent ☐ Treated Stormwater  
☐ Potable Water ☐

B. Quantity: 1.2 Millions Gallons Per Day ( ☐ Initial ☐ Intermediate ☒ Final ) Check One

C. Quality (Either Current or Proposed)

BOD: 10 mg/l TSS: 15 mg/l  
NH<sub>3</sub>-N: 3 mg/l Disinfection Type = chlorination  
O<sub>2</sub> = 6 mg/l Source ☒ Permit Application  
Bacteria (Ecoli or Enterococcus) = 63 MPN Daily Avg. ☐ Other: CMC 12/5/13 Specify

**5. OTHER PERMITS/APPLICATION:**

☒ TCEQ Discharge Permit # 12834-001 ☐ New ☐ Renewal ☒ Amendment  
☐ Harris County Notice #                      ☐ Harris County Development Permit #                       
☐ Other:                     

I, Keith O'Connor, P.E., the undersigned have carefully reviewed this application and my answers to all questions. To the best of my knowledge, the answers are all true and correct.

SIGNATURE of Applicant/Agent/Consultant or Attorney Keith O'Connor Date 11/25/13

Receiving		Date Application Received
Applicant Number	Planchecker	<div style="text-align: center;"> <b>RECEIVED</b>   <b>DEC 03 2013</b> </div>
Request No.	Approved By	
Project ID No. <u>U102-02-00</u>	Date	
Clerk & Date	Vio No.	

NO FACSIMILE'S PLEASE

9900 Northwest Frwy Houston TX 77092-8615  
(713) 956-3000

HCCED FPM 99-0000  
ENVIRONMENTAL SERVICES

rev 11-16-10

**PROUD: M333859**

**Attachment D**  
Supplemental Permit Information Form (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 [WQ-ARPTeam@tceq.texas.gov](mailto:WQ-ARPTeam@tceq.texas.gov) or by phone at (512) 239-4671.

The following applies to all applications:

1. Permittee: Harris County Municipal Utility District 167

Permit No. WQ00 0012834001

EPA ID No. TX 0094307

Address of the project (or a location description that includes street/highway, city/vicinity, and county):

4950 Old Greenhouse Rd, Houston TX 77449.

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: Robert S. Wempe

Credential (P.E, P.G., Ph.D., etc.): P.E.

Title: Vice President

Mailing Address: 2107 CityWest Boulevard, Third Floor

City, State, Zip Code: Houston, TX 77042

Phone No.: 713-428-2400 Ext.: 1000 Fax No.: 713-428-2400

E-mail Address: BWempe@pape-dawson.com

2. List the county in which the facility is located: Harris
3. If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property.

Harris County Municipal Utility District 167

4. Provide a description of the effluent discharge route. The discharge route must follow the flow of effluent from the point of discharge to the nearest major watercourse (from the point of discharge to a classified segment as defined in 30 TAC Chapter 307). If known, please identify the classified segment number.

Via outfall 002 to Bear Creek, then to South Mayde Creek, thence to Buffalo Bayou above tidal in Segment No. 1014 of the San Jacinto River Basin.

5. Please provide a separate 7.5-minute USGS quadrangle map with the project boundaries plotted and a general location map showing the project area. Please highlight the discharge route from the point of discharge for a distance of one mile downstream. (This map is required in addition to the map in the administrative report).

Provide original photographs of any structures 50 years or older on the property.

Does your project involve any of the following? Check all that apply.

- ☐ Proposed access roads, utility lines, construction easements
- ☐ Visual effects that could damage or detract from a historic property's integrity
- ☐ Vibration effects during construction or as a result of project design
- ☐ Additional phases of development that are planned for the future
- ☐ Sealing caves, fractures, sinkholes, other karst features

☐ Disturbance of vegetation or wetlands

1. List proposed construction impact (surface acres to be impacted, depth of excavation, sealing of caves, or other karst features):

There is no proposed construction.

2. Describe existing disturbances, vegetation, and land use:

There are no disturbances due to proposed construction. This application is for a renewal of the permit to discharge wastes for Harris County Municipal Utility District No. 167.

THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

3. List construction dates of all buildings and structures on the property:

4. Provide a brief history of the property, and name of the architect/builder, if known.

**Attachment E :**

**Treatment Process, Treatment Units, and Process Flow Diagram**

(Corresponds to Domestic Technical Report 1.0, Items 3A, 3B, and 3C, Pages 2 and 3)

**HCMUD 167 WWTP  
ATTACHMENT E  
Treatment Process, Treatment Units, and Process Flow Diagram**

Corresponds to Domestic Technical Report 1.0, Item 3A, Page 2

HCMUD No. 167 wastewater treatment plant is a permanent concrete wastewater treatment plant which employs a treatment process of conventional activated sludge treatment process with complete mix aeration and nitrification. The plant is currently operating at full capacity with an average daily design flow of 1.6 MGD. The activated sludge process is operated using three existing aeration basins, two final clarifiers, and two chlorine contact basins.

The activated sludge process is operated utilizing two lift stations and headworks with one rotary drum screen, two manually cleaned bar screens and a flow splitting structure, three aeration basins, two clarifiers, two chlorine contact basins, effluent flow measurement devices, and one outfall. The chlorination and dechlorination facility consists of liquid sodium hypochlorite and sodium bisulfite feed facilities.

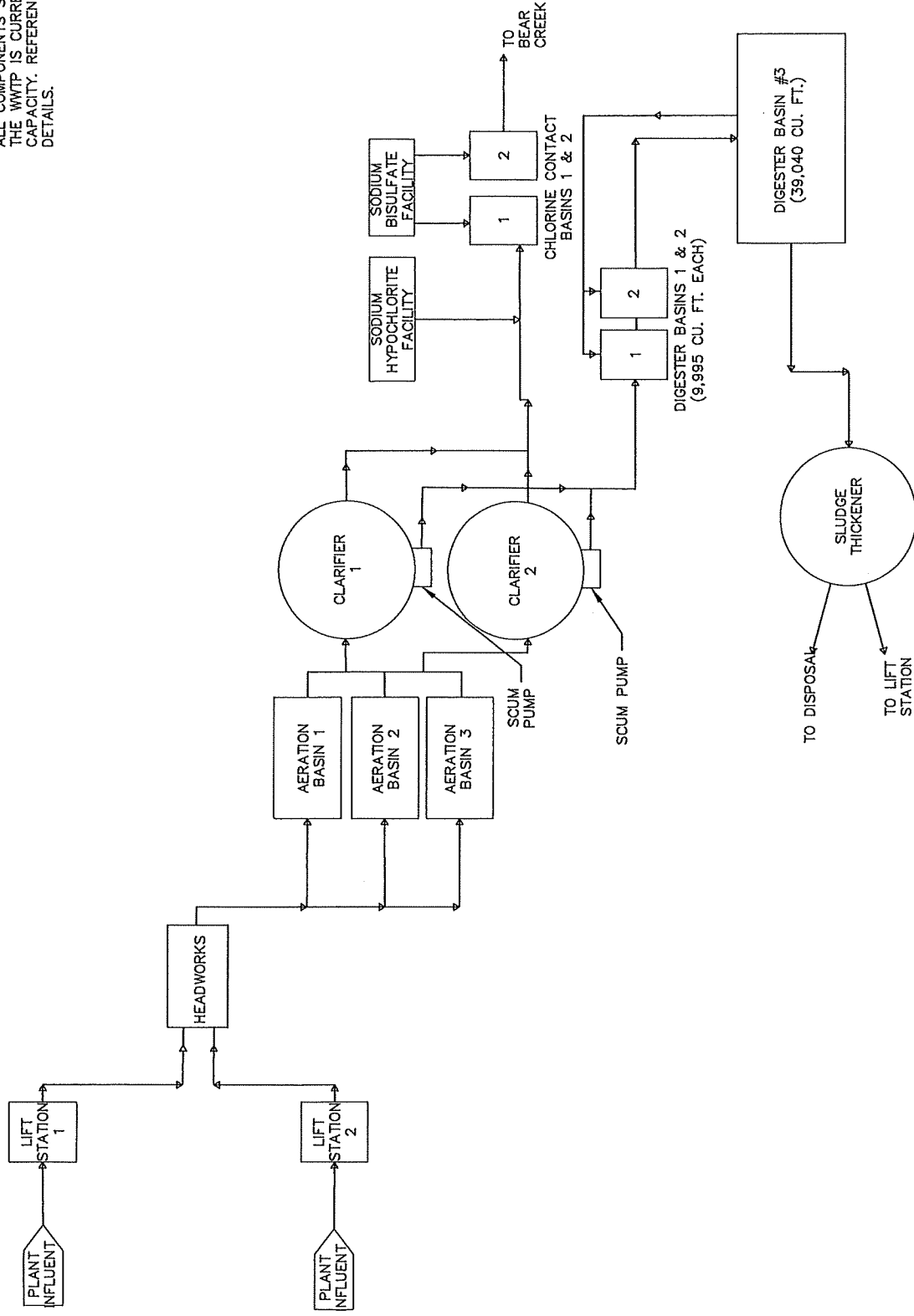
Waste activated sludge will be stabilized onsite with aerobic digesters and a sludge thickener. Sludge from the thickener will be pumped to a dewatering belt filter press on-site. Dewatered sludge will be regularly hauled off-site to landfills for final disposal.

**HCMUD 167 WWTP  
ATTACHMENT E  
Treatment Process, Treatment Units, and Process Flow Diagram**

Corresponds to Domestic Technical Report 1.0, Item 3B, Page 2

<b>PROPOSED TREATMENT UNITS</b>		
<b>Treatment Units</b>	<b>Number of Units</b>	<b>Size</b>
Aeration Basin	3	Each Unit = 56.75' x 28' x 20.18' (SWD = 17.8')
Clarifier	2	Clarifier #1: 52' diameter x 12.11' SWD. Clarifier #2: 67.17' diameter X 12.11' SWD.
Centrifugal Blower	1	1,600 scfm @ 9.0 psig
Chlorine (Sodium Hypochlorite) Supply Source	1	2 – 5,000 gallon storage tanks 2 – 25.0 gph chemical metering pumps
Chlorine Contact Basins	2	Each Unit = 6,502 cu. ft.
Dechlorination (Sodium Bisulfite) Supply Source	1	2 – 1,000 gallon storage tanks 2 – 2.0 gph chemical metering pumps
Return Activated Sludge (RAS) Pump	1	8" – 600 gpm RAS pump
Waste Activated Sludge (WAS) Pump	3	6" – 300 gpm WAS pump
Aerobic Digester	3	Digester #1 & #2 : Each Basin is 9,995 Cu. Ft.  Digester #3: Converted Train/Aeration Basin (excluding existing digester portion) = 28,480 Cu. Ft. (40' x 40' x 16.5' SWD and 21' x 6' x 16.5' SWD)
Belt Filter Press	1	2 Meter Press; Solids loading rate - 1,400 lbs/hr @2% solids Hydraulic loading rate – 140 gpm @ 2% solids
Sludge Thickener	1	60' Diameter

NOTE:  
ALL COMPONENTS SHOWN HERE ARE EXISTING.  
THE WWP IS CURRENTLY OPERATIONAL AT FULL  
CAPACITY. REFERENCE SHEET 2 OF 3 FOR UNITS  
DETAILS.



JOB NO. 51228-50  
DATE OCTOBER 25, 2021  
DESIGNER JS  
CHECKED PG DRAWN JS  
SHEET 3 of 3

# HARRIS COUNTY MUD 167 CITY OF HOUSTON, TEXAS ATTACHMENT E: PROCESS FLOW DIAGRAM



AUSTIN | SAN ANTONIO | HOUSTON | FORT WORTH | DALLAS  
18001 N MOPAC EXP, BLDG 3, STE 200 | AUSTIN, TX 78759 | 512.454.8711  
TBPES FIRM REGISTRATION #470 | TBPES FIRM REGISTRATION #10028801

**Attachment F:**  
**Site Drawing**

(Corresponds to Domestic Technical Report 1.0, Item 3, Page 3)



**Attachment G:**

**Transect Map**

(Corresponds to Domestic Worksheet 2.1, Item 1, Page 29)

[illegible]

**Legend**

- Transect
- Outfall
- Discharge Pipe
- 1-mile Path
- Property Boundary
- HCFCD Drainage Network

**Scale:** 0 100 200 400 Feet  
Source: Aerial photography from H-CAD, January 2012.

**Map Labels:** KETCHIKAN RD, GREENHOUSE RD, U102-01-00, HCMUD 167 WWP, U102-01-00, Channel Slope = 0.002718, Drainage Area = 20.7 S.U., U102-01-00 (Bear Creek), CONCORD GREEN DR, OLD GREENHOUSE RD.

**Transsect Map**

(Corresponds to Domestic Technical Report Worksheet 2.1, Item 1, Page 1)

**Harris County Municipal Utility District No. 167 WWPDES Major Amendment Permit Application**

**AECOM**

AECOM Technical Services, Inc.  
5444 Westheimer Rd., Suite 200  
Houston, Texas 77056-5308  
www.aecom.com  
TBP# Reg. No. F-9360

Date	November 2013	Job No.	60305067	Exhibit	7
------	---------------	---------	----------	---------	---

**Legend**

- Transact
- Outfall
- Discharge Pipe
- 1-mile Path
- Property Boundary
- HCFCD Drainage Network

**Scale:** 0 100 200 400 Feet

**Source:** Aerial photography from H-CAD, January 2012.

**Map Labels:** KETCHIKAN RD, GREENHOUSE RD, U102-01-00, HCMUD 167 WWTP, Channel Slope = 0.002718, Drainage Area = 20.7 Sditi, U102-01-00 (Bear Creek), CONCORD GREEN DR, OLD GREENHOUSE RD.

**Title Block:**

**Transect Map**

(Corresponds to Domestic Technical Report Worksheet 2.1, Item 1, Page 1)

**Harris County Municipal Utility District No. 167 WWPDES Major Amendment Permit Application**

**AECOM**

AECOM Technical Services, Inc.  
5444 Westheimer Rd., Suite 200  
Houston, Texas 77056-5308  
www.aecom.com  
TBP# Reg. No. F-9360

Date November 2013 Job No. 60305067 Exhibit 7

**Legend**

- Transect
- Outfall
- Discharge Pipe
- 1-mile Path
- Property Boundary
- HFC/D Drainage Network

**Harris County Municipal Utility District No. 167 WWPDES Major Amendment Permit Application**

**Transsect Map**

(Corresponds to Domestic Technical Report Worksheet 2.1, Item 1, Page 1)

**AECOM**

AECOM Technical Services, Inc.  
5444 Westheimer Rd., Suite 200  
Houston, Texas 77056-5308  
www.aecom.com  
TBP# Reg. No. F-9360

Date November 2013 Job No. 60305067 Exhibit 7

[illegible]

**Legend**

- Transact
- Outfall
- Discharge Pipe
- 1-mile Path
- Property Boundary
- HCFCD Drainage Network

**Scale:** 0 100 200 400 Feet

**Source:** Aerial photography from H-CAD, January 2012.

**Map Labels:** KETCHIKAN RD, GREENHOUSE RD, U102-01-00, HCMUD 167 WWP, Channel Slope = 0.002718, Drainage Area = 20.7 SALL, U102-01-00 (Bear Creek), CONCORD GREEN DR, OLD GREENHOUSE RD.

**Title Block:**

**Transect Map**

(Corresponds to Domestic Technical Report Worksheet 2.1, Item 1, Page 1)

**Harris County Municipal Utility District No. 167 WWPDES Major Amendment Permit Application**

**AECOM**

AECOM Technical Services, Inc.  
5444 Westheimer Rd., Suite 200  
Houston, Texas 77056-5308  
www.aecom.com  
TBP# Reg. No. F-9360

Date November 2013 Job No. 60305067 Exhibit 7

**Legend**

- Transact
- Outfall
- Discharge Pipe
- 1-mile Path
- Property Boundary
- HCFCD Drainage Network

**Scale:** 0 100 200 400 Feet

**North Arrow**

**Source:** Aerial photography from H-CAD, January 2012.

**Labels:** KETCHIKAN RD, GREENHOUSE RD, U102-01-00, HCMUD 167 WWPDES, Channel Slope = 0.002718, Drainage Area = 20.7 S.A.U., U102-01-00 (Bear Creek), OLD GREENHOUSE RD, CONCORD GREEN DR.

**Title Block:**

**Transect Map**

(Corresponds to Domestic Technical Report Worksheet 2.1, Item 1, Page 1)

**Harris County Municipal Utility District No. 167 WWPDES Major Amendment Permit Application**

**AECOM**

AECOM Technical Services, Inc.  
5444 Westheimer Rd., Suite 200  
Houston, Texas 77056-5308  
www.aecom.com  
TBP# Reg. No. F-9360

Date November 2013 Job No. 60305067 Exhibit 7



**Legend**

- Transact
- Outfall
- Discharge Pipe
- 1-mile Path
- Property Boundary
- HCCFD Drainage Network

**Scale:** 0 100 200 400 Feet

**North Arrow**

**Source:** Aerial photography from HCCFD, January 2012.

**Labels:** KETCHIKAN RD, GREENHOUSE RD, U102-01-00, U102-02-00, Channel Slope = 0.002718, Drainage Area = 20.7 S.A.U., HCMUD 167 WWPDES, Outfall, OLD GREENHOUSE RD, CONCORD GREEN DR, U102-03-00 (Bear Creek).

**Title Block:**

**Transect Map**

(Corresponds to Domestic Technical Report Worksheet 2.1, Item 1, Page 1)

**Harris County Municipal Utility District No. 167 WWPDES Major Amendment Permit Application**

**AECOM**

AECOM Technical Services, Inc.  
5444 Westheimer Rd., Suite 200  
Houston, Texas 77056-5308  
www.aecom.com  
TBP# Reg. No. F-9360

Date November 2013 Job No. 60305067 Exhibit 7

**Legend**

- Transact
- Outfall
- Discharge Pipe
- 1-mile Path
- Property Boundary
- HCFCD Drainage Network

**Scale:** 0 100 200 400 Feet

**Source:** Aerial photography from H-CAD, January 2012.

**Map Labels:** KETCHIKAN RD, GREENHOUSE RD, U102-01-00, HCMUD 167 WWP, Channel Slope = 0.002718, Drainage Area = 20.7 SALL, U102-01-00 (Bear Creek), CONCORD GREEN DR, OLD GREENHOUSE RD.

**Title Block:**

**Transect Map**

(Corresponds to Domestic Technical Report Worksheet 2.1, Item 1, Page 1)

**Harris County Municipal Utility District No. 167 WWPDES Major Amendment Permit Application**

**AECOM**

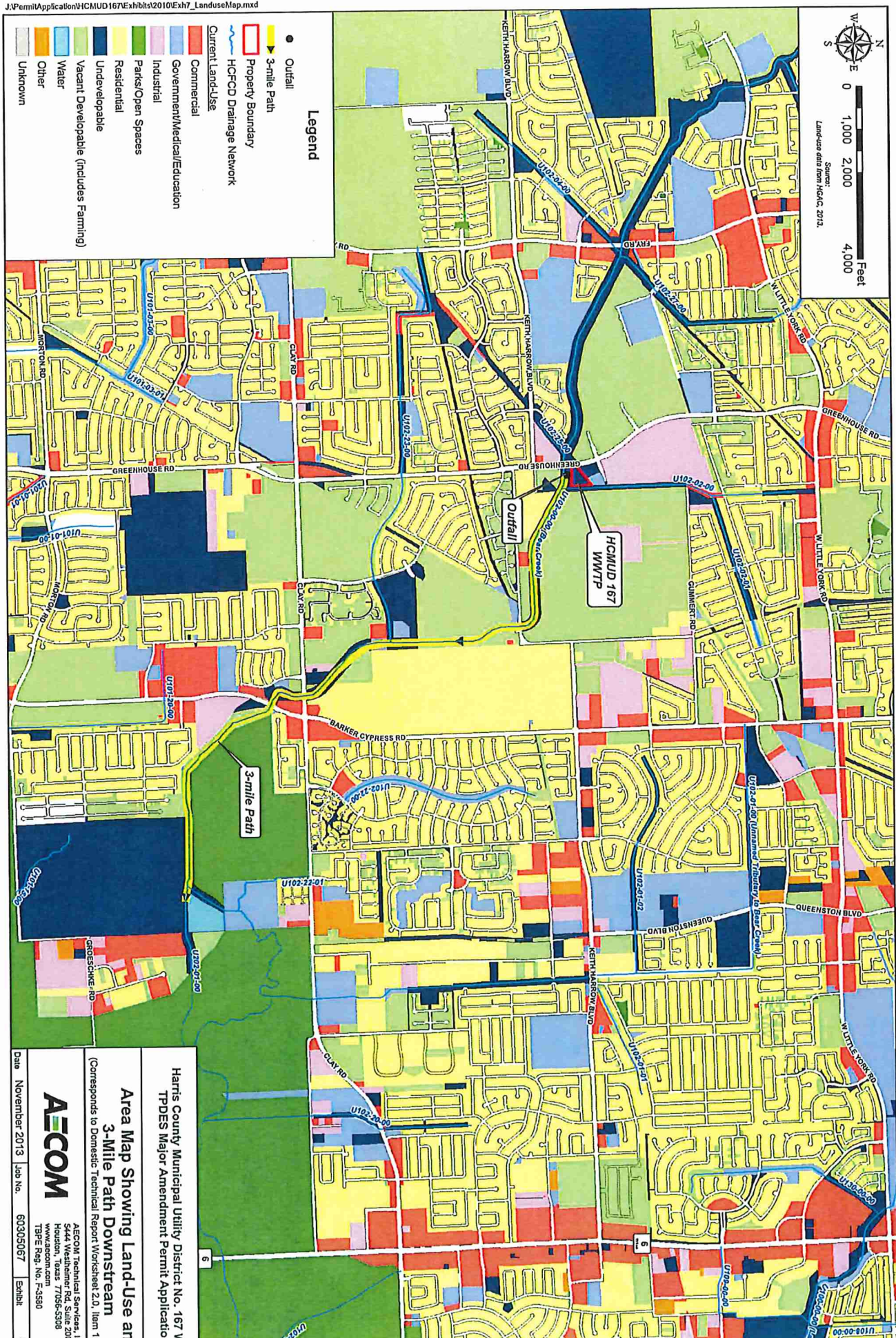
AECOM Technical Services, Inc.  
5444 Westheimer Rd., Suite 200  
Houston, Texas 77056-5308  
www.aecom.com  
TBP# Reg. No. F-9360

Date November 2013 Job No. 60305067 Exhibit 7

**Attachment H:**

**Perennial Streams within 3 miles of Discharge Point**

(Corresponds to Domestic Technical Report 2.0, Item 4C, Page 30)



**Attachment I :**  
USGS Map



Produced by the United States Geological Survey

Produced by the United States Geological Survey  
North American Datum of 1983 (NAD83)  
The U.S. Government is authorized to reproduce and distribute reprints for Government purposes not withstanding any copyright notation that may appear hereon.

World Geodetic System of 1984 (WGS84). Projection and  
1 000-meter grid Universal Transverse Mercator, Zone 15N

This map is not a legal document. Boundaries may be generalized for this map scale. Private lands within government

reservations may not be shown. Obtain permission before entering private lands.

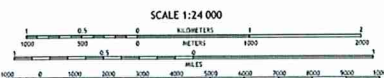
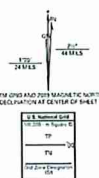
January	NAIP, September
February	NAIP, September
March	NAIP, September
April	NAIP, September
May	NAIP, September
June	NAIP, September
July	NAIP, September
August	NAIP, September
September	NAIP, September
October	NAIP, September
November	NAIP, September
December	NAIP, September

<b>Name</b>	<b>U.S.</b>	<b>Census</b>
<b>Race</b>		
<b>Born</b>		
<b>Died</b>		

Hydrography	National	Hydrography
Contours	National	Elevation

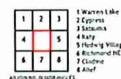
Boundaries..... Multiple sources, see metadata

Wetlands.....FWS National Wetlands Inventory



CONTOUR INTERVAL 5 FEET  
NORTH AMERICAN VERTICAL DATUM OF 1988

This map was produced to conform with the  
i Geospatial Program US Topo Product Standard, 2015.  
The file associated with this product is draft version 0.6.1.



**ROAD CLASSIFICATION**

Expressway		Local Connector	
Secondary Hwy		Local Road	
Ramp		and	
 Interstate Route	 US Route	 State Route	

ADDICKS, TX  
2019

**Attachment J:**  
Laboratory Results



Envirodyne Laboratories, Inc  
11011 Brooklet Dr., # 230  
Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

08 April 2025

H2O Consulting, Inc.  
Charles Leidigh  
5870 Highway 6 North Ste 215  
Houston, TX 77084

#### **HCMUD #167 Permit Renewal**

Enclosed are the results of analyses for samples received by the laboratory on 18-Mar-25 15:25. The analytical data provided relates only to the samples as received in this laboratory report.

ELI certifies that all results are NELAP compliant and performed in accordance with the referenced method except as noted in the Case Narrative or as noted with a qualifier. Any reproductions of this laboratory report should be in full and only with the written authorization from the client.

The total number of pages in this report is 15

Thank you for selecting ELI for your analytical needs. If you have any questions regarding this report, please contact us.

Sincerely,

A handwritten signature in blue ink that reads "Laura Bonjonia". The signature is fluid and cursive, with the first name "Laura" being more prominent than the last name "Bonjonia".

Laura Bonjonia  
Administrator



Certificate ID: TX-C24-00284



Envirodyne Laboratories, Inc  
11011 Brooklet Dr., # 230  
Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

Client: H2O Consulting, Inc.  
Project: HCMUD #167 Permit Renewal  
Work Order: 25C2056

Reported:  
08-Apr-25 18:38

#### ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
Effluent	25C2056-01	Water	18-Mar-25 07:00	18-Mar-25 15:25

L - Sample analyzed by TNI certified lab: T104704220-22-45

Envirodyne Laboratories, Inc.

A handwritten signature in blue ink, reading 'Laura Bonjonia', is written over a horizontal line.

Laura Bonjonia, Administrator

*The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.*

If **yes** to any of the above, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the septic waste, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

Note: Permits that accept sludge from other wastewater treatment plants may be required to have influent flow and organic loading monitoring.

3. **Acceptance of other wastes (not including septic, grease, grit, or RCRA, CERCLA or as discharged by IUs listed in Worksheet 6)**

Is or will the facility accept wastes that are not domestic in nature excluding the categories listed above?

☐ Yes ☐ No

If **yes**, provide the date that the plant started accepting the waste, an estimate how much waste is accepted on a monthly basis (gallons or millions of gallons), a description of the entities generating the waste, and any distinguishing chemical or other physical characteristic of the waste. Also note if this information has or has not changed since the last permit action.

Click to enter text.

## Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 50)

Is the facility in operation?

☐ Yes ☐ No

If **no**, this section is not applicable. Proceed to Section 8.

If **yes**, provide effluent analysis data for the listed pollutants. **Wastewater treatment facilities** complete Table 1.0(2). **Water treatment facilities** discharging filter backwash water, complete Table 1.0(3). Provide copies of the laboratory results sheets. **These tables are not applicable for a minor amendment without renewal.** See the instructions for guidance.

Note: The sample date must be within 1 year of application submission.

**Table 1.0(2) – Pollutant Analysis for Wastewater Treatment Facilities**

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l	7.2	7.2	1	Comp	3-18-25/0700
Total Suspended Solids, mg/l	2.9	2.9	1	Comp	3-18-25/0700
Ammonia Nitrogen, mg/l	<0.20	<0.20	1	Comp	3-18-25/0700
Nitrate Nitrogen, mg/l	19.7	19.7	1	Comp	3-18-25/0700

Total Kjeldahl Nitrogen, mg/l	1.9	1.9	1	Comp	3-18-25/0700
Sulfate, mg/l	43.1	43.1	1	Comp	3-18-25/0700
Chloride, mg/l	144	144	1	Comp	3-18-25/0700
Total Phosphorus, mg/l	5.25	5.25	1	Comp	3-18-25/0700
pH, standard units	7.24	7.24	1	Grab	3-18-25/0835
Dissolved Oxygen*, mg/l	7.29	7.29	1	Grab	3-18-25/0835
Chlorine Residual, mg/l	<0.01	<0.01	1	Grab	3-18-25/0835
<i>E.coli</i> (CFU/100ml) freshwater	<1	<1	1	Grab	3-18-25/0835
Enterococci (CFU/100ml) saltwater	<2	<2	1	Grab	3-18-25/0835
Total Dissolved Solids, mg/l	468	468	1	Comp	3-18-25/0700
Electrical Conductivity, umohs/cm, †	1060	1060	1	Comp	3-18-25/0700
Oil & Grease, mg/l	<5.0	<5.0	1	Grab	3-18-25/0835
Alkalinity (CaCO <sub>3</sub> )*, mg/l	217	217	1	Comp	3-18-25/0700

\*TPDES permits only

†TLAP permits only

**Table 1.0(3) – Pollutant Analysis for Water Treatment Facilities**

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l					
Total Dissolved Solids, mg/l					
pH, standard units					
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity (CaCO <sub>3</sub> ), mg/l					

## Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: [Click to enter text.](#)

Facility Operator's License Classification and Level: [Click to enter text.](#)

Facility Operator's License Number: [Click to enter text.](#)

## Section 9. Sludge and Biosolids Management and Disposal (Instructions Page 51)

### A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

☐ Design flow  $\geq$  1 MGD

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 4.0: POLLUTANT ANALYSIS REQUIREMENTS

The following is **required** for facilities with a permitted or proposed flow of 1.0 MGD or **greater**, facilities with an approved **pretreatment** program, or facilities classified as a **major** facility. See instructions for further details.

This worksheet is not required minor amendments without renewal.

### Section 1. Toxic Pollutants (Instructions Page 78)

For pollutants identified in Table 4.0(1), indicate the type of sample.

Grab ☒ Composite ☒

Date and time sample(s) collected: Grab: 3-18-25 @ 0835 Comp: 3-18-25 @ 0700

**Table 4.0(1) – Toxics Analysis**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrylonitrile	<50	<50	1	50
Aldrin	<0.01	<0.01	1	0.01
Aluminum	46.5	46.5	1	2.5
Anthracene	<10	<10	1	10
Antimony	<5	<5	1	5
Arsenic	4.7	4.7	1	0.5
Barium	75.3	75.3	1	3
Benzene	<10	<10	1	10
Benzidine	<50	<50	1	50
Benzo(a)anthracene	<5	<5	1	5
Benzo(a)pyrene	<5	<5	1	5
Bis(2-chloroethyl)ether	<10	<10	1	10
Bis(2-ethylhexyl)phthalate	<10	<10	1	10
Bromodichloromethane	22.5	22.5	1	10
Bromoform	<10	<10	1	10
Cadmium	3.0	3.0	1	1
Carbon Tetrachloride	<2	<2	1	2
Carbaryl	<5	<5	1	5
Chlordane*	<0.2	<0.2	1	0.2
Chlorobenzene	<10	<10	1	10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Chlorodibromomethane	<10	<10	1	10
Chloroform	42.3	42.3	1	10
Chlorpyrifos	<0.05	<0.05	1	0.05
Chromium (Total)	<3	<3	1	3
Chromium (Tri) (*1)	<3	<3	1	N/A
Chromium (Hex)	<3	<3	1	3
Copper	5.6	5.6	1	2
Chrysene	<5	<5	1	5
p-Chloro-m-Cresol	<10	<10	1	10
4,6-Dinitro-o-Cresol	<50	<50	1	50
p-Cresol	<10	<10	1	10
Cyanide (*2)	<10	<10	1	10
4,4'- DDD	<0.1	<0.1	1	0.1
4,4'- DDE	<0.1	<0.1	1	0.1
4,4'- DDT	<0.02	<0.02	1	0.02
2,4-D	<0.7	<0.7	1	0.7
Demeton (O and S)	<0.20	<0.20	1	0.20
Diazinon	<0.5	<0.5	1	0.5/0.1
1,2-Dibromoethane	<10	<10	1	10
m-Dichlorobenzene	<10	<10	1	10
o-Dichlorobenzene	<10	<10	1	10
p-Dichlorobenzene	<10	<10	1	10
3,3'-Dichlorobenzidine	<5	<5	1	5
1,2-Dichloroethane	<10	<10	1	10
1,1-Dichloroethylene	<10	<10	1	10
Dichloromethane	<20	<20	1	20
1,2-Dichloropropane	<10	<10	1	10
1,3-Dichloropropene	<10	<10	1	10
Dicofol	<1	<1	1	1
Dieldrin	0.027	0.027	1	0.02
2,4-Dimethylphenol	<10	<10	1	10
Di-n-Butyl Phthalate	<10	<10	1	10
Diuron	<0.09	<0.09	1	0.09

<b>Pollutant</b>	<b>AVG Effluent Conc. (µg/l)</b>	<b>MAX Effluent Conc. (µg/l)</b>	<b>Number of Samples</b>	<b>MAL (µg/l)</b>
Endosulfan I (alpha)	<0.01	<0.01	1	0.01
Endosulfan II (beta)	<0.02	<0.02	1	0.02
Endosulfan Sulfate	<0.1	<0.1	1	0.1
Endrin	<0.02	<0.02	1	0.02
Ethylbenzene	<10	<10	1	10
Fluoride	1140	1140	1	500
Guthion	<0.1	<0.1	1	0.1
Heptachlor	<0.01	<0.01	1	0.01
Heptachlor Epoxide	0.074	0.074	1	0.01
Hexachlorobenzene	<5	<5	1	5
Hexachlorobutadiene	<10	<10	1	10
Hexachlorocyclohexane (alpha)	<0.05	<0.05	1	0.05
Hexachlorocyclohexane (beta)	<0.05	<0.05	1	0.05
gamma-Hexachlorocyclohexane (Lindane)	<0.05	<0.05	1	0.05
Hexachlorocyclopentadiene	<10	<10	1	10
Hexachloroethane	<20	<20	1	20
Hexachlorophene	<10	<10	1	10
Lead	<0.5	<0.5	1	0.5
Malathion	<0.1	<0.1	1	0.1
Mercury	<0.005	<0.005	1	0.005
Methoxychlor	<2	<2	1	2
Methyl Ethyl Ketone	<50	<50	1	50
Mirex	<0.02	<0.02	1	0.02
Nickel	<2	<2	1	2
Nitrate-Nitrogen	19,700	19,700	1	100
Nitrobenzene	<10	<10	1	10
N-Nitrosodiethylamine	<20	<20	1	20
N-Nitroso-di-n-Butylamine	<20	<20	1	20
Nonylphenol	<333	<333	1	333
Parathion (ethyl)	<0.1	<0.1	1	0.1
Pentachlorobenzene	<20	<20	1	20
Pentachlorophenol	<5	<5	1	5

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Phenanthrene	<10	<10	1	10
Polychlorinated Biphenyls (PCB's) (*3)	<0.2	<0.2	1	0.2
Pyridine	<20	<20	1	20
Selenium	<5	<5	1	5
Silver	0.6	0.6	1	0.5
1,2,4,5-Tetrachlorobenzene	<20	<20	1	20
1,1,2,2-Tetrachloroethane	<10	<10	1	10
Tetrachloroethylene	<10	<10	1	10
Thallium	<0.5	<0.5	1	0.5
Toluene	<10	<10	1	10
Toxaphene	<0.3	<0.3	1	0.3
2,4,5-TP (Silvex)	<0.3	<0.3	1	0.3
Tributyltin (see instructions for explanation)	N/A	N/A	N/A	0.01
1,1,1-Trichloroethane	<10	<10	1	10
1,1,2-Trichloroethane	<10	<10	1	10
Trichloroethylene	<10	<10	1	10
2,4,5-Trichlorophenol	<50	<50	1	50
TTHM (Total Trihalomethanes)	64.8	64.8	1	10
Vinyl Chloride	<10	<10	1	10
Zinc	44.5	44.5	1	5

(\*1) Determined by subtracting hexavalent Cr from total Cr.

(\*2) Cyanide, amenable to chlorination or weak-acid dissociable.

(\*3) The sum of seven PCB congeners 1242, 1254, 1221, 1232, 1248, 1260, and 1016.

## Section 2. Priority Pollutants

For pollutants identified in Tables 4.0(2)A-E, indicate type of sample.

Grab ☒

Composite ☒

Date and time sample(s) collected: Grab: 3-18-25 @ 0835 Comp: 3-18-25 @ 0700

**Table 4.0(2)A – Metals, Cyanide, and Phenols**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Antimony	<5	<5	1	5
Arsenic	4.7	4.7	1	0.5
Beryllium	<0.5	<0.5	1	0.5
Cadmium	3.0	3.0	1	1
Chromium (Total)	<3	<3	1	3
Chromium (Hex)	<3	<3	1	3
Chromium (Tri) (*1)	<3	<3	1	N/A
Copper	5.6	5.6	1	2
Lead	<0.5	<0.5	1	0.5
Mercury	<0.005	<0.005	1	0.005
Nickel	<2	<2	1	2
Selenium	<5	<5	1	5
Silver	0.6	0.6	1	0.5
Thallium	<0.5	<0.5	1	0.5
Zinc	44.5	44.5	1	5
Cyanide (*2)	<10	<10	1	10
Phenols, Total	<10	<10	1	10

(\*1) Determined by subtracting hexavalent Cr from total Cr.

(\*2) Cyanide, amenable to chlorination or weak-acid dissociable

**Table 4.0(2)B – Volatile Compounds**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrolein	<50	<50	1	50
Acrylonitrile	<50	<50	1	50
Benzene	<10	<10	1	10
Bromoform	<10	<10	1	10
Carbon Tetrachloride	<2	<2	1	2
Chlorobenzene	<10	<10	1	10
Chlorodibromomethane	<10	<10	1	10
Chloroethane	<50	<50	1	50
2-Chloroethylvinyl Ether	<10	<10	1	10
Chloroform	42.3	42.3	1	10
Dichlorobromomethane [Bromodichloromethane]	22.5	22.5	1	10
1,1-Dichloroethane	<10	<10	1	10
1,2-Dichloroethane	<10	<10	1	10
1,1-Dichloroethylene	<10	<10	1	10
1,2-Dichloropropane	<10	<10	1	10
1,3-Dichloropropylene [1,3-Dichloropropene]	<10	<10	1	10
1,2-Trans-Dichloroethylene	<10	<10	1	10
Ethylbenzene	<10	<10	1	10
Methyl Bromide	<50	<50	1	50
Methyl Chloride	<50	<50	1	50
Methylene Chloride	<20	<20	1	20
1,1,2,2-Tetrachloroethane	<10	<10	1	10
Tetrachloroethylene	<10	<10	1	10
Toluene	<10	<10	1	10
1,1,1-Trichloroethane	<10	<10	1	10
1,1,2-Trichloroethane	<10	<10	1	10
Trichloroethylene	<10	<10	1	10
Vinyl Chloride	<10	<10	1	10

**Table 4.0(2)C – Acid Compounds**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
2-Chlorophenol	<10	<10	1	10
2,4-Dichlorophenol	<10	<10	1	10
2,4-Dimethylphenol	<10	<10	1	10
4,6-Dinitro-o-Cresol	<50	<50	1	50
2,4-Dinitrophenol	<50	<50	1	50
2-Nitrophenol	<20	<20	1	20
4-Nitrophenol	<50	<50	1	50
P-Chloro-m-Cresol	<10	<10	1	10
Pentalchlorophenol	<5	<5	1	5
Phenol	<10	<10	1	10
2,4,6-Trichlorophenol	<10	<10	1	10

**Table 4.0(2)D – Base/Neutral Compounds**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acenaphthene	<10	<10	1	10
Acenaphthylene	<10	<10	1	10
Anthracene	<10	<10	1	10
Benzidine	<50	<50	1	50
Benzo(a)Anthracene	<5	<5	1	5
Benzo(a)Pyrene	<5	<5	1	5
3,4-Benzofluoranthene	<10	<10	1	10
Benzo(ghi)Perylene	<20	<20	1	20
Benzo(k)Fluoranthene	<5	<5	1	5
Bis(2-Chloroethoxy)Methane	<10	<10	1	10
Bis(2-Chloroethyl)Ether	<10	<10	1	10
Bis(2-Chloroisopropyl)Ether	<10	<10	1	10
Bis(2-Ethylhexyl)Phthalate	<10	<10	1	10
4-Bromophenyl Phenyl Ether	<10	<10	1	10
Butyl benzyl Phthalate	<10	<10	1	10
2-Chloronaphthalene	<10	<10	1	10
4-Chlorophenyl phenyl ether	<10	<10	1	10
Chrysene	<5	<5	1	5
Dibenzo(a,h)Anthracene	<5	<5	1	5
1,2-(o)Dichlorobenzene	<10	<10	1	10
1,3-(m)Dichlorobenzene	<10	<10	1	10
1,4-(p)Dichlorobenzene	<10	<10	1	10
3,3-Dichlorobenzidine	<5	<5	1	5
Diethyl Phthalate	<10	<10	1	10
Dimethyl Phthalate	<10	<10	1	10
Di-n-Butyl Phthalate	<10	<10	1	10
2,4-Dinitrotoluene	<10	<10	1	10
2,6-Dinitrotoluene	<10	<10	1	10
Di-n-Octyl Phthalate	<10	<10	1	10
1,2-Diphenylhydrazine (as Azo-benzene)	<20	<20	1	20
Fluoranthene	<10	<10	1	10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Fluorene	<10	<10	1	10
Hexachlorobenzene	<5	<5	1	5
Hexachlorobutadiene	<10	<10	1	10
Hexachlorocyclo-pentadiene	<10	<10	1	10
Hexachloroethane	<20	<20	1	20
Indeno(1,2,3-cd)pyrene	<5	<5	1	5
Isophorone	<10	<10	1	10
Naphthalene	<10	<10	1	10
Nitrobenzene	<10	<10	1	10
N-Nitrosodimethylamine	<50	<50	1	50
N-Nitrosodi-n-Propylamine	<20	<20	1	20
N-Nitrosodiphenylamine	<20	<20	1	20
Phenanthrene	<10	<10	1	10
Pyrene	<10	<10	1	10
1,2,4-Trichlorobenzene	<10	<10	1	10

**Table 4.0(2)E - Pesticides**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Aldrin	<0.01	<0.01	1	0.01
alpha-BHC (Hexachlorocyclohexane)	<0.05	<0.05	1	0.05
beta-BHC (Hexachlorocyclohexane)	<0.05	<0.05	1	0.05
gamma-BHC (Hexachlorocyclohexane)	<0.05	<0.05	1	0.05
delta-BHC (Hexachlorocyclohexane)	0.058	0.058	1	0.05
Chlordane	<0.2	<0.2	1	0.2
4,4-DDT	<0.02	<0.02	1	0.02
4,4-DDE	<0.1	<0.1	1	0.1
4,4,-DDD	<0.1	<0.1	1	0.1
Dieldrin	0.027	0.027	1	0.02
Endosulfan I (alpha)	<0.01	<0.01	1	0.01
Endosulfan II (beta)	<0.02	<0.02	1	0.02
Endosulfan Sulfate	<0.1	<0.1	1	0.1
Endrin	<0.02	<0.02	1	0.02
Endrin Aldehyde	<0.1	<0.1	1	0.1
Heptachlor	<0.01	<0.01	1	0.01
Heptachlor Epoxide	0.074	0.074	1	0.01
PCB-1242	<0.2	<0.2	1	0.2
PCB-1254	<0.2	<0.2	1	0.2
PCB-1221	<0.2	<0.2	1	0.2
PCB-1232	<0.2	<0.2	1	0.2
PCB-1248	<0.2	<0.2	1	0.2
PCB-1260	<0.2	<0.2	1	0.2
PCB-1016	<0.2	<0.2	1	0.2
Toxaphene	<0.3	<0.3	1	0.3

\* For PCBs, if all are non-detects, enter the highest non-detect preceded by a "<".



# ENVIRODYNE LABORATORIES, INC.

## CERTIFICATE OF ANALYSIS

CLIENT: HCMUD #167 PERMIT RENEWAL  
(H2O Consulting)  
DATE COLLECTED: 18-Mar-25  
DATE COMPLETED: 28-Mar-25  
LOCATION: EFFLUENT - Grab

LAB NUMBER: 25C2056A  
DATE RECEIVED: 18-Mar-25  
SAMPLED BY: TA

PARAMETERS:	VOLATILES	CONC.	DETECTION LIMITS (ug/l)
ACROLEIN (ug/l)		50.0 U	50.0
ACRYLONITRILE (ug/l)		50.0 U	50.0
CHLOROMETHANE (ug/l)		10.0 U	10.0
VINYL CHLORIDE (ug/l)		10.0 U	10.0
BROMOMETHANE (ug/l)		50.0 U	50.0
CHLOROETHANE (ug/l)		50.0 U	50.0
TRICHLOROFLUOROMETHANE (ug/l)		10.0 U	10.0
1,1-DICHLOROETHYLENE (ug/l)		10.0 U	10.0
METHYLENE CHLORIDE (ug/l)		20.0 U	20.0
trans-1,2-DICHLOROETHYLENE (ug/l)		10.0 U	10.0
1,1-DICHLOROETHANE (ug/l)		10.0 U	10.0
1,1,1-TRICHLOROETHANE (ug/l)		10.0 U	10.0
METHYL BROMIDE (ug/l)		50.0 U	50.0
METHYL CHLORIDE (ug/l)		10.0 U	10.0
CHLOROFORM (ug/l)		42.3	10.0
CARBON TETRACHLORIDE (ug/l)		2.0 U	2.0
1,2-DICHLOROETHANE (ug/l)		10.0 U	10.0
TRICHLOROETHANE (ug/l)		10.0 U	10.0
BENZENE (ug/l)		10.0 U	10.0
TRICHLOROETHYLENE (ug/l)		10.0 U	10.0
1,2-DICHLOROPROPANE (ug/l)		10.0 U	10.0
DICHLOROBROMOMETHANE (ug/l)		22.5	10.0
1,3 DICHLOROPROPYLENE (ug/l)		10.0 U	10.0
TOLUENE (ug/l)		10.0 U	10.0
trans-1,3-DICHLOROPROPENE (ug/l)		10.0 U	10.0
1,1,2-TRICHLOROETHANE (ug/l)		10.0 U	10.0
TETRACHLOROETHYLENE (ug/l)		10.0 U	10.0
DIBROMOCHLOROMETHANE (ug/l)		10.0 U	10.0
CHLOROBENZENE (ug/l)		10.0 U	10.0
2-CHLOROETHYL VINYL ETHER (ug/l)		10.0 U	10.0
1,2-DIBROMOETHANE (ug/l)		2.0 U	2.0
ETHYLBENZENE (ug/l)		10.0 U	10.0
BROMOFORM (ug/l)		10.0 U	10.0
1,1,2,2-TETRACHLOROETHANE (ug/l)		10.0 U	10.0
TOTAL TRIHALOMETHANES (ug/l)		64.8	10.0
METHYL ETHYL KETONE (ug/l)		50.0 U	50.0
1,3 DICHLOROBENZENE (ug/l)		10.0 U	10.0
1,4 DICHLOROBENZENE (ug/l)		10.0 U	10.0
1,2 DICHLOROBENZENE (ug/l)		10.0 U	10.0
XYLENE (ug/l)		10.0 U	10.0

Analyzed by NELAP accredited lab T104704220

Ref. EPA 624.1 (VOLATILES)

U - Analyte Not Detected at the Listed Detection Limit

J - Analyte Present but Below Detection Limit

LAB REPRESENTATIVE



## ENVIRODYNE LABORATORIES, INC.

### CERTIFICATE OF ANALYSIS

CLIENT: HCMUD #167 PERMIT RENEWAL

LAB NUMBER: 25C2056B

(H2O Consulting)

DATE COLLECTED: 18-Mar-25

DATE RECEIVED: 18-Mar-25

DATE COMPLETED: 25-Mar-25

SAMPLED BY: TA

LOCATION: EFFLUENT

#### PARAMETERS:

#### BASE/ NEUTRALS

ACENAPHTHENE (ug/l)	10.0 U
ACENAPHTHYLENE (ug/l)	10.0 U
ANTHRACENE (ug/l)	10.0 U
BENZIDINE (ug/l)	50.0 U
BENZO (a) ANTHRACENE (ug/l)	5.0 U
BENZO (a) PYRENE (ug/l)	5.0 U
BENZO (B) FLUORANTHENE (ug/l)	10.0 U
BENZO (GHI) PERYLENE (ug/l)	20.0 U
BENZO (k) FLUORANTHENE (ug/l)	5.0 U
BIS (2-CHLOROETHYL) ETHER (ug/l)	10.0 U
BIS (2-CHLOROETHOXY) METHANE (ug/l)	10.0 U
BIS (2-CHLOROISOPROPYL) ETHER (ug/l)	10.0 U
BIS (2-ETHYLHEXYL) PHTHALATE (ug/l)	10.0 U
4-BROMOPHENYL PHENYL ETHER (ug/l)	10.0 U
BUTYL BENZYL PHTHALATE (ug/l)	10.0 U
2-CHLORONAPHTHALENE (ug/l)	10.0 U
4-CHLOROPHENYL PHENYL ETHER (ug/l)	10.0 U
CHRYSENE (ug/l)	5.0 U
DIBENZO (a,h) ANTHRACENE (ug/l)	5.0 U
1,2-DICHLOROBENZENE (ug/l)	10.0 U
1,3-DICHLOROBENZENE (ug/l)	10.0 U
(p)1,4-DICHLOROBENZENE (ug/l)	10.0 U
3,3-DICHLOROBENZIDINE (ug/l)	5.0 U
DIETHYL PHTHALATE (ug/l)	10.0 U
DIMETHYL PHTHALATE (ug/l)	10.0 U
DI-N-BUTYL PHTHALATE (ug/l)	10.0 U
DIBENZOFURAN (ug/l)	10.0 U
FLUORANTHENE (ug/l)	10.0 U
FLUORENE (ug/l)	10.0 U
HEXACHLOROBENZENE (ug/l)	5.0 U
HEXACHLOROBUTADIENE (ug/l)	10.0 U
HEXACHLOROETHANE (ug/l)	20.0 U
HEXACHLOROCYCLOPENTADIENE (ug/l)	10.0 U
HEXACHLOROPHENE (ug/l)	10.0 U
IDENO (1,2,3,cd) PYRENE (ug/l)	5.0 U
1,2-Diphenyl Hydrazine (ug/l)	20.0 U
N-NITROSO-di-n-BUTYLAMINE (ug/l)	20.0 U
N-NITROSO-DI-ETHYLAMINE (ug/l)	20.0 U

ISOPHORONE (ug/l)	10.0 U
NAPHTHALENE (ug/l)	10.0 U
NITROBENZENE (ug/l)	10.0 U
N-NITROSO-di-n-PROPYLAMINE (ug/l)	20.0 U
N-NITROSODIPHENYLAMINE (ug/l)	20.0 U
N-NITROSODIMETHYLAMINE (ug/l)	50.0 U
PHENANTHRENE (ug/l)	10.0 U
PYRENE (ug/l)	10.0 U
1,2,4-TRICHLOROBENZENE (ug/l)	10.0 U
1,2,4,5-TETRACHLOROBENZENE (ug/l)	20.0 U
2, 4-DINITROTOLUENE (ug/l)	10.0 U
2, 6-DINITROTOLUENE (ug/l)	10.0 U
2-METHYLNAPHTHALENE (ug/l)	10.0 U
Di-n-octyl PHTHALATE (ug/l)	10.0 U
PYRIDINE (ug/l)	20.0 U
p-CRESOL (ug/l)	10.0 U

#### ACID COMPOUNDS

#### EFFLUENT (Cont.)

2-CHLOROPHENOL (ug/l)	10.0 U
2,4-DICHLOROPHENOL (ug/l)	10.0 U
2,4-DIMETHYLPHENOL (ug/l)	10.0 U
4, 6-DINITRO-o-CRESOL (ug/l)	50.0 U
4,6-DINITRO-2-METHYLPHENOL (ug/l)	20.0 U
2,4-DINITROPHENOL (ug/l)	50.0 U
2-NITROPHENOL (ug/l)	20.0 U
4-NITROPHENOL (ug/l)	50.0 U
p-CHLORO-m-CRESOL (ug/l)	10.0 U
2-METHYLPHENOL (ug/l)	10.0 U
PENTACHLOROPHENOL (ug/l)	5.0 U
PHENOL (ug/l)	10.0 U
2,4,6-TRICHLOROPHENOL (ug/l)	10.0 U
2,4,5-TRICHLOROPHENOL (ug/l)	50.0 U
PENTACHLOROBENZENE (ug/l)	20.0 U
4-CHLORO-3-METHYL PHENOL (ug/l)	10.0 U
NONYLPHENOL (ug/l)	5.0 U

Analyzed by NELAP accredited lab T104704220  
Ref. EPA-625.1 (Base/Neutrals & Acids)  
U - Analyte Not Detected at the listed Detection Limit  
J - Analyte Present but below Detection Limit

LAB REPRESENTATIVE



# ENVIRODYNE LABORATORIES, INC.

CLIENT: HCMUD #167 PERMIT RENEWAL

LAB NUMBER: 25C2056C

(H2O Consulting)

DATE COLLECTED: 18-Mar-25

DATE RECEIVED: 18-Mar-25

DATE COMPLETED: 01-Apr-25

SAMPLED BY: TA

LOCATION: Comp  
EFFLUENT

## PARAMETERS:

METALS	CONCENTRATION	METHOD	INITIALS	MAL
TOTAL ALUMINUM (ug/l)	46.5	EPA 200.8	JMM	2.5
TOTAL ANTIMONY (ug/l)	<5.0	EPA 200.8	JMM	5.0
TOTAL ARSENIC (ug/l)	4.7	EPA 200.8	JMM	0.5
TOTAL BARIUM (ug/l)	75.3	EPA 200.8	JMM	3.0
TOTAL BERYLLIUM (ug/l)	<0.5	EPA 200.8	JMM	0.5
TOTAL CADMIUM (ug/l)	3.0	EPA 200.8	JMM	1.0
TOTAL CHROMIUM (ug/l)	<3.0	EPA 200.8	JMM	3.0
HEX CHROMIUM (ug/l)	<3.0	3500 - Cr D	SSJ	3.0
TRI CHROMIUM (ug/l)	<3.0	N/A	JMM	3.0
TOTAL COPPER (ug/l)	5.6	EPA 200.8	JMM	2.0
TOTAL LEAD (ug/l)	<0.5	EPA 200.8	JMM	<0.5
TOTAL MERCURY (ug/l)	*<0.005	EPA 245.1	SUB	0.0
TOTAL NICKEL (ug/l)	<2.0	EPA 200.8	JMM	2.0
TOTAL SELENIUM (ug/l)	<5.0	EPA 200.8	JMM	5.0
TOTAL SILVER (ug/l)	0.6	EPA 200.8	JMM	0.5
TOTAL THALLIUM (ug/l)	<0.5	EPA 200.8	JMM	0.5
TOTAL ZINC (ug/l)	44.5	EPA 200.8	JMM	5.0
AMENABLE CYANIDE (ug/l)	*<10.0	EPA 335.4	SUB	10.0
TOTAL PHENOLS (ug/l)	*<10.0	EPA 420.4	SUB	10.0
FLUORIDE (ug/l)	1,140.0	SM 4500-F C	SKP	500.0
NITRATE-N (ug/l)	19,700.0	EPA 353.1	SSJ	100.0

LAB REPRESENTATIVE

Ref. EPA METHODS FOR CHEMICAL ANALYSIS

\*Analyzed by NELAC certified lab T104704231



## ENVIRODYNE LABORATORIES, INC.

### CERTIFICATE OF ANALYSIS

CLIENT: HCMUD #167 PERMIT RENEWAL  
(H2O Consulting)

DATE COLLECTED: 18-Mar-25

DATE COMPLETED 28-Mar-25

LAB NUMBER: 25C2056D

DATE RECEIVED: 18-Mar-25

SAMPLED BY: TA

SAMPLE TYPE:

LOCATION:

EFFLUENT

EFFLUENT

PARAMETERS:

PESTICIDES-PCB

PESTICIDES-PCB

#### EPA 1657\*

Guthion (Azinphos Methyl) (ug/l)	< 0.10
Chlorpyrifos (ug/l)	< 0.05
Demeton -O (ug/l)	< 0.20
Demeton -S (ug/l)	< 0.20
Diazinon (ug/l)	< 0.5
Disulfoton (ug/l)	< 0.5
EPN (ug/l)	< 0.5
Ethion (ug/l)	< 0.5
Ethyl Parathion (ug/l)	< 0.1
Malathion (ug/l)	< 0.10
Methyl Parathion (ug/l)	< 0.1
Parathion (ug/l)	< 0.10
EPA 608*	
Aldrin (ug/l)	< 0.01
Alpha - BHC (ug/l) (Hexachlorocyclohexane)	< 0.05
Beta - BHC (ug/l)	< 0.05

#### EPA 608\*

Chlordane (ug/l)	< 0.15
4-4' - DDD (ug/l)	< 0.10
4-4' - DDE (ug/l)	< 0.10
4-4' - DDT (ug/l)	< 0.02
Dieldrin (ug/l)	0.027
Dicofol (ug/l)	< 1.0
Endosulfan I (ug/l)	< 0.01
Endosulfan II (ug/l)	< 0.02
Endosulfan Sulfate (ug/l)	< 0.10
Endrin (ug/l)	< 0.02
Gamma-BHC (Lindane) (ug/l)	< 0.05
Heptachlor (ug/l)	< 0.01
Heptachlor Epoxide (ug/l)	0.074
Methoxychlor (ug/l)	< 0.20
Mirex (ug/l)	< 0.02
Total PCBs (ug/l)	< 0.2
PCB-1016 (ug/l)	< 0.2
PCB-1221 (ug/l)	< 0.2
PCB-1232 (ug/l)	< 0.2
PCB-1242 (ug/l)	< 0.2
PCB-1248 (ug/l)	< 0.2
PCB-1254 (ug/l)	< 0.2
PCB-1260 (ug/l)	< 0.2
Toxaphene (ug/l)	< 0.3
Endrin Aldehyde (ug/l)	< 0.10
Delta - BHC (ug/l)	0.058

#### EPA 632\*

Diuron (ug/l)	<0.09
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#### EPA 8151\*

2,4-D (ug/l)	< 0.7
2,4,5-TP (Silvex) (ug/l)	< 0.3

#### EPA 625\*

Carbaryl (ug/l)	< 5.0
-----------------	-------

Analyzed by NELAP accredited lab T104704220

LAB REPRESENTATIVE



## ENVIRODYNE LABORATORIES, INC.

### CERTIFICATE OF ANALYSIS

CLIENT: HCMUD #167 PERMIT RENEWAL

LAB NUMBER: 25C2056E

(H2O Consulting)  
DATE COLLECTED: 18-Mar-25

DATE RECEIVED: 18-Mar-25

DATE COMPLETED: 02-Apr-25

SAMPLED BY: TA

SAMPLE TYPE:

LOCATION:

PARAMETERS:

EFFLUENT  
@ 0700

METHOD #

DATE/TIME  
ANALYZED

ANALYST

CBOD-5 (mg/l)	7.2	SM 5210 B	19-Mar-25 09:20	TEB
T.S.S. (mg/l)	2.9	SM 2540 D	20-Mar-25 12:07	CSM
NH3-N (mg/l)	<0.20	EPA 350.1	20-Mar-25 15:40	SSJ
TKN-N (mg/l)	**1.9	EPA 351.2	02-Apr-25 18:39	SUB
NO3-N (mg/l)	19.70	EPA 353.1	19-Mar-25 08:40	SSJ
SULFATE (mg/l)	43.1	EPA 375.4	20-Mar-25 17:00	SSJ
CHLORIDE (mg/l)	144.0	SM 4500-Cl B	24-Mar-25 12:11	BRC
T. DISSOLVED SOLIDS (mg/l)	468.0	SM 2540 C	21-Mar-25 15:51	CSM
T. PHOSPHORUS as P (mg/l)	5.25	SM 4500-P E	25-Mar-25 14:52	BRC
OIL and GREASE (mg/l)	*<5.0	EPA 1664A	21-Mar-25 11:30	JMM
ALKALINITY as CaCO3 (mg/l)	217.0	EPA 310.2	19-Mar-25 09:20	SSJ
CONDUCTIVITY @ 25C (umho/cm)	1060	SM 2510 B	20-Mar-25 12:27	BRC
E. COLI (MPN/100 ml)	*<1	SM 9223B	18-Mar-25 15:45	LN
ENTEROCOCCI (MPN/100 ml)	*<2	ENTEROLERT	18-Mar-25 15:38	LN

\*Grab sample collected at 0835

\*\*Analyzed by NELAC certified lab T104704220

CERTIFIED BY



Envirodyne Laboratories, Inc  
11011 Brooklet Dr., # 230  
Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

Client: H2O Consulting, Inc.  
Project: HCMUD #167 Permit Renewal  
Work Order: 25C2056

Reported:  
08-Apr-25 18:38

Microbiology - Quality Control  
Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B5C5268 - Microbiology</b>										
<b>Blank (B5C5268-BLK1)</b>					Prepared & Analyzed: 18-Mar-25					
Enterococci	<1		1 MPN/100 mL							
<b>Duplicate (B5C5268-DUP1)</b>					Source: 25C2056-01		Prepared & Analyzed: 18-Mar-25			
Enterococci	<2		2 MPN/100 mL		<2			0	0.5366	
<b>Batch B5C5279 - Microbiology</b>										
<b>Blank (B5C5279-BLK1)</b>					Prepared & Analyzed: 18-Mar-25					
E.coli	<1		1 MPN/100 mL							
<b>Duplicate (B5C5279-DUP1)</b>					Source: 25C1821-02		Prepared & Analyzed: 18-Mar-25			
E.coli	<2		2 MPN/100 mL		<2			.3010	0.402	

Envirodyne Laboratories, Inc.

Laura Bonjonia, Administrator

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Project: HCMUD #167 Permit Renewal  
Work Order: 25C2056

Reported:  
08-Apr-25 18:38

Wet Chemistry - Quality Control  
Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B5C5146 - Inorganics</b>										
<b>Blank (B5C5146-BLK1)</b>				Prepared & Analyzed: 19-Mar-25						
Alkalinity (Total) as CaCO <sub>3</sub>	<20.0	20.0	mg/L							
<b>LCS (B5C5146-BS1)</b>				Prepared & Analyzed: 19-Mar-25						
Alkalinity (Total) as CaCO <sub>3</sub>	97.3		mg/L	100		97.3	90-110			
<b>Duplicate (B5C5146-DUP1)</b>				Source: 25C1786-02 Prepared & Analyzed: 19-Mar-25						
Alkalinity (Total) as CaCO <sub>3</sub>	524	20.0	mg/L		516			1.67	20	
<b>Batch B5C5149 - Inorganics</b>										
<b>Blank (B5C5149-BLK1)</b>				Prepared & Analyzed: 19-Mar-25						
Nitrate-N	<0.50	0.50	mg/L							
<b>LCS (B5C5149-BS1)</b>				Prepared & Analyzed: 19-Mar-25						
Nitrate-N	3.02		mg/L	3.00		101	90-110			
<b>Matrix Spike (B5C5149-MS1)</b>				Source: 25C1871-01 Prepared & Analyzed: 19-Mar-25						
Nitrate-N	80.0	10.0	mg/L	60.0	17.8	104	80-120			
<b>Matrix Spike Dup (B5C5149-MSD1)</b>				Source: 25C1871-01 Prepared & Analyzed: 19-Mar-25						
Nitrate-N	79.4	10.0	mg/L	60.0	17.8	103	80-120	0.753	20	
<b>Batch B5C5246 - Inorganics</b>										
<b>Blank (B5C5246-BLK1)</b>				Prepared & Analyzed: 20-Mar-25						
Fluoride	<0.10	0.10	mg/L							

Envirodyne Laboratories, Inc.

*Laura Bonjonia*

Laura Bonjonia, Administrator

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Work Order: 25C2056

Reported:  
08-Apr-25 18:38

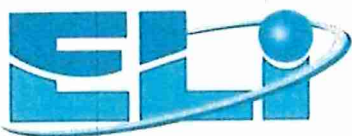
**Wet Chemistry - Quality Control**  
**Envirodyne Laboratories, Inc.**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B5C5246 - Inorganics</b>										
<b>LCS (B5C5246-BS1)</b>				Prepared & Analyzed: 20-Mar-25						
Fluoride	0.52		mg/L	0.500		103	90-110			
<b>Matrix Spike (B5C5246-MS1)</b>				Source: 25C1128-03 Prepared & Analyzed: 20-Mar-25						
Fluoride	3.92	0.20	mg/L	1.00	2.95	97.0	80-120			
<b>Matrix Spike Dup (B5C5246-MSD1)</b>				Source: 25C1128-03 Prepared & Analyzed: 20-Mar-25						
Fluoride	3.96	0.20	mg/L	1.00	2.95	101	80-120	1.02	20	
<b>Batch B5C5290 - Inorganics</b>										
<b>Blank (B5C5290-BLK1)</b>				Prepared & Analyzed: 20-Mar-25						
TSS	<2.0	2.0	mg/L							Q
<b>Blank (B5C5290-BLK2)</b>				Prepared & Analyzed: 20-Mar-25						
TSS	<2.0	2.0	mg/L							Q
<b>Blank (B5C5290-BLK3)</b>				Prepared & Analyzed: 20-Mar-25						
TSS	<2.0	2.0	mg/L							Q
<b>LCS (B5C5290-BS1)</b>				Prepared & Analyzed: 20-Mar-25						
TSS	95.0		mg/L	100		95.0	80-120			Q
<b>Duplicate (B5C5290-DUP1)</b>				Source: 25C1629-01 Prepared & Analyzed: 20-Mar-25						
TSS	2.8	2.0	mg/L		5.6			66.7	20	Q
<b>Batch B5C5303 - Inorganics</b>										
<b>Blank (B5C5303-BLK1)</b>				Prepared & Analyzed: 20-Mar-25						
Conductivity at 25 C	<30	30	umho/cm							

Envirodyne Laboratories, Inc.

Laura Bonjonia, Administrator

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Project: HCMUD #167 Permit Renewal  
Work Order: 25C2056

Reported:  
08-Apr-25 18:38

Wet Chemistry - Quality Control  
Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B5C5303 - Inorganics</b>										
<b>Duplicate (B5C5303-DUP1)</b>		<b>Source: 25C1128-05</b>		<b>Prepared &amp; Analyzed: 20-Mar-25</b>						
Conductivity at 25 C	307	30	umho/cm		306			0.196	20	
<b>Reference (B5C5303-SRM1)</b>				<b>Prepared &amp; Analyzed: 20-Mar-25</b>						
Conductivity at 25 C	172		umho/cm	180		95.3	90-110			
<b>Batch B5C5361 - Inorganics</b>										
<b>Blank (B5C5361-BLK1)</b>				<b>Prepared &amp; Analyzed: 21-Mar-25</b>						
Oil & Grease	<5.0	5.0	mg/L							
<b>LCS (B5C5361-BS1)</b>				<b>Prepared &amp; Analyzed: 21-Mar-25</b>						
Oil & Grease	35.3		mg/L	40.0		88.2	78-114			
<b>LCS Dup (B5C5361-BSD1)</b>				<b>Prepared &amp; Analyzed: 21-Mar-25</b>						
Oil & Grease	31.6		mg/L	40.0		79.0	78-114	11.0	18	
<b>Batch B5C5427 - Inorganics</b>										
<b>Blank (B5C5427-BLK1)</b>				<b>Prepared &amp; Analyzed: 21-Mar-25</b>						
Sulfate	<2.00	2.00	mg/L							
<b>LCS (B5C5427-BS1)</b>				<b>Prepared &amp; Analyzed: 21-Mar-25</b>						
Sulfate	21.2		mg/L	20.0		106	90-110			
<b>Matrix Spike (B5C5427-MS1)</b>		<b>Source: 25C0791-03</b>		<b>Prepared &amp; Analyzed: 21-Mar-25</b>						
Sulfate	181	10.0	mg/L	100	73.5	107	80-120			

Envirodyne Laboratories, Inc.

*Laura Bonjonia*

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Project: HCMUD #167 Permit Renewal  
Work Order: 25C2056

Reported:  
08-Apr-25 18:38

Wet Chemistry - Quality Control  
Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
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Batch B5C5427 - Inorganics

Matrix Spike Dup (B5C5427-MSD1)

Source: 25C0791-03

Prepared & Analyzed: 21-Mar-25

Sulfate	184	10.0	mg/L	100	73.5	110	80-120	1.75	20	
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Batch B5C5507 - Inorganics

Blank (B5C5507-BLK1)

Prepared & Analyzed: 20-Mar-25

Sulfate	<2.00	2.00	mg/L							
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LCS (B5C5507-BS1)

Prepared & Analyzed: 20-Mar-25

Sulfate	20.3		mg/L	20.0		102	90-110			
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Matrix Spike (B5C5507-MS1)

Source: 25C1128-03

Prepared & Analyzed: 20-Mar-25

Sulfate	265	20.0	mg/L	200	79.5	92.9	80-120			
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Matrix Spike Dup (B5C5507-MSD1)

Source: 25C1128-03

Prepared & Analyzed: 20-Mar-25

Sulfate	266	20.0	mg/L	200	79.5	93.0	80-120	0.0754	20	
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Batch B5C5520 - Inorganics

Blank (B5C5520-BLK1)

Prepared & Analyzed: 20-Mar-25

Ammonia-N (NH3-N)	<0.20	0.20	mg/L							
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LCS (B5C5520-BS1)

Prepared & Analyzed: 20-Mar-25

Ammonia-N (NH3-N)	1.04		mg/L	1.00		104	90-110			
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Matrix Spike (B5C5520-MS1)

Source: 25C1933-01

Prepared & Analyzed: 20-Mar-25

Ammonia-N (NH3-N)	1.36	0.20	mg/L	1.00	0.35	101	90-110			
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Envirodyne Laboratories, Inc.

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*Laura Bonjonia*

Laura Bonjonia, Administrator



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281.568.7880 Phone  
www.envirodyne.com

Client: H2O Consulting, Inc.  
Project: HCMUD #167 Permit Renewal  
Work Order: 25C2056

Reported:  
08-Apr-25 18:38

Wet Chemistry - Quality Control  
Envirodyne Laboratories, Inc.

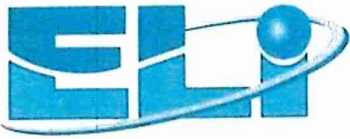
Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B5C5520 - Inorganics</b>										
<b>Matrix Spike Dup (B5C5520-MSD1)</b>		<b>Source: 25C1933-01</b>		<b>Prepared &amp; Analyzed: 20-Mar-25</b>						
Ammonia-N (NH3-N)	1.37	0.20	mg/L	1.00	0.35	102	90-110	0.733	20	
<b>Batch B5C5532 - Inorganics</b>										
<b>Blank (B5C5532-BLK1)</b>		<b>Prepared &amp; Analyzed: 21-Mar-25</b>								
TDS	<50.0	50.0	mg/L							Q
<b>LCS (B5C5532-BS1)</b>		<b>Prepared &amp; Analyzed: 21-Mar-25</b>								
TDS	458		mg/L	500		91.6	80-120			Q
<b>Duplicate (B5C5532-DUP1)</b>		<b>Source: 25C1481-02</b>		<b>Prepared &amp; Analyzed: 21-Mar-25</b>						
TDS	432	50.0	mg/L		588			30.6	20	Q
<b>Batch B5C5573 - Inorganics</b>										
<b>Blank (B5C5573-BLK1)</b>		<b>Prepared &amp; Analyzed: 24-Mar-25</b>								
Chloride	<3.0	3.0	mg/L							
<b>LCS (B5C5573-BS1)</b>		<b>Prepared &amp; Analyzed: 24-Mar-25</b>								
Chloride	110		mg/L	100		110	90-110			
<b>Matrix Spike (B5C5573-MS1)</b>		<b>Source: 25C1587-03</b>		<b>Prepared &amp; Analyzed: 24-Mar-25</b>						
Chloride	140	12.0	mg/L	20.0	118	110	80-120			
<b>Matrix Spike Dup (B5C5573-MSD1)</b>		<b>Source: 25C1587-03</b>		<b>Prepared &amp; Analyzed: 24-Mar-25</b>						
Chloride	138	12.0	mg/L	20.0	118	100	80-120	1.44	20	

Envirodyne Laboratories, Inc.

*Laura Bonjonia*

Laura Bonjonia, Administrator

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Envirodyne Laboratories, Inc  
11011 Brooklet Dr., # 230  
Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

Client: H2O Consulting, Inc.  
Project: IICMUD #167 Permit Renewal  
Work Order: 25C2056

Reported:  
08-Apr-25 18:38

Wet Chemistry - Quality Control  
Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B5C5728 - Inorganics</b>										
<b>Blank (B5C5728-BLK1)</b>				Prepared & Analyzed: 25-Mar-25						
Phosphorus, Total	<0.10	0.10	mg/L							
<b>LCS (B5C5728-BS1)</b>				Prepared & Analyzed: 25-Mar-25						
Phosphorus, Total	1.01		mg/L	1.00		101	80-120			
<b>Matrix Spike (B5C5728-MS1)</b>				Source: 25C1899-01 Prepared & Analyzed: 25-Mar-25						
Phosphorus, Total	1.78	0.10	mg/L	1.00	0.770	101	80-120			
<b>Matrix Spike Dup (B5C5728-MSD1)</b>				Source: 25C1899-01 Prepared & Analyzed: 25-Mar-25						
Phosphorus, Total	1.83	0.10	mg/L	1.00	0.770	106	80-120	2.77	20	
<b>Batch B5C5822 - Inorganics</b>										
<b>Blank (B5C5822-BLK1)</b>				Prepared & Analyzed: 19-Mar-25						
CBOD-5	<2.0	2.0	mg/L							
<b>LCS (B5C5822-BS1)</b>				Prepared & Analyzed: 19-Mar-25						
CBOD-5	191		mg/L	198		96.5	84.6-115.4			
<b>Duplicate (B5C5822-DUP1)</b>				Source: 25C1841-01 Prepared & Analyzed: 19-Mar-25						
CBOD-5	9.20	2.0	mg/L		9.50			3.21	20	1

Envirodyne Laboratories, Inc.

Laura Bonjonia, Administrator

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Client: H2O Consulting, Inc.  
Project: HCMUD #167 Permit Renewal  
Work Order: 25C2056

Reported:  
08-Apr-25 18:38

**Metals - Quality Control**  
**Envirodyne Laboratories, Inc.**

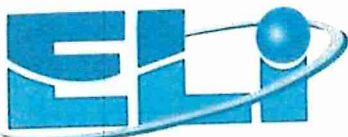
Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B5C5152 - Inorganics</b>										
<b>Blank (B5C5152-BLK1)</b>				Prepared & Analyzed: 18-Mar-25						
Chromium, Hexavalent	<1.0	1.0	ug/L							
<b>LCS (B5C5152-BS1)</b>				Prepared & Analyzed: 18-Mar-25						
Chromium, Hexavalent	51.7		ug/L	50.0		103	95-105			
<b>Matrix Spike (B5C5152-MS1)</b>				Source: 25C1919-01 Prepared & Analyzed: 18-Mar-25						
Chromium, Hexavalent	49.1	1.0	ug/L	50.0	ND	98.2	80-120			
<b>Matrix Spike Dup (B5C5152-MSD1)</b>				Source: 25C1919-01 Prepared & Analyzed: 18-Mar-25						
Chromium, Hexavalent	49.2	1.0	ug/L	50.0	ND	98.4	80-120	0.203	20	

Envirodyne Laboratories, Inc.

*Laura Bonjonia*

Laura Bonjonia, Administrator

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Client: H2O Consulting, Inc.  
Project: HCMUD #167 Permit Renewal  
Work Order: 25C2056

Reported:  
08-Apr-25 18:38

Total Metals by ICP-MS - Quality Control  
Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
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Batch B5D3428 - Metals - EPA 200.2

Blank (B5D3428-BLK1)

Prepared: 27-Mar-25 Analyzed: 01-Apr-25

Nickel	<0.5	0.5	ug/L
Lead	<0.5	0.5	"
Copper	<0.5	0.5	"
Silver	<0.5	0.5	"
Chromium	<2.0	2.0	"
Cadmium	<0.50	0.50	"
Beryllium	<0.5	0.5	"
Barium	<2.0	2.0	"
Thallium	<0.5	0.5	"
Arsenic	<0.5	0.5	"
Selenium	<2.0	2.0	"
Zinc	<2.0	2.0	"
Aluminum	<2.0	2.0	"
Antimony	<0.5	0.5	"

LCS (B5D3428-BS1)

Prepared: 27-Mar-25 Analyzed: 01-Apr-25

Thallium	67.5	ug/L	75.0	90.0	85-115
Nickel	67.2	"	75.0	89.6	85-115
Lead	68	"	75.0	90.9	85-115
Cadmium	69	"	75.0	91.9	85-115
Chromium	68.9	"	75.0	91.9	85-115
Silver	66	"	75.0	88.7	85-115
Beryllium	68.9	"	75.0	91.8	85-115
Copper	68.6	"	75.0	91.4	85-115
Barium	68.4	"	75.0	91.2	85-115
Arsenic	67.8	"	75.0	90.4	85-115
Selenium	69.3	"	75.0	92.4	85-115
Zinc	69.5	"	75.0	92.6	85-115
Antimony	68.7	"	75.0	91.5	85-115
Aluminum	70.0	"	75.0	93.3	85-115

Envirodyne Laboratories, Inc.

*Laura Bonjonia*

Laura Bonjonia, Administrator

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3/18

CECQ Certification # T104704265  
 Name: H2O Consulting  
 Address: 5870 Hwy 6 North, Ste 215  
 City: Houston, TX 77084  
 Contact: Chris Hoffman  
 Phone (281) 568-7380 - Fax (281) 568-7380



ord

Project No. Client/Project  
 Phone: 281-861-6215 Email: 281-861-6218

Lab ID No.	Field Sample No./ Identification	Date & Time	Grab	Comp	Sample Container (Size/Mat'l)	Sample Type (Liquid, Sludge, etc)	Preservative	ANALYSIS REQUESTED	pH	D.O. Test	Temp.	Analysis Time
	Effluent	3/18/13	✓		NA	Liquid	NA	pH, DO, Cl2 residual		7.4	7.9	28 0836
	Effluent	3/18/13	✓		1 gal cubic	Liquid	Ice	BOD, TSS, SO4, Cl, Cond, Cr+6, F, Alkalinity				
	Effluent	3/18/13	✓		500 mL P	Liquid	Ice, H2SO4	NH3-N, TKN-N, T. PO4, NO3-N				
	Effluent	3/18/13	✓		(2) 120 ml P	Liquid	Ice, Sod Thio	Ecoli, Enterococci				
	Effluent	3/18/13	✓		500 ml P	Liquid	HNO3	Sb, As, Be, Cd, Cr, Cu, Pb, Hg, Ni, Se, Ag, Ti, Zn, Al, Fe				
	Effluent	3/18/13	✓		1 L G	Liquid	Ice, HCl	Oil & Grease				
	Effluent	3/18/13	✓		(3) 40ml VOA	Liquid	Ice	VOC (624)				
	Effluent	3/18/13	✓		250 ml P	Liquid	Ice, NaOH	Cyanide, Amenable				
	Effluent	3/18/13	✓		1 L Amber	Liquid	Ice, H2SO4	Phenol				
	Effluent	3/18/13	✓		(3) 1 L Amber	Liquid	Ice	BNA, Pesticides, PCBs				
Samplers: (Signature)		Relinquished by: (Signature)		Date: Time:		Received by: (Signature)		Date: Time:		Seal Intact?		
Affiliation		Relinquished by: (Signature)		Date: Time:		Received by: (Signature)		Date: Time:		Seal Intact?		
Remarks:		Relinquished by: (Signature)		Date: Time:		Received by Lab: (Signature)		Date: Time:		Seal Intact?		
FLOW Meter Reading		Col Residual		Min Correction		City Corrected		Data Results To:		Laboratory No.		
		5.7		0.4		5.3		3.5/3.4/1.1				
								Site Representative:				



Envirodyne Laboratories, Inc  
11011 Brooklet Dr., # 230  
Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

08 May 2025

H2O Consulting, Inc.  
Charles Leidigh  
5870 Highway 6 North Ste 215  
Houston, TX 77084

### **HCMUD #167 Permit Renewal**

Enclosed are the results of analyses for samples received by the laboratory on 15-Apr-25 15:45. The analytical data provided relates only to the samples as received in this laboratory report.

ELI certifies that all results are NELAP compliant and performed in accordance with the referenced method except as noted in the Case Narrative or as noted with a qualifier. Any reproductions of this laboratory report should be in full and only with the written authorization from the client.

The total number of pages in this report is 5

Thank you for selecting ELI for your analytical needs. If you have any questions regarding this report, please contact us.

Sincerely,

A handwritten signature in blue ink that reads 'Laura Bonjonia'.

Laura Bonjonia  
Administrator



Certificate ID: TX-C25-00114



Envirodyne Laboratories, Inc  
11011 Brooklet Dr., # 230  
Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

**Client:** H2O Consulting, Inc.  
**Project:** HCMUD #167 Permit Renewal  
**Work Order:** 25D1757

**Reported:**  
08-May-25 09:36

#### ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
Effluent	25D1757-01	Water	15-Apr-25 07:00	15-Apr-25 15:45

L - Sample analyzed by SGS North America Inc. 500 Ambassador Caffery Scott, LA 70583

Envirodyne Laboratories, Inc.

Laura Bonjonia, Administrator

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**Project:** HCMUD #167 Permit Renewal  
**Work Order:** 25D1757

**Reported:**  
08-May-25 09:36

### Effluent

25D1757-01 (Water) Sampled: 15-Apr-25 07:00

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Analyst	Notes
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### Envirodyne Laboratories, Inc.

#### Total Metals by ICP

Arsenic	6.7	0.5	ug/L	1	B5D5308	21-Apr-25	22-Apr-25 15:56	EPA 200.7	JMM	
Cadmium	<0.5	0.5	ug/L	1	B5D5308	21-Apr-25	22-Apr-25 15:56	EPA 200.7	JMM	

#### Organochlorine Pesticides and PCBs by EPA 608

d-BHC	<0.01	0.01	ug/L	1	B5E3786	01-May-25	02-May-25 03:03	EPA 608.3	SUB	
Heptachlor Epoxide	<0.01	0.01	ug/L	1	B5E3786	01-May-25	02-May-25 03:03	EPA 608.3	SUB	
Dieldrin	<0.01	0.01	ug/L	1	B5E3786	01-May-25	02-May-25 03:03	EPA 608.3	SUB	

Envirodyne Laboratories, Inc.

Laura Bonjonia, Administrator

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**Project:** HCMUD #167 Permit Renewal  
**Work Order:** 25D1757

**Reported:**  
08-May-25 09:36

**Total Metals by ICP - Quality Control**  
**Envirodyne Laboratories, Inc.**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B5D5308 - Metals - EPA 200.2</b>									
<b>Blank (B5D5308-BLK1)</b>									
				Prepared: 21-Apr-25 Analyzed: 22-Apr-25					
Cadmium	<5.0	5.0	ug/L						
Arsenic	<5.0	5.0	"						
<b>LCS (B5D5308-BS1)</b>									
				Prepared: 21-Apr-25 Analyzed: 22-Apr-25					
Cadmium	241		ug/L	250		96.6	85-115		
Arsenic	237		"	250		94.7	85-115		
<b>Matrix Spike (B5D5308-MS1)</b>									
				<b>Source: 25D1766-01</b>		Prepared: 21-Apr-25 Analyzed: 22-Apr-25			
Cadmium	984	10.0	ug/L	1000	ND	98.4	70-130		
Arsenic	933	10.0	"	1000	ND	93.3	70-130		
<b>Matrix Spike Dup (B5D5308-MSD1)</b>									
				<b>Source: 25D1766-01</b>		Prepared: 21-Apr-25 Analyzed: 22-Apr-25			
Cadmium	979	10.0	ug/L	1000	ND	97.9	70-130	0.454	20
Arsenic	937	10.0	"	1000	ND	93.7	70-130	0.420	20

Envirodyne Laboratories, Inc.

Laura Bonjonia, Administrator

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**Client:** H2O Consulting, Inc.  
**Project:** HCMUD #167 Permit Renewal  
**Work Order:** 25D1757

**Reported:**  
08-May-25 09:36

### Notes and Definitions

ND Analyte NOT DETECTED at or above the reporting limit  
< Result is less than the RL  
a Analyte not available for TNI/NELAP accreditation  
n Not accredited

Envirodyne Laboratories, Inc.

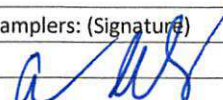
A handwritten signature in blue ink that reads "Laura Bonjonia".

Laura Bonjonia, Administrator

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Name: H2O Consulting, Inc.			Phone: 281-8		
Address: 5870 Hwy 6 North Suite 215			Email: choffman@h2oconsulting.net		
City: Houston	State: TX	Zip: 77084	Alternate Contact:		
Contact: Chris Hoffman					

Project No.		Client/Project						HCMUD #167 Permit Renewal		pH	D.O.	Temp.	Analysis Time
Lab ID No.	Field Sample No. / Identification	Date & Time	Grab	Comp	Sample Container (Size/Mat'l)	Sample Type (Liquid, Sludge, etc.)	Preservative	ANALYSIS REQUESTED					
	Effluent	4-14-4-15-25 800-700		✓	500 ml P	Liquid	Ice HNO3	Arsenic, Cadmium					
	Effluent			✓	2-1 L Amber G	Liquid	Ice	delta-BHC, Dieldrin, Heptachlor expoxide (EPA 608.3)					

Samplers: (Signature)  Affiliation Envirodyne Labs	Relinquished by:	Date:	Received by:	Date:	Seal Intact?
	(Signature)	Time:	(Signature)	Time:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Relinquished by:	Date:	Received by:	Date:	Seal Intact?
	(Signature)	Time:	(Signature)	Time:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Relinquished by:	Date: 4-15-25	Received by Lab:	Date: 4-15-25	Seal Intact?
	(Signature)	Time: 1545	(Signature)	Time: 1545	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	FLOW: _____	Cl <sub>2</sub> Residual: _____	Arrival Temp.	Site Representative:	
	Meter Reading: _____	Mn Correction: _____	Act: 1.2	Comments:	
	H <sub>2</sub> S: _____	Cl <sub>2</sub> Correction: _____	Therm. ID: 1.2		

# Comisión de Calidad Ambiental del Estado de Texas



## AVISO DE RECIBO DE LA SOLICITUD Y EL INTENTO DE OBTENER PERMISO PARA LA CALIDAD DEL AGUA RENOVACION

### PERMISO NO. WQ00

**SOLICITUD.** *Harris County Municipal Utility District 167, 3200 Southwest Fwy, Suite 2600, Houston, TX 77027-7537*, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0012834001 (EPA I.D. No. TX 0094307) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de *1,600,000* galones por día. La planta está ubicada *4950 Old Greenhouse* en el Condado de *Harris*, Texas *77449*. La ruta de descarga es del sitio de la planta a *través de Outfall 002 hacia Bear Creek, luego hacia South Mayde Creek, y de allí hacia Buffalo Bayou Above Tidal en Segment No. 1014 del San Jacinto River Basin*. La TCEQ recibió esta solicitud el *13 de Mayo, 2025*. La solicitud para el permiso estará disponible para leerla y copiarla en *Katherine Tyra Branch Library 16719 Clay Road, Houston, en el Condado de Harris, Texas* antes de la fecha de publicación de este aviso en el periódico. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.  
<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.701666,29.849166&level=18>

**AVISO DE IDIOMA ALTERNATIVO.** El aviso de idioma alternativo en español está disponible en <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

**AVISO ADICIONAL.** El Director Ejecutivo de la TCEQ ha determinado que la solicitud es administrativamente completa y conducirá una revisión técnica de la solicitud. Después de completar la revisión técnica, el Director Ejecutivo puede preparar un borrador del permiso y emitirá una Decisión Preliminar sobre la solicitud. **El aviso de la solicitud y la decisión preliminar serán publicados y enviado a los que están en la lista de correo de las personas a lo largo del condado que desean recibir los avisos y los que están en la lista de correo que desean recibir avisos de esta solicitud. El aviso dará la fecha límite para someter comentarios públicos.**

**COMENTARIO PUBLICO / REUNION PUBLICA.** Usted puede presentar comentarios públicos o pedir una reunión pública sobre esta solicitud. El propósito de una reunión pública es dar

la oportunidad de presentar comentarios o hacer preguntas acerca de la solicitud. La TCEQ realiza una reunión pública si el Director Ejecutivo determina que hay un grado de interés público suficiente en la solicitud o si un legislador local lo pide. Una reunión pública no es una audiencia administrativa de lo contencioso.

**OPORTUNIDAD DE UNA AUDIENCIA ADMINISTRATIVA DE LO CONTENCIOSO.** Después del plazo para presentar comentarios públicos, el Director Ejecutivo considerará todos los comentarios apropiados y preparará una respuesta a todo los comentarios públicos esenciales, pertinentes, o significativos. **A menos que la solicitud haya sido referida directamente a una audiencia administrativa de lo contencioso, la respuesta a los comentarios y la decisión del Director Ejecutivo sobre la solicitud serán enviados por correo a todos los que presentaron un comentario público y a las personas que están en la lista para recibir avisos sobre esta solicitud. Si se reciben comentarios, el aviso también proveerá instrucciones para pedir una reconsideración de la decisión del Director Ejecutivo y para pedir una audiencia administrativa de lo contencioso.** Una audiencia administrativa de lo contencioso es un procedimiento legal similar a un procedimiento legal civil en un tribunal de distrito del estado.

**PARA SOLICITAR UNA AUDIENCIA DE CASO IMPUGNADO, USTED DEBE INCLUIR EN SU SOLICITUD LOS SIGUIENTES DATOS:** su nombre, dirección, y número de teléfono; el nombre del solicitante y número del permiso; la ubicación y distancia de su propiedad/actividad con respecto a la instalación; una descripción específica de la forma cómo usted sería afectado adversamente por el sitio de una manera no común al público en general; una lista de todas las cuestiones de hecho en disputa que usted presente durante el período de comentarios; y la declaración "[Yo/nosotros] solicito/solicitamos una audiencia de caso impugnado". Si presenta la petición para una audiencia de caso impugnado de parte de un grupo o asociación, debe identificar una persona que representa al grupo para recibir correspondencia en el futuro; identificar el nombre y la dirección de un miembro del grupo que sería afectado adversamente por la planta o la actividad propuesta; proveer la información indicada anteriormente con respecto a la ubicación del miembro afectado y su distancia de la planta o actividad propuesta; explicar cómo y porqué el miembro sería afectado; y explicar cómo los intereses que el grupo desea proteger son pertinentes al propósito del grupo.

Después del cierre de todos los períodos de comentarios y de petición que aplican, el Director Ejecutivo enviará la solicitud y cualquier petición para reconsideración o para una audiencia de caso impugnado a los Comisionados de la TCEQ para su consideración durante una reunión programada de la Comisión.

La Comisión sólo puede conceder una solicitud de una audiencia de caso impugnado sobre los temas que el solicitante haya presentado en sus comentarios oportunos que no fueron retirados posteriormente. **Si se concede una audiencia, el tema de la audiencia estará limitado a cuestiones de hecho en disputa o cuestiones mixtas de hecho y de derecho relacionadas a intereses pertinentes y materiales de calidad del agua que se hayan presentado durante el período de comentarios. Si ciertos criterios se cumplen, la TCEQ puede actuar sobre una solicitud para renovar un permiso sin proveer una oportunidad de una audiencia administrativa de lo contencioso.**

**LISTA DE CORREO.** Si somete comentarios públicos, un pedido para una audiencia

administrativa de lo contencioso o una reconsideración de la decisión del Director Ejecutivo, la Oficina del Secretario Principal enviará por correo los avisos públicos en relación con la solicitud. Además, puede pedir que la TCEQ ponga su nombre en una o más de las listas correos siguientes (1) la lista de correo permanente para recibir los avisos del solicitante indicado por nombre y número del permiso específico y/o (2) la lista de correo de todas las solicitudes en un condado específico. Si desea que se agregue su nombre en una de las listas designe cual lista(s) y envía por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

**INFORMACIÓN DISPONIBLE EN LÍNEA.** Para detalles sobre el estado de la solicitud, favor de visitar la Base de Datos Integrada de los Comisionados en [www.tceq.texas.gov/goto/cid](http://www.tceq.texas.gov/goto/cid). Para buscar en la base de datos, utilizar el número de permiso para esta solicitud que aparece en la parte superior de este aviso.

**CONTACTOS E INFORMACIÓN A LA AGENCIA.** Todos los comentarios públicos y solicitudes deben ser presentadas electrónicamente vía <http://www14.tceq.texas.gov/epic/eComment/> o por escrito dirigidos a la Comisión de Texas de Calidad Ambiental, Oficial de la Secretaría (Office of Chief Clerk), MC-105, P.O. Box 13087, Austin, Texas 78711-3087. Tenga en cuenta que cualquier información personal que usted proporcione, incluyendo su nombre, número de teléfono, dirección de correo electrónico y dirección física pasarán a formar parte del registro público de la Agencia. Para obtener más información acerca de esta solicitud de permiso o el proceso de permisos, llame al programa de educación pública de la TCEQ, gratis, al 1-800-687-4040. Si desea información en Español, puede llamar al 1-800-687-4040.

También se puede obtener información adicional del *Harris County Municipal Utility District 167* a la dirección indicada arriba o llamando a *Alejandro Vasquez, E.I.T., o a Robert S. Wempe, P.E. con Pape-Dawson Engineers, Inc.* al 713-428-2400.

Fecha de emisión: *[Date notice issued]*

## Brandon Maldonado

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**From:** Brandon Maldonado  
**Sent:** Monday, June 9, 2025 9:42 AM  
**To:** Alejandro Vasquez; Bob Wempe  
**Cc:** Hussain Iftikhar; Devina Sharma Pathak  
**Subject:** RE: Application to Renew Permit No. WQ0012834001 - Notice of Deficiency Letter

Good morning,

Thank you for your quick response. Your response is sufficient for all items of the NOD. I will now work to admin complete your application.

Please let me know if you have any questions.

Regards,



**Brandon Maldonado**  
Texas Commission on Environmental  
Quality  
Water Quality Division  
512-239-4331  
[Brandon.Maldonado@tceq.texas.gov](mailto:Brandon.Maldonado@tceq.texas.gov)

How is our customer service? Fill out our online customer satisfaction survey at  
[www.tceq.texas.gov/customersurvey](http://www.tceq.texas.gov/customersurvey)

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**From:** Alejandro Vasquez <avasquez@pape-dawson.com>  
**Sent:** Monday, June 9, 2025 9:12 AM  
**To:** Brandon Maldonado <Brandon.Maldonado@tceq.texas.gov>; Bob Wempe <BWempe@pape-dawson.com>  
**Cc:** Hussain Iftikhar <Hiftikhar@pape-dawson.com>; Devina Sharma Pathak <devina.sharmapathak@pape-dawson.com>  
**Subject:** RE: Application to Renew Permit No. WQ0012834001 - Notice of Deficiency Letter

Good morning Brandon,

Please see attached for the edited Municipal Discharger Renewal Spanish NORI form. Let us know if you need more information from our team.

Best regards,

**Alejandro Vasquez, EIT** | Engineer IV



O: 713.428.2400 | D: 346.589.6680 | E: [avasquez@pape-dawson.com](mailto:avasquez@pape-dawson.com)

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**From:** Brandon Maldonado <[Brandon.Maldonado@tceq.texas.gov](mailto:Brandon.Maldonado@tceq.texas.gov)>  
**Sent:** Friday, June 6, 2025 4:40 PM

**To:** Alejandro Vasquez <[avasquez@pape-dawson.com](mailto:avasquez@pape-dawson.com)>; Bob Wempe <[BWempe@pape-dawson.com](mailto:BWempe@pape-dawson.com)>  
**Cc:** Hussain Iftikhar <[Hiftikhar@pape-dawson.com](mailto:Hiftikhar@pape-dawson.com)>; Devina Sharma Pathak <[devina.sharmapathak@pape-dawson.com](mailto:devina.sharmapathak@pape-dawson.com)>  
**Subject:** RE: Application to Renew Permit No. WQ0012834001 - Notice of Deficiency Letter

Good afternoon,

Your response for Items 1,2 and 3 of the NOD are sufficient. For item 4 of the NOD the information provided is correct however, you have only provided two paragraphs from the NORI. Please combine the portion of the nori you provided in the response with the Spanish template in my original email so that there is a complete NORI. The complete NORI should be the exact same as the template except with portions provided in this response replacing the text that is highlighted red.

Since I replied late to your response you have an extension for your response. Please send complete response to my attention by **June 11, 2025**. If more time is needed, please let me know.

Please let me know if you have any questions.

Regards,



**Brandon Maldonado**  
Texas Commission on Environmental  
Quality  
Water Quality Division  
512-239-4331  
[Brandon.Maldonado@tceq.texas.gov](mailto:Brandon.Maldonado@tceq.texas.gov)

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[www.tceq.texas.gov/customersurvey](http://www.tceq.texas.gov/customersurvey)

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**From:** Alejandro Vasquez <[avasquez@pape-dawson.com](mailto:avasquez@pape-dawson.com)>  
**Sent:** Tuesday, June 3, 2025 5:33 PM  
**To:** Brandon Maldonado <[Brandon.Maldonado@tceq.texas.gov](mailto:Brandon.Maldonado@tceq.texas.gov)>; Bob Wempe <[BWempe@pape-dawson.com](mailto:BWempe@pape-dawson.com)>  
**Cc:** Hussain Iftikhar <[Hiftikhar@pape-dawson.com](mailto:Hiftikhar@pape-dawson.com)>; Devina Sharma Pathak <[devina.sharmapathak@pape-dawson.com](mailto:devina.sharmapathak@pape-dawson.com)>  
**Subject:** RE: Application to Renew Permit No. WQ0012834001 - Notice of Deficiency Letter

Good afternoon Brandon,

We have revised the application per your request for additional information. Please see attached for the revised application, and our response memo both in pdf and word style.

Let us know if you require any additional information from us.

Sincerely,

**Alejandro Vasquez, EIT** | Engineer IV



O: 713.428.2400 | D: 346.589.6680 | E: [avasquez@pape-dawson.com](mailto:avasquez@pape-dawson.com)

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**From:** Brandon Maldonado <[Brandon.Maldonado@tceq.texas.gov](mailto:Brandon.Maldonado@tceq.texas.gov)>

**Sent:** Friday, May 23, 2025 4:05 PM

**To:** Bob Wempe <[BWempe@pape-dawson.com](mailto:BWempe@pape-dawson.com)>

**Cc:** Alejandro Vasquez <[avasquez@pape-dawson.com](mailto:avasquez@pape-dawson.com)>

**Subject:** Application to Renew Permit No. WQ0012834001 - Notice of Deficiency Letter

Dear Mr. Robert Wempe

The attached Notice of Deficiency (NOD) letter sent on **May 23, 2025**, requests additional information needed to declare the application administratively complete. Please send complete response to my attention by **June 6, 2025**.

Please let me know if you have any questions.

Regards,



**Brandon Maldonado**

Texas Commission on Environmental  
Quality

Water Quality Division

512-239-4331

[Brandon.Maldonado@tceq.texas.gov](mailto:Brandon.Maldonado@tceq.texas.gov)

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[www.tceq.texas.gov/customersurvey](http://www.tceq.texas.gov/customersurvey)