Administrative Package Cover Page

This file contains the following documents:

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

PLAIN LANGUAGE SUMMARY

The Texas Military Department, on behalf of the Texas Army National Guard, is submitting this application to renew Permit No. WQ0013249001 for the Publicly-Owned Domestic Wastewater system located at Camp Maxey, in Lamar County.

Domestic sewage wastewater military housing and laundry is discharged into a facultative pond/lagoon #1 and then into a primary stabilization pond/lagoon #2 and finally into a secondary stabilization pond/lagoon #3. It is then discharged to an outfall area located approximately 95-feet north of lagoon #3 via a 6-inch PVC pipe. The outfall area feeds to an unnamed tributary to Lamar Lake, then to an unnamed tributary to Hicks Creek, and then finally to Pine Creek.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PERMIT NO. WQ0013249001

APPLICATION. Texas Military Department, 2200 West 35th Street, Austin, Texas 78703, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0013249001 (EPA I.D. No. TX0101214) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 7,000 gallons per day. The domestic wastewater treatment facility is located at 6351 U.S. Highway 271 North, in Lamar County, Texas 75473. The discharge route is from the plant site to an unnamed tributary; thence to Lamar Lake; thence to an unnamed tributary; thence to Hicks Creek; thence to Pine Creek; thence to Red River Below Lake Texoma. TCEQ received this application on June 25, 2025. The permit application will be available for viewing and copying at Paris Public Library, 326 South Main Street, Paris, in Lamar 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=-95.537222,33.7825&level=18

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

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

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

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

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

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

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

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

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

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

Further information may also be obtained from Texas Military Department at the address stated above or by calling Ms. Yamunalinie Pathmanathan, MS, Clean Water Coordinator, at 512-782-6098.

Issuance Date: July 9, 2025

TEXAS MILITARY DEPARTMENT
POST OFFICE BOX 5218
AUSTIN, TX 78763-5218
(512) 782-5001

June 16, 2025

Texas Commission on Environmental Quality
Applications Review and Processing Team
Building F, Room 2101
12100 Park 35 Circle
Austin, TX 78753

The Texas Military Department (TMD), on behalf of the Texas Army National Guard, is submitting the enclosed TCEQ Wastewater Permit Renewal Application for Camp Maxey Wastewater Treatment Plant, located at Powderly, Texas.

The point of contact, at our headquarters in Austin, is Ms. Yamunalinie Pathmanathan. She is the contact for any possible notice of deficiency or for any questions or concerns. Ms. Pathmanathan's office phone number is 512-782-6098 or she can be reached by email at yamunalinie.pathmanathan.nfg@army.mil.

Sincerely,

Richard Martinez, TXARNG
Environmental Branch Chief,
Construction & Facilities Management Office

Enclosure

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Texas Military Department

PERMIT NUMBER (If new, leave blank): WQ00 13249001/TX0101214

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

	Y	N		Y	N
Administrative Report 1.0	☒	☐	Original USGS Map	☒	☐
Administrative Report 1.1	☐	☒	Affected Landowners Map	☒	☐
SPIF	☒	☐	Landowner Disk or Labels	☐	☒
Core Data Form	☒	☐	Buffer Zone Map	☐	☒
Public Involvement Plan Form	☐	☒	Flow Diagram	☒	☐
Technical Report 1.0	☒	☐	Site Drawing	☒	☐
Technical Report 1.1	☐	☒	Original Photographs	☒	☐
Worksheet 2.0	☒	☐	Design Calculations	☐	☒
Worksheet 2.1	☐	☒	Solids Management Plan	☐	☒
Worksheet 3.0	☐	☒	Water Balance	☐	☒
Worksheet 3.1	☐	☒			
Worksheet 3.2	☐	☒			
Worksheet 3.3	☐	☒			
Worksheet 4.0	☐	☒			
Worksheet 5.0	☐	☒			
Worksheet 6.0	☐	☒			
Worksheet 7.0	☐	☒			

For TCEQ Use Only

Segment Number _____County _____
Expiration Date _____Region_____
Permit Number _____

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 26)

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

Flow	New/Major Amendment	Renewal
<0.05 MGD	$350.00 ☐	$315.00 ☒
≥0.05 but <0.10 MGD	$550.00 ☐	$515.00 ☐
≥0.10 but <0.25 MGD	$850.00 ☐	$815.00 ☐
≥0.25 but <0.50 MGD	$1,250.00 ☐	$1,215.00 ☐
≥0.50 but <1.0 MGD	$1,650.00 ☐	$1,615.00 ☐
≥1.0 MGD	$2,050.00 ☐	$2,015.00 ☐

Minor Amendment (for any flow) $150.00 ☐

Payment Information:

Mailed — Check/Money Order Number: Click to enter text.

Check/Money Order Amount: $315.00

Name Printed on Check: Texas Commission on Environmental Quality

EPAY — Voucher Number: 00190890

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 Wastewater Treatment

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

☒ Active ☐ Inactive

Business Unit	40100	**Invoice Date**	06/10/2025
Voucher ID	00190890	**Invoice No**	TCEQ wastewater permit
Voucher Style	Regular	**Invoice Total**	315.00 USD
Location Name	TEXAS COMMISSION OF ENVIROMENTAL QUALITY PO BOX 13088 AUSTIN, TX 78711-3088		
Entry Status	Postable	**Pay Terms**	NET 30
Match Status	Matched	**Voucher Source**	Online
Approval Status	Approved	**Origin**	ONL
Post Status	Unposted	**USAS Sent Date**	
		USAS Process Status	Y
		USAS Processing Date	
Doc Tol Status	Valid		
Budget Status	Valid	**Created On**	06/11/2025 7:17AM

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 132149001

EPA I.D. (TPDES only): TX TX0101214

Expiration Date: 01/05/2026

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?

Texas Military Department

(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: 600396121

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: Colonel | Last Name, First Name: Miller, Zebadiah

Title: Director of Facilities, TMD | 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?

NA

(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. 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: Ms. Last Name, First Name: Pathmanathan, Yamunalinie

Title: Clean Water Coordinator Credential: MS

Organization Name: Texas Military Department

Mailing Address: 2200 West 35th Street City, State, Zip Code: Austin, TX 78703

Phone No.: 512-782-6098 E-mail Address: yamunalinie.pathmanathan.nfg@army.mil

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix: Mr. Last Name, First Name: Boucher, David

Title: Deputy Environmental Program Manager Credential: P.G.

Organization Name: Texas Military Department

Mailing Address: 2200 West 35th Street City, State, Zip Code: Austin, TX, 78703

Phone No.: 512-782-5753 E-mail Address: david.n.boucher.nfg@army.mil

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: Ms. Last Name, First Name: Pathmanathan, Yamunalinie

Title: Clean Water Coordinator Credential: MS

Organization Name: Texas Military Department

Mailing Address: 2200 West 35th Street City, State, Zip Code: Austin, TX, 78703

Phone No.: 512-782-6098 E-mail Address: yamunalinie.pathmanathan.nfg@army.mil

B. Prefix: Mr. Last Name, First Name: Boucher, David

Title: Deputy Environmental Program Manager Credential: P.G.

Organization Name: Texas Military Department

Mailing Address: 2200 West 35th Street City, State, Zip Code: Austin, TX, 78703

Phone No.: 512-782-5753 E-mail Address: david.n.boucher.nfg@army.mil

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: Pathmanathan, Yamunalinie

Title: Clean Water Coordinator Credential: MS

Organization Name: Texas Military Department

Mailing Address: 2200 West 35th Street City, State, Zip Code: Austin, TX, 78703

Phone No.: 512-782-6098 E-mail Address: yamunalinie.pathmanathan.nfg@army.mil

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: Ms. Last Name, First Name: Pathmanathan, Yamunalinie

Title: Clean Water Coordinator Credential: MS

Organization Name: Texas Military Department

Mailing Address: 2200 West 35th Street City, State, Zip Code: Austin, TX, 78703

Phone No.: 512-782-6098 E-mail Address: yamunalinie.pathmanathan.nfg@army.mil

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Ms. Last Name, First Name: Pathmanathan, Yamunalinie

Title: Clean Water Coordinator Credential: MS

Organization Name: Texas Military Department

Mailing Address: 2200 West 35th Street City, State, Zip Code: Austin, TX, 78703

Phone No.: 512-782-6098 E-mail Address: yamunalinie.pathmanathan.nfg@army.mil

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: Ms. Last Name, First Name: Pathmanathan, Yamunalinie

Title: Clean Water Coordinator Credential: MS

Organization Name: Texas Military Department

Mailing Address: 2200 West 35th Street City, State, Zip Code: Austin, TX, 78703

Phone No.: 512-782-6098 E-mail Address: yamunalinie.pathmanathan.nfg@army.mil

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: Paris Public Library

Location within the building: Reception Area

Physical Address of Building: 326 South Main St.

City: Paris County: Lamar

Contact (Last Name, First Name): Lawman, Connie

Phone No.: (903) 785-8531 Ext.: Click to enter text.

E. Bilingual Notice Requirements

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

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

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

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

   ☐ Yes ☒ No

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

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

   ☐ Yes ☐ No

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

   ☐ Yes ☐ No

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

   ☐ Yes ☐ No

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

F. Plain Language Summary Template

Complete the Plain Language Summary (TCEQ Form 20972) and include as an attachment.

Attachment: Click to enter text.

G. Public Involvement Plan Form

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

Attachment: N/A

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. **RN** 101526812

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):

Camp Maxey Wastewater Treatment Plant

C. Owner of treatment facility: Texas Military Department

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: Texas Military Department

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

Organization Name: Texas Military Department

Mailing Address: PO Box 5218 City, State, Zip Code: Austin, TX, 78763

Phone No.: 512-782-5753 E-mail Address: david.n.boucher.nfg@army.mil

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: NA 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: NA 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): Powderly

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

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

☐ Yes ☒ No

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

☐ Authorization granted ☐ Authorization pending

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

Attachment: Click to enter text.

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

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:

NA

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.

NA

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: NA

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: WQ0013249001

Applicant: Texas Military Department

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): Col. Zebadiah E. Miller

Signatory title: Director of Facilities, Texas Military Department

Signature: _____ Date: 5 JUNE 2025

(Use blue ink)

Subscribed and Sworn to before me by the said Col. Zebadiah E. Miller

on this 5th day of June, 20 25.

My commission expires on the 26th day of July, 20 28.

Jo Rovello Jones

Notary Public

JO ROVELLO JONES
Notary Public, State of Texas
Comm. Expires 07-26-2028
Notary ID 4875601

SEAL

Travis

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 in which format the landowners list is submitted:

☐ USB Drive ☒ Four sets of labels

D. Provide the source of the landowners' names and mailing addresses: Lamar County Tax Appraisal District Office

E. As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?

☐ Yes ☒ No

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

Click to enter text.

Section 2. Original Photographs (Instructions Page 38)

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

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

Section 3. Buffer Zone Map (Instructions Page 38)

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

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

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

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

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

☒ Yes ☐ No

DOMESTIC WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: Click to enter text.

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): Mr.

Full legal name (Last Name, First Name, Middle Initial): Miller, Zebadiah, E.

Driver's License or State Identification Number: 24013530

Date of Birth: 10/31/1980

Mailing Address: 2200 West 35th Street

City, State, and Zip Code: Austin, Texas, 78703

Phone Number: 512-782-5802 Fax Number: Click to enter text.

E-mail Address: Zebadiah.e.miller.mil@army.mil

CN: 600396121

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

Landowners Labels or USB Drive attached ☐ N/A ☒ Yes
(See instructions for landowner requirements)

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)

Plain Language Summary ☒ Yes

Core Data Form

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission *(If other is checked please describe in space provided.)*

☐ New Permit, Registration or Authorization *(Core Data Form should be submitted with the program application.)*

☒ Renewal *(Core Data Form should be submitted with the renewal form)* ☐ Other

2. Customer Reference Number *(if issued)*	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number *(if issued)*
CN 600396121		RN 101526812

SECTION II: Customer Information

4. General Customer Information	5. Effective Date for Customer Information Updates (mm/dd/yyyy)	

☐ New Customer ☒ Update to Customer Information ☐ Change in Regulated Entity Ownership
☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)

The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).

6. Customer Legal Name *(If an individual, print last name first: eg: Doe, John)*	*If new Customer, enter previous Customer below:*
Texas Military Department	

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number *(if applicable)*
NA	34014014012	NA	NA

11. Type of Customer: ☐ Corporation ☐ Individual Partnership: ☐ General ☐ Limited
Government: ☐ City ☐ County ☐ Federal ☐ Local ☒ State ☐ Other ☐ Sole Proprietorship ☐ Other:

12. Number of Employees
☐ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☒ 501 and higher

13. Independently Owned and Operated?
☐ Yes ☒ No

14. Customer Role (Proposed or Actual) – *as it relates to the Regulated Entity listed on this form. Please check one of the following*

☒ Owner ☐ Operator ☐ Owner & Operator ☐ Other:
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant

15. Mailing Address:								
	2200 West 35th Street							
	Attn: Environmental Department NGTX-FE							
	City	Austin	**State**	TX	**ZIP**	78703	**ZIP + 4**	

16. Country Mailing Information *(if outside USA)*	17. E-Mail Address *(if applicable)*
	alec.castellano.nfg@cfmo.mil.texas.gov

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(512) 782-6071		( ) -

SECTION III: Regulated Entity Information

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

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

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

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

Camp Maxey Waste Water Treatment Plant

23. Street Address of the Regulated Entity: ***(No PO Boxes)***	6351 US Highway 271 North							
	City	Powderly	**State**	TX	**ZIP**	75473	**ZIP + 4**	
24. County								

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

25. Description to Physical Location:					
26. Nearest City			**State**		**Nearest ZIP Code**

Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).

27. Latitude (N) In Decimal:			**28. Longitude (W) In Decimal:**		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

29. Primary SIC Code (4 digits)	**30. Secondary SIC Code** (4 digits)	**31. Primary NAICS Code** (5 or 6 digits)	**32. Secondary NAICS Code** (5 or 6 digits)

33. What is the Primary Business of this entity? *(Do not repeat the SIC or NAICS description.)*

Military Training Site

34. Mailing Address:	**6351 US Highway 271 North**							
	City	**Powderly**	**State**	**TX**	**ZIP**	**75473**	**ZIP + 4**	
35. E-Mail Address:	**alec.castellano.nfg@cfmo.mil.texas.gov**							

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(512) 782-6071		**( ) -**

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form instructions for additional guidance.

☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:
	WQ0013249001			

SECTION IV: Preparer Information

40. Name:	Alec Castellano		**41. Title:**	Compliance Specialist
42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**	
(512) 782-6071		( ) -	alec.castellano.nfg@cfmo.mil.texas.gov	

SECTION V: Authorized Signature

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

Company:	Texas Military Department	**Job Title:**	Director of Facilities	
Name *(In Print):*	Zebadiah E. Miller	**Phone:**	(512) **782** - 5802	
Signature:		**Date:**	06/16/2025	

Supplemental Permit Information Form

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: _____Renewal _____Major Amendment ____Minor Amendment _____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

_____ Texas Historical Commission _____ U.S. Fish and Wildlife

_____ Texas Parks and Wildlife Department _____ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: Texas Military Department

   Permit No. WQ00 13249001 EPA ID No. TX 0101214

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

   6351 US Highway 271 North, Powderly, TX 75473

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: David Boucher

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

Title: Deputy Environmental Program Manager

Mailing Address: 2200 West 35th Street

City, State, Zip Code: Austin, TX, 78703

Phone No.: 512-782-5753 Ext.: Fax No.:

E-mail Address: david.n.boucher.nfg@army.mil

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

NA

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.

Domestic sewage wastewater goes into a facultative lagoon and then into a primary stabilization pond and finally into a secondary stabilization pond. It is then discharged into a 6" PVC. From out fall 1 to an unnamed tributary to Lamar Lake, then to an unnamed tributary to Hicks Creek and then to Pine Creek (Segment # 0202D).

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):

The facultative pond/lagoon 1 was excavated to increased its area and depth. The two existing lagoons 2 and 3 were relined. Work was performed in an approximately 4-acre area, and at a depth of no more than 12 feet.

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

Vegetation consists of grass, brushes and trees native to the area. The area chosen for the lagoons contained the least amount of vegetation to minimize the environmental impacts. Native grasses were applied around the lagoons upon completion to restore, in-part, the vegetation that was disturbed.

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.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

B. Interim II Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

C. Final Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

D. Current Operating Phase

Provide the startup date of the facility: January 2025

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.**

Domestic sewage wastewater goes into a facultative pond/lagoon #1 and then into a primary stabilization pond (lagoon #2) and finally into a secondary stabilization pond (lagoon #3). It is then discharged into a 6" PVC. From outfall 1 to an unnamed tributary to Lamar Lake, then to an unnamed tributary to Hicks Creek and then to Pine Creek (Segment # 0202D). The wastewater lagoon reconstruction began in February 2024 and completed January 2025. It may take 6 months to up to a year for the treatment system to reach full stability as the necessary microorganisms develop and establish the biological processes needed for effective wastewater treatment.

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)
Facultative Pond/Lagoon #1	1	264' x 88' x 12'
Lagoon #2	1	168' x 70'6" x 8'
Lagoon #3	1	168' x 65'6" x 6'

C. Process Flow Diagram

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

Attachment: Process Flow Diagram 1

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

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

- Latitude: 33.777509
- Longitude: -95.540946

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

- Latitude: Click to enter text.
- Longitude: Click to enter text.

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: Camp Maxey Site

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

Camp Maxey WWTP.

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

Collection System Information

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

Section 4. Unbuilt Phases (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

Section 5. Closure Plans (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

Section 6. Permit Specific Requirements (Instructions Page 44)

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

A. Summary transmittal

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

☐ Yes ☐ No

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

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

NA

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.

NA

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.

NA

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.

NA

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.

NA

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_5 concentration of the sludge, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

NA

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_5 concentration of the septic waste, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

NA

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.

NA

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

Is the facility in operation?

☒ Yes ☐ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
$CBOD_5$, mg/l	10.4 mg/L	10.4 mg/L	1	Grab	04/03/25 09:50AM
Total Suspended Solids, mg/l	18.5 mg/L	18.5 mg/L	1	Grab	04/03/25 09:50AM
Ammonia Nitrogen, mg/l	<0.0033 6 mg/L	<0.0033 6 mg/L	1	Grab	04/03/25 09:50AM
Nitrate Nitrogen, mg/l	<0.1 mg/L	<0.1 mg/L	1	Grab	04/03/25 09:50AM
Total Kjeldahl Nitrogen, mg/l	0.972 mg/L	0.972 mg/L	1	Grab	04/03/25 09:50AM
Sulfate, mg/l	39.3 mg/L	39.3 mg/L	1	Grab	04/03/25 09:50AM
Chloride, mg/l	14.6 mg/L	14.6 mg/L	1	Grab	04/03/25 09:50AM
Total Phosphorus, mg/l	0.205 mg/L	0.205 mg/L	1	Grab	04/03/25 09:50AM
pH, standard units	8 SU	8 SU	1	Grab	04/03/25 09:50AM
Dissolved Oxygen*, mg/l	8.3 mg/L	8.3 mg/L	1	Grab	04/03/25 09:50AM
Chlorine Residual, mg/l	<0.00 mg/L	<0.00 mg/L	1	Grab	04/03/25 09:50AM
E.coli (CFU/100ml) freshwater	57.3 MPN/100mL	57.3 MPN/100mL	1	Grab	04/03/25 09:50AM
Entercocci (CFU/100ml) saltwater	NA	NA	NA	NA	04/03/25 09:50AM
Total Dissolved Solids, mg/l	192 mg/L	192 mg/L	1	Grab	04/03/25 09:50AM
Electrical Conductivity, µmohs/cm, †	NA	NA	NA	NA	04/03/25 09:50AM
Oil & Grease, mg/l	4.65 mg/L	4.65mg /L	1	Grab	04/03/25 09:50AM
Alkalinity ($CaCO_3$)*, mg/l	77.9 mg/L	77.9 mg/L	1	Grab	04/03/25 09:50AM

*TPDES permits only
†TLAP permits only

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l					

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Dissolved Solids, mg/l					
pH, standard units					
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity ($CaCO_3$), mg/l					

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Joe W. Williams

Facility Operator's License Classification and Level: D

Facility Operator's License Number: WW0046690

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

B. WWTP's Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

- ☐ Aerobic Digestion
- ☐ Air Drying (or sludge drying beds)
- ☐ Lower Temperature Composting
- ☐ Lime Stabilization
- ☐ Higher Temperature Composting
- ☐ Heat Drying
- ☐ Thermophilic Aerobic Digestion
- ☐ Beta Ray Irradiation
- ☐ Gamma Ray Irradiation
- ☐ Pasteurization

- ☐ Preliminary Operation (e.g. grinding, de-gritting, blending)
- ☐ Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)
- ☐ Sludge Lagoon
- ☐ Temporary Storage (< 2 years)
- ☐ Long Term Storage (>= 2 years)
- ☐ Methane or Biogas Recovery
- ☐ Other Treatment Process: Click to enter text.

C. Sewage Sludge or Biosolids Management

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

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

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

D. Disposal site

Disposal site name: NA

TCEQ permit or registration number: NA

County where disposal site is located: NA

E. Transportation method

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

Name of the hauler: NA

Hauler registration number: NA

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 $1x10^{-7}$ cm/sec?

☐ Yes ☒ No

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

NA

D. Site development plan

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

NA

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: NA

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: Richard Martinez

Title: Environmental Branch Chief

Signature: _____

Date: 16 June 2025

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

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

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

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

Attachment: Click to enter text.

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

A. Receiving water outfall

Width of the receiving water at the outfall, in feet: Click to enter text.

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

Click to enter text.

C. Sea grasses

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

☐ Yes ☐ No

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

Click to enter text.

Section 3. Classified Segments (Instructions Page 63)

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

☐ Yes ☒ No

If yes, this Worksheet is complete.

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

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

Name of the immediate receiving waters: From outfall 1 to an unnamed tributary to Lamar Lake, then to an unnamed tributary to Hicks Creek and then to Pine Creek (Segment #0202D).

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.

From outfall 1 to an unnamed tributary to Lamar Lake, then to an unnamed tributary to Hicks Creek and then to Pine Creek (Segment #0202D).

D. Downstream characteristics

Do the receiving water characteristics change within three miles downstream of the discharge (e.g., natural or man-made dams, ponds, reservoirs, etc.)?

☐ Yes ☒ No

If yes, discuss how.

Click to enter text.

E. Normal dry weather characteristics

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

The Lamar Lake never dries even during the summer months.

Date and time of observation: 4/3/2025

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

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

A. Upstream influences

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

☐ Oil field activities
☐ Urban runoff
☐ Upstream discharges
☐ Agricultural runoff
☐ Septic tanks
☒ Other(s), specify: None

B. Waterbody uses

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

- ☐ Livestock watering
- ☐ Irrigation withdrawal
- ☐ Fishing
- ☐ Domestic water supply
- ☐ Park activities
- ☐ Contact recreation
- ☐ Non-contact recreation
- ☐ Navigation
- ☐ Industrial water supply
- ☒ Other(s), specify: None

C. Waterbody aesthetics

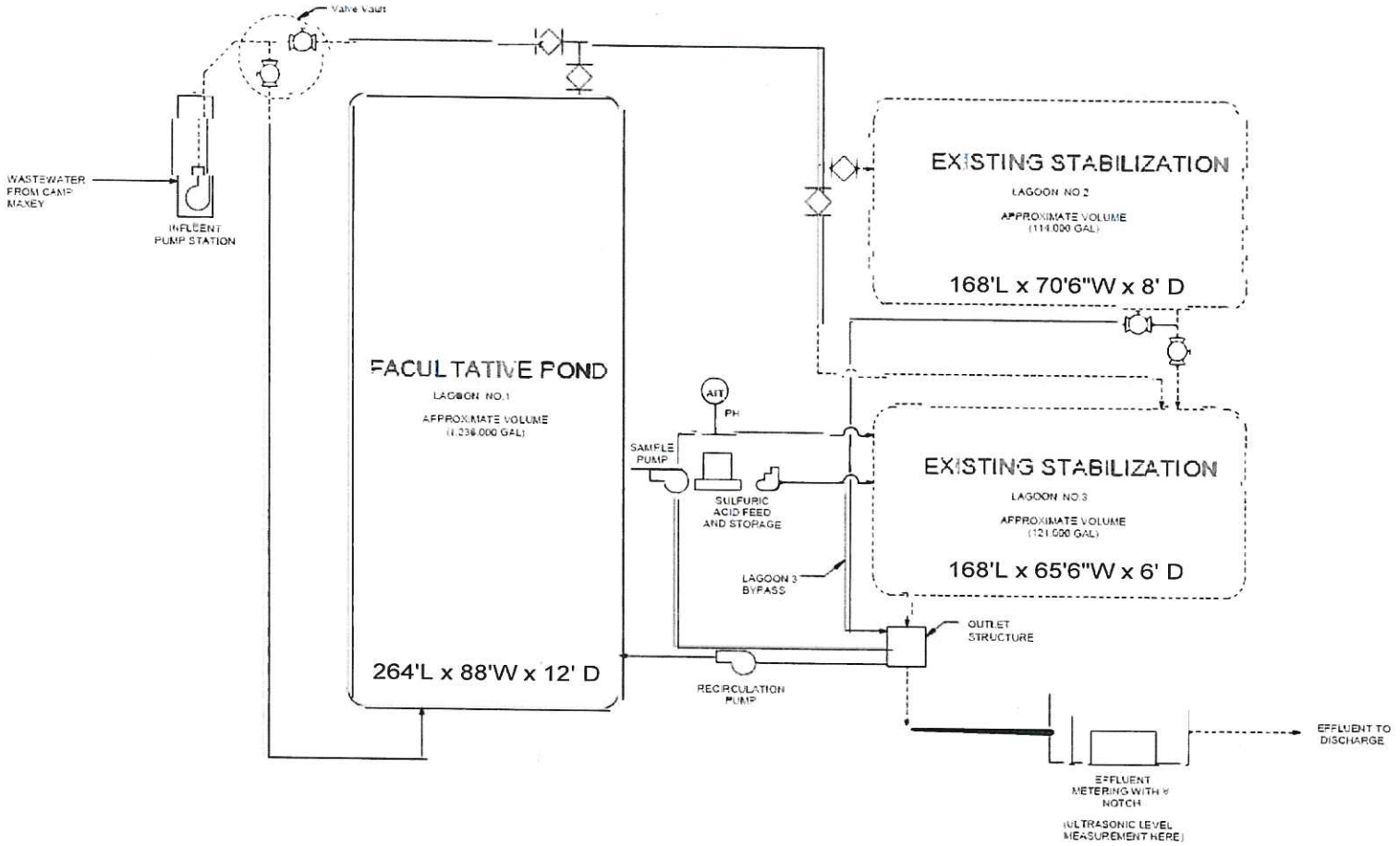
Check one of the following that best describes the aesthetics of the receiving water and the surrounding area.

- ☐ 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.

Process Flow Diagram

Attachment 1

Attachment 1 - Process Flow Diagram



NOTE

1. MAXIMUM PERMITTED FLOW IS 0.007 MGD (7,000 GPD)
2. Diagram not to scale

LEGEND	
EXISTING	- - - - - - - - - - - -
NEW	————

Topographical Maps

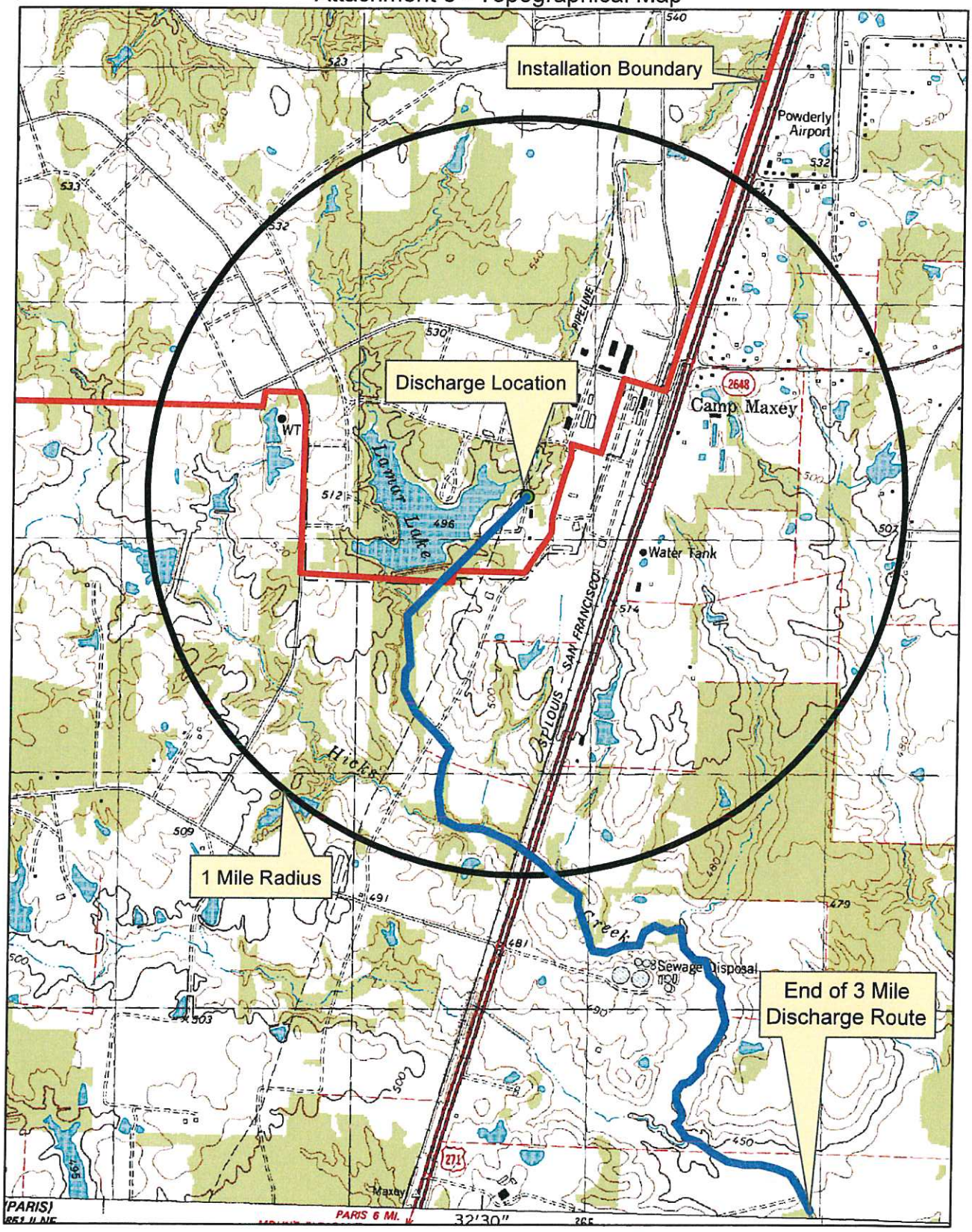
Attachments 2 - 4

Attachment 2 - Topographical Map

Texas Army National Guard - Camp Maxey

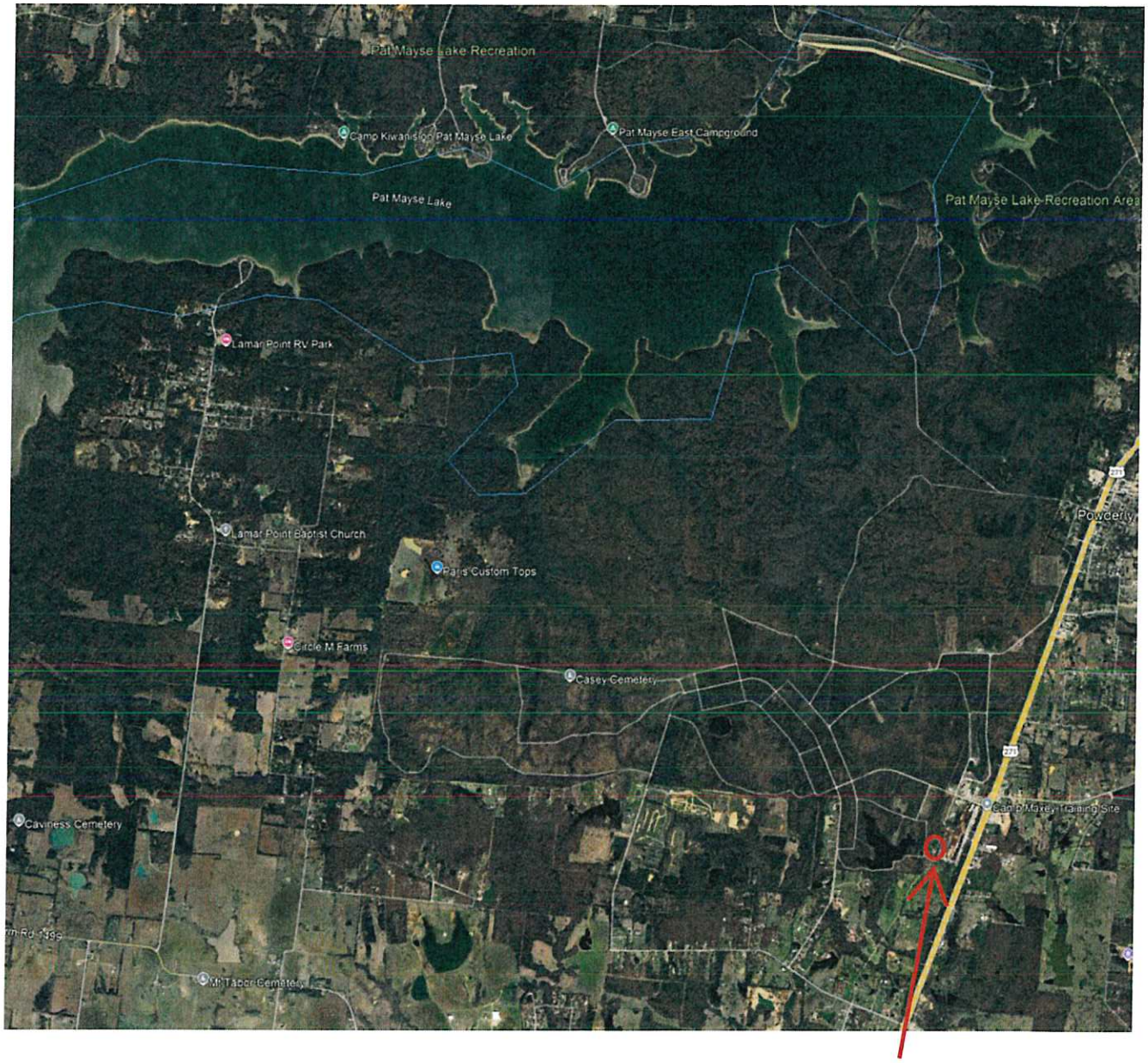
Sewage Discharge Route

TEXAS ARMY NATIONAL GUARD - CAMP MAXEY
Discharge Route
Attachment 3 - Topographical Map



TEXAS ARMY NATIONAL GUARD - CAMP MAXEY

Attachment 4 - 5000 Meter View



1:50,000

0 1,250 2,500 5,000 Meters

N

TXARNG

Previous Layout

Attachment 5

Attachment 5 - Previous Construction

Current Layout

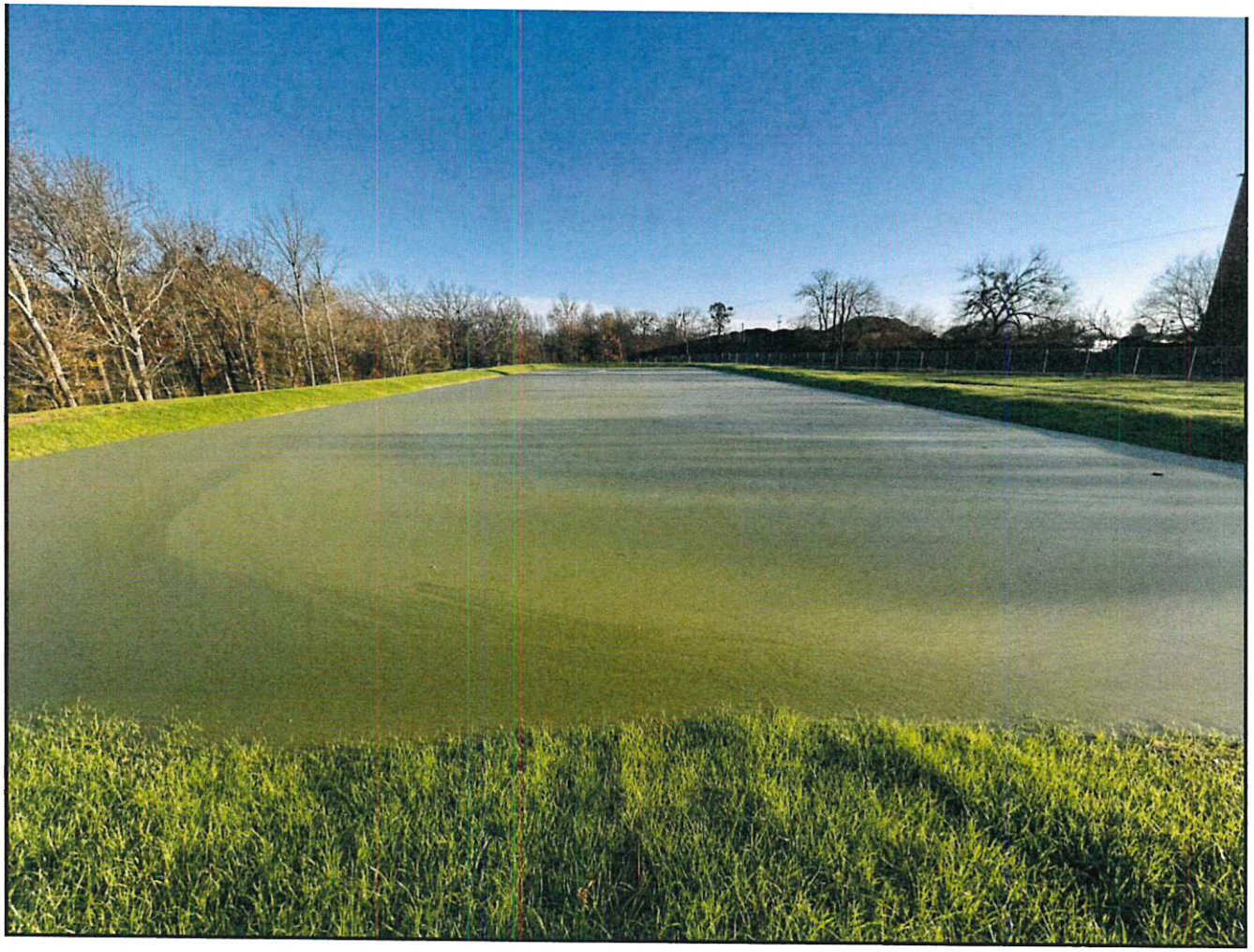
Attachment 6

Attachment 6 – Current Construction

Additional Photographs

Attachments 7-9

Attachment 7 - Facultative Pond/Lagoon #1

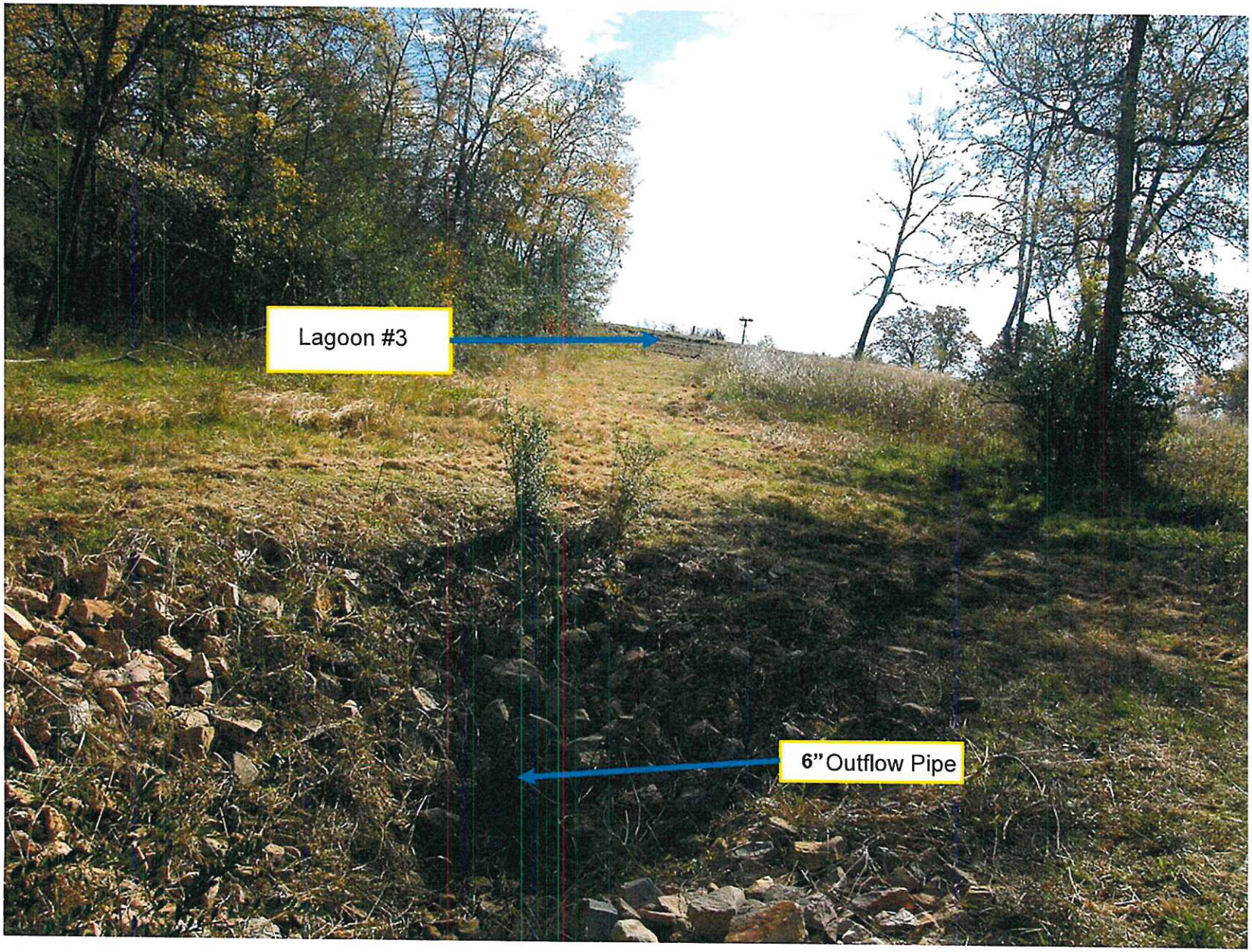


Attachment 8 - Lagoons 2 & 3

Lagoon #2

Lagoon #3

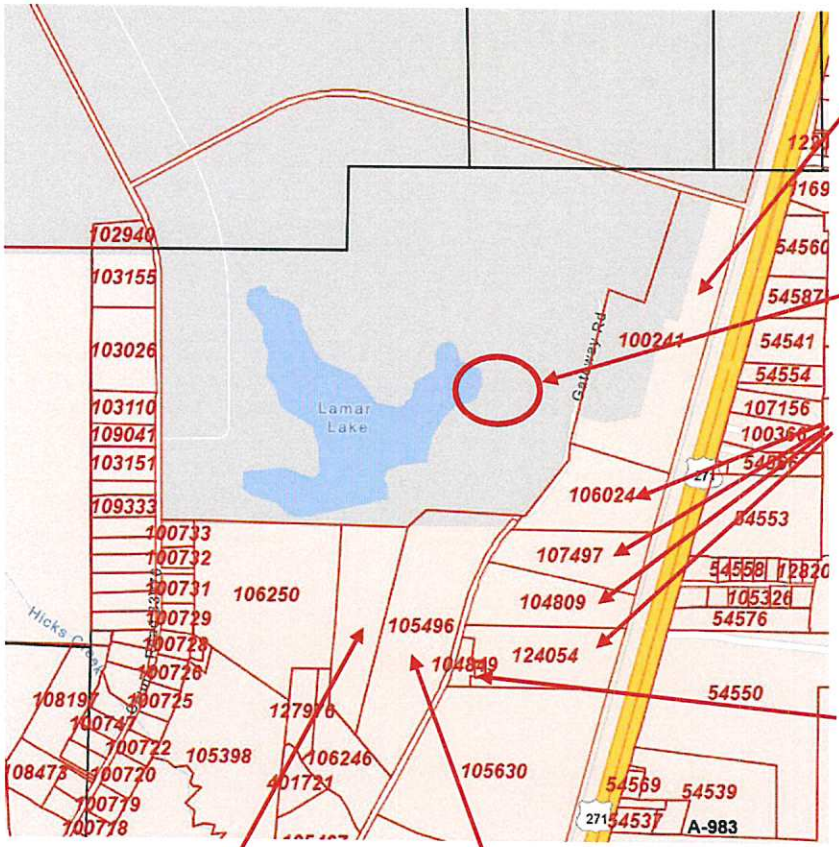
Attachment 9 - Outflow Pipe



Landowners Map

Attachment 10

Attachment 10
Camp Maxey Land Owner Map/Addresses



Old Castle Lawn & Garden, Inc.
1130 Queeny Ave.
Sauget, IL 62206

SITE LOCATION

Willis Jerrold W
870 CR 33980 N
Powderly, TX 75473

White Maria A & Donna L
750 CR 33980
Powderly, TX 75473

Wikoff Donald L & Jane A
618 CR 33970
Powderly, TX 75473

Kilgore Terry L & Linda K
435 42nd SE
Paris, TX 75460

Operator Certificate

Attachment 11

Attachment 11 - Operator License

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PO BOX 13087 MC-178 ♦ AUSTIN TEXAS 78711-3087

Pursuant to authorization from the Executive Director of the Texas Commission on Environmental Quality, the Manager of the Operator Licensing Section of the Permitting and Registration Support Division has issued the enclosed WASTEWATER TREATMENT OPERATOR certificate and pocket card.

RECEIPT OF PAYMENT

Fee Type: RENEWAL APPLICATION
Date Fee Paid: 02/14/2023
Amount Paid: $ 111.00

TEST SCORE: 86

CONTACT INFORMATION
WASTEWATER LICENSING
(512)239-0170

For general information about licensing visit:
www.tceq.texas.gov/licensing
Pursuant to 30 TAC 30.24(k), you are required to notify the TCEQ of any contact information changes within 10 days of the date the change occurs.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

JOSEPH W WILLIAMS
is hereby licensed as a
WASTEWATER TREATMENT OPERATOR

Class	License Number	Expires
D	WW0046690	05/05/2026

SIGNATURE

INTERIM EXECUTIVE DIRECTOR

TCEQ VIPP Form 0043 (09-07-06)

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Be it known that

JOSEPH W WILLIAMS

has fulfilled the requirements in accordance with the laws of the State of Texas for

CLASS D WASTEWATER TREATMENT OPERATOR

License Number: WW0046690
Issue Date: 05/05/2023
Expiration Date: 05/05/2026

Interim Executive Director
Texas Commission on Environmental Quality

Lab Analysis

Attachment 12

2600 Dudley Rd. Kilgore, Texas 75662
24 Waterway Avenue, Suite 375 The Woodlands, TX 77380
*Office: 903-984-0551 * Fax: 903-984-5914*

SPL
The Science of Sure

Project
1142299

CAMW-A

Texas National Guard
Leon McCowan/ Yamunalinie
2200 West 35th Street
Bldg. 38
Austin, TX 78703-

Printed 04/29/2025
8:59

TABLE OF CONTENTS

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1142299_r03_03_ProjectResults	SPL Kilgore Project P:1142299 C:CAMW Project Results t:304 PO: 40100-24-03610	5
1142299_r10_05_ProjectQC	SPL Kilgore Project P:1142299 C:CAMW Project Quality Control Groups	7
1142299_r99_09_CoC__1_of_1	SPL Kilgore CoC CAMW 1142299_1_of_1	6
	Total Pages:	19

2600 Dudley Rd. Kilgore, Texas 75662
24 Waterway Avenue, Suite 375 The Woodlands, TX 77380
Office: 903-984-0551 * Fax: 903-984-5914

SPL The Science of Sure

SAMPLE CROSS REFERENCE

Project 1142299

Texas National Guard
Leon McCowan/ Yamunalinie
2200 West 35th Street
Bldg. 38
Austin, TX 78703-

Sample	Sample ID	Taken	Time	Received
2395973	*Camp Maxey Permit Renewal*	04/03/2025	09:50:00	04/03/2025

Bottle 01 Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized
Bottle 02 Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized
Bottle 03 Polyethylene 1/2 gal (White)
Bottle 04 Polyethylene Quart
Bottle 05 H2SO4 to pH <2 Glass Qt w/Teflon lined lid
Bottle 06 H2SO4 to pH <2 Glass Qt w/Teflon lined lid
Bottle 07 16 oz HNO3 Metals Plastic
Bottle 08 8 oz Plastic H2SO4 pH < 2
Bottle 09 BOD Titration Beaker A (Batch 1168639) Volume: 100.00000 mL <== Derived from 03 (100 ml)
Bottle 10 BOD Analytical Beaker B (Batch 1168639) Volume: 100.00000 mL <== Derived from 03 (100 ml)
Bottle 11 Prepared Bottle: ICP Preparation for Metals (Batch 1168651) Volume: 50.00000 mL <== Derived from 07 (50 ml)
Bottle 12 Prepared Bottle: ICP Preparation for Metals (Batch 1168651) Volume: 50.00000 mL <== Derived from 07 (50 ml)
Bottle 13 Prepared Bottle: ICP Preparation for Metals (Batch 1168651) Volume: 50.00000 mL <== Derived from 07 (50 ml)
Bottle 14 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1168642) Volume: 20.00000 mL <== Derived from 08 (20 ml)
Bottle 15 Prepared Bottle: NH3N TRAACS Autosampler Vial (Batch 1168715) Volume: 6.00000 mL <== Derived from 08 (6 ml)
Bottle 16 Prepared Bottle: NH3N TRAACS Autosampler Vial (Batch 1168812) Volume: 6.00000 mL <== Derived from 08 (6 ml)

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 300.0 2.1	03	1168744	04/03/2025	1168744	04/03/2025
EPA 200.7 4.4	11	1168651	04/04/2025	1168752	04/04/2025
SM 2320 B-2011	04	1169952	04/11/2025	1169952	04/11/2025
SM 5210 B-2016 (TCMP Inhibitor)	03	1168639	04/09/2025	1168639	04/09/2025
SM 4500-Cl G-2011		1168591	04/03/2025	1168591	04/03/2025
SM 4500-O G-2016		1168592	04/03/2025	1168592	04/03/2025
EPA 1664B (HEM)	05	1169892	04/10/2025	1169892	04/10/2025
SM 9223 B (Colilert-18 QT)-2016	01	1168628	04/04/2025	1168628	04/04/2025
SM 9223 B (Colilert-18 QT)-2016	01	1168627	04/04/2025	1168627	04/04/2025
EPA 350.1 2	16	1168812	04/05/2025	1168954	04/07/2025
SM 2540 C-2015	04	1169792	04/09/2025	1169792	04/09/2025
EPA 351.2 2	14	1168642	04/04/2025	1168763	04/04/2025
SM 2540 D-2015	03	1169347	04/08/2025	1169347	04/08/2025
SM 4500-H+ B-2011		1168593	04/03/2025	1168593	04/03/2025

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Report Date: 04/11/2025
Printed: 04/29/2025

RESULTS

Sample Results

2395972 **Sampling/Transport $85 per hou** Received: 04/03/2025

Non-Potable Water Collected by: CDR SPL Kilgore PO: 40100-24-03610
Taken: 04/03/2025 09:50:00

Prepared: 04/03/2025 09:50:00 Analyzed 04/03/2025 09:50:00 CDR

Parameter	Results	Units	RL	Flags	CAS	Bottle
Technician Hourly Rate/$85	**VERIFIED**					

2395973 **Camp Maxey Permit Renewal** Received: 04/03/2025

Non-Potable Water Collected by: CDR SPL Kilgore PO: 40100-24-03610
Taken: 04/03/2025 09:50:00

EPA 1664B (HEM) Prepared: 1169892 04/10/2025 08:25:00 Analyzed 1169892 04/10/2025 08:25:00 MAX

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Oil and Grease (HEM)**	**4.65**	**mg/L**	4.65			05

EPA 200.7 4.4 Prepared: 1168651 04/04/2025 06:30:00 Analyzed 1168752 04/04/2025 11:03:00 CAS

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Phosphorus**	**0.205**	**mg/L**	0.040		**7723-14-0**	11

EPA 300.0 2.1 Prepared: 1168744 04/03/2025 17:59:00 Analyzed 1168744 04/03/2025 17:59:00 KRA

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Chloride**	**14.6**	**mg/L**	3.00			03
NELAC	**Nitrate-Nitrogen Total**	**<0.1**	**mg/L**	0.1		**14797-55-8**	03
NELAC	**Sulfate**	**39.3**	**mg/L**	3.00			03

EPA 350.1 2 Prepared: 1168812 04/05/2025 09:30:50 Analyzed 1168954 04/07/2025 06:36:00 AMB

Parameter	Results	Units	RL	Flags	CAS	Bottle

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Report Date: 04/11/2025
Printed: 04/29/2025

2395973 **Camp Maxey Permit Renewal** Received: 04/03/2025

Non-Potable Water Collected by: CDR SPL Kilgore PO: 40100-24-03610
Taken: 04/03/2025 09:50:00

EPA 350.1 2 Prepared: 1168812 04/05/2025 09:30:50 Analyzed 1168954 04/07/2025 06:36:00 AMB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Ammonia Nitrogen**	**<0.00336**	**mg/L**	0.00336			16

EPA 351.2 2 Prepared: 1168642 04/04/2025 06:58:45 Analyzed 1168763 04/04/2025 11:18:00 AMB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Total Kjeldahl Nitrogen**	**0.972**	**mg/L**	0.050		**7727-37-9**	14

SM 2320 B-2011 Prepared: 1169952 04/11/2025 07:07:00 Analyzed 1169952 04/11/2025 07:07:00 TRC

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Total Alkalinity (as CaCO3)**	**77.9**	**mg/L**	1.00			04

SM 2540 C-2015 Prepared: 1169792 04/09/2025 08:45:00 Analyzed 1169792 04/09/2025 08:45:00 JMB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Total Dissolved Solids**	**192**	**mg/L**	10.0			04

SM 2540 D-2015 Prepared: 1169347 04/08/2025 13:30:00 Analyzed 1169347 04/08/2025 13:30:00 ADR

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Total Suspended Solids**	**18.5**	**mg/L**	5.00			03

SM 4500-Cl G-2011 Prepared: 1168591 04/03/2025 10:00:00 Analyzed 1168591 04/03/2025 10:00:00 CDR

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]**	**0.00**	**mg/L**	0.05			

SM 4500-H+ B-2011 Prepared: 1168593 04/03/2025 09:55:00 Analyzed 1168593 04/03/2025 09:55:00 CDR

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**pH (Onsite)**	**8.0**	**SU**				

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2395973 **Camp Maxey Permit Renewal** Received: 04/03/2025

Non-Potable Water Collected by: CDR SPL Kilgore PO: 40100-24-03610
Taken: 04/03/2025 09:50:00

SM 4500-O G-2016 Prepared: 1168592 04/03/2025 09:55:00 Analyzed 1168592 04/03/2025 09:55:00 CDR

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Dissolved Oxygen Onsite**	**8.3**	**mg/L**	1.0			

SM 5210 B-2016 (TCMP Inhibitor) Prepared: 1168639 04/04/2025 Analyzed 1168639 04/09/2025 11:33:45 ESN

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**BOD Carbonaceous**	**10.4**	**mg/L**	3.00			03

SM 9223 B (Colilert-18 QT)-2016 Prepared: 1168627 04/04/2025 10:47:00 Analyzed 1168627 04/04/2025 10:47:00 MDM

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**MPN, Total Coliform, Non-Pot**	**>2419.6**	**MPN/100mL**	1.00			01

SM 9223 B (Colilert-18 QT)-2016 Prepared: 1168628 04/04/2025 10:47:00 Analyzed 1168628 04/04/2025 10:47:00 MDM

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**MPN, E.coli, Col.-18 - Non-Pot**	**57.3**	**MPN/100mL**	1.00			01

Sample Preparation

2395973 **Camp Maxey Permit Renewal** Received: 04/03/2025

40100-24-03610

04/03/2025

Prepared: 04/03/2025 15:47:58 Calculated 04/03/2025 15:47:58 CAL

z **Enviro Fee (per Sampling Group)** **Verified**

EPA 1664B (HEM) Prepared: 1169693 04/10/2025 08:25:00 Analyzed 1169693 04/10/2025 08:25:00 MAX

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2395973 **Camp Maxey Permit Renewal** Received: 04/03/2025

40100-24-03610

04/03/2025

	EPA 1664B (HEM)	*Prepared:*	*1169693*	*04/10/2025*	*08:25:00*	*Analyzed*	*1169693*	*04/10/2025*	*08:25:00*	*MAX*
NELAC	**O&G HEM Started**	**Started**								
	EPA 200.2 2.8	*Prepared:*	*1168651*	*04/04/2025*	*06:30:00*	*Analyzed*	*1168651*	*04/04/2025*	*06:30:00*	*HLT*
z	**Liquid Metals Digestion**	**50/50**	**ml**							07
	EPA 350.1, Rev. 2.0	*Prepared:*	*1168812*	*04/05/2025*	*09:30:50*	*Analyzed*	*1168812*	*04/05/2025*	*09:30:50*	*JR1*
NELAC	**Ammonia Distillation**	**6/6**	**ml**							08
	EPA 351.2, Rev 2.0	*Prepared:*	*1168642*	*04/04/2025*	*06:58:45*	*Analyzed*	*1168642*	*04/04/2025*	*06:58:45*	*AMB*
NELAC	**TKN Block Digestion**	**20/20**	**ml**							08
	SM 2540 C-2015	*Prepared:*	*1169284*	*04/09/2025*	*08:45:00*	*Analyzed*	*1169284*	*04/09/2025*	*08:45:00*	*JMB*
NELAC	**Total Dissolved Solids Started**	**Started**								
	SM 2540 D-2011	*Prepared:*	*1168851*	*04/08/2025*	*13:30:00*	*Analyzed*	*1168851*	*04/08/2025*	*13:30:00*	*ADR*
NELAC	**TSS Set Started**	**Started**								
	SM 5210 B-2016 (TCMP Inhibitor)	*Prepared:*	*1168639*	*04/04/2025*		*Analyzed*	*1168639*	*04/04/2025*	*06:52:26*	*ESN*
NELAC	**BODc Set Started**	**Started**								

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2395973 **Camp Maxey Permit Renewal**

Received: 04/03/2025

40100-24-03610

04/03/2025

SM 9223 B (Colilert-18 QT)-2016	*Prepared:*	*1168626*	*04/03/2025*	*16:07:00*	*Analyzed*	*1168626*	*04/03/2025*	*16:07:00*	*MDM*
NELAC **MPN (Colilert-18) Start Non-Pot**	**STARTED**								01

Qualifiers:

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

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

(N)ELAC - Covered in our NELAC scope of accreditation
z -- Not covered by our NELAC scope of accreditation

These analytical results relate to the sample tested. This report may NOT be reproduced EXCEPT in FULL without written approval of SPL Kilgore. Unless otherwise specified, these test results meet the requirements of NELAC.
RL is the Reporting Limit (sample specific quantitation limit) and is at or above the Method Detection Limit (MDL). CAS is Chemical Abstract Service number. RL is our Reporting Limit, or Minimum Quantitation Level. The RL takes into account the Instrument Detection Limit (IDL), Method Detection Limit (MDL), and Practical Quantitation Limit (PQL), and any dilutions and/or concentrations performed during sample preparation (EQL). Our analytical result must be above this RL before we report a value in the 'Results' column of our report (without a 'J' flag). Otherwise, we report ND (Not Detected above RL), because the result is "<" (less than) the number in the RL column. MAL is Minimum Analytical Level and is typically from regulatory agencies. Unless we report a result in the result column, or interferences prevent it, we work to have our RL at or below the MAL.

Bill Peery

Bill Peery, MS, VP Technical Services

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Analytical Set 1168627 — SM 9223 B (Colilert-18 QT)-2016

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
MPN, Total Coliform, Non-Pot	1168627	<1.0	1.00	1.00	MPN/100mL	127474742

Micro Dup

Parameter	Sample	Type	Result	Unknown	Unit	Range	Criterion
MPN, Total Coliform, Non-Pot	2395834	Duplicate	>2419.6	>2419.6	MPN/100mL		0.7825

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
P. aeruginosa	1168626	<1.0	<1.0	MPN/100ml		-	127474739
Standard E. coli	1168626	>2419.6	>2419.6	MPN/100ml		-	127474741
Standard K.varicola	1168626	>2419.6	>2419.6	MPN/100ml		-	127474740

Analytical Set 1168628 — SM 9223 B (Colilert-18 QT)-2016

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
MPN, E.coli, Col.-18 - Non-Pot	1168628	<1.0	1.00	1.00	MPN/100mL	127474762

Micro Dup

Parameter	Sample	Type	Result	Unknown	Unit	Range	Criterion
MPN, E.coli, Col.-18 - Non-Pot	2395834	Duplicate	5.2	4.1	MPN/100mL	0.103	0.7825

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
P. aeruginosa	1168626	<1.0	<1.0	MPN/100ml		-	127474759
Standard E. coli	1168626	>2419.6	>2419.6	MPN/100ml		-	127474761
Standard K.varicola	1168626	<1.0	<1.0	MPN/100ml		-	127474760

Analytical Set 1168639 — SM 5210 B-2016 (TCMP Inhibitor)

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
BOD Carbonaceous	1168639	0.2	0.200	0.500	mg/L	127475023
BOD Carbonaceous	1168639	0.2	0.200	0.500	mg/L	127475073
BOD Carbonaceous	1168639	0.2	0.200	0.500	mg/L	127477143

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
BOD Carbonaceous	2395663	4.19	3.95	mg/L	5.90	30.0
BOD Carbonaceous	2395782	4.59	4.27	mg/L	7.22	30.0
BOD Carbonaceous	2395901	4.15	5.03	mg/L	19.2	30.0
BOD Carbonaceous	2396001	15.0	16.3	mg/L	8.31	30.0
BOD Carbonaceous	2396182	11.2	8.31	mg/L	29.6	30.0

Seed Drop

Parameter	PrepSet	Reading	MDL	MQL	Units	File
BOD Carbonaceous	1168639	0.423	0.200	0.500	mg/L	127475025

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Seed Drop

Parameter	PrepSet	Reading	MDL	MQL	Units	File
BOD Carbonaceous	1168639	0.523	0.200	0.500	mg/L	127475075
BOD Carbonaceous	1168639	0.543	0.200	0.500	mg/L	127477145

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%		File
BOD Carbonaceous		231	198	mg/L	117	83.7 - 116	*	127475026
BOD Carbonaceous		225	198	mg/L	114	83.7 - 116		127475076
BOD Carbonaceous		227	198	mg/L	115	83.7 - 116		127477146

Analytical Set 1168763 — EPA 351.2 2

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Kjeldahl Nitrogen	1168642	ND	0.00712	0.050	mg/L	127477733

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	5.36	5.00	mg/L	107	90.0 - 110	127477732
Total Kjeldahl Nitrogen	5.12	5.00	mg/L	102	90.0 - 110	127477741
Total Kjeldahl Nitrogen	5.19	5.00	mg/L	104	90.0 - 110	127477749
Total Kjeldahl Nitrogen	5.49	5.00	mg/L	110	90.0 - 110	127477754

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Kjeldahl Nitrogen	2395679	0.277	0.263	mg/L	5.19	20.0
Total Kjeldahl Nitrogen	2395702	0.837	0.856	mg/L	2.24	20.0

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	5.23	5.00	mg/L	105	90.0 - 110	127477731

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Total Kjeldahl Nitrogen	1168642	5.23	5.11	5.00	90.0 - 110	105	102	mg/L	2.32	20.0

Mat. Spike

Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File	
Total Kjeldahl Nitrogen	2395679	4.13	0.263	5.00	mg/L	77.3	80.0 - 120	127477738	*
Total Kjeldahl Nitrogen	2395702	5.62	0.856	5.00	mg/L	95.3	80.0 - 120	127477742	

Analytical Set 1168954 — EPA 350.1 2

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Ammonia Nitrogen	1168812	ND	0.00336	0.020	mg/L	127481931

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Ammonia Nitrogen	2.19	2.00	mg/L	110	90.0 - 110	127481879

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CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Ammonia Nitrogen	2.14	2.00	mg/L	107	90.0 - 110	127481885
Ammonia Nitrogen	2.19	2.00	mg/L	110	90.0 - 110	127481895
Ammonia Nitrogen	2.19	2.00	mg/L	110	90.0 - 110	127481906
Ammonia Nitrogen	2.12	2.00	mg/L	106	90.0 - 110	127481914
Ammonia Nitrogen	2.18	2.00	mg/L	109	90.0 - 110	127481924
Ammonia Nitrogen	2.13	2.00	mg/L	106	90.0 - 110	127481935
Ammonia Nitrogen	2.14	2.00	mg/L	107	90.0 - 110	127481945
Ammonia Nitrogen	2.16	2.00	mg/L	108	90.0 - 110	127481956
Ammonia Nitrogen	2.13	2.00	mg/L	106	90.0 - 110	127481966
Ammonia Nitrogen	2.18	2.00	mg/L	109	90.0 - 110	127481974
Ammonia Nitrogen	2.17	2.00	mg/L	108	90.0 - 110	127481985
Ammonia Nitrogen	2.14	2.00	mg/L	107	90.0 - 110	127481986
Ammonia Nitrogen	2.13	2.00	mg/L	106	90.0 - 110	127481990
Ammonia Nitrogen	2.09	2.00	mg/L	104	90.0 - 110	127481999

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Ammonia Nitrogen	2395919	ND	ND	mg/L		20.0
Ammonia Nitrogen	2396066	ND	ND	mg/L		20.0

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Ammonia Nitrogen	2.12	2.00	mg/L	106	90.0 - 110	127481878

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Ammonia Nitrogen	1168812	2.19	2.16	2.00	90.0 - 110	110	108	mg/L	1.38	20.0

Mat. Spike

Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File
Ammonia Nitrogen	2395919	2.14	ND	2.00	mg/L	107	80.0 - 120	127481937
Ammonia Nitrogen	2396066	2.13	ND	2.00	mg/L	106	80.0 - 120	127481940

Analytical Set 1168591 — SM 4500-Cl G-2011

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	2395973	0.00	0.00	mg/L		20

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	1168591	0.220	0.190	mg/L	115.8	90 - 110	
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	1168591	0.930	0.930	mg/L	100	90 - 110	
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	1168591	1.55	1.68	mg/L	92.3	90 - 110	

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Analytical Set 1168592 — SM 4500-O G-2016

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Dissolved Oxygen Onsite	2395973	8.2	8.3	mg/L	1.2	20
Dissolved Oxygen Onsite	2395989	8.2	8.3	mg/L	1.2	20

Analytical Set 1168593 — SM 4500-H+ B-2011

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
pH (Onsite)	6.1	6.0	SU	101.7	90 - 110	
pH (Onsite)	6.1	6.0	SU	101.7	90 - 110	

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
pH (Onsite)	2395973	8.0	8.0	SU		20
pH (Onsite)	2395989	7.9	8.0	SU	1.3	20

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
pH (Onsite)	1168593	8.0	8.0	SU	100	90 - 110	
pH (Onsite)	1168593	8.0	8.0	SU	100	90 - 110	

Analytical Set 1169347 — SM 2540 D-2015

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Suspended Solids	1169347	ND	2	2	mg/L	127488043

ControlBlk

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Suspended Solids	1169347	0.0001			grams	127488042

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD		Limit%
Total Suspended Solids	2395824	990	865	mg/L	13.5		20.0
Total Suspended Solids	2395950	186	194	mg/L	4.21		20.0
Total Suspended Solids	2395957	74.3	55.7	mg/L	28.6	*	20.0

LCS

Parameter	PrepSet	Reading	Known	Units	Recover%	Limits	File
Total Suspended Solids	1169347	51.0	50.0	mg/L	102	90.0 - 110	127488076

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
Total Suspended Solids		110	100	mg/L	110	90.0 - 110	127488075

Analytical Set 1169792 — SM 2540 C-2015

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File

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Blank

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Total Dissolved Solids	1169792	ND	5.00	5.00	mg/L	127495400

ControlBlk

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Total Dissolved Solids	1169792	-0.0002			grams	127495387

Duplicate

Parameter	*Sample*	*Result*	*Unknown*	*Unit*	*RPD*	*Limit%*
Total Dissolved Solids	2395973	198	192	mg/L	3.08	20.0

LCS

Parameter	*PrepSet*	*Reading*	*Known*	*Units*	*Recover%*	*Limits*	*File*
Total Dissolved Solids	1169792	200	200	mg/L	100	85.0 - 115	127495388

Analytical Set 1169892 — EPA 1664B (HEM)

Blank

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Oil and Grease (HEM)	1169892	ND	0.804	4.00	mg/L	127497050

ControlBlk

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Oil and Grease (HEM)	1169892	0.0004			grams	127497049
Oil and Grease (HEM)	1169892	0.0004			grams	127497073

LCS

Parameter	*PrepSet*	*Reading*	*Known*	*Units*	*Recover%*	*Limits*	*File*
Oil and Grease (HEM)	1169892	35.6	40.0	mg/L	89.0	78.0 - 114	127497051

MS

Parameter	*Sample*	*MS*	*MSD*	*UNK*	*Known*	*Limits*	*MS%*	*MSD%*	*Units*	*RPD*	*Limit%*
Oil and Grease (HEM)	2395655	35.0	0	1.72	40.0	78.0 - 114	87.5		mg/L		20.0

Analytical Set 1168744 — EPA 300.0 2.1

AWRL/LOQ C

Parameter	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Nitrate-Nitrogen Total	0.0262	0.0226	mg/L	116	70.0 - 130	127477220

Blank

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Chloride	1168744	0.0392	0.0298	0.300	mg/L	127477221
Nitrate-Nitrogen Total	1168744	ND	0.00464	0.0226	mg/L	127477221
Sulfate	1168744	ND	0.160	0.300	mg/L	127477221

CCB

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Chloride	1168744	0.0495	0.0298	0.300	mg/L	127477217
Chloride	1168744	0.0464	0.0298	0.300	mg/L	127477236

QUALITY CONTROL

SPL The Science of Sure

CAMW-A

Texas National Guard
Leon McCowan/ Yamunalinie
2200 West 35th Street
Bldg. 38
Austin, TX 78703-

Project 1142299

Printed 04/29/2025

CCB

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Nitrate-Nitrogen Total	1168744	0.00456	0.00464	0.0226	mg/L	127477217
Nitrate-Nitrogen Total	1168744	0.00312	0.00464	0.0226	mg/L	127477236
Sulfate	1168744	0	0.160	0.300	mg/L	127477217
Sulfate	1168744	0	0.160	0.300	mg/L	127477236

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Chloride	10.6	10.0	mg/L	106	90.0 - 110	127477216
Chloride	10.4	10.0	mg/L	104	90.0 - 110	127477235
Nitrate-Nitrogen Total	2.46	2.26	mg/L	109	90.0 - 110	127477216
Nitrate-Nitrogen Total	2.47	2.26	mg/L	109	90.0 - 110	127477235
Sulfate	10.3	10.0	mg/L	103	90.0 - 110	127477216
Sulfate	9.96	10.0	mg/L	99.6	90.0 - 110	127477235

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Chloride	1168744	4.96	4.95	5.00	85.0 - 115	99.2	99.0	mg/L	0.202	20.0
Nitrate-Nitrogen Total	1168744	1.22	1.22	1.13	86.3 - 117	108	108	mg/L	0	20.0
Sulfate	1168744	5.46	5.48	5.00	85.4 - 124	109	110	mg/L	0.366	20.0

MSD

Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Chloride	2394416	782	776	749	100	80.0 - 120	33.0 *	27.0 *	mg/L	20.0	20.0
Nitrate-Nitrogen Total	2394416	23.3	23.2	ND	22.6	80.0 - 120	103	103	mg/L	0.430	20.0
Sulfate	2394416	928	925	920	100	80.0 - 120	8.00 *	5.00 *	mg/L	46.2 *	20.0
Chloride	2394417	134	134	41.5	100	80.0 - 120	92.5	92.5	mg/L	0	20.0
Nitrate-Nitrogen Total	2394417	23.2	23.4	0.336	22.6	80.0 - 120	101	102	mg/L	0.871	20.0
Sulfate	2394417	876	858	752	100	80.0 - 120	124 *	106	mg/L	15.7	20.0

Analytical Set 1168752 — EPA 200.7 4.4

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Phosphorus	1168651	ND	0.0353	0.040	mg/L	127477465

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Phosphorus	1.01	1.00	mg/L	101	90.0 - 110	127477464
Phosphorus	1.02	1.00	mg/L	102	90.0 - 110	127477474
Phosphorus	1.02	1.00	mg/L	102	90.0 - 110	127477484
Phosphorus	1.02	1.00	mg/L	102	90.0 - 110	127477487

ICL

Parameter	Reading	Known	Units	Recover%	Limits%	File
Phosphorus	24.9	25.0	mg/L	99.6	95.0 - 105	127477462

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File

QUALITY CONTROL

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1142299

Printed 04/29/2025

ICV

Parameter	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Phosphorus	1.02	1.00	mg/L	102	90.0 - 110	127477463

LCS Dup

Parameter	*PrepSet*	*LCS*	*LCSD*	*Known*	*Limits%*	*LCS%*	*LCSD%*	*Units*	*RPD*	*Limit%*
Phosphorus	1168651	4.12	4.12	4.00	85.0 - 115	103	103	mg/L	0	25.0

MSD

Parameter	*Sample*	*MS*	*MSD*	*UNK*	*Known*	*Limits*	*MS%*	*MSD%*	*Units*	*RPD*	*Limit%*
Phosphorus	2395530	4.16	4.17	ND	4.00	75.0 - 125	104	104	mg/L	0.240	25.0
Phosphorus	2395973	4.35	4.27	0.205	4.00	75.0 - 125	104	102	mg/L	1.95	25.0

Analytical Set 1169952 — **SM 2320 B-2011**

Blank

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Total Alkalinity (as CaCO3)	1169952	ND	1.00	1.00	mg/L	127498460

CCV

Parameter	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Total Alkalinity (as CaCO3)	24.8	25.0	mg/L	99.2	90.0 - 110	127498459
Total Alkalinity (as CaCO3)	26.8	25.0	mg/L	107	90.0 - 110	127498473
Total Alkalinity (as CaCO3)	26.8	25.0	mg/L	107	90.0 - 110	127498486

Duplicate

Parameter	*Sample*	*Result*	*Unknown*	*Unit*	*RPD*	*Limit%*
Total Alkalinity (as CaCO3)	2395512	234	251	mg/L	7.01	20.0
Total Alkalinity (as CaCO3)	2396517	34.1	31.6	mg/L	7.61	20.0

ICV

Parameter	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Total Alkalinity (as CaCO3)	26.8	25.0	mg/L	107	90.0 - 110	127498458

Mat. Spike

Parameter	*Sample*	*Spike*	*Unknown*	*Known*	*Units*	*Recovery %*	*Limits %*	*File*	
Total Alkalinity (as CaCO3)	2395512	265	251	25.0	mg/L	56.0	70.0 - 130	127498463	*
Total Alkalinity (as CaCO3)	2396517	56.0	31.6	25.0	mg/L	97.6	70.0 - 130	127498476	

* Out RPD is Relative Percent Difference: abs(r1-r2) / mean(r1,r2) * 100% Recover% is Recovery Percent: result / known * 100%

CCV - Continuing Calibration Verification (same standard used to prepare the curve; typically a mid-range concentration; verifies the continued validity of the calibration curve); Blank - Method Blank (reagent water or other blank matrices that contains all reagents except standard(s) and is processed simultaneously with and under the same conditions as samples; carried through preparation and analytical procedures exactly like a sample; monitors); CCB - Continuing Calibration Blank; MSD - Matrix Spike Duplicate (replicate of the matrix spike; same solution and amount of target analyte added to the MS is added to a third aliquot of sample; quantifies matrix bias and precision.); LCS Dup - Laboratory Control Sample Duplicate (replicate LCS; analyzed when there is insufficient sample for duplicate or MSD; quantifies accuracy and precision.), AWRL/LOQ C - Ambient Water Reporting Limit/LOQ Check Std; ICV - Initial Calibration Verification; LCS - Laboratory Control Sample (reagent water or other blank matrices that is spiked with a known quantity of target analyte(s) and carried through preparation and analytical procedures exactly like a sample; typically a mid-range concentration; verifies that bias and precision of the analytical process are within control limits; determines usability of the data.), MS - Matrix Spike (same solution and amount of target analyte added to the LCS is added to a second aliquot of sample; quantifies matrix bias.)

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

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CHAIN OF CUSTODY

Printed 03/26/2025 Page 1 of 1

Texas National Guard
Leon McCowan/ Yamunalinie
2200 West 35th Street
Bldg. 38
Austin, TX 78703-

CAMW-A
117

Lab Number 2395972
PO Number Mandatory 40100-24-03610
Phone 512-782-5382

Sampling/Transport $85 per hou

☐ Hand Delivered by Client to Regional LAB

Matrix: Non-Potable Water

Sample Collection Start

Date: 4-3-25 **Time:** 0950

Sampler Printed Name: Chad Royal - SPL, Inc.

Sampler Affiliation: SPL

Sampler Signature: [signature]

Samples Radioactive? ☐ Samples Contains Dioxin? ☐ Samples Biological Hazard? ☐

| 0 | Z -- No bottle required

TSTR Technician Hourly Rate/$85

Ambient Conditions Comments

Date	Time	Relinquished	Received
4-3-25	1424	Printed Name: Chad Royal - SPL, Inc. Affiliation: Signature: [signature]	Printed Name: Affiliation: Signature:
		Printed Name: Affiliation: Signature:	Printed Name: Affiliation: Signature:
		Printed Name: Affiliation: Signature:	Printed Name: Affiliation: Signature:
		Printed Name: Affiliation: Signature:	Printed Name: Affiliation: Signature:

Sample Received on Ice? ☐ Yes ☐ No
Cooler Sample Secure? ☐ Yes ☐ No If Shipped: Tracking Number & Temp - See Attached

The accredited column designates accreditation by ... Unless otherwise specified, SPL shall provide the standard services ... SPL personnel collect samples as specified by SPL SOP ...

Comments

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

SPL

CHAIN OF CUSTODY

Printed 03/26/2025 Page 1 of 3

Texas National Guard
Leon McCowan/ Yamunalinie
2200 West 35th Street
Bldg. 38
Austin, TX 78703-

CAMW-A 105

Lab Number
PO Number Mandatory 25-02300
Phone 512/782-5382

Camp Maxey Permit Renewal

☐ Hand Delivered to Client to Regional LAB

Matrix: Non-Potable Water

Sample Collection Start

Date: 4-3-25 Time: 0950

Sampler Printed Name: Chad Royal - SPL, Inc.

Sampler Affiliation: SPL

Sampler Signature: [signature]

Samples Radioactive? ☐ Samples Contains Dioxin? ☐ Samples Biological Hazard? ☐

0 On Site Testing

Cl2O Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L] SM 4500-Cl G-2011

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

Collected By CDR Date 4-3-25 Time 1000 Analyzed By CDR Date 4-3-25 Time 1000

Results 0.00 Units mg/L Temp. 18.5 C Duplicate 0.00 Units mg/L Temp. 18.5 C

R1 0.00 R2 0.00 QC R1 0.00 QC R2 0.08

Short Hold DO Dissolved Oxygen Onsite SM 4500-O G-2016 (0.0104 days)

Dissolved Oxygen Onsite

Collected By CDR Date 4-3-25 Time 0955 Analyzed By CDR Date 4-3-25 Time 0955

Results 8.30 Units mg/L Temp. 18.5 C Duplicate 8.23 Units mg/L Temp. 18.5 C

Short Hold pH pH (Onsite) SM 4500-H+ B-2011 (0.0104 days)

3601 Dudley Rd., Kilgore, Texas 75662
Office: 903-984-0551 Fax: 903-984-5914

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Printed 03/26/2025 Page 2 of 3

Texas National Guard
Leon McCowan/ Yamunalinie
2200 West 35th Street
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Austin, TX 78703-

CAMW-A
105

pH (Onsite)

Collected By CDR Date 4-3-25 Time 0955 Analyzed By CDR Date 4-3-25 Time 0955

Results 7.98 Units SU Temp. 18.5 C Duplicate 7.99 Units SU Temp. 18.5 C

---

2 Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized

Short HoldSubc	LENT	Enterococci Subcontract	Subcontract CAS:LCRA (1.00 days)
Short Hold	MPNW	MPN, E.coli, Col.-18 - Non-Pot	SM 9223 B (Colilert-18 QT)-2016 (0.333 days)

2 H2SO4 to pH <2 GlQt w/Tef-lined lid

	HEM	Oil and Grease (HEM)	EPA 1664B (HEM) (28.0 days)

1 Polyethylene 1/2 gal (White)

Short Hold	BODc	BOD Carbonaceous	SM 5210 B-2016 (TCMP Inhibitor) (2.04 days)
	TSS	Total Suspended Solids	SM 2540 D-2015 (7.00 days)

0 Z -- No bottle required

	SKL	Sub Hold: PM Attn	

1 HNO3 to pH <2 Polyethylene 500 mL for Metals

	*PI	Phosphorus	EPA 200.7 4.4 CAS:7723-14-0 (180 days)
	301L	Liquid Metals Digestion	EPA 200.2 2.8 (180 days)

1 H2SO4 to pH <2 250 ml Polyethylene

	NHaN	Ammonia Nitrogen	EPA 350.1 2 (28.0 days)
	TKN	Total Kjeldahl Nitrogen	EPA 351.2 2 CAS:7727-37-9 (28.0 days)

1 Polyethylene Quart

	!ClL	Chloride	EPA 300.0 2.1 (28.0 days)
Short Hold	!N3L	Nitrate-Nitrogen Total	EPA 300.0 2.1 CAS:14797-55-8 (2.00 days)

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

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CHAIN OF CUSTODY

Printed 03/26/2025 Page 3 of 3

Texas National Guard
Leon McCowan/ Yamunalinie
2200 West 35th Street
Bldg. 38
Austin, TX 78703-

CAMW-A
105

	!S4L	Sulfate	EPA 300.0 2.1 (28.0 days)
	AlkT	Total Alkalinity (as CaCO3)	SM 2320 B-2011 (14.0 days)
	TDS	Total Dissolved Solids	SM 2540 C-2015 (7.00 days)

Ambient Conditions/Comments

Date	Time	Relinquished	Received
4-3-25	1436	Printed Name: Chad Royal - SPL, Inc. Affiliation Signature: [signature]	Printed Name: Ashley Vasquez - SPL, Inc. Affiliation Signature: [signature]
		Printed Name Affiliation Signature	Printed Name Affiliation Signature
		Printed Name Affiliation Signature	Printed Name Affiliation Signature
		Printed Name Affiliation Signature	Printed Name Affiliation Signature

Sample Received on Ice? ☒ Yes ☐ No
Cooler Sample Secure? ☒ Yes ☐ No If Shipped: Tracking Number & Temp - See Attached

Comments

COOLER CHECKIN

Region/Driver/Client	CdR
Date / Time:	4/3/25 / 1436
Cooler:	of
Shipping Company:	SPL

Temp Label:

4/3 1436 AMW
Date Time Tech
Temp: 1.9 1.6 C
Therm#: 7242 Corr Fact: -0.3 C

2600 Dudley Rd. Kilgore, Texas 75662
24 Waterway Avenue, Suite 375 The Woodlands, TX 77380
Office: 903-984-0551 * Fax: 903-984-5914

SUBCONTRACT CHAIN OF CUSTODY

SPL The Science of Sure

Subcontract to:

LCRA Environmental Laborato
3505 Montopolis Dr.
Austin TX 78744
512/730-6022

Printed 04/03/2025 Page 1 of 1

Sample	2395973
Taken:	04/03/2025 09:50:00
	GRAB
Normal TAT	

coll_temp

Camp Maxey Permit Renewal

1 Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized

Requested Test(s)

LENT Enterococci Subcontract Subcontract

Previous Results:

Shipping Temp <8C

Date Time	Relinquished	Date Time	Received
04/03/2025 15:22	Affiliation SPL Kilgore	04/03/2025 15:22	Affiliation SPL Kilgore
	Printed Name McCabe Wheeler		Printed Name Doug Swaim
	Signature		Signature
	Printed Name Doug Swaim Affiliation SPL Kilgore		Printed Name Affiliation
	Signature		Signature
	Printed Name Affiliation		Printed Name Affiliation
	Signature		Signature
	Printed Name Affiliation		Printed Name Affiliation
	Signature		Signature

Sample Received on Ice? [ ] Yes [ ] No
Cooler/Sample Secure? [ ] Yes [ ] No

Method of Shipment: [ ] UPS [ ] Bus [ ] FedEx [ ] Lone Star [ ] Hand Delivered [ ] Other

If Shipped: Tracking Number & Temp - See Attached

Hand Delivered to Region [ ]

The accredited column designates accreditation by A - A2LA, N - NELAC, or z - not listed under scope of accreditation. Unless otherwise specified, ANA-LAB shall provide these ordered services pursuant to our Standard Terms & Conditions Agreement (available for download from the welcome page at <http://www.ana-lab.com>). Ana-Lab personnel collect samples as specified by Ana-Lab SOP #000323.

Comments Fedex 413195168136
4-3-25
6 IBB

Project 1142299

Corporate - Kilgore: 2600 Dudley Road Kilgore TX 75662

Kilgore.ProjectManagement@spllabs.com

Francesca Findlay

From: Castellano, Alec <alec.castellano.nfg@cfmo.mil.texas.gov>
Sent: Tuesday, July 8, 2025 9:37 AM
To: Francesca Findlay
Subject: Re: Application to renew Permit No. WQ0013249001 (EPA ID No. TX0101214)
Attachments: PLAIN LANGUAGE SUMMARY.pdf

Hi Francesca,

Please see our response to question 3 of the letter you sent regarding deficient information from our application to renew Permit No. WQ0013249001 attached. Please let us know if any further information is required.

Respectfully,

Alec Castellano
Civilian. Texas Military Department
Compliance Specialist
Construction Facilities Management Office
Desk : 512-782-6071
Cell : 512-645-5254
Email : alec.castellano.nfg@cfmo.mil.texas.gov

From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Sent: Tuesday, July 8, 2025 8:41 AM
To: Castellano, Alec <alec.castellano.nfg@cfmo.mil.texas.gov>
Subject: RE: Application to renew Permit No. WQ0013249001 (EPA ID No. TX0101214)

Good morning,

Email response is perfect. Please let me know if you have any questions.

Thank you,

Francesca Findlay
License & Permit Specialist
ARP Team | Water Quality Division
512-239-2441
Texas Commission on Environmental Quality

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

From: Castellano, Alec <alec.castellano.nfg@cfmo.mil.texas.gov>
Sent: Tuesday, July 8, 2025 8:09 AM
To: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Subject: Application to renew Permit No. WQ0013249001 (EPA ID No. TX0101214)

Good Morning Francesca,

My name is, Alec Castellano, and I am a Compliance Specialist for the Texas Military Department. I work with Yamunalinie Pathmanathan at Camp Mabry. I am assisting her with the application to renew Camp Maxey's WWTP (WQ0013249001). Yamuna is on vacation at the moment and unable to respond to your request for further information. Are you satisfied with receiving the responses to your questions via email or do we need to submit them on letter via mail to you?

Respectfully,

Alec Castellano
Civilian. Texas Military Department
Compliance Specialist
Construction Facilities Management Office
Desk : 512-782-6071
Cell : 512-645-5254
Email : alec.castellano.nfg@cfmo.mil.texas.gov

Francesca Findlay

From: Castellano, Alec <alec.castellano.nfg@cfmo.mil.texas.gov>
Sent: Tuesday, July 8, 2025 8:59 AM
To: Francesca Findlay
Subject: Re: Application to renew Permit No. WQ0013249001 (EPA ID No. TX0101214)

Thank you, Francesca.

Please see my responses to questions 1, 2, 4, 5 and 6 below. Our response to question 3 will be in a separate email.

1. No, after discussion we have determined that this is a publicly-owned domestic wastewater system.
2. Flow rate is 7,000 gallons per day.

4) Yes, the TX State ID is correct and accurate. I confirmed with the Comptroller's website. The core-data form is correct.
5) Yes, the type of customer is a state. The core-data form is correct.
6) Yes, the notice is accurate.

Respectfully,

Alec Castellano
Civilian. Texas Military Department
Compliance Specialist
Construction Facilities Management Office
Desk : 512-782-6071
Cell : 512-645-5254
Email : alec.castellano.nfg@cfmo.mil.texas.gov

From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Sent: Tuesday, July 8, 2025 8:41 AM
To: Castellano, Alec <alec.castellano.nfg@cfmo.mil.texas.gov>
Subject: RE: Application to renew Permit No. WQ0013249001 (EPA ID No. TX0101214)

Good morning,

Email response is perfect. Please let me know if you have any questions.

Thank you,

Francesca Findlay

License & Permit Specialist
ARP Team | Water Quality Division
512-239-2441
Texas Commission on Environmental Quality

From: Castellano, Alec <alec.castellano.nfg@cfmo.mil.texas.gov>
Sent: Tuesday, July 8, 2025 8:09 AM
To: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Subject: Application to renew Permit No. WQ0013249001 (EPA ID No. TX0101214)

Good Morning Francesca,

My name is, Alec Castellano, and I am a Compliance Specialist for the Texas Military Department. I work with Yamunalinie Pathmanathan at Camp Mabry. I am assisting her with the application to renew Camp Maxey's WWTP (WQ0013249001). Yamuna is on vacation at the moment and unable to respond to your request for further information. Are you satisfied with receiving the responses to your questions via email or do we need to submit them on letter via mail to you?

Respectfully,

Alec Castellano
Civilian. Texas Military Department
Compliance Specialist
Construction Facilities Management Office
Desk : 512-782-6071
Cell : 512-645-5254
Email : alec.castellano.nfg@cfmo.mil.texas.gov