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

Hooks ISD (CN: 600790828) operates Hooks Junior High Wastewater Treatment Plant (RN101514412), an activated sludge process plant operated in the extended aeration mode. The facility is located at east northeast of the intersection of County Road 2105 and Farm-to-Market Road 560, near the city of Hooks, 75561. The proposed request is for the discharge of treated domestic wastewater at a daily average flow of 12,500 gallons per day.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($CBOD_5$, total suspended solids (TSS), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by the facility is an activated sludge process plant operated in the extended aeration mode. Treatment units include a surge tank, aeration basin, clarifier, sludge holding tank, and a chlorine contact basin.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PERMIT NO. WQ0013634001

APPLICATION. Hooks Independent School District, 100 East 5th Street, Hooks, Texas 75561, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0013634001 (EPA I.D. No. TX0118079) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 12,500 gallons per day. The domestic wastewater treatment facility is located approximately 1,125 feet east-northeast of the intersection of County Road 2105 and Farm-to-Market Road 560, near the city of Hooks, in Bowie County, Texas 75561. The discharge route is from the plant site to an unnamed tributary, thence to Black Bottom Slough, thence to Lower Red River. TCEQ received this application on October 8, 2025. The permit application will be available for viewing and copying at Hooks Independent School District Administration Building, Superintendent's Office, 100 East 5th Street, Hooks, in Bowie 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=-94.285555,33.516944&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 Hooks Independent School District at the address stated above or by calling Mr. Keith Minter, Superintendent, at 903-547-6077.

Issuance Date: October 29, 2025

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Hooks ISD

PERMIT NUMBER (If new, leave blank): WQ0013634001

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	☐	☒
Summary of Application (PLS)	☒	☐	Flow Diagram	☒	☐
Public Involvement Plan Form	☐	☐	Site Drawing	☒	☐
Technical Report 1.0	☒	☐	Original Photographs	☐	☒
Technical Report 1.1	☐	☒	Design Calculations	☐	☒
Worksheet 2.0	☒	☐	Solids Management Plan	☐	☒
Worksheet 2.1	☐	☒	Water Balance	☐	☒
Worksheet 3.0	☐	☒			
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: 105228

Check/Money Order Amount: $315.00

Name Printed on Check: Hooks Independent School District

EPAY — Voucher Number:

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

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

☒ Publicly Owned Domestic Wastewater

☐ Privately-Owned Domestic Wastewater

☐ Conventional Water Treatment

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

☒ Active ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

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

f. For existing permits:

Permit Number: WQ00 13634001

EPA I.D. (TPDES only): TX 0118079

Expiration Date: March 5, 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?

Hooks Independent School District

(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: 600790828

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

Prefix: Mr. Last Name, First Name: Minter, Keith

Title: Superintendent Credential:

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?

(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:

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: Last Name, First Name:

Title: Credential:

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

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.

Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: Mr. Last Name, First Name: Minter, Keith

Title: Superintendent Credential:

Organization Name: Hooks Independent School District

Mailing Address: P.O. Box 39 City, State, Zip Code: Hooks, TX 75561

Phone No.: 903-547-6077 E-mail Address: minterk@hooksisd.net

Check one or both: ☒ Administrative Contact ☐ Technical Contact

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

Title: Consulting Engineer Credential: P.E.

Organization Name: MTG Engineers & Surveyors, Inc.

Mailing Address: 5930 Summerhill Road City, State, Zip Code: Texarkana, TX 75503

Phone No.: 903-838-8533 E-mail Address: dwilliams@mtgengineers.com

Check one or both: ☐ Administrative Contact ☒ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Mr. Last Name, First Name: Minter, Keith

Title: Superintendent Credential:

Organization Name: Hooks Independent School District

Mailing Address: P.O. Box 39 City, State, Zip Code: Hooks, TX 75561

Phone No.: 903-547-6077 E-mail Address: minterk@hooksisd.net

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

Title: Consulting Engineer Credential: P.E.

Organization Name: MTG Engineers & Surveyors, Inc.

Mailing Address: 5930 Summerhill Road City, State, Zip Code: Texarkana, TX 75503

Phone No.: 903-838-8533 E-mail Address: dwilliams@mtgengineers.com

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mr. Last Name, First Name: Minter, Keith

Title: Superintendent Credential:

Organization Name: Hooks ISD

Mailing Address: P.O. Box 39 City, State, Zip Code: Hooks, TX 75561

Phone No.: 903-547-6077 E-mail Address: minterk@hooksisd.net

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

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

Prefix: Mr. Last Name, First Name: Crittenden, Donald R.

Title: Contract Operator Credential: Class A Operator

Organization Name: Contract Operator

Mailing Address: 330 Shirley Lane City, State, Zip Code: Texarkana, TX 75501

Phone No.: 903-277-6813 E-mail Address: crittenden@txkusa.org

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: Williams, David

Title: Consulting Engineer Credential: P.E.

Organization Name: MTG Engineers & Surveyors, Inc.

Mailing Address: 5930 Summerhill Road City, State, Zip Code: Texarkana, TX 75503

Phone No.: 903-838-833 E-mail Address: dwilliams@mtgengineers.com

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

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

☒ E-mail Address

☐ Fax

☐ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Mr. Last Name, First Name: Minter, Keith

Title: Superintendent Credential:

Organization Name: Hooks Independent School District

Mailing Address: P.O. Box 39 City, State, Zip Code: Hooks, TX 75561

Phone No.: 903-547-6077 E-mail Address: minterk@hooksisd.net

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: Hooks ISD Administration Building

Location within the building: Superintendent's Office

Physical Address of Building: 100 East 5th Street

City: Hooks County: Bowie

Contact (Last Name, First Name): Minter, Keith

Phone No.: 903-547-6077 Ext.:

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?

F. Summary of Application in Plain Language Template

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

Attachment:

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:

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** 101514412

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):

Hooks Junior High Wastewater Treatment Plant

C. Owner of treatment facility: Hooks Independent School District

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

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

Prefix: Last Name, First Name:

Title: Credential:

Organization Name: Hooks Independent School District

Mailing Address: P.O. Box 39 City, State, Zip Code: Hooks, TX 75561

Phone No.: 903-547-6077 E-mail Address: minterk@hooksisd.net

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:

E. Owner of effluent disposal site:

Prefix: NOT APPLICABLE Last Name, First Name:

Title: Credential:

Organization Name:

Mailing Address: City, State, Zip Code:

Phone No.: E-mail Address:

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:

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

Prefix: NOT APPLICABLE Last Name, First Name:

Title: Credential:

Organization Name:

Mailing Address: City, State, Zip Code:

Phone No.: E-mail Address:

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:

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:

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:

City nearest the outfall(s): North of Hooks, TX

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

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:

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: NOT APPLICABLE

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:

B. City nearest the disposal site:

C. County in which the disposal site is located:

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

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

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.

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:

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If **yes**, provide the following information:

Account number:

Amount past due:

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If **yes**, please provide the following information:

Enforcement order number:

Amount past due:

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:

ATTACHMENT A – USGS Topographic Map – Section 13, Page 10 – Administrative Report
ATTACHMENT A1 – USGS Topographic Map Inset – Section 13, Page 10 – Administrative Report
ATTACHMENT B – USGS Topographic Map – Item 8, Page 1 – SPIF
ATTACHMENT C – FLOW DIAGRAM – For Section 2c, Page 2 – Technical Report
ATTACHMENT D – SITE DRAWING – For Section 3, Page 3 – Technical Report

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0013634001

Applicant: Hooks Independent School District

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): Keith Minter

Signatory title: Superintendent

Signature: Byron K. Minter (Use blue ink) Date: 9/3/24

Subscribed and Sworn to before me by the said Byron K Minter

on this 3RD day of September, 2025.

My commission expires on the 29th day of July, 2028.

Lisa Tullis

Notary Public

[SEAL]

Lisa Tullis
My Commission Expires
7/29/2028
Notary ID 128817468

Bowie

County, Texas

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

Section 1. Affected Landowner Information (Instructions Page 36)

A. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:

- ☒ The applicant's property boundaries
- ☒ The facility site boundaries within the applicant's property boundaries
- ☒ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
- ☐ The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
- ☒ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream
- ☐ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
- ☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides
- ☐ The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property
- ☐ The property boundaries of all landowners surrounding the effluent disposal site
- ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
- ☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located

B. ☐ Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.

C. ☐ Indicate by a check mark that the landowners list has also been provided as mailing labels in electronic format (Avery 5160).

D. Provide the source of the landowners' names and mailing addresses:

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):

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:

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: Hooks Independent School District

   Permit No. WQ00 13634001 EPA ID No. TX 0118079

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

   approximately 1,125 feet east northeast of the intersection of County Road 2105 and FM 560, Bowie County, Texas.

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: Keith Minter

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

Title: Superintendent

Mailing Address: P.O. Box 39

City, State, Zip Code: Hooks, TX 75561

Phone No.: 903-547-6077 Ext.: Click here to enter text. Fax No.: 903-547-2943

E-mail Address: minterk@hooksisd.net

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

Same as permittee.

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.

From point of discharge to an unnamed tributary of Black Bottom Slough, thence to Black Bottom Slough, thence to Lower Red River in Segment 0201.

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):

NOT APPLICABLE

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

Existing area has scattered dwellings, trees, native vegetation and pastures.

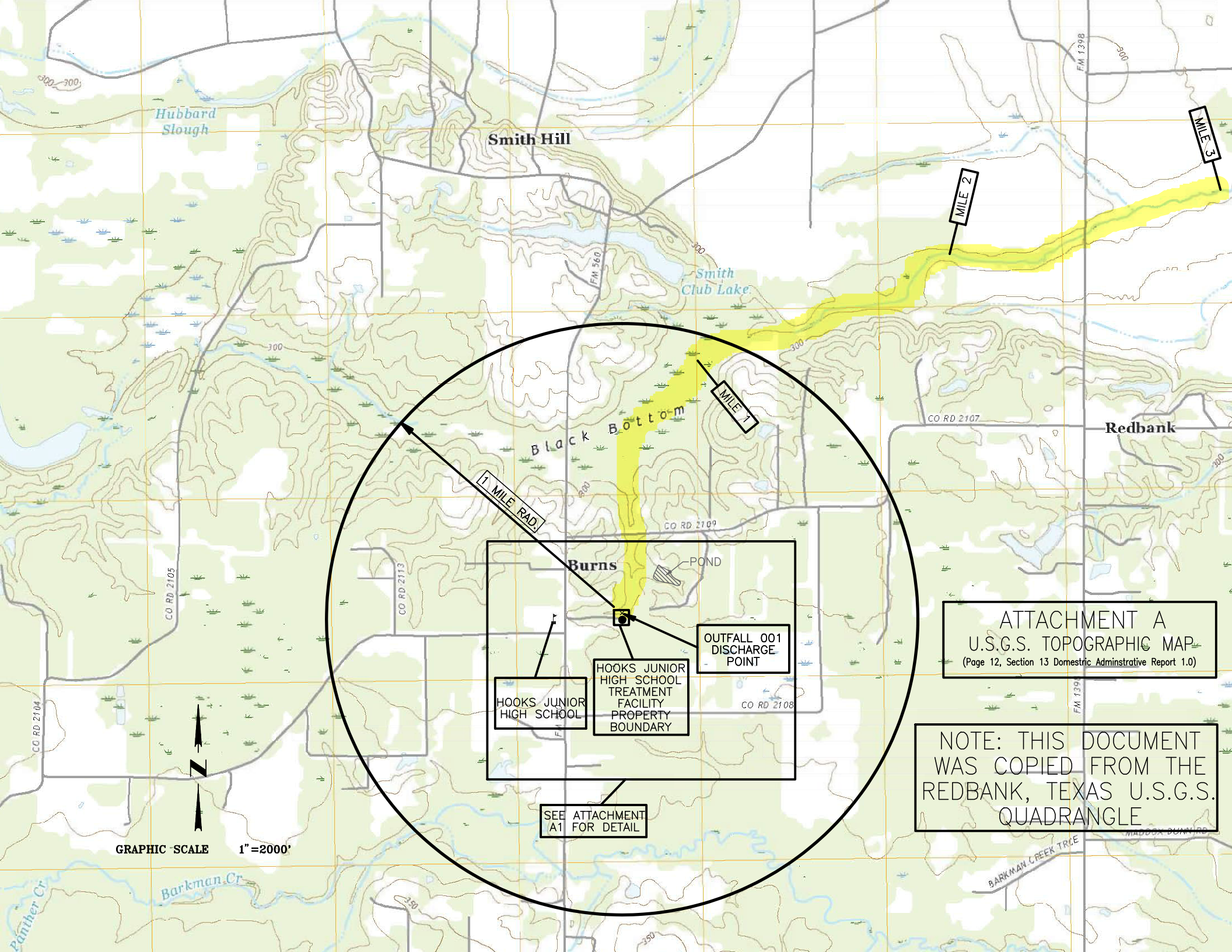
THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

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

NOT APPLICABLE

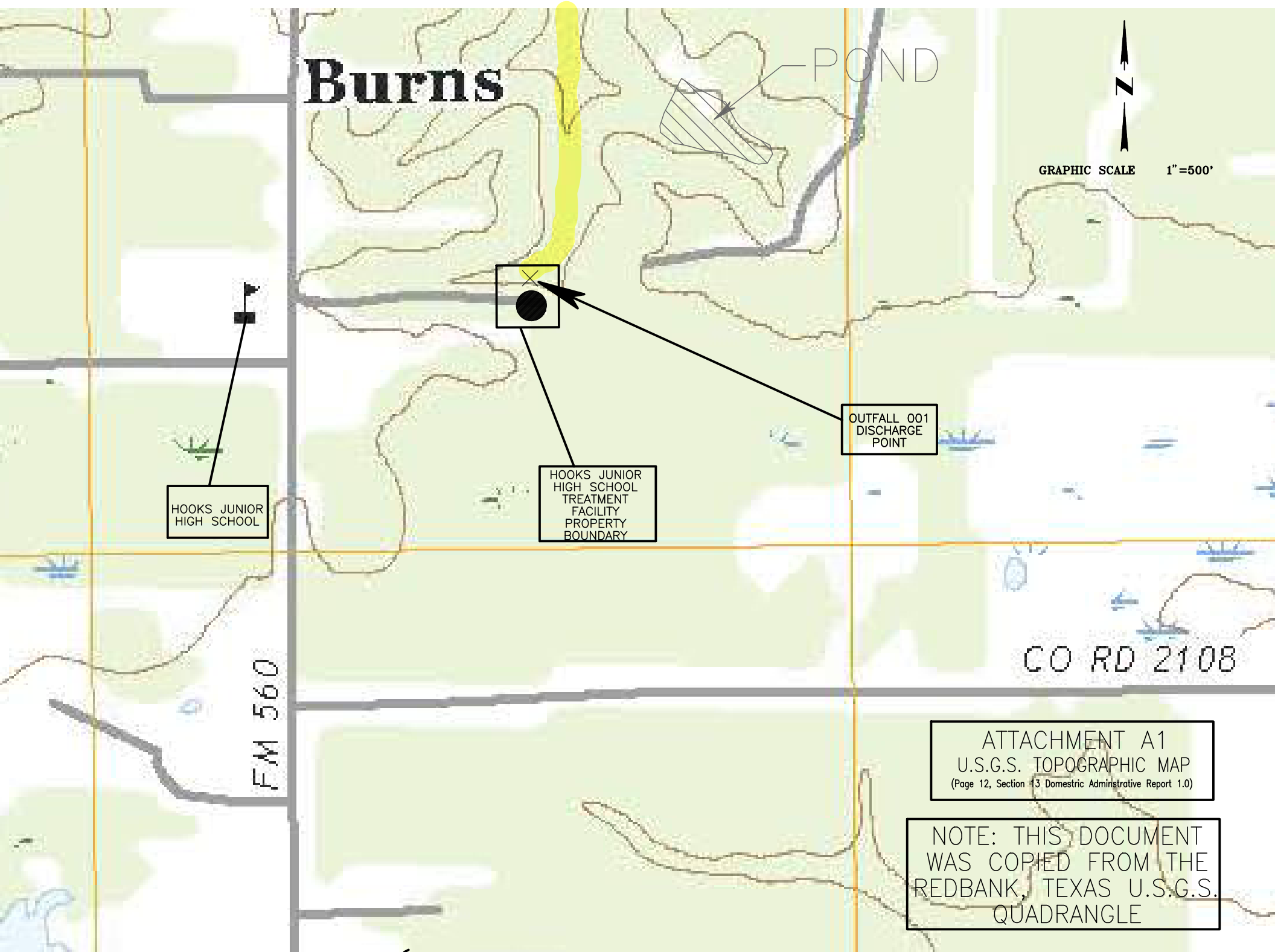
4. Provide a brief history of the property, and name of the architect/builder, if known.

Not known.



ATTACHMENT A
U.S.G.S. TOPOGRAPHIC MAP
(Page 12, Section 13 Domestic Adminstrative Report 1.0)

NOTE: THIS DOCUMENT WAS COPIED FROM THE REDBANK, TEXAS U.S.G.S. QUADRANGLE



ATTACHMENT A1
U.S.G.S. TOPOGRAPHIC MAP
(Page 12, Section 13 Domestric Adminstrative Report 1.0)

NOTE: THIS DOCUMENT WAS COPIED FROM THE REDBANK, TEXAS U.S.G.S. QUADRANGLE

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 600790828		RN 101514412

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:*

Hooks ISD

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number *(if applicable)*
	17560018091	75-6001809	05-345-9558

11. Type of Customer:

☐ Corporation ☐ Individual Partnership: ☐ General ☐ Limited
Government: ☐ City ☐ County ☐ Federal ☐ Local ☐ State ☒ Other ☐ Sole Proprietorship ☒ Other: Public School District

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
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant ☐ Other:

15. Mailing Address:

Hooks ISD
100 East 5th Street

City	Hooks	State	TX	ZIP	75561	ZIP + 4	

16. Country Mailing Information *(if outside USA)*	17. E-Mail Address *(if applicable)*
	minterk@hooksisd.net

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(903) 547-6077		(903) 547-2943

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.)*

Hooks Junior High Wastewater Treatment Facility

23. Street Address of the Regulated Entity: *(No PO Boxes)*								
	City	Hooks	State	TX	ZIP	75561	ZIP + 4	
24. County								

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

25. Description to Physical Location:	Located on the East side of FM 560, approximately 3 miles North of Interstate 30 in Bowie County.

26. Nearest City	State	Nearest ZIP Code
Hooks	TX	75561

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
33	31	0.67	-94	17	7.96

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)
8211		611110	

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

Independent Public School District

34. Mailing Address:	Hooks ISD							
	P.O. Box 39							
	City	Hooks	State	TX	ZIP	75561	ZIP + 4	

35. E-Mail Address:	minterk@hooksisd.net

36. Telephone Number	37. Extension or Code	38. Fax Number *(if applicable)*
(903) 547-6077		(903) 547-2943

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:

SECTION IV: Preparer Information

40. Name:	Keith Minter	**41. Title:**	Superintendent

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(903) 547-6077		(903) 547-2943	minterk@hooksisd.net

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:	Hooks ISD	**Job Title:**	Superintendent
Name *(In Print):*	Keith Minter	**Phone:**	(903) 547- **6077**
Signature:	Byron Ic Mint	**Date:**	

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):

Full legal name (Last Name, First Name, Middle Initial):

Driver's License or State Identification Number:

Date of Birth:

Mailing Address:

City, State, and Zip Code:

Phone Number: _ Fax Number:

E-mail Address:

CN:

For Commission Use Only:
Customer Number:
Regulated Entity Number:
Permit Number:

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

Things to Know:

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

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

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

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

Summary of Application (in Plain Language) ☒ Yes

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 0.0125

2-Hr Peak Flow (MGD): 0.0605

Estimated construction start date: IN OPERATION

Estimated waste disposal start date: IN OPERATION

B. Interim II Phase

Design Flow (MGD): Not Applicable

2-Hr Peak Flow (MGD):

Estimated construction start date:

Estimated waste disposal start date:

C. Final Phase

Design Flow (MGD): Not Applicable

2-Hr Peak Flow (MGD):

Estimated construction start date:

Estimated waste disposal start date:

D. Current Operating Phase

Provide the startup date of the facility: 01/01/1994

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**.

This facility is an activated sludge process plant operated in the extended aeration mode. Treatment units include a surge tank, aeration basin, clarifier, sludge holding tank and a chlorine contact basin.

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)
Surge Tank	1	12.0' Dia x 7.0' Emergency Storage
Aeration Basin	1	15' x 11.25' x 10'
Clarifier	4 Sections	11.17' x 11.25' x 10' (126 S.F. Surface)
Sludge Holding Tank	1	940 Gallons
Chlorine Contact Basin	1	850 Gallons

C. Process Flow Diagram

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

Attachment: See ATTACHMENT C

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°31' 01" N
- Longitude: -94° 17" 07" W

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

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

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

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

disposal site.

Attachment: See ATTACHMENT D

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

Hooks ISD Junior High School Campus

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**.

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.

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: 1995 (Existing)

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**.

No new actions are required.

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.

No new actions or documentation are required.

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*.

Keep records of all sludge removed from wastewater treatment plant site. Maintain records on a monthly basis and reported to TCEQ Regional Office (MC Region 5) and the TCEQ Water Quality Compliance Monitoring Team (MC 224) of the Enforcement Division by September 30 of each year.

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.

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.

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.

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 _____ or TXRNE _____

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:

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.

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.

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.

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.

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.

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.

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.

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). **W*ater 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	4.61		1	Grab	08/26/25 / 4:10 PM
Total Suspended Solids, mg/l	2.80		1	Grab	08/26/25 / 4:10 PM
Ammonia Nitrogen, mg/l	4.64		1	Grab	08/26/25 / 4:10 PM
Nitrate Nitrogen, mg/l	10.8		1	Grab	08/26/25 / 4:10 PM
Total Kjeldahl Nitrogen, mg/l	6.58		1	Grab	08/26/25 / 4:10 PM
Sulfate, mg/l	44.5		1	Grab	08/26/25 / 4:10 PM
Chloride, mg/l	25.4		1	Grab	08/26/25 / 4:10 PM
Total Phosphorus, mg/l	1.10		1	Grab	08/26/25 / 4:10 PM
pH, standard units	7.05	7.15	4	Grab	
Dissolved Oxygen*, mg/l	4.45	4.7	4	Grab	
Chlorine Residual, mg/l	1.91	3.0	15	Grab	
E.coli (CFU/100ml) freshwater	<1.00		1	Grab	
Entercocci (CFU/100ml) saltwater	Not Req'd				
Total Dissolved Solids, mg/l	198		1	Grab	08/26/25 / 4:10 PM
Electrical Conductivity, µmohs/cm, †	375		1	Grab	08/26/25 / 4:10 PM
Oil & Grease, mg/l	<4.30		1	Grab	08/26/25 / 4:10 PM
Alkalinity ($CaCO_3$)*, mg/l	47.9		1	Grab	08/26/25 / 4:10 PM

*TPDES permits only
†TLAP permits only

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Alkalinity ($CaCO_3$), mg/l					

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Donald R. Crittenden

Facility Operator's License Classification and Level: Wastewater Treatment Operator Class A

Facility Operator's License Number: WW0008170

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:

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):

D. Disposal site

Disposal site name: City of Texarkana South Regional WWTP

TCEQ permit or registration number: SQ0010374005

County where disposal site is located: Bowie

E. Transportation method

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

Name of the hauler: A-1 National Liquids

Hauler registration number: 23608

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:
- USDA Natural Resources Conservation Service Soil Map:

  Attachment:
- Federal Emergency Management Map:

  Attachment:
- Site map:

  Attachment:

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:

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:

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:

Total Kjeldahl Nitrogen, mg/kg:

Total Nitrogen (=nitrate nitrogen + TKN), mg/kg:

Phosphorus, mg/kg:

Potassium, mg/kg:

pH, standard units:

Ammonia Nitrogen mg/kg:

Arsenic:

Cadmium:

Chromium:

Copper:

Lead:

Mercury:

Molybdenum:

Nickel:

Selenium:

Zinc:

Total PCBs:

Provide the following information:

Volume and frequency of sludge to the lagoon(s):

Total dry tons stored in the lagoons(s) per 365-day period:

Total dry tons stored in the lagoons(s) over the life of the unit:

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.

D. Site development plan

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

Attach the following documents to the application.

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

  Attachment:
- Copy of the closure plan

  Attachment:
- Copy of deed recordation for the site

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

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

  Attachment:
- Procedures to prevent the occurrence of nuisance conditions

  Attachment:

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:

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:

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:

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:

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: Keith Minter

Title: Superintendent

Signature: Bynon K. Minter

Date: 9/5/25

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

Owner of the drinking water supply:

Distance and direction to the intake:

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

Attachment:

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:

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).

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).

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: Tributary of Black Bottom Slough08/26/25 / 4:10 PM

A. Receiving water type

Identify the appropriate description of the receiving waters.

☒ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres:

Average depth of the entire water body, in feet:

Average depth of water body within a 500-foot radius of discharge point, in feet:

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify:

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:

C. Downstream perennial confluences

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

Black Bottom Slough

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.

Stream flow appears to change from intermittent to perennial flow in Black Bottom Slough approximately two miles downstream.

E. Normal dry weather characteristics

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

Stream flow was intermittent at time of observation. No upstream influence was observed.

Date and time of observation: 08/26/25 / 4:00 PM

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

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

A. Upstream influences

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

☐ Oil field activities
☐ Urban runoff
☐ Upstream discharges
☒ Agricultural runoff
☐ Septic tanks
☐ Other(s), specify:

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:

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following **is required** for **all publicly owned treatment works**.

Section 1. All POTWs (Instructions Page 87)

A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD:

Significant IUs – non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD:

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD:

B. Treatment plant interference

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

☐ Yes ☒ No

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

C. Treatment plant pass through

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

☐ Yes ☒ No

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

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

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

A. Substantial modifications

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

☐ Yes ☐ No

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

B. Non–substantial modifications

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

☐ Yes ☐ No

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

C. Effluent parameters above the MAL

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

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. Industrial user interruptions

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

☐ Yes ☐ No

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

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

A. General information

Company Name:

SIC Code:

Contact name:

Address:

City, State, and Zip Code:

Telephone number:

Email address:

B. Process information

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

C. Product and service information

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

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day:

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day:

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Category: Subcategories:

Click or tap here to enter text.

Category:

Subcategories:

Category:

Subcategories:

Category:

Subcategories:

Category:

Subcategories:

F. Industrial user interruptions

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

☐ Yes ☐ No

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

Hooks ISD

WASTEWATER TREATMENT PLANT

MONTH AUGUST 2025 PERMIT NOS. NPDES TX 0118079

DAY	FLOW MGD	RAIN IN.	EFFLUENT #'S LOADING BOD	EFFLUENT #'S LOADING TSS	30 min MLSS	EFFLUENT TEMP °C.	EFFLUENT BOD MG/L.	EFFLUENT TSS MG/L.	EFFLUENT Mn	EFFLUENT DO MG/L.	EFFLUENT Corrected Cl2 MG/L.	EFFLUENT Corrected pH SU	EFFLUENT E-C	EFFLUENT Corrected DP INI	DAY
1	0								—		—			Dr	1
2	—								—		—				2
3	—								—		—				3
4	.0033								.04		1.69			Dr	4
5	.0041				70	28.5			.06	4.4	1.91	6.94		R	5
6	.0033								.05		1.30			R	6
7	.0030								.02		1.49			Dr	7
8	0								—		—			DR	8
9	—								—		—				9
10	—								—		—				10
11	.0033								.02		1.84			Dr	11
12	.0033				70	29.0			.03	4.6	1.91	7.00		R	12
13	.0033								.04		1.60			DR	13
14	.0033								.04		1.41			Dr	14
15	.0033	1.66							.02		1.70			R	15
16	—								—		—				16
17	—								—		—				17
18	.0041								.06		1.98			Dr	18
19	.0033				60	31.2			.07	4.1	2.91	7.11		R	19
20	0								—		—			Dr	20
21	0								—		—			DR	21
22	0								—		—			R	22
23	—								—		—				23
24	—								—		—				24
25	.0033								.09		2.66			Dr	25
26	.0049				70	29.9			.02	4.7	1.61	7.15		R	26
27	.0033								.06		1.77			Dr	27
28	.0033								.10		3.00			R	28
29	0								—		—				29
30	—								—		—				30
31	—								—		—				31
MIN															MIN
MAX															MAX
AVG															AVG

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Project
1159838

HIS2-A

Hooks ISD
Judy Cochran
100 E. 5th Street
Hooks, TX 75561

Printed 09/05/2025
7:42

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	Total Pages:	15

Email: Kilgore.ProjectManagement@spllabs.com

Survey: How are we doing?

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

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SAMPLE CROSS REFERENCE

Project
1159838

Hooks ISD
Judy Cochran
100 E. 5th Street
Hooks, TX 75561

Sample	Sample ID	Taken	Time	Received
2440810	*Permit Renewal*	08/26/2025	16:10:00	08/27/2025

Bottle 01 Polyethylene 1/2 gal (White), Q
Bottle 02 Polyethylene Quart, Q
Bottle 03 H2SO4 to pH <2 Glass Qt w/Teflon lined lid, Q
Bottle 04 H2SO4 to pH <2 Glass Qt w/Teflon lined lid, Q
Bottle 05 16 oz HNO3 Metals Plastic, Q
Bottle 06 8 oz Plastic H2SO4 pH < 2, Q
Bottle 07 BOD Titration Beaker A (Batch 1192764) Volume: 100.00000 mL <== Derived from 01 (100 ml)
Bottle 08 BOD Analytical Beaker B (Batch 1192764) Volume: 100.00000 mL <== Derived from 01 (100 ml)
Bottle 09 8 oz Plastic H2SO4 pH < 2, Q
Bottle 10 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1192801) Volume: 20.00000 mL <== Derived from 09 (20 ml)
Bottle 11 Prepared Bottle: NH3N TRAACS Autosampler Vial (Batch 1192816) Volume: 6.00000 mL <== Derived from 06 (6 ml)
Bottle 12 Prepared Bottle: ICP Preparation for Metals (Batch 1192864) Volume: 50.00000 mL <== Derived from 05 (50 ml)

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 300.0 2.1	01	1193100	08/28/2025	1193100	08/28/2025
EPA 200.7 4.4	12	1192864	08/28/2025	1193184	08/29/2025
SM 2320 B-2011	01	1193852	09/04/2025	1193852	09/04/2025
SM 5210 B-2016 (TCMP Inhibitor)	01	1192764	09/02/2025	1192764	09/02/2025
SM 2510 B-2011	02	1192921	08/28/2025	1192921	08/28/2025
EPA 1664B (HEM)	03	1193112	08/28/2025	1193112	08/28/2025
EPA 350.1 2	11	1192816	08/28/2025	1193512	09/02/2025
SM 2540 C-2020	01	1193449	08/28/2025	1193449	08/28/2025
EPA 351.2 2	10	1192801	08/28/2025	1193044	08/28/2025
SM 2540 D-2020	01	1193190	08/28/2025	1193190	08/28/2025

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Project
1159838

Hooks ISD
Judy Cochran
100 E. 5th Street
Hooks, TX 75561

Printed: 09/05/2025

RESULTS

Sample Results

2440810 **Permit Renewal** Received: 08/27/2025

Non-Potable Water Collected by: Client Hooks ISD PO:
Taken: 08/26/2025 16:10:00

EPA 1664B (HEM) Prepared: 1193112 08/28/2025 08:00:00 Analyzed 1193112 08/28/2025 08:00:00 MAX

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Oil and Grease (HEM)**	**<4.30**	**mg/L**	4.30			03

EPA 200.7 4.4 Prepared: 1192864 08/28/2025 08:00:00 Analyzed 1193184 08/29/2025 10:21:00 ANC

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Phosphorus**	**1.10**	**mg/L**	0.040		**7723-14-0**	12

EPA 300.0 2.1 Prepared: 1193100 08/28/2025 14:34:00 Analyzed 1193100 08/28/2025 14:34:00 KRA

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Chloride**	**25.4**	**mg/L**	3.00			01
NELAC	**Nitrate-Nitrogen Total**	**10.8**	**mg/L**	0.226		**14797-55-8**	01
NELAC	**Sulfate**	**44.5**	**mg/L**	3.00			01

EPA 350.1 2 Prepared: 1192816 08/28/2025 09:10:34 Analyzed 1193512 09/02/2025 14:45:00 AMB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Ammonia Nitrogen**	**4.64**	**mg/L**	0.040			11

EPA 351.2 2 Prepared: 1192801 08/28/2025 08:17:50 Analyzed 1193044 08/28/2025 14:23:00 AMB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Total Kjeldahl Nitrogen**	**6.58**	**mg/L**	0.050		**7727-37-9**	10

SM 2320 B-2011 Prepared: 1193852 09/04/2025 08:41:00 Analyzed 1193852 09/04/2025 08:41:00 TRC

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Total Alkalinity (as CaCO3)**	**47.9**	**mg/L**	1.00			01

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Hooks ISD
Judy Cochran
100 E. 5th Street
Hooks, TX 75561

Printed: 09/05/2025

2440810 Permit Renewal Received: 08/27/2025

Non-Potable Water Collected by: Client Hooks ISD PO:
Taken: 08/26/2025 16:10:00

SM 2510 B-2011 Prepared: 1192921 08/28/2025 12:10:00 Analyzed 1192921 08/28/2025 12:10:00 EEB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Lab Spec. Conductance at 25 C**	**375**	**umhos/cm**				02

SM 2540 C-2020 Prepared: 1193449 08/28/2025 09:25:00 Analyzed 1193449 08/28/2025 09:25:00 JMB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Total Dissolved Solids**	**198**	**mg/L**	10.0			01

SM 2540 D-2020 Prepared: 1193190 08/28/2025 06:26:00 Analyzed 1193190 08/28/2025 06:26:00 LSM

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Total Suspended Solids**	**2.80**	**mg/L**	2.00			01

SM 5210 B-2016 (TCMP Inhibitor) Prepared: 1192764 08/28/2025 Analyzed 1192764 09/02/2025 09:58:35 ESN

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**BOD Carbonaceous**	**4.61**	**mg/L**	2.00			01

Sample Preparation

2440810 Permit Renewal Received: 08/27/2025

08/26/2025

Prepared: 08/27/2025 17:01:20 Calculated 08/27/2025 17:01:20 CAL

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

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2440810 **Permit Renewal**

Received: 08/27/2025

08/26/2025

	EPA 1664B (HEM)	*Prepared:*	*1192858*	*08/28/2025*	*08:00:00*	*Analyzed*	*1192858*	*08/28/2025*	*08:00:00*	*MAX*
NELAC	**O&G HEM Started**	**Started**								
	EPA 200.2 2.8	*Prepared:*	*1192864*	*08/28/2025*	*08:00:00*	*Analyzed*	*1192864*	*08/28/2025*	*08:00:00*	*AMC*
z	**Liquid Metals Digestion**	**50/50**	**ml**							05
	EPA 350.1, Rev. 2.0	*Prepared:*	*1192816*	*08/28/2025*	*09:10:34*	*Analyzed*	*1192816*	*08/28/2025*	*09:10:34*	*CMS*
NELAC	**Ammonia Distillation**	**6/6**	**ml**							06
	EPA 351.2, Rev 2.0	*Prepared:*	*1192801*	*08/28/2025*	*08:17:50*	*Analyzed*	*1192801*	*08/28/2025*	*08:17:50*	*MEG*
NELAC	**TKN Block Digestion**	**20/20**	**ml**							09
	SM 2540 C-2015	*Prepared:*	*1192830*	*08/28/2025*	*09:25:00*	*Analyzed*	*1192830*	*08/28/2025*	*09:25:00*	*JMB*
NELAC	**Total Dissolved Solids Started**	**Started**								
	SM 2540 D-2011	*Prepared:*	*1191168*	*08/28/2025*	*06:26:00*	*Analyzed*	*1191168*	*08/28/2025*	*06:26:00*	*LSM*
NELAC	**TSS Set Started**	**Started**								
	SM 5210 B-2016 (TCMP Inhibitor)	*Prepared:*	*1192764*	*08/28/2025*		*Analyzed*	*1192764*	*08/28/2025*	*06:53:18*	*ESN*
NELAC	**BODc Set Started**	**Started**								

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Printed: 09/05/2025

Qualifiers:

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

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

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

These analytical results relate to the sample tested. This report may NOT be reproduced EXCEPT in FULL without written approval of SPL Kilgore. Unless otherwise specified, these test results meet the requirements of NELAC.
RL is the Reporting Limit (sample specific quantitation limit) and is at or above the Method Detection Limit (MDL). CAS is Chemical Abstract Service number. RL is our Reporting Limit, or Minimum Quantitation Level. The RL takes into account the Instrument Detection Limit (IDL), Method Detection Limit (MDL), and Practical Quantitation Limit (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 1192764 — SM 5210 B-2016 (TCMP Inhibitor)

Blank

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*		*File*
BOD Carbonaceous	1192764	0.1	0.200	0.500	mg/L		128004575
BOD Carbonaceous	1192764	0.2	0.200	0.500	mg/L		128010872

Duplicate

Parameter	*Sample*	*Result*	*Unknown*	*Unit*	*RPD*	*Limit%*
BOD Carbonaceous	2440512	8.05	7.33	mg/L	9.36	30.0
BOD Carbonaceous	2440745	ND	ND	mg/L		30.0
BOD Carbonaceous	2441104	797	793	mg/L	0.503	30.0

Seed Drop

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*		*File*
BOD Carbonaceous	1192764	0.327	0.200	0.500	mg/L		128004577
BOD Carbonaceous	1192764	0.297	0.200	0.500	mg/L		128010874

Standard

Parameter	*Sample*	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*		*File*
BOD Carbonaceous		186	198	mg/L	93.9	83.7 - 116		128004578
BOD Carbonaceous		154	198	mg/L	77.8	83.7 - 116	*	128010875

Analytical Set 1193044 — EPA 351.2 2

Blank

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*		*File*
Total Kjeldahl Nitrogen	1192801	ND	0.00712	0.050	mg/L		128012438

CCB

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*		*File*
Total Kjeldahl Nitrogen	1192801	ND	0.00712	0.050	mg/L		128012441
Total Kjeldahl Nitrogen	1192801	ND	0.00712	0.050	mg/L		128012451

CCV

Parameter	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*		*File*
Total Kjeldahl Nitrogen	5.31	5.00	mg/L	106	90.0 - 110		128012423
Total Kjeldahl Nitrogen	5.24	5.00	mg/L	105	90.0 - 110		128012433
Total Kjeldahl Nitrogen	5.25	5.00	mg/L	105	90.0 - 110		128012443
Total Kjeldahl Nitrogen	5.26	5.00	mg/L	105	90.0 - 110		128012452
Total Kjeldahl Nitrogen	5.26	5.00	mg/L	105	90.0 - 110		128012455

Duplicate

Parameter	*Sample*	*Result*	*Unknown*	*Unit*	*RPD*	*Limit%*
Total Kjeldahl Nitrogen	2440826	1.71	1.61	mg/L	6.02	20.0

ICV

Parameter	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*		*File*
Total Kjeldahl Nitrogen	5.21	5.00	mg/L	104	90.0 - 110		128012422

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LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Total Kjeldahl Nitrogen	1192801	5.18	4.96	5.00	90.0 - 110	104	99.2	mg/L	4.34	20.0

Mat. Spike

Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File	
Total Kjeldahl Nitrogen	2440826	5.59	1.61	5.00	mg/L	79.6	80.0 - 120	128012445	*

Analytical Set 1193512 — EPA 350.1 2

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Ammonia Nitrogen	1192816	ND	0.00336	0.020	mg/L	128023078

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Ammonia Nitrogen	2.18	2.00	mg/L	109	90.0 - 110	128023076
Ammonia Nitrogen	2.17	2.00	mg/L	108	90.0 - 110	128023086
Ammonia Nitrogen	2.10	2.00	mg/L	105	90.0 - 110	128023094
Ammonia Nitrogen	2.09	2.00	mg/L	104	90.0 - 110	128023102
Ammonia Nitrogen	2.08	2.00	mg/L	104	90.0 - 110	128023113
Ammonia Nitrogen	2.06	2.00	mg/L	103	90.0 - 110	128023124
Ammonia Nitrogen	2.03	2.00	mg/L	102	90.0 - 110	128023134
Ammonia Nitrogen	2.05	2.00	mg/L	102	90.0 - 110	128023145
Ammonia Nitrogen	2.03	2.00	mg/L	102	90.0 - 110	128023156
Ammonia Nitrogen	2.04	2.00	mg/L	102	90.0 - 110	128023167
Ammonia Nitrogen	2.01	2.00	mg/L	100	90.0 - 110	128023178
Ammonia Nitrogen	2.02	2.00	mg/L	101	90.0 - 110	128023187
Ammonia Nitrogen	1.98	2.00	mg/L	99.0	90.0 - 110	128023197
Ammonia Nitrogen	2.01	2.00	mg/L	100	90.0 - 110	128023208
Ammonia Nitrogen	1.99	2.00	mg/L	99.5	90.0 - 110	128023219
Ammonia Nitrogen	1.99	2.00	mg/L	99.5	90.0 - 110	128023229
Ammonia Nitrogen	1.97	2.00	mg/L	98.5	90.0 - 110	128023232

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Ammonia Nitrogen	2440695	0.026	0.031	mg/L	17.5	20.0

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Ammonia Nitrogen	2.20	2.00	mg/L	110	90.0 - 110	128023075

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Ammonia Nitrogen	1192816	2.12	2.14	2.00	90.0 - 110	106	107	mg/L	0.939	20.0

Mat. Spike

Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File	
Ammonia Nitrogen	2440695	1.10	0.031	2.00	mg/L	53.4	80.0 - 120	128023083	*

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Analytical Set 1193112 — EPA 1664B (HEM)

Blank

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Oil and Grease (HEM)	1193112	1.00	0.804	4.00	mg/L	128015610

ControlBlk

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Oil and Grease (HEM)	1193112	0.0003			grams	128015609
Oil and Grease (HEM)	1193112	0.0005			grams	128015632

LCS

Parameter	*PrepSet*	*Reading*	*Known*	*Units*	*Recover%*	*Limits*	*File*
Oil and Grease (HEM)	1193112	31.8	40.0	mg/L	79.5	78.0 - 114	128015631

MS

Parameter	*Sample*	*MS*	*MSD*	*UNK*	*Known*	*Limits*	*MS%*	*MSD%*	*Units*	*RPD*	*Limit%*
Oil and Grease (HEM)	2440423	38.1	0	1.18	40.0	78.0 - 114	95.2		mg/L		20.0

Analytical Set 1193190 — SM 2540 D-2020

Blank

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Total Suspended Solids	1193190	ND	2	2	mg/L	128016627

ControlBlk

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Total Suspended Solids	1193190	0			grams	128016626

Duplicate

Parameter	*Sample*	*Result*	*Unknown*	*Unit*	*RPD*	*Limit%*
Total Suspended Solids	2440411	5360	5440	mg/L	1.48	20.0
Total Suspended Solids	2440544	12.6	12.9	mg/L	2.35	20.0
Total Suspended Solids	2440601	5450	6340	mg/L	15.1	20.0

LCS

Parameter	*PrepSet*	*Reading*	*Known*	*Units*	*Recover%*	*Limits*	*File*
Total Suspended Solids	1193190	50.0	50.0	mg/L	100	90.0 - 110	128016660

Standard

Parameter	*Sample*	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Total Suspended Solids		98.0	100	mg/L	98.0	90.0 - 110	128016659

Analytical Set 1193449 — SM 2540 C-2020

Blank

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Total Dissolved Solids	1193449	ND	5.00	5.00	mg/L	128022020

ControlBlk

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Total Dissolved Solids	1193449	0.0002			grams	128022007

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Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Dissolved Solids	2440176	750	680	mg/L	9.79	20.0

LCS

Parameter	PrepSet	Reading	Known	Units	Recover%	Limits	File
Total Dissolved Solids	1193449	198	200	mg/L	99.0	85.0 - 115	128022008

Analytical Set 1193100 — EPA 300.0 2.1

AWRL/LOQ C

Parameter	Reading	Known	Units	Recover%	Limits%	File
Nitrate-Nitrogen Total	0.0273	0.0226	mg/L	121	70.0 - 130	128015248

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Chloride	1193100	0.0472	0.0298	0.300	mg/L	128015249
Nitrate-Nitrogen Total	1193100	ND	0.00464	0.0226	mg/L	128015249
Sulfate	1193100	ND	0.160	0.300	mg/L	128015249

CCB

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Chloride	1193100	0.0826	0.0298	0.300	mg/L	128015245
Chloride	1193100	0.0637	0.0298	0.300	mg/L	128015265
Chloride	1193100	0.0564	0.0298	0.300	mg/L	128015276
Nitrate-Nitrogen Total	1193100	0.00393	0.00464	0.0226	mg/L	128015245
Nitrate-Nitrogen Total	1193100	0.00698	0.00464	0.0226	mg/L	128015265
Nitrate-Nitrogen Total	1193100	0.00528	0.00464	0.0226	mg/L	128015276
Sulfate	1193100	0	0.160	0.300	mg/L	128015245
Sulfate	1193100	0	0.160	0.300	mg/L	128015265
Sulfate	1193100	0	0.160	0.300	mg/L	128015276

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Chloride	10.4	10.0	mg/L	104	90.0 - 110	128015244
Chloride	10.5	10.0	mg/L	105	90.0 - 110	128015264
Chloride	10.4	10.0	mg/L	104	90.0 - 110	128015275
Nitrate-Nitrogen Total	2.30	2.26	mg/L	102	90.0 - 110	128015244
Nitrate-Nitrogen Total	2.29	2.26	mg/L	101	90.0 - 110	128015264
Nitrate-Nitrogen Total	2.29	2.26	mg/L	101	90.0 - 110	128015275
Sulfate	9.74	10.0	mg/L	97.4	90.0 - 110	128015244
Sulfate	9.50	10.0	mg/L	95.0	90.0 - 110	128015264
Sulfate	9.44	10.0	mg/L	94.4	90.0 - 110	128015275

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Chloride	1193100	5.02	5.03	5.00	85.0 - 115	100	101	mg/L	0.199	20.0
Nitrate-Nitrogen Total	1193100	1.14	1.14	1.13	86.3 - 117	101	101	mg/L	0	20.0
Sulfate	1193100	4.54	4.55	5.00	85.4 - 124	90.8	91.0	mg/L	0.220	20.0

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MSD

Parameter	*Sample*	*MS*	*MSD*	*UNK*	*Known*	*Limits*	*MS%*	*MSD%*	*Units*	*RPD*	*Limit%*
Chloride	2439960	14.0	16.0	3.33	10.0	80.0 - 120	107	127 *	mg/L	17.1	20.0
Nitrate-Nitrogen Total	2439960	2.24	2.22	0.0424	2.26	80.0 - 120	97.2	96.4	mg/L	0.914	20.0
Sulfate	2439960	820	818	828	10.0	80.0 - 120	-80.0 *	-100 *	mg/L	0.244	20.0
Chloride	2439961	14.5	14.6	5.43	10.0	80.0 - 120	90.7	91.7	mg/L	1.10	20.0
Nitrate-Nitrogen Total	2439961	2.23	2.23	0.0508	2.26	80.0 - 120	96.4	96.4	mg/L	0	20.0
Sulfate	2439961	542	535	539	10.0	80.0 - 120	30.0 *	-40.0 *	mg/L	1.30	20.0

Analytical Set 1193184 — EPA 200.7 4.4

Blank

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Phosphorus	1192864	ND	0.0353	0.040	mg/L	128016507

CCV

Parameter	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Phosphorus	1.02	1.00	mg/L	102	90.0 - 110	128016506
Phosphorus	1.00	1.00	mg/L	100	90.0 - 110	128016514

ICL

Parameter	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Phosphorus	25.1	25.0	mg/L	100	95.0 - 105	128016504

ICV

Parameter	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Phosphorus	1.02	1.00	mg/L	102	90.0 - 110	128016505

LCS Dup

Parameter	*PrepSet*	*LCS*	*LCSD*	*Known*	*Limits%*	*LCS%*	*LCSD%*	*Units*	*RPD*	*Limit%*
Phosphorus	1192864	3.97	3.97	4.00	85.0 - 115	99.2	99.2	mg/L	0	25.0

MSD

Parameter	*Sample*	*MS*	*MSD*	*UNK*	*Known*	*Limits*	*MS%*	*MSD%*	*Units*	*RPD*	*Limit%*
Phosphorus	2440547	-0.0264	-0.0274	0.0797	4.00	75.0 - 125	-2.65	-2.68	mg/L		25.0

Analytical Set 1192921 — SM 2510 B-2011

Blank

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Lab Spec. Conductance at 25 C	1192921	0.419			umhos/cm	128010402

Duplicate

Parameter	*Sample*	*Result*	*Unknown*	*Unit*	*RPD*	*Limit%*
Lab Spec. Conductance at 25 C	2440810	374	375	umhos/cm	0.267	20.0

ICV

Parameter	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Lab Spec. Conductance at 25 C	14200	12900	umhos/cm	110	90.0 - 110	128010405

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Standard

Parameter	*Sample*	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Lab Spec. Conductance at 25 C	1192921	1530	1410	umhos/cm	109	90.0 - 110	128010403
Lab Spec. Conductance at 25 C	1192921	100	100	umhos/cm	100	90.0 - 110	128010404
Lab Spec. Conductance at 25 C	1192921	1530	1410	umhos/cm	109	90.0 - 110	128010409

Analytical Set 1193852 — SM 2320 B-2011

Blank

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Total Alkalinity (as CaCO3)	1193852	ND	1.00	1.00	mg/L	128030598
Total Alkalinity (as CaCO3)	1193852	ND	1.00	1.00	mg/L	128030625
Total Alkalinity (as CaCO3)	1193852	ND	1.00	1.00	mg/L	128030652

CCV

Parameter	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Total Alkalinity (as CaCO3)	25.8	25.0	mg/L	103	90.0 - 110	128030597
Total Alkalinity (as CaCO3)	25.6	25.0	mg/L	102	90.0 - 110	128030611
Total Alkalinity (as CaCO3)	25.4	25.0	mg/L	102	90.0 - 110	128030624
Total Alkalinity (as CaCO3)	25.8	25.0	mg/L	103	90.0 - 110	128030638
Total Alkalinity (as CaCO3)	25.7	25.0	mg/L	103	90.0 - 110	128030651
Total Alkalinity (as CaCO3)	25.8	25.0	mg/L	103	90.0 - 110	128030661

Duplicate

Parameter	*Sample*	*Result*	*Unknown*	*Unit*	*RPD*	*Limit%*
Total Alkalinity (as CaCO3)	2438890	120	124	mg/L	3.28	20.0
Total Alkalinity (as CaCO3)	2440078	293	318	mg/L	8.18	20.0
Total Alkalinity (as CaCO3)	2440110	187	189	mg/L	1.06	20.0
Total Alkalinity (as CaCO3)	2440489	112	114	mg/L	1.77	20.0
Total Alkalinity (as CaCO3)	2441367	153	146	mg/L	4.68	20.0

ICV

Parameter	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Total Alkalinity (as CaCO3)	25.6	25.0	mg/L	102	90.0 - 110	128030596

Mat. Spike

Parameter	*Sample*	*Spike*	*Unknown*	*Known*	*Units*	*Recovery %*	*Limits %*	*File*	
Total Alkalinity (as CaCO3)	2438890	144	124	25.0	mg/L	80.0	70.0 - 130	128030601	
Total Alkalinity (as CaCO3)	2440078	325	318	25.0	mg/L	28.0	70.0 - 130	128030614	*
Total Alkalinity (as CaCO3)	2440110	218	189	25.0	mg/L	116	70.0 - 130	128030628	
Total Alkalinity (as CaCO3)	2440489	142	114	25.0	mg/L	112	70.0 - 130	128030641	
Total Alkalinity (as CaCO3)	2441367	148	146	25.0	mg/L	8.00	70.0 - 130	128030655	*

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

Recover% is Recovery Percent: result / known * 100%

QUALITY CONTROL

HIS2-A

Hooks ISD
Judy Cochran
100 E. 5th Street
Hooks, TX 75561

Project
1159838

Printed 09/05/2025

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); ICV - Initial Calibration Verification; CCB - Continuing Calibration Blank; CCV - Continuing Calibration Verification (same standard used to prepare the curve; typically a mid-range concentration; verifies the continued validity of the calibration curve); LCS Dup - Laboratory Control Sample Duplicate (replicate LCS; analyzed when there is insufficient sample for duplicate or MSD; quantifies accuracy and precision.); 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.); AWRL/LOQ C - Ambient Water Reporting Limit/LOQ Check Std; 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.)

1159838 CoC Print Group 001 of 001

5475 Dacoma Rd. Kilgore, Texas 75662
(903) 984-0551 FAX 984-5914

SPL

CHAIN OF CUSTODY

Printed 08/18/2025 Page 1 of 2

Hooks ISD
Judy Cochran
100 E. 5th Street
Hooks, TX 75561

HIS2-A
105

Lab Number 244810
PO Number
Phone 903-547-6012

Permit Renewal

Matrix: Non-Potable Water

Sample Collection Start
Date: 8-26-2025 Time: 1610
Sampler Printed Name: Don Cattenden
Sampler Affiliation: HISD
Sampler Signature:

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

1	Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized, I			
	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, Q			
		HEM	Oil and Grease (HEM)	EPA 1664B (HEM) (28.0 days)
1	Polyethylene 1/2 gal (White), Q			
	Short Hold	BODc	BOD Carbonaceous	SM 5210 B-2016 (ICMP Inhibitor) (2.04 days)
		TSS	Total Suspended Solids	SM 2540 D-2020 (7.00 days)
1	HNO3 to pH <2 Polyethylene 500 mL for Metals, Q			
		*PI	Phosphorus	EPA 200.7 4.4 CAS 7723-14-0 (28.0 days)
		301L	Liquid Metals Digestion	EPA 200.2 2.8 (180 days)
1	H2SO4 to pH <2 250 ml Polyethylene, Q			
		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, Q			
		!CIL	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)

SPL
Printed 08/18/2025 Page 2 of 2

CHAIN OF CUSTODY

Hooks ISD
Judy Cochran
100 E. 5th Street
Hooks, TX 75561

HIS2-A
105

	1S4L	Sulfate	EPA 300.0 2.1 (28.0 days)
	AlkT	Total Alkalinity (as CaCO3)	SM 2320 B-2011 (14.0 days)
	CONL	Lab Spec. Conductance at 25 C	SM 2510 B-2011 (28.0 days)
	TDS	Total Dissolved Solids	SM 2540 C-2020 (7.00 days)

Ambient Conditions Comments

Date	Time	Relinquished	Received
8-27-25	1130	Dan Griffin HISD	J. Johnson SPL
8.27.25	1615	J Johnson SPL	McCabe Wheeler - SPL, Inc.

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

Comments

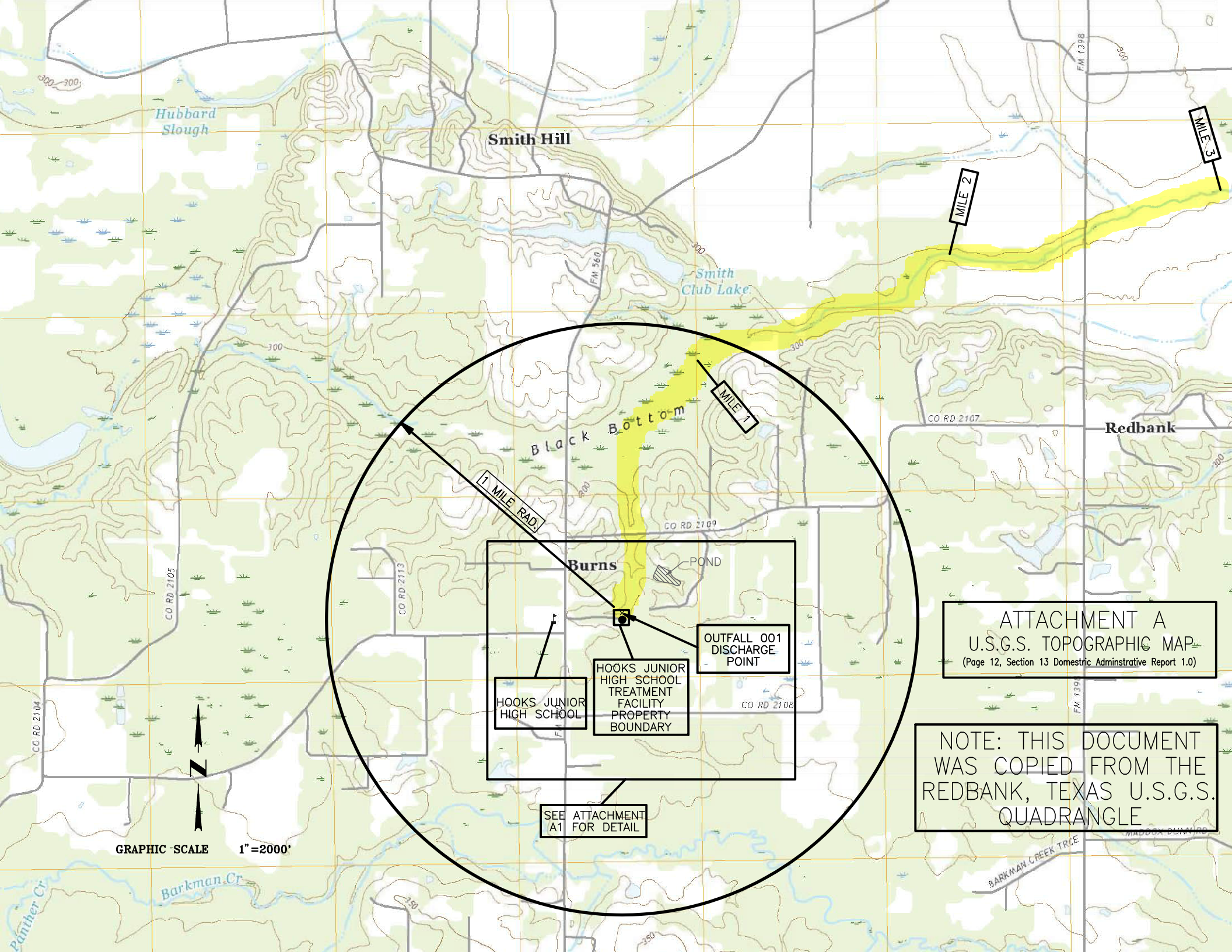
SPL

COOLER CHECKIN

Region/Driver/Client	HJJ
Date / Time:	8/27/25 / 1615
Cooler:	of
Shipping Company:	SPL

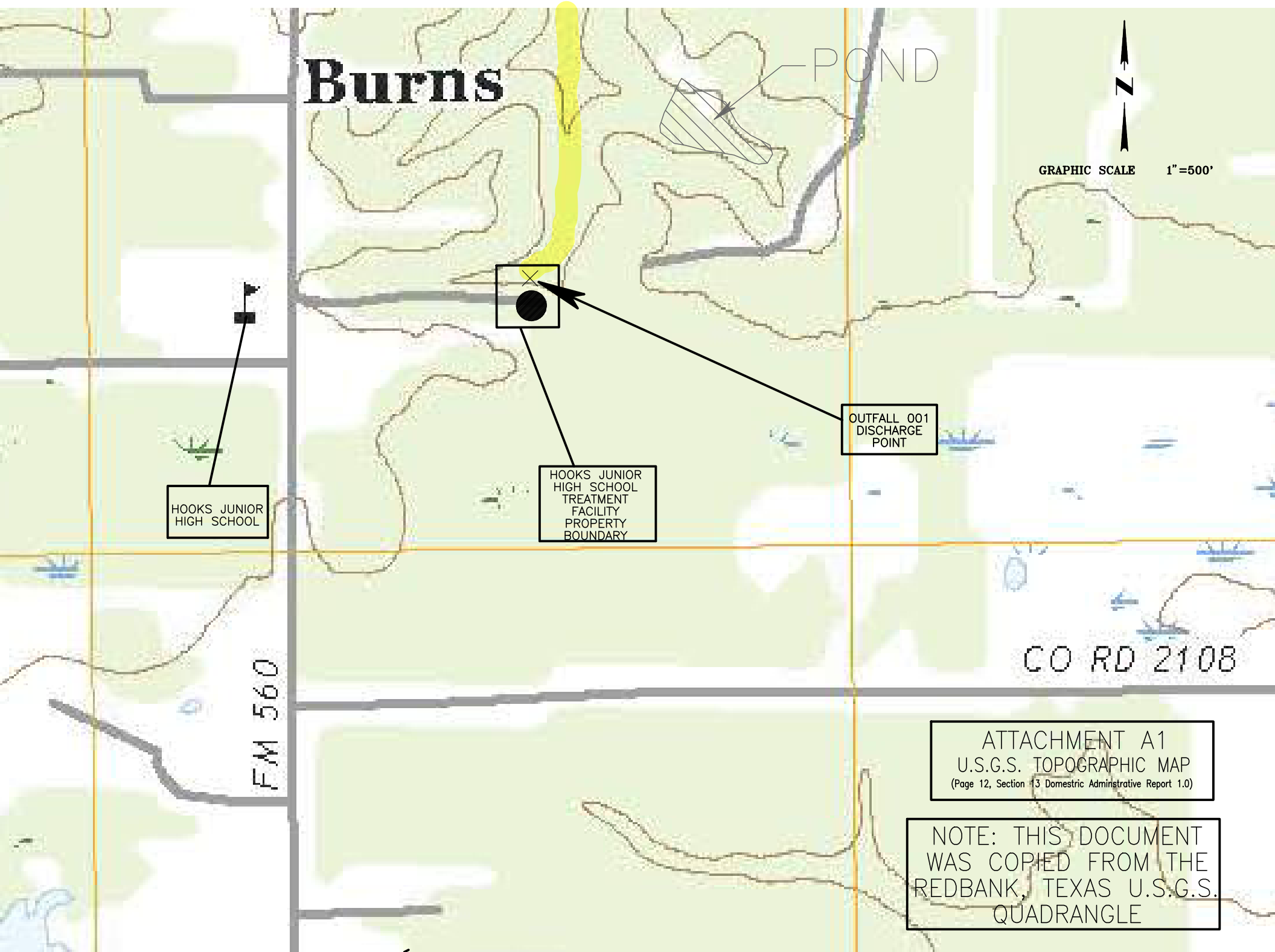
Temp Label:

8/27/25 1615 mm
Date Time Tech
Temp: 2.7/2.0 C
Therm#: 6205 Corr Fact: -0.2 C



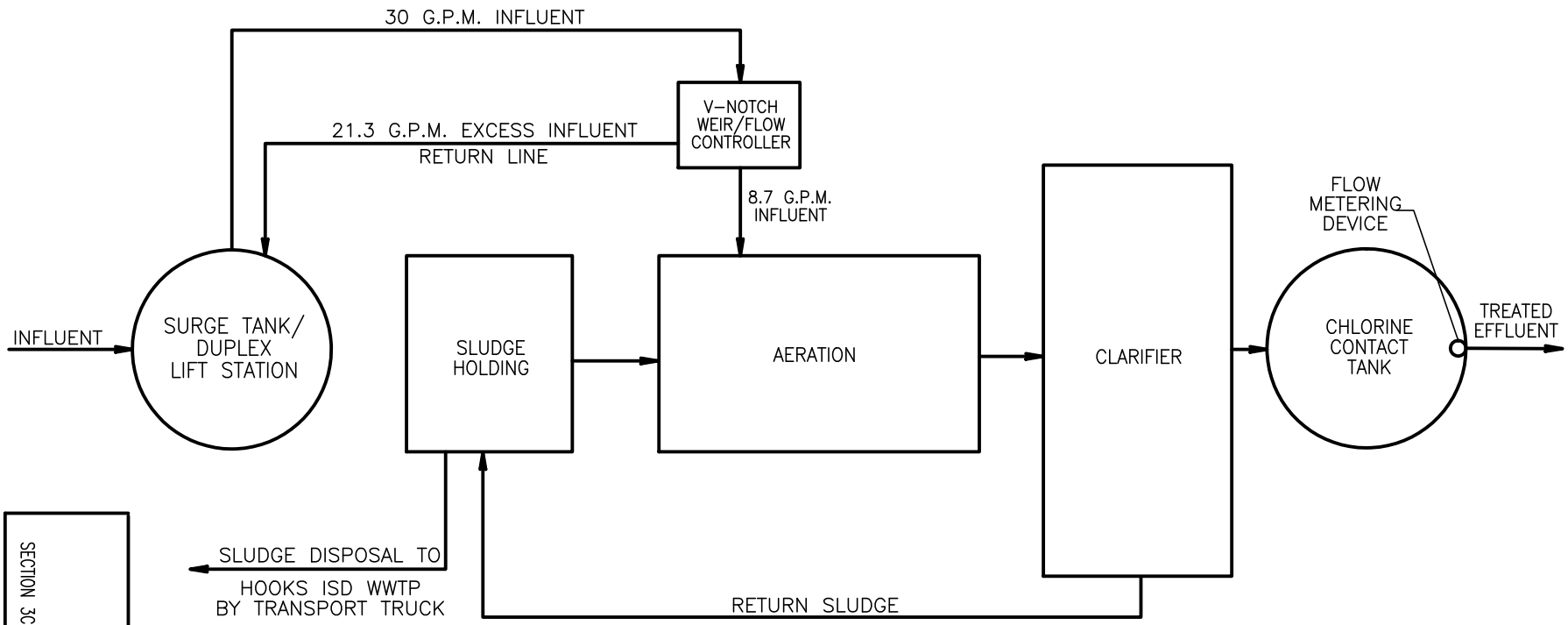
ATTACHMENT A
U.S.G.S. TOPOGRAPHIC MAP
(Page 12, Section 13 Domestic Adminstrative Report 1.0)

NOTE: THIS DOCUMENT WAS COPIED FROM THE REDBANK, TEXAS U.S.G.S. QUADRANGLE



ATTACHMENT A1
U.S.G.S. TOPOGRAPHIC MAP
(Page 12, Section 13 Domestric Adminstrative Report 1.0)

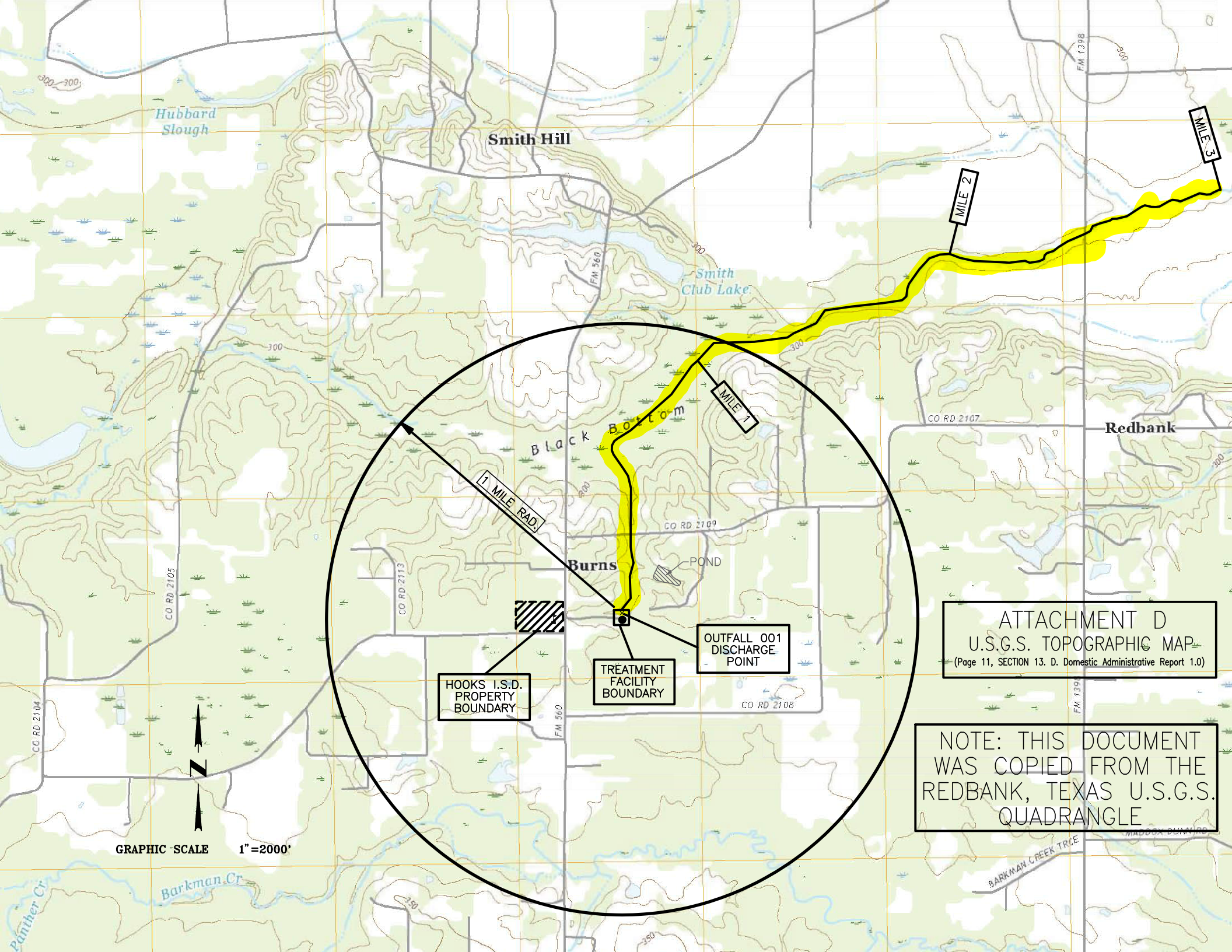
NOTE: THIS DOCUMENT WAS COPIED FROM THE REDBANK, TEXAS U.S.G.S. QUADRANGLE



HOOKS I.S.D. WWTP FLOW DIAGRAM – EXTENDED AERATION MODE

ATTACHMENT C
FLOW DIAGRAM

SECTION 3C., Page 3 – Domestic Technical Report 1.0


Hubbard Slough
Smith Hill
Smith Club Lake
FM 560
FM 1398
MILE 3
MILE 2
MILE 1
Black Bottom
CO RD 2107
Redbank
1 MILE RAD.
CO RD 2109
Burns
POND
CO RD 2105
CO RD 2113
OUTFALL 001 DISCHARGE POINT
TREATMENT FACILITY BOUNDARY
HOOKS I.S.D. PROPERTY BOUNDARY
CO RD 2108
CO RD 2104
FM 560
FM 1398
BARKMAN CREEK TRCE
Barkman Cr
Panther Cr
GRAPHIC SCALE 1" =2000'
ATTACHMENT D
U.S.G.S. TOPOGRAPHIC MAP
(Page 11, SECTION 13. D. Domestic Administrative Report 1.0)
NOTE: THIS DOCUMENT WAS COPIED FROM THE REDBANK, TEXAS U.S.G.S. QUADRANGLE

Rainee Trevino

From: David Williams <dwilliams@mtgengineers.com>
Sent: Friday, October 10, 2025 4:01 PM
To: Rainee Trevino; minterk@hooksisd.net
Subject: RE: Application to Renew Permit No. WQ0013634001 - Notice of Deficiency Letter

Rainee,

We will address these items promptly. My administrative assistant is out of the office this afternoon so it will be Monday before I can verify the paper copy was delivered.

My office phone number is 903-838-8533.

Thanks,

MTG ENGINEERS & SURVEYORS

David Williams, P.E.
Project Manager
Office: (903) 838-8533
Cell: (903) 293-2919
E: dwilliams@mtgengineers.com
5930 Summerhill Road
Texarkana, TX. 75503

From: Rainee Trevino <Rainee.Trevino@tceq.texas.gov>
Sent: Friday, October 10, 2025 3:53 PM
To: minterk@hooksisd.net
Cc: David Williams <dwilliams@mtgengineers.com>
Subject: Application to Renew Permit No. WQ0013634001 - Notice of Deficiency Letter

Dear Mr. Minter,

The attached Notice of Deficiency letter sent on October 10, 2025, requests additional information needed to declare the application administratively complete. Please send the complete response to my attention by October 24, 2025.

Mr. Williams, can you please also confirm your phone number is 903-838-8533? Section 8 of the application did not have to the complete phone number and want to make sure the phone number provided in other sections of the application is correct.

Thank you,

Rainee Trevino
Water Quality Division | ARP Team
Texas Commission on Environmental Quality

Rainee Trevino

From: David Williams <dwilliams@mtgengineers.com>
Sent: Monday, October 13, 2025 9:47 AM
To: Rainee Trevino; minterk@hooksisd.net
Subject: RE: Application to Renew Permit No. WQ0013634001 - Notice of Deficiency Letter
Attachments: NOD 1 Response Letter.pdf; Core Data Form.pdf; Hooks Junior High Wastewater Treatment Facility Plain Language Summary.docx

Dear Ms. Trevino,

Attached is a response letter and updated supporting attachments. Please let me know if there are any questions or additional items of concern.

Thanks,

David Williams, P.E.
Project Manager
Office: (903) 838-8533
Cell: (903) 293-2919
E: dwilliams@mtgengineers.com
5930 Summerhill Road
Texarkana, TX. 75503

From: Rainee Trevino <Rainee.Trevino@tceq.texas.gov>
Sent: Friday, October 10, 2025 3:53 PM
To: minterk@hooksisd.net
Cc: David Williams <dwilliams@mtgengineers.com>
Subject: Application to Renew Permit No. WQ0013634001 - Notice of Deficiency Letter

Dear Mr. Minter,

The attached Notice of Deficiency letter sent on October 10, 2025, requests additional information needed to declare the application administratively complete. Please send the complete response to my attention by October 24, 2025.

Mr. Williams, can you please also confirm your phone number is 903-838-8533? Section 8 of the application did not have to the complete phone number and want to make sure the phone number provided in other sections of the application is correct.

Thank you,

Rainee Trevino
Water Quality Division | ARP Team
Texas Commission on Environmental Quality

512-239-4324

MTG
ENGINEERS
& SURVEYORS
5930 Summerhill Road 903.838.8533 telephone
Texarkana, TX 75503 903.832.4700 facsimile

October 13, 2025

Rainee Trevino
Application Review and Processing Team (MC148)
Water Quality Division
Texas Commission on Environmental Quality
12100 Park 35 Circle
Austin, TX 78753

Delivered via email: rainee.trevino@tceq.texas.gov

Re: Application to Renew Permit No. WQ0013634001 (EPA I.D. TX0118079)
Applicant Name: Hooks Independent School District CN 600790828,
Site Name: Hooks Junior High Wastewater Treatment Facility (RN101514412)

Dear Ms. Trevino:

On behalf of the Hooks Independent School District please find enclosed the response to your correspondence dated October 10, 2025 regarding items that need attention to be considered administratively complete. The items and responses are as follows:

1. Our records indicate an original paper copy of the application has not been received. The original paper copy and e-copy of the application are both required.

   Response: Our records indicate that the original paper copy was delivered on October 13, 2025, at 8:44 AM (FedEx Tracking ID 885037522430).

2. Core Data Form, Section III, Item 25:
   The description to the facility location must include the distance in feet or miles from one road intersection. Currently the permit has the location description as "approximately 1,125 feet east- northeast of the intersection of County Road 2105 and Farm-to-Market Road 560, near the city of Hooks, in Bowie County, Texas 75561.". Please confirm if this description is still accurate and update section III of the Core Data Form with the correct description.

   Response: The description in Section III, Item 25 of the Core Data Form has been updated in the attached Core Data Form to reflect the description above.

3. Plain Language Summary:
   A Plain Language Summary in English is required for all applications. Please submit a complete summary. For instructions and a template, please refer to form number TCEQ-20972 on our website.

   Response: The Plain Language Summary in English is attached.

4. The following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions. The complete notice will be sent to you once the application is declared administratively complete.

   Response: No errors or omissions were noted in the portion of the NORI provided.

Please feel free to contact me by phone at 903-838-8533 or email at dwilliams@mtgengineers.com if you have any questions or need additional information.

Sincerely,

David A Williams

David Williams, PE
Project Manager

Cc: Mr. Keith Minter, Superintendent, Hooks ISD (minterk@hooksisd.net)

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 600790828		RN 101514412

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:*

Hooks ISD

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number *(if applicable)*
	17560018091	75-6001809	05-345-9558

11. Type of Customer:

☐ Corporation ☐ Individual Partnership: ☐ General ☐ Limited
Government: ☐ City ☐ County ☐ Federal ☐ Local ☐ State ☒ Other ☐ Sole Proprietorship ☒ Other: Public School District

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
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant ☐ Other:

15. Mailing Address:

Hooks ISD
100 East 5th Street

City	Hooks	State	TX	ZIP	75561	ZIP + 4	

16. Country Mailing Information *(if outside USA)*	17. E-Mail Address *(if applicable)*
	minterk@hooksisd.net

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(903) 547-6077		(903) 547-2943

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.)*

Hooks Junior High Wastewater Treatment Facility

23. Street Address of the Regulated Entity: ***(No PO Boxes)***								
	City	Hooks	**State**	TX	**ZIP**	75561	**ZIP + 4**	
24. County								

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

25. Description to Physical Location:	Located approximately 1,125 feet east-northeast of the intersection of County Road 2105 and Farm-to-Market Road 560, near the City of Hooks, in Bowie County 75561.				
26. Nearest City			**State**	**Nearest ZIP Code**	
Hooks			TX	75561	

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
33	31	0.67	-94	17	7.96

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)
8211		611110	

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

Independent Public School District

34. Mailing Address:	**H**ooks ISD							
	P.O. Box 39							
	City	**H**ooks	**State**	**T**X	**ZIP**	**7**5561	**ZIP + 4**	
35. E-Mail Address:	**m**interk@hooksisd.net							

36. Telephone Number	37. Extension or Code	38. Fax Number *(if applicable)*
(9**0**3 **)** 5**4**7-6**0**77		**(** 9**0**3 **)** 5**4**7-**2**943

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:

SECTION IV: Preparer Information

40. Name:	Keith Minter	**41. Title:**	Superintendent

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(903) 547-6077		(903) 547-2943	minterk@hooksisd.net

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:	Hooks ISD	**Job Title:**	Superintendent
Name *(In Print):*	Keith Minter	**Phone:**	(903) 547- **6077**
Signature:	Byron Ic Mint	**Date:**	

Hooks ISD (CN: 600790828) operates Hooks Junior High Wastewater Treatment Plant (RN101514412), an activated sludge process plant operated in the extended aeration mode. The facility is located at east northeast of the intersection of County Road 2105 and Farm-to-Market Road 560, near the city of Hooks, 75561. The proposed request is for the discharge of treated domestic wastewater at a daily average flow of 12,500 gallons per day.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($CBOD_5$, total suspended solids (TSS), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by the facility is an activated sludge process plant operated in the extended aeration mode. Treatment units include a surge tank, aeration basin, clarifier, sludge holding tank, and a chlorine contact basin.