Administrative Package Cover Page

This file contains the following documents:

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

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

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

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

The University of Texas at Austin (CN601097413) operates McDonald Observatory Lower Wastewater Treatment Plant (RN101702918), a Domestic Wastewater Treatment Plant. The facility is located at 82 Mount Locke Road, in Fort Davis, Jeff Davis County, Texas 79734. This application is for a renewal to dispose a daily average flow of 15,000 gallons per day of treated domestic wastewater via an outfall from the facility to Salcido Canyon.

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. Domestic Wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, a grit chamber, an aeration basin, clarifier, sludge pumps, and a chlorine contact chamber.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PERMIT NO. WQ0013646001

APPLICATION. University of Texas At Austin, P.O. Box 303513, Austin, Texas 78703, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0013646001 (EPA I.D. No. TX0076422) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 15,000 gallons per day. The domestic wastewater treatment facility is located at 82 Mount Locke Road, McDonald Observatory, in Jeff Davis County, Texas 79734. The discharge route is from the plant site to Salcido Canyon, thence to a small impoundment, thence to Salcido Creek, thence to Tuly Canyon, thence to Limpia Creek, thence to Barilla Draw, thence to Lake Toyah, thence to Toyah Creek, thence to Upper Pecos River. TCEQ received this application on May 9, 2025. The permit application will be available for viewing and copying at University of Texas McDonald Observatory, Visitors Center Lobby, 3640 Dark Sky Drive, Fort Davis, in Jeff Davis 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=-104.0225,30.676666&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 The University of Texas At Austin at the address stated above or by calling Mr. Brent McGlothin, Associate Director Environmental Programs, at 512-471-2039.

Issuance Date: May 29, 2025

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

May 9, 2025

Re: Confirmation of Submission of the Renewal without changes for Public Domestic Wastewater Authorization.

Dear Applicant:

This is an acknowledgement that you have successfully completed Renewal without changes for the Public Domestic Wastewater authorization.

ER Account Number: ER079873
Application Reference Number: 783414
Authorization Number: WQ0013646001
Site Name: Mcdonald Observatory Lower WWTP
Regulated Entity: RN101702918 - Mcdonald Observatory Lower Plant
Customer(s): CN601097413 - The University of Texas At Austin

Please be aware that TCEQ staff may contact your designated contact for any additional information.

If you have any questions, you may contact the Applications Review and Processing Team by email at WQ-ARPTeam@tceq.texas.gov or by telephone at (512) 239-4671.

Sincerely,
Applications Review and Processing Team
Water Quality Division

Texas Commission on Environmental Quality

Update Domestic or Industrial Individual Permit

WQ0013646001

Site Information (Regulated Entity)

What is the name of the site to be authorized?	MCDONALD OBSERVATORY LOWER WWTP
Does the site have a physical address?	Yes
Physical Address	
Number and Street	82 MT LOCKE RD
City	MCDONALD OBS
State	TX
ZIP	79734
County	JEFF DAVIS
Latitude (N) (##.######)	30.676666
Longitude (W) (-###.######)	-104.0225
Primary SIC Code	8221
Secondary SIC Code	
Primary NAICS Code	611310
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN101702918
What is the name of the Regulated Entity (RE)?	MCDONALD OBSERVATORY LOWER PLANT
Does the RE site have a physical address?	No
Physical Address	
Because there is no physical address, describe how to locate this site:	HWY 118 N FT DAVIS TX
City	FORT DAVIS
State	TX
ZIP	79734
County	JEFF DAVIS
Latitude (N) (##.######)	
Longitude (W) (-###.######)	
Facility NAICS Code	
What is the primary business of this entity?	DOMESTIC

The Uni-Customer (Applicant) Information (Owner)

How is this applicant associated with this site?	Owner
What is the applicant's Customer Number (CN)?	CN601097413
Type of Customer	State Government
Full legal name of the applicant:	
Legal Name	The University of Texas at Austin
Texas SOS Filing Number	
Federal Tax ID	746000203
State Franchise Tax ID	
State Sales Tax ID	
Local Tax ID	
DUNS Number	
Number of Employees	501+
Independently Owned and Operated?	Yes
I certify that the full legal name of the entity applying for this permit has been provided and is legally authorized to do business in Texas.	Yes
Responsible Authority Contact	
Organization Name	The University of Texas at Austin
Prefix	MR
First	John
Middle	M
Last	Salsman
Suffix	
Credentials	
Title	Executive Director of Operational Safety & Compliance
Responsible Authority Mailing Address	
Enter new address or copy one from list:	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 303513
Routing (such as Mail Code, Dept., or Attn:)	
City	AUSTIN
State	TX
ZIP	78703
Phone (###-###-####)	5124713511
Extension	

Alternate Phone (###-###-####)	
Fax (###-###-####)	5124716918
E-mail	john.salsman@austin.utexas.edu

Billing Contact

Responsible contact for receiving billing statements:	
Select the permittee that is responsible for payment of the annual fee.	CN601097413, The University of Texas at Austin
Organization Name	The University of Texas at Austin
Prefix	MR
First	Brent
Middle	J
Last	McGlothin
Suffix	
Credentials	
Title	Associate Director Environmental Programs
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 303513
Routing (such as Mail Code, Dept., or Attn:)	
City	AUSTIN
State	TX
ZIP	78703
Phone (###-###-####)	5124712039
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	5124716918
E-mail	brent.mcglothin@austin.utexas.edu

Application Contact

Person TCEQ should contact for questions about this application:	
Same as another contact?	Billing Contact
Organization Name	The University of Texas at Austin
Prefix	MR
First	Brent

Middle	J
Last	McGlothin
Suffix	
Credentials	
Title	Associate Director Environmental Programs
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 303513
Routing (such as Mail Code, Dept., or Attn:)	
City	AUSTIN
State	TX
ZIP	78703
Phone (###-###-####)	5124712039
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	5124716918
E-mail	brent.mcglothin@austin.utexas.edu

Technical Contact

Person TCEQ should contact for questions about this application:	
Same as another contact?	Billing Contact
Organization Name	The University of Texas at Austin
Prefix	MR
First	Brent
Middle	J
Last	McGlothin
Suffix	
Credentials	
Title	Associate Director Environmental Programs
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 303513
Routing (such as Mail Code, Dept., or Attn:)	
City	AUSTIN

State	TX
ZIP	78703
Phone (###-###-####)	5124712039
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	5124716918
E-mail	brent.mcglothin@austin.utexas.edu

DMR Contact

Person responsible for submitting Discharge Monitoring Report Forms:	
Same as another contact?	
Organization Name	The University of Texas at Austin
Prefix	
First	Teznie
Middle	
Last	Pugh
Suffix	
Credentials	PHD
Title	Superintendent, McDonald Observatory
Enter new address or copy one from list:	
Mailing Address:	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	82 MT LOCKE RD
Routing (such as Mail Code, Dept., or Attn:)	
City	MCDONALD OBS
State	TX
ZIP	79734
Phone (###-###-####)	4324263633
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	teznie.pugh@austin.utexas.edu

Section 1# Permit Contact

Permit Contact#: 1

Person TCEQ should contact throughout the permit term.

1) Same as another contact?	Billing Contact
2) Organization Name	The University of Texas at Austin
3) Prefix	MR
4) First	Brent
5) Middle	J
6) Last	McGlothin
7) Suffix	
8) Credentials	
9) Title	Associate Director Environmental Programs

Mailing Address

10) Enter new address or copy one from list	
11) Address Type	Domestic
11.1) Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 303513
11.2) Routing (such as Mail Code, Dept., or Attn:)	
11.3) City	AUSTIN
11.4) State	TX
11.5) ZIP	78703
12) Phone (###-###-####)	5124712039
13) Extension	
14) Alternate Phone (###-###-####)	
15) Fax (###-###-####)	5124716918
16) E-mail	brent.mcglothin@austin.utexas.edu

Section 2# Permit Contact

Permit Contact#: 2

Person TCEQ should contact throughout the permit term.

1) Same as another contact?	
2) Organization Name	The University of Texas at Austin
3) Prefix	
4) First	Irezama
5) Middle	R
6) Last	Anderson
7) Suffix	
8) Credentials	
9) Title	Director of Environmental Health and Safety

Mailing Address

10) Enter new address or copy one from list	Billing Contact
11) Address Type	Domestic
11.1) Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 303513
11.2) Routing (such as Mail Code, Dept., or Attn:)	
11.3) City	AUSTIN
11.4) State	TX
11.5) ZIP	78703
12) Phone (###-###-####)	5124713511
13) Extension	
14) Alternate Phone (###-###-####)	
15) Fax (###-###-####)	5124716918
16) E-mail	nanderson@austin.utexas.edu

Owner Information

Owner of Treatment Facility

1) Prefix	
2) First and Last Name	John M Salsman
3) Organization Name	The University of Texas at Austin
4) Mailing Address	P.O. Box 303513
5) City	Austin
6) State	TX
7) Zip Code	78703
8) Phone (###-###-####)	5124713511
9) Extension	
10) Email	john.salsman@austin.utexas.edu
11) What is ownership of the treatment facility?	Public

Owner of Land (where treatment facility is or will be)

12) Prefix	
13) First and Last Name	John M Salsman
14) Organization Name	The University of Texas at Austin
15) Mailing Address	P.O. Box 303513
16) City	Austin
17) State	TX
18) Zip Code	78703
19) Phone (###-###-####)	5124713511

20) Extension	
21) Email	john.salsman@austin.utexas.edu
22) Is the landowner the same person as the facility owner or co-applicant?	Yes

General Information Renewal-Amendment

1) Current authorization expiration date:	11/10/2025
2) Current Facility operational status:	Active
3) Is the facility located on or does the treated effluent cross American Indian Land?	No
4) What is the application type that you are seeking?	Renewal without changes
5) Current Authorization type:	Public Domestic Wastewater
5.1) What is the proposed total flow in MGD discharged at the facility?	0.015
5.2) Select the applicable fee	< .05 MGD - Renewal - $315
6) What is the classification for your authorization?	TPDES
6.1) What is the EPA Identification Number?	TX0076422
6.2) Is the wastewater treatment facility location in the existing permit accurate?	Yes
6.3) Are the point(s) of discharge and the discharge route(s) in the existing permit correct?	Yes
6.4) City nearest the outfall(s):	Fort Davis
6.5) County where the outfalls are located:	JEFF DAVIS
6.6) Is or will the treated wastewater discharge to a city, county, or state highway right-of-way, or a flood control district drainage ditch?	No
6.7) Is the daily average discharge at your facility of 5 MGD or more?	No
7) Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?	No

Public Notice Information

Individual Publishing the Notices

1) Prefix	MR
2) First and Last Name	Danny Spencer
3) Credential	
4) Title	Physical Plant Manager
5) Organization Name	The University of Texas at Austin
6) Mailing Address	82 MT LOCKE RD
7) Address Line 2	
8) City	MCDONALD OBS
9) State	TX

10) Zip Code	79734
11) Phone (###-###-####)	4324263685
12) Extension	
13) Fax (###-###-####)	
14) Email	dspencer@astro.as.utexas.edu
Contact person to be listed in the Notices	
15) Prefix	MR
16) First and Last Name	Brent Mcglothin
17) Credential	
18) Title	Associate Director Environmental Programs
19) Organization Name	The University of Texas at Austin
20) Phone (###-###-####)	5124712039
21) Fax (###-###-####)	5124716918
22) Email	brent.mcglothin@austin.utexas.edu
Bilingual Notice Requirements	
23) Is a bilingual education program required by the Texas Education Code at the elementary or middle school nearest to the facility or proposed facility?	No

Section 1# Public Viewing Information

County#: 1

1) County	JEFF DAVIS
2) Public building name	McDonald Observatory Visitors Center
3) Location within the building	Lobby
4) Physical Address of Building	3640 Dark Sky Drive
5) City	Fort Davis
6) Contact Name	Danny Spencer
7) Phone (###-###-####)	4324263685
8) Extension	
9) Is the location open to the public?	Yes

Plain Language

1) Plain Language	
[File Properties]	
File Name	LANG_20972_PLS_2024-11-08.docx
Hash	F955082765C301FFB2730F2E50DA94B81013DB61E2FE90916966D332A0D5DB64

MIME-Type	application/vnd.openxmlformats-officedocument.wordprocessingml.document

Supplemental Permit Information Form

1) Supplemental Permit Information Form (SPIF)

[File Properties]

File Name	SPIF_2 Supplimental Permit Information Form 20971.pdf
Hash	B3114CF1910983B781CDD273AE6668193842CA5158034723178A1EAEA3DDA3A0
MIME-Type	application/pdf

Domestic Attachments

1) Attach an 8.5"x11", reproduced portion of the most current and original USGS Topographic Quadrangle Map(s) that meets the 1:24,000 scale.

[File Properties]

File Name	MAP_Attachment A 7.5 Minute USGS Quadrangle Topographic Map - Mount Locke Quandrangle 8.5X11.pdf
Hash	3A48273B7E6AC6C8EF7E64678ED90E3BD0314929C2259E28118152C8AD3497E6
MIME-Type	application/pdf

2) I confirm that all required sections of Technical Report 1.0 are complete and will be included in the Technical Attachment.	Yes
2.1) I confirm that Worksheet 2.0 (Receiving Waters) is complete and included in the Technical Attachment.	Yes
2.2) Are you planning to include Worksheet 2.1 (Stream Physical Characteristics) in the Technical Attachment?	No
2.3) Are you planning to include Worksheet 4.0 (Pollutant Analyses Requirements) in the Technical Attachment?	No
2.4) Are you planning to include Worksheet 5.0 (Toxicity Testing Requirements) in the Technical Attachment?	No
2.5) I confirm that Worksheet 6.0 (Industrial Waste Contribution) is complete and included in the Technical Attachment.	Yes
2.6) Are you planning to include Worksheet 7.0 (Class V Injection Well Inventory/Authorization Form) in the Technical Attachment?	No

2.7) Technical Attachment

[File Properties]

File Name	TECH_3 DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORTS.pdf

Hash	2FD28CA35885EB8CBFCBDBCC0A908E321E715675422E5022265F49B203BDFFC9
MIME-Type	application/pdf

3) Buffer Zone Map

4) Flow Diagram

[File Properties]

File Name	FLDIA_McDonald Observatory Flow Diagram.pdf
Hash	09CAB16F8945FFDFCBC9DB1C6CCA0B155F91732818D0717DF53480ADB83E928A
MIME-Type	application/pdf

5) Site Drawing

[File Properties]

File Name	SITEDR_McDonald Observatory Site Map.pdf
Hash	9C5B807ED6719FDBBBE831D2C3673846F87BFD4F09A844C17C3ED0FA68459C08
MIME-Type	application/pdf

6) Design Calculations

[File Properties]

File Name	DES_CAL_90% Design Report - R1 (EHS680 FE 4 yrs).pdf
Hash	F37AA9D711314DF7F7AF2EB726691EF9394FDBF481CF9F5DC552A265DCE498EB
MIME-Type	application/pdf

7) Solids Management Plan

8) Water Balance

9) Other Attachments

[File Properties]

File Name	OTHER_McDonald Observatory Buildings Older than 50 Years Photo Log.pdf
Hash	F64D1EC8B9BB47332815DAE00AEF1C0FA96D36238624B27361B27560284F638B
MIME-Type	application/pdf

[File Properties]

File Name	OTHER_2025 McDonald Observatory Domestic Wastewater Permit Application.pdf
Hash	4C7A26B32373CC1E0785CE5D11C3D3DD8D08844BF95671DDB492150C5527BE39
MIME-Type	application/pdf

Certification

I certify that I am authorized under 30 Texas Administrative Code 305.44 to sign this document and can provide documentation in proof of such authorization upon request.

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.

1. I am Brent Mcglothin, the owner of the STEERS account ER079873.
2. I have the authority to sign this data on behalf of the applicant named above.
3. I have personally examined the foregoing and am familiar with its content and the content of any attachments, and based upon my personal knowledge and/or inquiry of any individual responsible for information contained herein, that this information is true, accurate, and complete.
4. I further certify that I have not violated any term in my TCEQ STEERS participation agreement and that I have no reason to believe that the confidentiality or use of my password has been compromised at any time.
5. I understand that use of my password constitutes an electronic signature legally equivalent to my written signature.
6. I also understand that the attestations of fact contained herein pertain to the implementation, oversight and enforcement of a state and/or federal environmental program and must be true and complete to the best of my knowledge.
7. I am aware that criminal penalties may be imposed for statements or omissions that I know or have reason to believe are untrue or misleading.
8. I am knowingly and intentionally signing Update Domestic or Industrial Individual Permit WQ0013646001.
9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

OWNER Signature: Brent Mcglothin OWNER

Customer Number:	CN601097413
Legal Name:	The University of Texas at Austin
Account Number:	ER079873
Signature IP Address:	128.62.105.170
Signature Date:	2025-05-09
Signature Hash:	5F9D86E49FEE22C6005E730F9DABDF07D40DDB51A8EF4B83D0A9079D160F5A95
Form Hash Code at time of Signature:	E1C16F3DE203A5F3B79941BB7E4C23F0CC96C2F9200AED563E52DF4D2A5D9D6F

Fee Payment

Transaction by:	The application fee payment transaction was made by ER079873/Brent Mcglothin
Paid by:	The application fee was paid by CONNIE CALVIN
Fee Amount:	$300.00
Paid Date:	The application fee was paid on 2025-05-09
Transaction/Voucher number:	The transaction number is 582EA000667405 and the voucher number is 765970

Submission

Reference Number:	The application reference number is 783414
Submitted by:	The application was submitted by ER079873/Brent Mcglothin

Submitted Timestamp:	The application was submitted on 2025-05-09 at 08:10:06 CDT
Submitted From:	The application was submitted from IP address 128.62.105.170
Confirmation Number:	The confirmation number is 652063
Steers Version:	The STEERS version is 6.91
Permit Number:	The permit number is WQ0013646001

Additional Information

Application Creator: This account was created by Jonathan L Thomas

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: The University of Texas at Austin

PERMIT NUMBER (If new, leave blank): WQ0013646001

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: Click to enter text.
Check/Money Order Amount: Click to enter text.
Name Printed on Check: Click to enter text.
EPAY Voucher Number: Click to enter text.
Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

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

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

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

☒ Active ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

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

f. For existing permits:

Permit Number: WQ00 13646001

EPA I.D. (TPDES only): TX 0076422

Expiration Date: November 10, 2025

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

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

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

The University of Texas at Austin

(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: 601097413

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: Salsman, John

Title: Executive Director of Operational Safety & Compliance Credential: CHP

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

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

N/A

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

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

CN: N/A

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

Prefix: N/A Last Name, First Name: N/A

Title: N/A Credential: N/A

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

C. Core Data Form

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

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: McGlothin, Brent

Title: Associate Director Environmental Programs Credential:

Organization Name: The University of Texas at Austin

Mailing Address: P.O. Box 303513 City, State, Zip Code: Austin, Texas 78703

Phone No.: (512) 471-2039 E-mail Address: brent.mcglothin@austin.utexas.edu

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix: Ms. Last Name, First Name: Anderson, Irezama

Title: Director of Environmental Health and Safety Credential:

Organization Name: The University of Texas at Austin

Mailing Address: P.O. Box 303513 City, State, Zip Code: Austin, Texas 78703

Phone No.: (512) 471-2044 E-mail Address: nanderson@austin.utexas.edu

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: McGlothin, Brent

Title: Associate Director Environmental Programs Credential:

Organization Name: The University of Texas at Austin

Mailing Address: P.O. Box 303513 City, State, Zip Code: Austin, Texas 78703

Phone No.: (512) 471-2039 E-mail Address: brent.mcglothin@austin.utexas.edu

B. Prefix: Ms. Last Name, First Name: Anderson, Irezama

Title: Director of Environmental Health and Safety Credential:

Organization Name: The University of Texas at Austin

Mailing Address: P.O. Box 303513 City, State, Zip Code: Austin, Texas 78703

Phone No.: (512) 471-2044 E-mail Address: nanderson@austin.utexas.edu

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: McGlothin, Brent

Title: Associate Director Environmental Programs Credential:

Organization Name: The University of Texas at Austin

Mailing Address: P.O. Box 303513 City, State, Zip Code: Austin, Texas 78703

Phone No.: (512) 471-2039 E-mail Address: brent.mcglothin@austin.utexas.edu

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: Dr. Last Name, First Name: Pugh, Teznie

Title: Superintendent Credential: Ph.D.

Organization Name: The University of Texas at Austin, McDonald Observatory

Mailing Address: 82 Mt. Locke Road City, State, Zip Code: Fort Davis, Texas, 79734

Phone No.: 432-426-3633 E-mail Address: super@astro.as.utexas.edu

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: Spencer, Danny

Title: Physical Plant Manager Credential:

Organization Name: The University of Texas at Austin

Mailing Address: 82 MT. LOCKE RD City, State, Zip Code: Fort Davis, Texas, 79734

Phone No.: (432) 426-3536 E-mail Address: dgspencer@utexas.edu

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: McGlothin, Brent

Title: Associate Director Environmental Programs Credential:

Organization Name: The University of Texas at Austin

Mailing Address: P.O. Box 303513 City, State, Zip Code: Austin, Texas 78703

Phone No.: (512) 471-2039 E-mail Address: brent.mcglothin@austin.utexas.edu

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: McDonald Observatory Visitors Center

Location within the building: Lobby

Physical Address of Building: 3640 Dark Sky Drive

City: Fort Davis County: Jeff Davis

Contact (Last Name, First Name): Spencer, Danny

Phone No.: (423) 426-3633 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? N/A

F. Summary of Application in Plain Language Template

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

Attachment: N/A

G. Public Involvement Plan Form

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

Attachment: N/A

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. **RN** 101702918

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):

McDonald Observatory Lower Wastewater Treatment Facility

C. Owner of treatment facility: The University of Texas at Austin

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

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

Prefix: N/A Last Name, First Name: N/A

Title: N/A Credential: N/A

Organization Name: The University of Texas at Austin

Mailing Address: P.O. Box 303513 City, State, Zip Code: Austin, Texas 78703

Phone No.: (512) 471-3511 E-mail Address: N/A

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

Attachment: N/A

E. Owner of effluent disposal site:

Prefix: N/A Last Name, First Name: N/A

Title: N/A Credential: N/A

Organization Name: N/A

Mailing Address: N/A City, State, Zip Code: N/A

Phone No.: N/A E-mail Address: N/A

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

Attachment: N/A

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

Prefix: N/A Last Name, First Name: N/A

Title: N/A Credential: N/A

Organization Name: N/A

Mailing Address: N/A City, State, Zip Code: N/A

Phone No.: N/A E-mail Address: N/A

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

Attachment: N/A

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

N/A

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

☒ Yes ☐ No

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

N/A

City nearest the outfall(s): Fort Davis

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

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

☐ Yes ☒ No

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

☐ Authorization granted ☐ Authorization pending

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

Attachment: N/A

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☐ No

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

N/A

B. City nearest the disposal site: N/A

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

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

N/A

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

N/A

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

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

Account number: N/A

Amount past due: N/A

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

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

Enforcement order number: N/A

Amount past due: N/A

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: N/A

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0013646001

Applicant: The University of Texas at Austin

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): John M. Salsman

Signatory title: Executive Director of Operational Safety & Compliance

Signature: _____ Date: 5/1/2025

(Use blue ink)

Subscribed and Sworn to before me by the said John Salsman

on this 1st day of May, 20 25.

My commission expires on the 25th day of October, 20 25.

_____

Notary Public

[SEAL]

Larrimie Jacob Gordon
My Commission Expires
10/25/2025
Notary ID
133412010

Travis

County, Texas

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: F

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

B. Interim II Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

C. Final Phase

Design Flow (MGD): 0.015

2-Hr Peak Flow (MGD): 0.06

Estimated construction start date: March 2010

Estimated waste disposal start date: October 2010

D. Current Operating Phase

Provide the startup date of the facility: August 1971

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**.

Existing Phase - The effluent passes through a bar screen to the aeration basin then the clarifier. Clarifier water is then sent to the chlorine contact prior to discharge through the flowmeter. Sludge is sent from the clarifier to the aeration tank, then to drying beds, and then transported offsite. Future Minor Modification (Date TBD) - modification to the system will include replacing the existing chlorine contact system with a new gas chlorine system.

B. Treatment Units

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

Table 1.0(1) - Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Bar Screen	1	1'2" L x 11' W x 1'6" H
Aeration Basin	1	1'2" L x 11' W x 1'6" H
Clarifier	1	6' L x 8' W x 10'6" H
Sludge Holding Tank	1	4' L x 8' W x 10'6" H
Chlorine Contact Tank	1	2' L x 8' W x 4' H
Gas Chlorine System	1	~ 2' L x 8' W x 4' H
Sludge Drying Beds	2	18' L x 8' W x 1' H

C. Process Flow Diagram

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

Attachment: **D**

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

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

- Latitude: 30°40'37.84" N
- Longitude: 104°1'27.31" 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: **E**
Provide the name **and** a description of the area served by the treatment facility.

McDonald Observatory, a University of Texas research facility.

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
McDonald Observatory Collection System	The University of Texas at Austin	**Publicly Owned**	95
		Choose an item.	
		Choose an item.	
		Choose an item.	

Section 4. Unbuilt Phases (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

N/A

Section 5. Closure Plans (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

N/A

Section 6. Permit Specific Requirements (Instructions Page 44)

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

A. Summary transmittal

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

☒ Yes ☐ No

If yes, provide the date(s) of approval for each phase: 1971

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**.

None

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.

None

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*.

None

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

2. Grit and grease processing

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

N/A

3. Grit disposal

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

☐ Yes ☐ No

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

Describe the method of grit disposal.

N/A

4. *Grease and decanted liquid disposal*

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

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

N/A

E. Stormwater management

1. *Applicability*

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

2. *MSGP coverage*

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

3. *Conditional exclusion*

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

☐ Yes ☐ No

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

N/A

4. Existing coverage in individual permit

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

☐ Yes ☒ No

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

N/A

5. Zero stormwater discharge

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

☐ Yes ☒ No

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

N/A

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

6. Request for coverage in individual permit

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

☐ Yes ☒ No

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

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

N/A

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

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.

N/A

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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.

N/A

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.

N/A

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		1.54	1	Grab	2/19/2025
Total Suspended Solids, mg/l		4.67	1	Grab	2/19/2025
Ammonia Nitrogen, mg/l		ND	1	Grab	2/19/2025
Nitrate Nitrogen, mg/l		30.6	1	Grab	2/19/2025
Total Kjeldahl Nitrogen, mg/l		1.45	1	Grab	2/19/2025
Sulfate, mg/l		17.8	1	Grab	2/19/2025
Chloride, mg/l		33.9	1	Grab	2/19/2025
Total Phosphorus, mg/l		4.44	1	Grab	2/19/2025
pH, standard units		7.2	1	Grab	2/19/2025
Dissolved Oxygen*, mg/l		3.6	1	Grab	2/19/2025
Chlorine Residual, mg/l		3.3	1	Grab	2/19/2025
E.coli (CFU/100ml) freshwater		<1	1	Grab	2/19/2025
Entercocci (CFU/100ml) saltwater	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l		393	1	Grab	2/19/2025
Electrical Conductivity, µmohs/cm, †		542	1	Grab	2/19/2025
Oil & Grease, mg/l		<5.00	1	Grab	2/19/2025
Alkalinity ($CaCO_3$)*, mg/l		46.6	1	Grab	2/19/2025

*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	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l	N/A	N/A	N/A	N/A	N/A
pH, standard units	N/A	N/A	N/A	N/A	N/A
Fluoride, mg/l	N/A	N/A	N/A	N/A	N/A
Aluminum, mg/l	N/A	N/A	N/A	N/A	N/A
Alkalinity ($CaCO_3$), mg/l	N/A	N/A	N/A	N/A	N/A

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Danny Spencer

Facility Operator's License Classification and Level: Class C Wastewater Operator

Facility Operator's License Number: WW0051887

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: Offsite Landfill

C. Sewage Sludge or Biosolids Management

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

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

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Disposal in Landfill	Off-site Third-Party Handler or Preparer	Bulk	1.2	N/A: Disposal in Landfill	N/A: Disposal in Landfill
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

If "Other" is selected for Management Practice, please explain (e.g. monofill or transport to another WWTP): N/A

D. Disposal site

Disposal site name: City of Alpine Landfill

TCEQ permit or registration number: 2197

County where disposal site is located: Brewster

E. Transportation method

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

Name of the hauler: Texas Disposal Systems Alpine

Hauler registration number: 2123

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: N/A
- USDA Natural Resources Conservation Service Soil Map:

  Attachment: N/A
- Federal Emergency Management Map:

  Attachment: N/A
- Site map:

  Attachment: N/A

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: N/A

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

N/A

B. Temporary storage information

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

Nitrate Nitrogen, mg/kg: N/A

Total Kjeldahl Nitrogen, mg/kg: N/A

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

Phosphorus, mg/kg: N/A

Potassium, mg/kg: N/A

pH, standard units: N/A

Ammonia Nitrogen mg/kg: N/A

Arsenic: N/A

Cadmium: N/A

Chromium: N/A

Copper: N/A

Lead: N/A

Mercury: N/A

Molybdenum: N/A

Nickel: N/A

Selenium: N/A

Zinc: N/A

Total PCBs: N/A

Provide the following information:

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

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

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

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.

N/A

D. Site development plan

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

N/A

Attach the following documents to the application.

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

  Attachment: N/A
- Copy of the closure plan

  Attachment: N/A
- Copy of deed recordation for the site

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

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

  Attachment: N/A
- Procedures to prevent the occurrence of nuisance conditions

  Attachment: N/A

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: N/A

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:

N/A

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

N/A

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

A. RCRA hazardous wastes

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

Attachment: N/A

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: Mr. John Salsman

Title: Executive Director of Operational Safety & Compliance

Signature: _____

Date: 4/30/2025

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

Owner of the drinking water supply: N/A

Distance and direction to the intake: N/A

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

Attachment: N/A

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

A. Receiving water outfall

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

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

N/A

C. Sea grasses

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

☐ Yes ☐ No

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

N/A

Section 3. Classified Segments (Instructions Page 63)

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

☐ Yes ☒ No

If yes, this Worksheet is complete.

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

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

Name of the immediate receiving waters: Salcido Canyon

A. Receiving water type

Identify the appropriate description of the receiving waters.

☐ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: Click to enter text.

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

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

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☒ Other, specify: Normally dry ravine, ravine contains water only during storm events

B. Flow characteristics

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

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

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

☐ Perennial - normally flowing

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

☐ USGS flow records

☐ Historical observation by adjacent landowners

☒ Personal observation

☐ Other, specify: Click to enter text.

C. Downstream perennial confluences

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

No perennial streams within three miles downstream.

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.

N/A

E. Normal dry weather characteristics

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

Ravine is normally dry with the exception of the permitted discharge during dry weather conditions.

Date and time of observation:

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

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

A. Upstream influences

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

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

B. Waterbody uses

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

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

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

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

Section 1. All POTWs (Instructions Page 87)

A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs – non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

B. Treatment plant interference

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

☐ Yes ☒ No

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

N/A

C. Treatment plant pass through

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

☐ Yes ☒ No

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

N/A

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

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

A. Substantial modifications

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

☐ Yes ☐ No

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

N/A

B. Non-substantial modifications

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

☐ Yes ☒ No

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

N/A

C. Effluent parameters above the MAL

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

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. Industrial user interruptions

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

☐ Yes ☒ No

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

N/A

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

A. General information

Company Name: None

SIC Code: Click to enter text.

Contact name: Click to enter text.

Address: Click to enter text.

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

Telephone number: Click to enter text.

Email address: Click to enter text.

B. Process information

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

None

C. Product and service information

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

None

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: N/A

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: N/A

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

Is the SIU or CIU subject to technically based local limits as defined in the *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: N/A

Click or tap here to enter text. N/A

Category: N/A

Subcategories: N/A

Category: N/A

Subcategories: N/A

Category: N/A

Subcategories: N/A

Category: N/A

Subcategories: N/A

F. Industrial user interruptions

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

☐ Yes ☐ No

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

N/A

Attachment Index

Attachment	*Title*
A	Original USGS Topographic Map
B	Photo Log of Buildings Greater Than 50 Years Old
C	Core Data Form
D	Flow Diagram
E	Site Map
F	Supplemental Permit Information Form

Attachment A

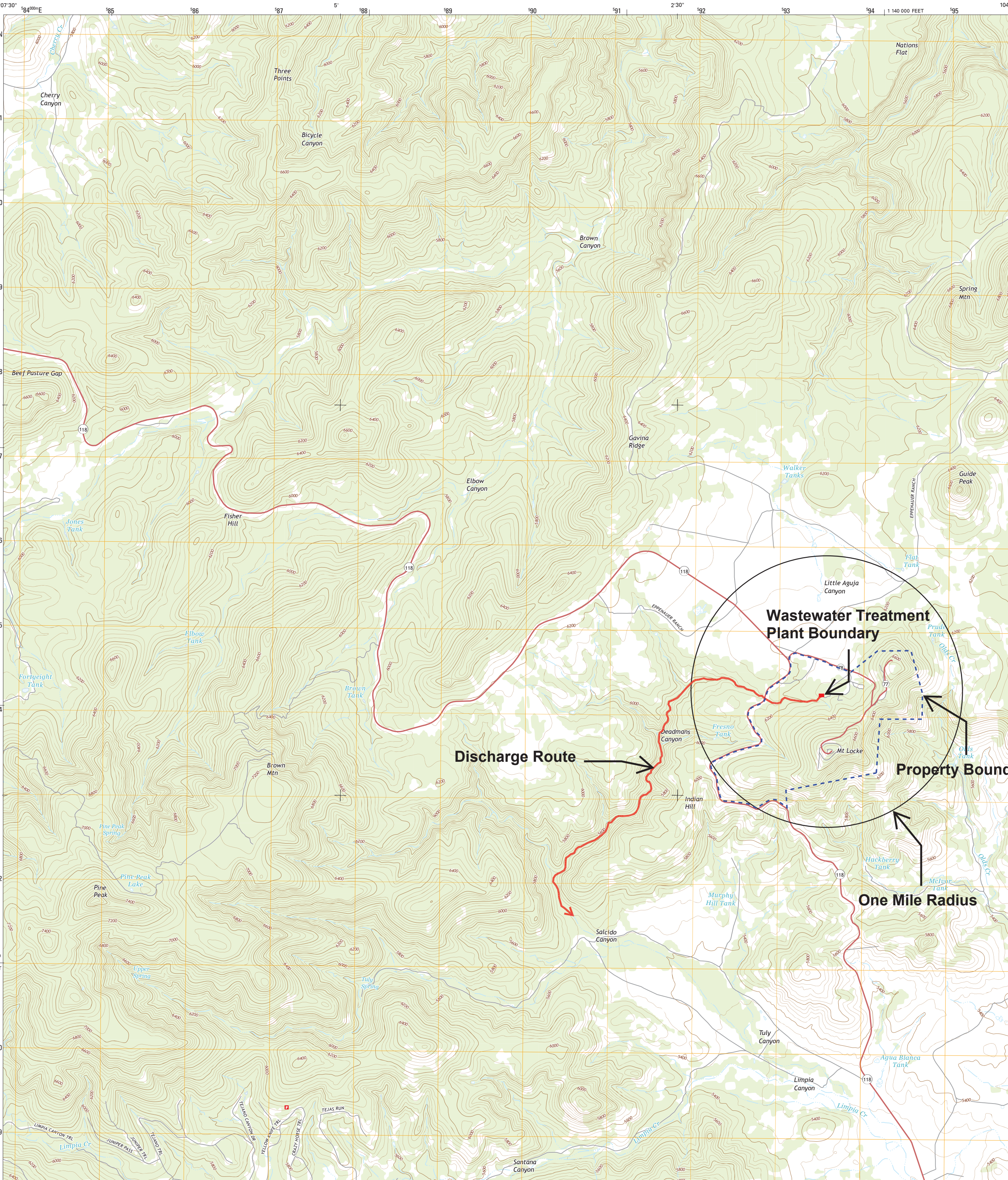
Original USGS Topographic Map

USGS science for a changing world

U.S. DEPARTMENT OF THE INTERIOR
U.S. GEOLOGICAL SURVEY

The National Map US Topo

MOUNT LOCKE QUADRANGLE
TEXAS-JEFF DAVIS CO.
7.5-MINUTE SERIES



Produced by the United States Geological Survey
North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and 1 000-meter grid: Universal Transverse Mercator, Zone 13R
10 000-foot ticks: Texas Coordinate System of 1983 (central zone)

This map is not a legal document. Boundaries may be generalized for this map scale. Private lands within government reservations may not be shown. Obtain permission before entering private lands.

Imagery .... NAIP, October 2014
Roads .... U.S. Census Bureau, 2014 - 2015
Names .... GNIS, 2015
Hydrography .... National Hydrography Dataset, 2014
Contours .... National Elevation Dataset, 2005
Boundaries .... Multiple sources; see metadata file 1972 - 2015
Wetlands .... FWS National Wetlands Inventory 1977 - 2014

UTM GRID AND 2016 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

SCALE 1:24 000

CONTOUR INTERVAL 40 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

This map was produced to conform with the National Geospatial Program US Topo Product Standard, 2011.
A metadata file associated with this product is draft version 0.6.19

ROAD CLASSIFICATION
Expressway — Local Connector
Secondary Hwy — Local Road
Ramp — 4WD
Interstate Route — US Route — State Route

1 Robbers Roost Canyon
2 Friend Mountain
3 Little Aguja Mountain
4 Mount Livermore
5 Casket Mountain
6 Paradise Mountain
7 Blue Mountain
8 Fort Davis

ADJOINING QUADRANGLES

MOUNT LOCKE, TX
2016

NSN. 7643016397336
NGA REF NO. USGSX24K30694

Attachment B

Photo Log of Buildings Greater Than 50 Years Old

M01 Ranch Pump Building (1975)

M02 Saddle Block Building (1972)

M03 Summit Block Building (1972)

M04 Weight Room (1956)

M10 DIY Shed (1943)

M13 Astronomers Lodge (1968)

M16 David Booth Director's House (1937)

M17 46 Cosmos Place (1936)

M18 56 Mt. Locke Road (1935)

M19 Physical Plant Shop Building (1936)

M20 57 Mt. Locke Road (1937)

M21 61 Nova Bluff (1937)

M22 Cottage (1937)

M23 75 Mt. Locke Road (1937)

M24 60 Nova Bluff (1944)

M26 54 Mt. Locke Road (1951)

M27 Well Pump Building (1933)

M28 GDUNK (1967)

M31 30” Telescope Dome Building (1971)

M32 36” Telescope Dome Building (1956)

M33 82" Telescope Dome Building (1935)

M34 Harlan J. Smith Telescope Building (1968)

M35 1 Apollo Landing (1974)

M36 1 Lunar Circle (1974)

M37 3 Lunar Circle (1974)

M38 5 Lunar Circle (1974)

M39 8 Lunar Circle (1974)

M40 10 Lunar Circle (1974)

M41 7 Lunar Circle (1974)

M42 9 Lunar Circle (1974)

M43 11 Lunar Circle (1974)

M44 13 Lunar Circle (1974)

M45 12 Milky Way (1974)

M46 13 Milky Way (1974)

M47 14 Milky Way (1974)

M48 15 Milky Way (1974)

M49 12 Lunar Circle (1974)

M50 67 Nova Bluff (1974)

Attachment C

Core Data Form

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

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

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

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

☐ Other

2. Customer Reference Number *(if issued)*	Follow this link to search for CN or RN numbers in Central Registry**	**3. Regulated Entity Reference Number** *(if issued)*
CN 601097413		**RN 101702918**

SECTION II: Customer Information

4. General Customer Information	**5. Effective Date for Customer Information Updates** (mm/dd/yyyy)	9/1/2025

☐ 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:*
The University of Texas at Austin	

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

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

12. Number of Employees	**13. Independently Owned and Operated?**
☐ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☒ 501 and higher	☐ **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:	110 Inner Campus Drive						
	City	Austin	**State**	TX	**ZIP**	78705	**ZIP + 4**

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

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(512) 471-3511		( ) -

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.)*

McDonald Observatory Lower Wastewater Treatment Plant

23. Street Address of the Regulated Entity: ***(No PO Boxes)***	82 Mount Locke Road							
	City	Fort Davis	**State**	TX	**ZIP**	79734	**ZIP + 4**	
24. County	Jeff Davis							

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

25. Description to Physical Location:	Approximately 10 miles Southeast of the intersection of State Highway 166 and State Highway 118 and approximately 10 miles Northwest of Fort Davis in Jeff Davis County, Texas 79734.

26. Nearest City	State	Nearest ZIP Code
Fort Davis	TX	79734

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:	30.67718°		28. Longitude (W) In Decimal:	-104.0243°	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
30	40	37.84	104	1	27.31

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)
8221		611310	

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

Public university observatory

34. Mailing Address:	**P.O. Box 303513**							
	City	**Austin**	**State**	**TX**	**ZIP**	**78703**	**ZIP + 4**	
35. E-Mail Address:								

36. Telephone Number	37. Extension or Code	38. Fax Number *(if applicable)*
(512) 471-3511		( ) -

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
			JD0002B	
☐ Municipal Solid Waste	☐ New Source Review Air	☒ OSSF	☒ Petroleum Storage Tank	☒ PWS
		122059, 122094	11351	1220003
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:
	WQ0013646001			

SECTION IV: Preparer Information

40. Name:	Brent McGlothin	41. Title:	Associate Director Env. Programs

42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(512) 471-2039		( ) -	brent.mcglothin@austin.utexas.edu

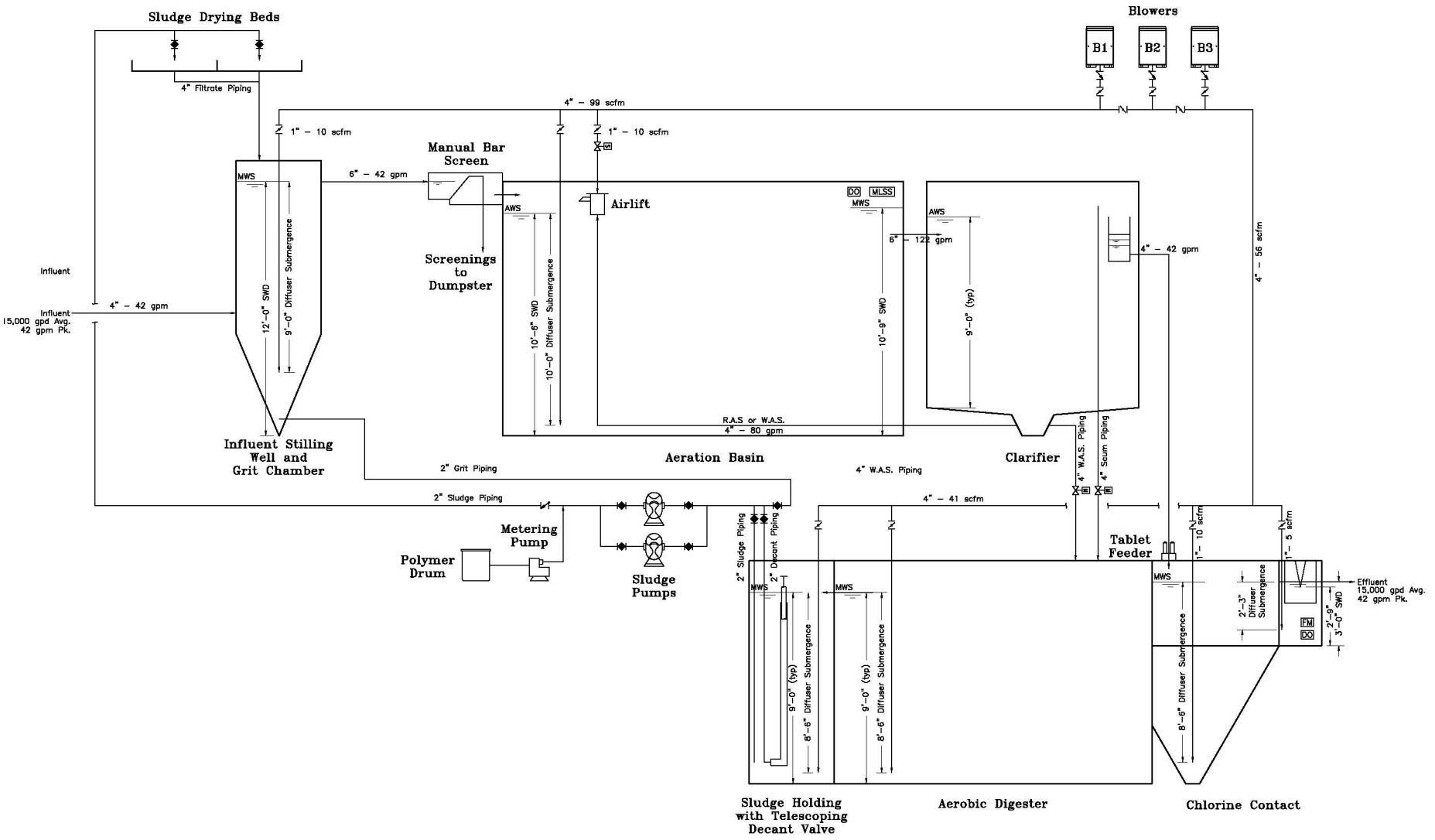
SECTION V: Authorized Signature

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:	The University of Texas at Austin	Job Title:	Director of Environmental Health and Safety
Name *(In Print)*:	Irezama Anderson	Phone:	(512) 471- **3511**
Signature:	Irezama A	Date:	5/2/2025

Attachment D

Flow Diagram



McDonald Observatory Lower Plant
Permit No. WQ0013646001
Flow Diagram

The University of Texas at Austin
Environmental Health & Safety

Project: Wastewater Treatment Plant (0.015 mgd)
McDonald Observatory WWTP
Fort Davis, TX

Engineer: Collen Brownlow, PE
AECOM
8005 Outer Circle Road
Brooks City-Base, TX 78235

Prepared: 06/05/09

Design Parameters

Permitted Flows:

Average Daily Flow =	0.015	mgd	=	10 gpm (Qavg)
Peak Factor =	4.00			
2-hour Peak Flow =	0.06	mgd	=	42 gpm (Qpk)

Influent Waste Strength:

CBOD5 =	250	mg/l =	31 ppd
TSS =	250	mg/l =	31 ppd
NH3-N =	50	mg/l =	6 ppd

Effluent Limitations:

CBOD5 =	20	mg/l
TSS =	20	mg/l
D.O. =	2	mg/l

Process Description

The treatment process will include preliminary treatment (Energy Dissipation via Grit Removal and Screening), Enhanced Secondary Treatment (Extended Aeration and Clarification) and Disinfection. Flow metering will be performed following the final treatment unit. Process sensors for aeration dissolved oxygen and mixed liquor suspended solids will be included. The existing plant shall be modified to provide aerobic digestion and chlorine contact.

Project: Wastewater Treatment Plant (0.015 mgd)
McDonald Observatory WWTP
Fort Davis, TX

Engineer: Collen Brownlow, PE
AECOM
8005 Outer Circle Road
Brooks City-Base, TX 78235

Process Aeration

Process Criteria

Organic Loading =	15	lbs BOD5/1,000 cf	(Extended Aeration)
Oxygen Requirement =	1.5	lbs/lb BOD5	
	4.6	lbs/lb NH3 - N	

Volume Required

Influent BOD5 =	31	ppd
Minimum Volume =	2,085	cf

Basin Dimensions

Number of Basins =	1	
Sidewater Depth =	10.50	ft
Basin Length =	20.00	ft
Basin Width =	10.00	ft
Actual Basin Volume =	2,100	cf

Actual Loading

Organic Loading =	15	lbs BOD5/1,000 cf

Oxygen Requirement

Carbonaceous Oxygen =	47	lbs/day
Nitrogenous Oxygen =	29	lbs/day
Total Actual Oxygen =	76	lbs/day
AOR/SOR =	0.55	

Airflow Requirement

Clean Water Transfer =	7.00%	
Required Airflow =	99	scfm

Aeration System

Number of Diffusers =	8	
Airflow per Diffuser =	12.3	scfm/diffuser
Diffuser Submergence =	10.00	ft

Project: Wastewater Treatment Plant (0.015 mgd)
McDonald Observatory WWTP
Fort Davis, TX

Engineer: Collen Brownlow, PE
AECOM
8005 Outer Circle Road
Brooks City-Base, TX 78235

Secondary Clarification

Process Criteria

Surface Loading =	450	gpd/sf @ average flow
	900	gpd/sf @ peak flow
Detention Time =	4.00	hrs @ average flow
	2.00	hrs @ peak flow
R.A.S. Rate =	150%	

Basin Requirements

@ Average Flow =	33	sf
	334	cf
@ Peak Flow =	67	sf
	668	cf
Number of Basins =	1	
Minimum Diameter =	9	ft

Basin Dimensions

Basin Diameter =	10	ft
Sidewater Depth =	9.00	ft
Actual Surface Area =	79	sf
Actual Volume =	707	cf

Actual Surface Loading

@ Average Flow =	191	gpd/sf
@ Peak Flow =	764	gpd/sf

Actual Detention Time

@ Average Flow =	8.46	hrs
@ Peak Flow =	2.11	hrs

Project: Wastewater Treatment Plant (0.015 mgd)
McDonald Observatory WWTP
Fort Davis, TX

Engineer: Collen Brownlow, PE
AECOM
8005 Outer Circle Road
Brooks City-Base, TX 78235

Disinfection

Process Criteria

Detention Time =	20	min @ peak flow
Airflow =	25	scfm/1,000 cf

Volume Required

Peak Flow =	42	gpm
Minimum Volume =	111	cf

Basin Dimensions

Number of Basins =	1	
Sidewater Depth =	3.00	ft @ peak flow
Basin Length =	8.00	ft
Basin Width =	8.00	ft
Actual Basin Volume =	192	cf

Aeration System

Airflow =	5	scfm
Number of Diffusers =	4	
Airflow per Diffuser =	1.2	scfm/diffuser
Diffuser Submergence =	2.25	ft

Chemical Addition

Chemical to be added =	Calcium Hypochlorite Tablets		
Combined chlorine dose =	8	mg/L	
Required free chlorine residual =	1	mg/L	
Total chlorine dose =	9	mg/L	
Percent weight available chlorine =	70.0%		
Calcium Hypochlorite dose =	12.9	mg/L	
Calcium Hypochlorite mass loading =	1.6	lb/day	100% solution
Calcium Hypochlorite % solution by weight =	99.5%	tablets	
Calcium Hypochlorite design mass loading =	2	lb/day	
Calcium Hypochlorite tablet loading =	5	tablets/day	

Project: Wastewater Treatment Plant (0.015 mgd)
McDonald Observatory WWTP
Fort Davis, TX

Engineer: Collen Brownlow, PE
AECOM
8005 Outer Circle Road
Brooks City-Base, TX 78235

Solids Handling

Process Criteria

Sludge Production =	0.65	lbs sludge/lb BOD5
	0.30	lbs sludge/lb TSS
W.A.S. Concentration =	0.75%	
Digester Concentration =	1.50%	
Sludge Retention Time =	60	days
Min. Digester Temperature =	20	°C
Oxygen Requirement =	2.0	lbs/lb VSR
Airflow =	30	scfm/1,000 cf
TCEQ Volume Required =	20	cf/lb BOD5

W.A.S. Calculations

Influent BOD5 =	31	lbs/day
Influent TSS =	31	lbs/day
Waste Sludge =	30	lbs/day
Volatile Fraction =	0.68	(estimated)
Temperature x S.R.T. =	1,200	°C x days
Volatile Solids Reduction =	49%	
<or>	10	lbs/day
Digested Sludge =	20	lbs/day

Volume Required

Sludge Mass =	1,189	lbs @ 60 days
Minimum Volume =	1,270	cf @ 1.50%
TCEQ Minimum Volume =	626	cf

Basin Dimensions

Number of Basins =	1	
Sidewater Depth =	9.00	ft
Basin Length =	19.00	ft
Basin Width =	8.00	ft
Actual Basin Volume =	1,368	cf

Project: Wastewater Treatment Plant (0.015 mgd)
McDonald Observatory WWTP
Fort Davis, TX

Engineer: Collen Brownlow, PE
AECOM
8005 Outer Circle Road
Brooks City-Base, TX 78235

Aeration Calculations

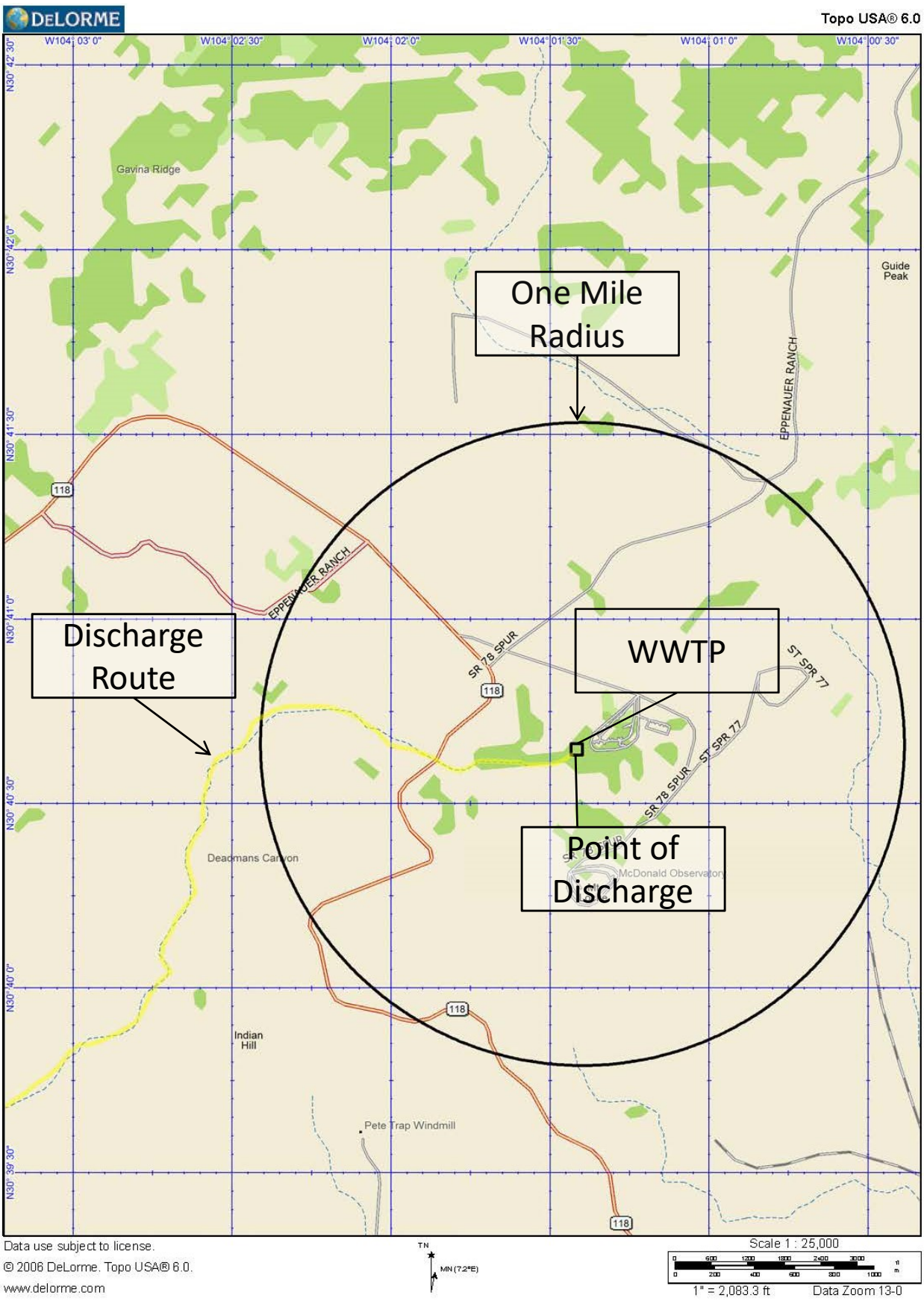
Oxygen Required =	20	lbs/day
AOR/SOR =	0.55	
Clean Water Transfer =	7.00%	
Required Airflow =	21	scfm
Minimum Airflow =	41	scfm

Aeration System

Number of Diffusers =	8	
Airflow per Diffuser =	5.1	scfm/diffuser
Diffuser Submergence =	8.50	ft

Attachment E

Site Map



McDonald Observatory Lower Plant
Permit No. WQ0013646001
Site Map

The University of Texas at Austin
Environmental Health & Safety

Attachment F

Supplemental Permit Information Form

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

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

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

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

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

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

The following applies to all applications:

1. Permittee: The University of Texas at Austin

   Permit No. WQ00 0013646001 EPA ID No. TX 0076422

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

   82 Mount Locke Road, Fort Davis, Texas 79734.
   Approximately 10 miles Southeast of the intersection of State Highway 166 and State Highway 118 and approximately 10 miles Northwest of Fort Davis in Jeff Davis County, Texas 79734.

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: Brent McGlothin

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

Title: Associate Director Environmental Programs

Mailing Address: P.O. Box 303513

City, State, Zip Code: Austin, Texas 78703

Phone No.: (512) 471-2039 Ext.: Click here to enter text Fax No.: Click here to enter text

E-mail Address: brent.mcglothin@austin.utexas.edu

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

The University of Texas at Austin

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 the facility to Salcido Canyon, thence to a small impoundment, thence to Salcido Creek, thence to Tuly Canyon, thence to Limpia Creek, thence to Barilla Draw, thence to Lake Toyah, thence to Toyah Creek, thence to Upper Pecos River in Segment No. 2311 of the Rio Grande Basin.

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

N/A

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

N/A

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

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

N/A

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

N/A

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

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

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

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

The University of Texas at Austin (CN601097413) operates McDonald Observatory Lower Wastewater Treatment Plant (RN101702918), a Domestic Wastewater Treatment Plant. The facility is located at 82 Mount Locke Road, in Fort Davis, Jeff Davis County, Texas 79734. This application is for a renewal to dispose a daily average flow of 15,000 gallons per day of treated domestic wastewater via an outfall from the facility to Salcido Canyon.

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. Domestic Wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, a grit chamber, an aeration basin, clarifier, sludge pumps, and a chlorine contact chamber.

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

AGUAS RESIDUALES Introduzca 'INDUSTRIALES' o 'DOMÉSTICAS' aquí **/AGUAS PLUVIALES**

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

1. Introduzca el nombre del solicitante aquí (2. Introduzca el número de cliente aquí (es decir, CN6########).) 3. Elija del menú desplegable 4. Introduzca el nombre de la instalación aquí 5. Introduzca el número de entidad regulada aquí (es decir, RN1########), 6. Elija del menú desplegable 7. Introduzca la descripción de la instalación aquí. La instalación 8. Elija del menú desplegable. ubicada en 9. Introduzca la ubicación aquí, en 10. Introduzca el nombre de la ciudad aquí, Condado de 11. Introduzca el nombre del condado aquí, Texas 12. Introduzca el código postal aquí. 13. Introduzca el resumen de la petición de solicitud aquí. *<<Para las solicitudes de TLAP incluya la siguiente oración, de lo contrario, elimine:>>* Este permiso no autorizará una descarga de contaminantes en el agua en el estado.

Se espera que las descargas de la instalación contengan 14. Liste todos los contaminantes esperados aquí. 15. Introduzca los tipos de aguas residuales descargadas aquí. 16. Elija del menú desplegable tratado por 17. Introduzca una descripción del tratamiento de aguas residuales utilizado en la instalación aquí.

INSTRUCTIONS

1. Enter the name of applicant in this section. The applicant name should match the name associated with the customer number.
2. Enter the Customer Number in this section. Each Individual or Organization is issued a unique 11-digit identification number called a CN (e.g. CN123456789).
3. Choose “operates” in this section for existing facility applications or choose “proposes to operate” for new facility applications.
4. Enter the name of the facility in this section. The facility name should match the name associated with the regulated entity number.
5. Enter the Regulated Entity number in this section. Each site location is issued a unique 11-digit identification number called an RN (e.g. RN123456789).
6. Choose the appropriate article (a or an) to complete the sentence.
7. Enter a description of the facility in this section. For example: steam electric generating facility, nitrogenous fertilizer manufacturing facility, etc.
8. Choose “is” for an existing facility or “will be” for a new facility.
9. Enter the location of the facility in this section.
10. Enter the City nearest the facility in this section.
11. Enter the County nearest the facility in this section.
12. Enter the zip code for the facility address in this section.
13. Enter a summary of the application request in this section. For example: renewal to discharge 25,000 gallons per day of treated domestic wastewater, new application to discharge process wastewater and stormwater on an intermittent and flow-variable basis, or major amendment to reduce monitoring frequency for pH, etc. If more than one outfall is included in the application, provide applicable information for each individual outfall.
14. List all pollutants expected in the discharge from this facility in this section. If applicable, refer to the pollutants from any federal numeric effluent limitations that apply to your facility.
15. Enter the discharge types from your facility in this section (e.g., stormwater, process wastewater, once through cooling water, etc.)
16. Choose the appropriate verb tense to complete the sentence.
17. Enter a description of the wastewater treatment used at your facility. Include a description of each process, starting with initial treatment and finishing with the outfall/point of disposal. Use additional lines for individual discharge types if necessary.

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.

Example 1: Industrial Wastewater TPDES Application (ENGLISH)

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

ABC Corporation (CN600000000) operates the Starr Power Station (RN10000000000), a two-unit gas-fired electric generating facility. Unit 1 has a generating capacity of 393 megawatts (MWs) and Unit 2 has a generating capacity of 528 MWs. The facility is located at 1356 Starr Street, near the City of Austin, Travis County, Texas 78753.

This application is for a renewal to discharge 870,000,000 gallons per day of once through cooling water, auxiliary cooling water, and also authorizes the following waste streams monitored inside the facility (internal outfalls) before it is mixed with the other wastewaters authorized for discharge via main Outfall 001, referred to as "previously monitored effluents" (low-volume wastewater, metal-cleaning waste, and stormwater (from diked oil storage area yards and storm drains)) via Outfall 001. Low-volume waste sources, metal-cleaning waste, and stormwater drains on a continuous and flow-variable basis via internal Outfall 101.

The discharge of once through cooling water via Outfall 001 and low-volume waste and metal-cleaning waste via Outfall 101 from this facility is subject to federal effluent limitation guidelines at 40 CFR Part 423. The pollutants expected from these discharges based on 40 CFR Part 423 are: free available chlorine, total residual chlorine, total suspended solids, oil and grease, total iron, total copper, and pH. Temperature is also expected from these discharges. Additional potential pollutants are included in the Industrial Wastewater Application Technical Report, Worksheet 2.0.

Cooling water and boiler make-up water are supplied by Lake Starr Reservoir. The City of Austin municipal water plant (CN600000000, PWS 00000) supplies the facility's potable water and serves as an alternate source of boiler make-up water. Water from the Lake Starr Reservoir is withdrawn at the intake structure and treated with sodium hypochlorite to prevent biofouling and sodium bromide as a chlorine enhancer to improve efficacy and then passed through condensers and auxiliary equipment on a once-through basis to cool equipment and condense exhaust steam.

Low-volume wastewater from blowdown of boiler Units 1 and 2 and metal-cleaning wastes receive no treatment prior to discharge via Outfall 101. Plant floor and equipment drains and stormwater runoff from diked oil storage areas, yards, and storm drains are routed through an oil and water separator prior to discharge via Outfall 101. Domestic wastewater, blowdown, and backwash water from the service water filter, clarifier, and sand filter are routed to the Starr Creek Domestic Sewage Treatment Plant, TPDES Permit No. WQ0010000001, for treatment and disposal. Metal-cleaning waste from equipment cleaning is generally disposed of off-site.

Example 2: Domestic Wastewater TPDES Renewal application

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

The City of Texas (CN000000000) operates the City of Texas wastewater treatment plant (RN000000000), an activated sludge process plant operated in the complete mix mode. The facility is located at 123 Texas Street, near the City of More Texas, Texas County, Texas 71234.

This application is for a renewal to discharge at an annual average flow of 1,200,000 gallons per day of treated domestic wastewater via Outfalls 001 and 002.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($CBOD_5$), total suspended solids (TSS), ammonia nitrogen (NH_3-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, a grit chamber, aeration basins, final clarifiers, sludge digesters, a belt filter press, chlorine contact chambers and a dechlorination chamber.

Example 3: Domestic Wastewater TPDES New Application

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

The City of Texas (CN000000000) proposes to operate the City of Texas wastewater treatment plant (RN000000000), an activated sludge process plant operated in the extended aeration mode. The facility will be located at 123 Texas Street, in the City of More Texas, Texas County, Texas 71234.

This application is for a new application to discharge at a daily average flow of 200,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($CBOD_5$), total suspended solids (TSS), ammonia nitrogen (NH_3-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater will be treated by an activated sludge process plant and the treatment units will include a bar screen, a grit chamber, aeration basins, final clarifiers, sludge digesters, a belt filter press, chlorine contact chambers and a dechlorination chamber.

Example 4: Domestic Wastewater TLAP Renewal application

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

of the permit application.

The City of Texas (CN000000000) operates the City of Texas wastewater treatment plant (RN000000000), an activated sludge process plant operated in the complete mix mode. The facility is located at 123 Texas Street, near the City of More Texas, Texas County, Texas 71234.

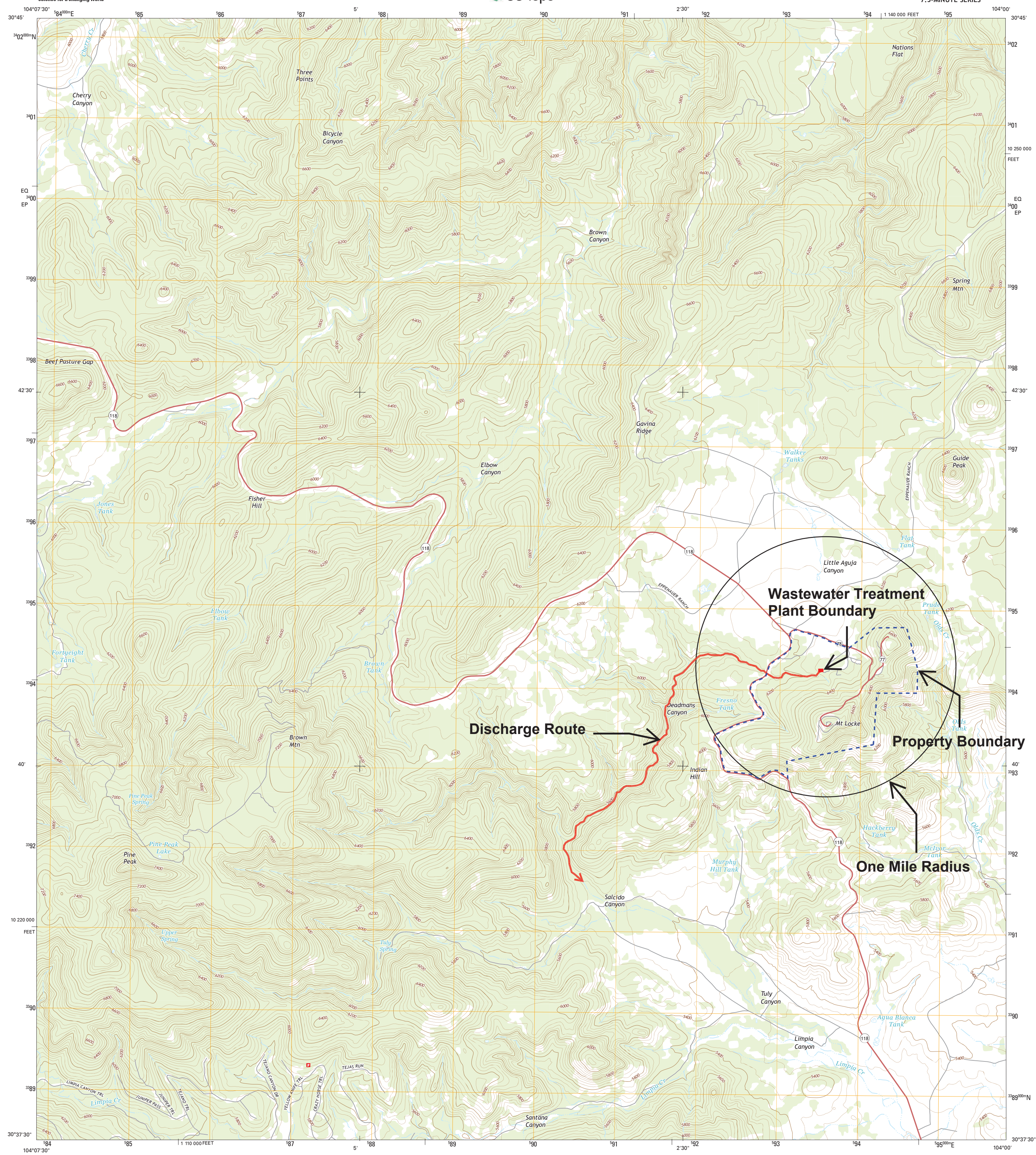
This application is for a renewal to dispose a daily average flow not to exceed 76,500 gallons per day of treated domestic wastewater via public access subsurface drip irrigation system with a minimum area of 32 acres. This permit will not authorize a discharge of pollutants into water in the state.

Land application of domestic wastewater from the facility are expected to contain five-day biochemical oxygen demand (BOD_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 in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, an equalization basin, an aeration basin, a final clarifier, an aerobic sludge digester, tertiary filters, and a chlorine contact chamber. In addition, the facility includes a temporary storage that equals to at least three days of the daily average flow.

U.S. DEPARTMENT OF THE INTERIOR
U.S. GEOLOGICAL SURVEY

The National Map
US Topo

MOUNT LOCKE QUADRANGLE
TEXAS-JEFF DAVIS CO.
7.5-MINUTE SERIES



Produced by the United States Geological Survey
North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and 1 000-meter grid: Universal Transverse Mercator, Zone 13R
10 000-foot ticks: Texas Coordinate System of 1983 (central zone)

This map is not a legal document. Boundaries may be generalized for this map scale. Private lands within government reservations may not be shown. Obtain permission before entering private lands.

Imagery....................NAIP, October 2014
Roads.................... U.S. Census Bureau, 2014 - 2015
Names....................GNIS, 2015
Hydrography..........National Hydrography Dataset, 2014
Contours..............National Elevation Dataset, 2005
Boundaries............Multiple sources; see metadata file 1972 - 2015

Wetlands.........FWS National Wetlands Inventory 1977 - 2014

UTM GRID AND 2016 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET
0° 29´ 8 MILS
7° 14´ 129 MILS

U.S. National Grid
100,000-m Square ID
EQ
EP
Grid Zone Designation
13R

SCALE 1:24 000

CONTOUR INTERVAL 40 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

This map was produced to conform with the National Geospatial Program US Topo Product Standard, 2011.
A metadata file associated with this product is draft version 0.6.19

ROAD CLASSIFICATION
Expressway / Secondary Hwy / Ramp / Local Connector / Local Road / 4WD
Interstate Route / US Route / State Route

QUADRANGLE LOCATION

1 Robbers Roost Canyon
2 Friend Mountain
3 Little Aguja Mountain
4 Mount Livermore
5 Casket Mountain
6 Paradise Mountain
7 Blue Mountain
8 Fort Davis

ADJOINING QUADRANGLES

MOUNT LOCKE, TX
2016

NSN. 7643016397336
NGA REF NO. USGSX24K30694

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: The University of Texas at Austin

   Permit No. WQ00 0013646001 EPA ID No. TX 0076422

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

   82 Mount Locke Road, Fort Davis, Texas 79734.
   Approximately 10 miles Southeast of the intersection of State Highway 166 and State Highway 118 and approximately 10 miles Northwest of Fort Davis in Jeff Davis County, Texas 79734.

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: Brent McGlothin

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

Title: Associate Director Environmental Programs

Mailing Address: P.O. Box 303513

City, State, Zip Code: Austin, Texas 78703

Phone No.: (512) 471-2039 Ext.: Click here to enter text Fax No.: Click here to enter text

E-mail Address: brent.mcglothin@austin.utexas.edu

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

The University of Texas at Austin

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 the facility to Salcido Canyon, thence to a small impoundment, thence to Salcido Creek, thence to Tuly Canyon, thence to Limpia Creek, thence to Barilla Draw, thence to Lake Toyah, thence to Toyah Creek, thence to Upper Pecos River in Segment No. 2311 of the Rio Grande Basin.

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

N/A

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

N/A

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

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

N/A

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

N/A

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

B. Interim II Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

C. Final Phase

Design Flow (MGD): 0.015

2-Hr Peak Flow (MGD): 0.06

Estimated construction start date: March 2010

Estimated waste disposal start date: October 2010

D. Current Operating Phase

Provide the startup date of the facility: August 1971

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**.

Existing Phase - The effluent passes through a bar screen to the aeration basin then the clarifier. Clarifier water is then sent to the chlorine contact prior to discharge through the flowmeter. Sludge is sent from the clarifier to the aeration tank, then to drying beds, and then transported offsite. Future Minor Modification (Date TBD) - modification to the system will include replacing the existing chlorine contact system with a new gas chlorine system.

B. Treatment Units

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

Table 1.0(1) - Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Bar Screen	1	1'2" L x 11' W x 1'6" H
Aeration Basin	1	1'2" L x 11' W x 1'6" H
Clarifier	1	6' L x 8' W x 10'6" H
Sludge Holding Tank	1	4' L x 8' W x 10'6" H
Chlorine Contact Tank	1	2' L x 8' W x 4' H
Gas Chlorine System	1	~ 2' L x 8' W x 4' H
Sludge Drying Beds	2	18' L x 8' W x 1' H

C. Process Flow Diagram

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

Attachment: **D**

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

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

- Latitude: 30°40'37.84" N
- Longitude: 104°1'27.31" 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: **E**
Provide the name **and** a description of the area served by the treatment facility.

McDonald Observatory, a University of Texas research facility.

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
McDonald Observatory Collection System	The University of Texas at Austin	**Publicly Owned**	95
		Choose an item.	
		Choose an item.	
		Choose an item.	

Section 4. Unbuilt Phases (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

N/A

Section 5. Closure Plans (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

N/A

Section 6. Permit Specific Requirements (Instructions Page 44)

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

A. Summary transmittal

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

☒ Yes ☐ No

If yes, provide the date(s) of approval for each phase: 1971

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**.

None

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.

None

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*.

None

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

2. Grit and grease processing

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

N/A

3. Grit disposal

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

☐ Yes ☐ No

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

Describe the method of grit disposal.

N/A

4. *Grease and decanted liquid disposal*

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

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

N/A

E. Stormwater management

1. *Applicability*

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

2. *MSGP coverage*

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

3. *Conditional exclusion*

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

☐ Yes ☐ No

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

N/A

4. Existing coverage in individual permit

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

☐ Yes ☒ No

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

N/A

5. Zero stormwater discharge

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

☐ Yes ☒ No

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

N/A

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

6. Request for coverage in individual permit

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

☐ Yes ☒ No

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

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

N/A

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

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.

N/A

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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.

N/A

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.

N/A

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		1.54	1	Grab	2/19/2025
Total Suspended Solids, mg/l		4.67	1	Grab	2/19/2025
Ammonia Nitrogen, mg/l		ND	1	Grab	2/19/2025
Nitrate Nitrogen, mg/l		30.6	1	Grab	2/19/2025
Total Kjeldahl Nitrogen, mg/l		1.45	1	Grab	2/19/2025
Sulfate, mg/l		17.8	1	Grab	2/19/2025
Chloride, mg/l		33.9	1	Grab	2/19/2025
Total Phosphorus, mg/l		4.44	1	Grab	2/19/2025
pH, standard units		7.2	1	Grab	2/19/2025
Dissolved Oxygen*, mg/l		3.6	1	Grab	2/19/2025
Chlorine Residual, mg/l		3.3	1	Grab	2/19/2025
E.coli (CFU/100ml) freshwater		<1	1	Grab	2/19/2025
Entercocci (CFU/100ml) saltwater	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l		393	1	Grab	2/19/2025
Electrical Conductivity, µmohs/cm, †		542	1	Grab	2/19/2025
Oil & Grease, mg/l		<5.00	1	Grab	2/19/2025
Alkalinity ($CaCO_3$)*, mg/l		46.6	1	Grab	2/19/2025

*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	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l	N/A	N/A	N/A	N/A	N/A
pH, standard units	N/A	N/A	N/A	N/A	N/A
Fluoride, mg/l	N/A	N/A	N/A	N/A	N/A
Aluminum, mg/l	N/A	N/A	N/A	N/A	N/A
Alkalinity ($CaCO_3$), mg/l	N/A	N/A	N/A	N/A	N/A

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Danny Spencer

Facility Operator's License Classification and Level: Class C Wastewater Operator

Facility Operator's License Number: WW0051887

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: Offsite Landfill

C. Sewage Sludge or Biosolids Management

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

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

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Disposal in Landfill	Off-site Third-Party Handler or Preparer	Bulk	1.2	N/A: Disposal in Landfill	N/A: Disposal in Landfill
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

If "Other" is selected for Management Practice, please explain (e.g. monofill or transport to another WWTP): N/A

D. Disposal site

Disposal site name: City of Alpine Landfill

TCEQ permit or registration number: 2197

County where disposal site is located: Brewster

E. Transportation method

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

Name of the hauler: Texas Disposal Systems Alpine

Hauler registration number: 2123

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: N/A
- USDA Natural Resources Conservation Service Soil Map:

  Attachment: N/A
- Federal Emergency Management Map:

  Attachment: N/A
- Site map:

  Attachment: N/A

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: N/A

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

N/A

B. Temporary storage information

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

Nitrate Nitrogen, mg/kg: N/A

Total Kjeldahl Nitrogen, mg/kg: N/A

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

Phosphorus, mg/kg: N/A

Potassium, mg/kg: N/A

pH, standard units: N/A

Ammonia Nitrogen mg/kg: N/A

Arsenic: N/A

Cadmium: N/A

Chromium: N/A

Copper: N/A

Lead: N/A

Mercury: N/A

Molybdenum: N/A

Nickel: N/A

Selenium: N/A

Zinc: N/A

Total PCBs: N/A

Provide the following information:

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

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

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

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.

N/A

D. Site development plan

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

N/A

Attach the following documents to the application.

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

  Attachment: N/A
- Copy of the closure plan

  Attachment: N/A
- Copy of deed recordation for the site

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

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

  Attachment: N/A
- Procedures to prevent the occurrence of nuisance conditions

  Attachment: N/A

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: N/A

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:

N/A

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

N/A

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

A. RCRA hazardous wastes

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

Attachment: N/A

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: Mr. John Salsman

Title: Executive Director of Operational Safety & Compliance

Signature: _____

Date: 4/30/2025

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

Owner of the drinking water supply: N/A

Distance and direction to the intake: N/A

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

Attachment: N/A

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

A. Receiving water outfall

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

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

N/A

C. Sea grasses

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

☐ Yes ☐ No

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

N/A

Section 3. Classified Segments (Instructions Page 63)

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

☐ Yes ☒ No

If yes, this Worksheet is complete.

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

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

Name of the immediate receiving waters: Salcido Canyon

A. Receiving water type

Identify the appropriate description of the receiving waters.

☐ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: Click to enter text.

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

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

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☒ Other, specify: Normally dry ravine, ravine contains water only during storm events

B. Flow characteristics

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

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

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

☐ Perennial - normally flowing

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

☐ USGS flow records

☐ Historical observation by adjacent landowners

☒ Personal observation

☐ Other, specify: Click to enter text.

C. Downstream perennial confluences

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

No perennial streams within three miles downstream.

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.

N/A

E. Normal dry weather characteristics

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

Ravine is normally dry with the exception of the permitted discharge during dry weather conditions.

Date and time of observation:

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

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

A. Upstream influences

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

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

B. Waterbody uses

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

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

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

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

Section 1. All POTWs (Instructions Page 87)

A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs – non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

B. Treatment plant interference

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

☐ Yes ☒ No

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

N/A

C. Treatment plant pass through

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

☐ Yes ☒ No

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

N/A

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

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

A. Substantial modifications

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

☐ Yes ☐ No

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

N/A

B. Non-substantial modifications

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

☐ Yes ☒ No

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

N/A

C. Effluent parameters above the MAL

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

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. Industrial user interruptions

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

☐ Yes ☒ No

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

N/A

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

A. General information

Company Name: None

SIC Code: Click to enter text.

Contact name: Click to enter text.

Address: Click to enter text.

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

Telephone number: Click to enter text.

Email address: Click to enter text.

B. Process information

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

None

C. Product and service information

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

None

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: N/A

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: N/A

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

Is the SIU or CIU subject to technically based local limits as defined in the *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: N/A

Click or tap here to enter text. N/A

Category: N/A

Subcategories: N/A

Category: N/A

Subcategories: N/A

Category: N/A

Subcategories: N/A

Category: N/A

Subcategories: N/A

F. Industrial user interruptions

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

☐ Yes ☐ No

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

N/A

Project: Wastewater Treatment Plant (0.015 mgd)
McDonald Observatory WWTP
Fort Davis, TX

Engineer: Collen Brownlow, PE
AECOM
8005 Outer Circle Road
Brooks City-Base, TX 78235

Prepared: 06/05/09

Design Parameters

Permitted Flows:

Average Daily Flow =	0.015	mgd	=	10 gpm (Qavg)
Peak Factor =	4.00			
2-hour Peak Flow =	0.06	mgd	=	42 gpm (Qpk)

Influent Waste Strength:

CBOD5 =	250	mg/l =	31 ppd
TSS =	250	mg/l =	31 ppd
NH3-N =	50	mg/l =	6 ppd

Effluent Limitations:

CBOD5 =	20	mg/l
TSS =	20	mg/l
D.O. =	2	mg/l

Process Description

The treatment process will include preliminary treatment (Energy Dissipation via Grit Removal and Screening), Enhanced Secondary Treatment (Extended Aeration and Clarification) and Disinfection. Flow metering will be performed following the final treatment unit. Process sensors for aeration dissolved oxygen and mixed liquor suspended solids will be included. The existing plant shall be modified to provide aerobic digestion and chlorine contact.

Project: Wastewater Treatment Plant (0.015 mgd)
McDonald Observatory WWTP
Fort Davis, TX

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AECOM
8005 Outer Circle Road
Brooks City-Base, TX 78235

Process Aeration

Process Criteria

Organic Loading =	15	lbs BOD5/1,000 cf	(Extended Aeration)
Oxygen Requirement =	1.5	lbs/lb BOD5	
	4.6	lbs/lb NH3 - N	

Volume Required

Influent BOD5 =	31	ppd
Minimum Volume =	2,085	cf

Basin Dimensions

Number of Basins =	1	
Sidewater Depth =	10.50	ft
Basin Length =	20.00	ft
Basin Width =	10.00	ft
Actual Basin Volume =	2,100	cf

Actual Loading

Organic Loading =	15	lbs BOD5/1,000 cf

Oxygen Requirement

Carbonaceous Oxygen =	47	lbs/day
Nitrogenous Oxygen =	29	lbs/day
Total Actual Oxygen =	76	lbs/day
AOR/SOR =	0.55	

Airflow Requirement

Clean Water Transfer =	7.00%	
Required Airflow =	99	scfm

Aeration System

Number of Diffusers =	8	
Airflow per Diffuser =	12.3	scfm/diffuser
Diffuser Submergence =	10.00	ft

Project: Wastewater Treatment Plant (0.015 mgd)
McDonald Observatory WWTP
Fort Davis, TX

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AECOM
8005 Outer Circle Road
Brooks City-Base, TX 78235

Secondary Clarification

Process Criteria

Surface Loading =	450	gpd/sf @ average flow
	900	gpd/sf @ peak flow
Detention Time =	4.00	hrs @ average flow
	2.00	hrs @ peak flow
R.A.S. Rate =	150%	

Basin Requirements

@ Average Flow =	33	sf
	334	cf
@ Peak Flow =	67	sf
	668	cf
Number of Basins =	1	
Minimum Diameter =	9	ft

Basin Dimensions

Basin Diameter =	10	ft
Sidewater Depth =	9.00	ft
Actual Surface Area =	79	sf
Actual Volume =	707	cf

Actual Surface Loading

@ Average Flow =	191	gpd/sf
@ Peak Flow =	764	gpd/sf

Actual Detention Time

@ Average Flow =	8.46	hrs
@ Peak Flow =	2.11	hrs

Project: Wastewater Treatment Plant (0.015 mgd)
McDonald Observatory WWTP
Fort Davis, TX

Engineer: Collen Brownlow, PE
AECOM
8005 Outer Circle Road
Brooks City-Base, TX 78235

Disinfection

Process Criteria

Detention Time =	20	min @ peak flow
Airflow =	25	scfm/1,000 cf

Volume Required

Peak Flow =	42	gpm
Minimum Volume =	111	cf

Basin Dimensions

Number of Basins =	1	
Sidewater Depth =	3.00	ft @ peak flow
Basin Length =	8.00	ft
Basin Width =	8.00	ft
Actual Basin Volume =	192	cf

Aeration System

Airflow =	5	scfm
Number of Diffusers =	4	
Airflow per Diffuser =	1.2	scfm/diffuser
Diffuser Submergence =	2.25	ft

Chemical Addition

Chemical to be added =	Calcium Hypochlorite Tablets		
Combined chlorine dose =	8	mg/L	
Required free chlorine residual =	1	mg/L	
Total chlorine dose =	9	mg/L	
Percent weight available chlorine =	70.0%		
Calcium Hypochlorite dose =	12.9	mg/L	
Calcium Hypochlorite mass loading =	1.6	lb/day	100% solution
Calcium Hypochlorite % solution by weight =	99.5%	tablets	
Calcium Hypochlorite design mass loading =	2	lb/day	
Calcium Hypochlorite tablet loading =	5	tablets/day	

Project: Wastewater Treatment Plant (0.015 mgd)
McDonald Observatory WWTP
Fort Davis, TX

Engineer: Collen Brownlow, PE
AECOM
8005 Outer Circle Road
Brooks City-Base, TX 78235

Solids Handling

Process Criteria

Sludge Production =	0.65	lbs sludge/lb BOD5
	0.30	lbs sludge/lb TSS
W.A.S. Concentration =	0.75%	
Digester Concentration =	1.50%	
Sludge Retention Time =	60	days
Min. Digester Temperature =	20	°C
Oxygen Requirement =	2.0	lbs/lb VSR
Airflow =	30	scfm/1,000 cf
TCEQ Volume Required =	20	cf/lb BOD5

W.A.S. Calculations

Influent BOD5 =	31	lbs/day
Influent TSS =	31	lbs/day
Waste Sludge =	30	lbs/day
Volatile Fraction =	0.68	(estimated)
Temperature x S.R.T. =	1,200	°C x days
Volatile Solids Reduction =	49%	
<or>	10	lbs/day
Digested Sludge =	20	lbs/day

Volume Required

Sludge Mass =	1,189	lbs @ 60 days
Minimum Volume =	1,270	cf @ 1.50%
TCEQ Minimum Volume =	626	cf

Basin Dimensions

Number of Basins =	1	
Sidewater Depth =	9.00	ft
Basin Length =	19.00	ft
Basin Width =	8.00	ft
Actual Basin Volume =	1,368	cf

Project: Wastewater Treatment Plant (0.015 mgd)
McDonald Observatory WWTP
Fort Davis, TX

Engineer: Collen Brownlow, PE
AECOM
8005 Outer Circle Road
Brooks City-Base, TX 78235

Aeration Calculations

Oxygen Required =	20	lbs/day
AOR/SOR =	0.55	
Clean Water Transfer =	7.00%	
Required Airflow =	21	scfm
Minimum Airflow =	41	scfm

Aeration System

Number of Diffusers =	8	
Airflow per Diffuser =	5.1	scfm/diffuser
Diffuser Submergence =	8.50	ft

McDonald Observatory Buildings Older Than 50 Years Photographic Log

M01 Ranch Pump Building (1975)

M02 Saddle Block Building (1972)

M03 Summit Block Building (1972)

M04 Weight Room (1956)

M10 DIY Shed (1943)

M13 Astronomers Lodge (1968)

M16 David Booth Director's House (1937)

M17 46 Cosmos Place (1936)

M18 56 Mt. Locke Road (1935)

M19 Physical Plant Shop Building (1936)

M20 57 Mt. Locke Road (1937)

M21 61 Nova Bluff (1937)

M22 Cottage (1937)

M23 75 Mt. Locke Road (1937)

M24 60 Nova Bluff (1944)

M26 54 Mt. Locke Road (1951)

M27 Well Pump Building (1933)

M28 GDUNK (1967)

M31 30” Telescope Dome Building (1971)

M32 36” Telescope Dome Building (1956)

M33 82" Telescope Dome Building (1935)

M34 Harlan J. Smith Telescope Building (1968)

M35 1 Apollo Landing (1974)

M36 1 Lunar Circle (1974)

M37 3 Lunar Circle (1974)

M38 5 Lunar Circle (1974)

M39 8 Lunar Circle (1974)

M40 10 Lunar Circle (1974)

M41 7 Lunar Circle (1974)

M42 9 Lunar Circle (1974)

M43 11 Lunar Circle (1974)

M44 13 Lunar Circle (1974)

M45 12 Milky Way (1974)

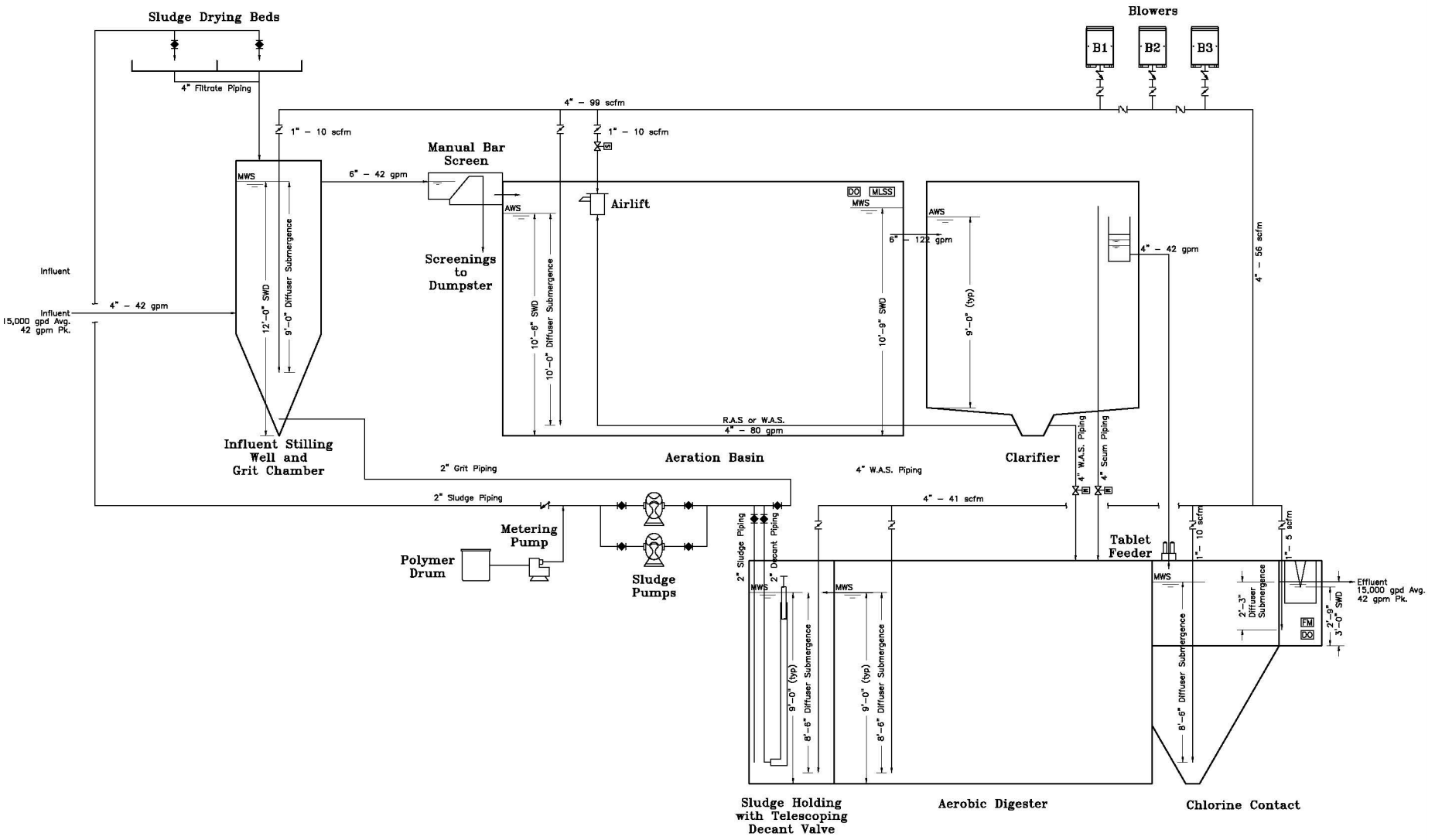
M46 13 Milky Way (1974)

M47 14 Milky Way (1974)

M48 15 Milky Way (1974)

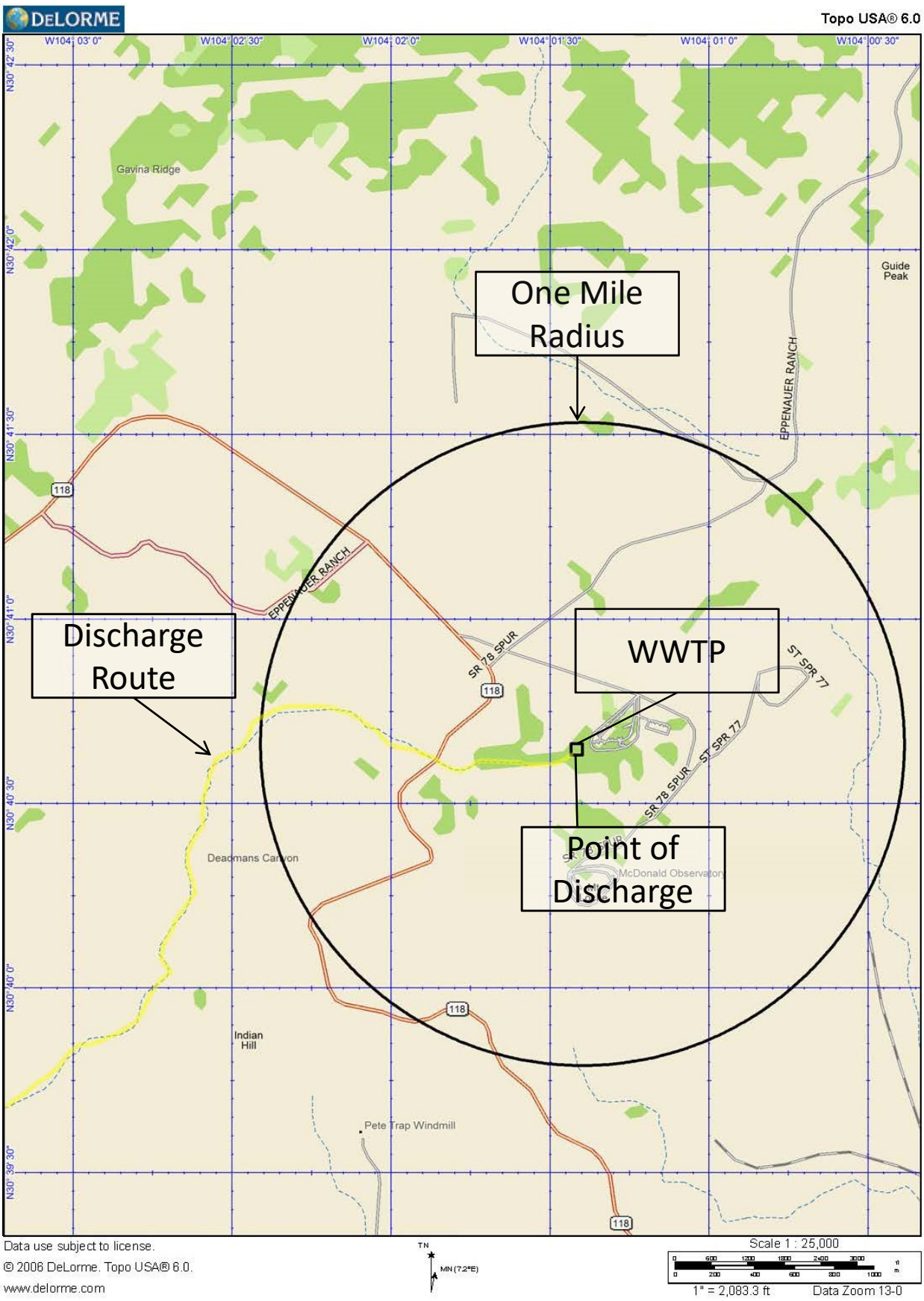
M49 12 Lunar Circle (1974)

M50 67 Nova Bluff (1974)



McDonald Observatory Lower Plant
Permit No. WQ0013646001
Flow Diagram

The University of Texas at Austin
Environmental Health & Safety



McDonald Observatory Lower Plant
Permit No. WQ0013646001
Site Map

The University of Texas at Austin
Environmental Health & Safety

Rainee Trevino

From: McGlothin, Brent J <brent.mcglothin@austin.utexas.edu>
Sent: Thursday, May 22, 2025 12:56 PM
To: Rainee Trevino
Cc: Thomas, Jonathan
Subject: RE: Application to Renew Permit No. WQ0013646001-Notice of Deficiency Letter
Attachments: McDonald WW Permit NOD Response 2025 Signed.pdf

Good afternoon,

The attached letter is the University of Texas at Austin's response to the NOD of May 19, 2025.

Please let me know if you have any questions.

Thank you.

Brent McGlothin, Associate Director, Environmental Programs
The University of Texas at Austin | Environmental Health and Safety
512-471-2039 (o) | 512-540-0633 (c) | https://ehs.utexas.edu/

From: Rainee Trevino <Rainee.Trevino@tceq.texas.gov>
Sent: Monday, May 19, 2025 4:48 PM
To: McGlothin, Brent J <brent.mcglothin@austin.utexas.edu>
Subject: Application to Renew Permit No. WQ0013646001-Notice of Deficiency Letter

Good afternoon,

The attached Notice of Deficiency letter sent on 5/19/2025, requests additional information needed to declare the application administratively complete. Please send the complete response to my attention by 6/2/2025.

Regards,

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

Environmental Health and Safety

P.O. Box 303513, Austin, Texas 78703• 512-471-3511 • FAX 512-471-6918
ehs.utexas.edu

May 22, 2025

Texas Commission on Environmental Quality
Applications Review and Processing Team (MC-148)
ATTN: Rainee Trevino
Water Quality Division

Re: Application to Renew Permit No.: WQ0013646001 (EPA I.D. No. TX0076422)
Applicant Name: The University of Texas at Austin (CN601097413)
Site Name: McDonald Observatory Lower Wastewater Treatment Plant (RN101702918)
Type of Application: Renewal

Dear Ms. Trevino,

This correspondence is in response to the Notice of Deficiencies (NOD) letter dated and received on 19 May 2025, regarding the application to renew TPDES permit WQ0013646001. I have reviewed the portion of the Notice of Receipt of Application and Intent to Obtain Permit (NORI) that was included in the NOD. The information is complete, accurate, and contains no errors.

If you have any questions, please contact me at (512) 471-2039.

Kind regards,

Brent McGlothin
Associate Director, Environmental Programs

Enclosures: None

cc: Jonathan Thomas