



Administrative Package Cover Page

This file contains the following documents:

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



Portada de Paquete Administrativo

Este archivo contiene los siguientes documentos:

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS

DOMESTIC WASTEWATER/STORMWATER

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

Spring Cypress Water Supply Corporation (CN601178841) operates Spring Cypress WWTP (RN102178514), a wastewater treatment plant that supplies water to businesses. The facility is located at 1442 Spring Cypress Road, in Houston, Harris County, Texas 77373. Renewal to discharge 35,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain CBOD, TSS, NH₃, E. coli. in process wastewater will be treated by the lift station, bar screen, aeration basin, clarifier, and chlorine contact chamber.

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

AGUAS RESIDUALES DOMESTICAS /AGUAS PLUVIALES

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

Spring Cypress Water Supply Corporation (CN601178841) opera la planta de tratamiento de aguas residuales de Spring Cypress (RN102178514), una planta de tratamiento de aguas residuales que suministra agua a las empresas. La instalación está ubicada en 1442 Spring Cypress Road, en Houston, Harris County, Texas 77373. Renovación para descargar 35,000 galones por día de aguas residuales domésticas tratadas.

Se espera que las descargas de la instalación contengan CBOD, TSS, NH3, E. coli. En proceso, las aguas residuales serán tratadas por la estación de bombeo, la pantalla de barra, la cuenca de aireación, el clarificador y la cámara de contacto con cloro.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0013711002

APPLICATION. Spring Cypress Water Supply Corporation, 1525 West W.T. Harris Boulevard, Charlotte, North Carolina 28262, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0013711002 (EPA I.D. No. TX0136310) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 35,000 gallons per day. The domestic wastewater treatment facility is located at 1442 Spring Cypress Road, near the city of Spring, in Harris County, Texas 77373. The discharge route is from the plant site to Wunsche Ditch, thence to Lemm Gully, thence to Cypress Creek. TCEQ received this application on May 13, 2025. The permit application will be available for viewing and copying at Barbara Bush Branch Library, 6817 Cypresswood Drive, Spring, in Harris County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage:

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.43526,30.075872&level=18>

ALTERNATIVE LANGUAGE NOTICE. Alternative language notice in Spanish is available at: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

El aviso de idioma alternativo en español está disponible en

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

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

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

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

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

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

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

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

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

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

INFORMATION AVAILABLE ONLINE. For details about the status of the application, visit the Commissioners' Integrated Database at www.tceq.texas.gov/goto/cid. 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 Spring Cypress Water Supply Corporation at the address stated above or by calling Ms. Elizabeth Andaverde, Source Environmental Sciences, Inc., at 713-621-4474.

Issuance Date: June 10, 2025

Comisión de Calidad Ambiental del Estado de Texas



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

PERMISO NO. WQ0013711002

SOLICITUD. Spring Cypress Water Supply Corporation, 1525 West W.T. Harris Boulevard, Charlotte, North Carolina 28262, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0013711002 (EPA I.D. No. TX 0136310) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 35,000 galones por día. La planta está ubicada 1442 Spring Cypress Road, cerca de la ciudad de Spring, en el Condado de Harris, Texas 77373. La ruta de descarga es del sitio de la planta una zanja de Wunsche, de allí a Lemm Gully, de allí a Cypress Creek. La TCEQ recibió esta solicitud el 13 de mayo de 2025. La solicitud para el permiso estará disponible para leerla y copiarla en Biblioteca Pública Barbara Bush, 6817 Cypresswood Drive, Spring, en el condado de Harris, Texas antes de la fecha de publicación de este aviso en el periódico. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

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

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.43526,30.075872&level=18>

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

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

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

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

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

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

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

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

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

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

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

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

También se puede obtener información adicional del Spring Cypress Water Supply Corporation a la dirección indicada arriba o llamando a Sra. Elizabeth Andaverde al 713-621-4474.

Fecha de emisión: el 10 de junio de 2025

APPLICATION TO RENEW
TEXAS COMMISSION ON
ENVIRONMENTAL QUALITY
DOMESTIC WASTEWATER PERMIT NO.
WQ0013711002

ISSUED TO
Spring Cypress Water Supply Corporation

May 2025

Prepared For:
Spring Cypress Water Supply Corporation
Property Admin (BE196285), MAC D1116-L10
1525 West W.T. Harris Blvd.
Charlotte, NC 28262

Prepared By:
Source Environmental Sciences, Inc.
P.O. Box 10089
Corpus Christi, Texas 78460
P: 713-621-4474



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Spring Cypress Water Supply Corporation

PERMIT NUMBER (If new, leave blank): WQ00 13711002

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

	Y	N		Y	N
Administrative Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original USGS Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Administrative Report 1.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Affected Landowners Map	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SPIF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landowner Disk or Labels	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Core Data Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Buffer Zone Map	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary of Application (PLS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flow Diagram	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Involvement Plan Form	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Site Drawing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Technical Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original Photographs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Technical Report 1.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Design Calculations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Solids Management Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 2.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 4.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 5.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 6.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 7.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

For TCEQ Use Only

Segment Number _____ County _____
Expiration Date _____ Region _____
Permit Number _____



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION
ADMINISTRATIVE REPORT 1.0**

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

Section 1. Application Fees (Instructions Page 26)

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

Flow	New/Major Amendment	Renewal
<0.05 MGD	\$350.00 <input type="checkbox"/>	\$315.00 <input checked="" type="checkbox"/>
≥0.05 but <0.10 MGD	\$550.00 <input type="checkbox"/>	\$515.00 <input type="checkbox"/>
≥0.10 but <0.25 MGD	\$850.00 <input type="checkbox"/>	\$815.00 <input type="checkbox"/>
≥0.25 but <0.50 MGD	\$1,250.00 <input type="checkbox"/>	\$1,215.00 <input type="checkbox"/>
≥0.50 but <1.0 MGD	\$1,650.00 <input type="checkbox"/>	\$1,615.00 <input type="checkbox"/>
≥1.0 MGD	\$2,050.00 <input type="checkbox"/>	\$2,015.00 <input type="checkbox"/>

Minor Amendment (for any flow) \$150.00 ☐

Payment Information:

Mailed Check/Money Order Number:

Check/Money Order Amount:

Name Printed on Check:

EPAY Voucher Number:

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

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

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

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

- ☒ Active ☐ Inactive

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

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

d. Check the box next to the appropriate application type

- | | |
|-----------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> New | |
| <input type="checkbox"/> Major Amendment <u>with</u> Renewal | <input type="checkbox"/> Minor Amendment <u>with</u> Renewal |
| <input type="checkbox"/> Major Amendment <u>without</u> Renewal | <input type="checkbox"/> Minor Amendment <u>without</u> Renewal |
| <input checked="" type="checkbox"/> Renewal without changes | <input type="checkbox"/> Minor Modification of permit |

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

f. **For existing permits:**

Permit Number: WQ00 13711001

EPA I.D. (TPDES only): TX 0136310

Expiration Date: 05/26/2025

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

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

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

Spring Cypress Water Supply Corporation

(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: 601178841

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: Hanson, Brent

Title: Director

Credential:

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

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

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. B

Section 4. Application Contact Information (Instructions Page 27)

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

- A. Prefix: Ms. Last Name, First Name: Andaverde, Elizabeth
Title: Senior Environmental Consultant Credential:
Organization Name: Source Environmental Sciences, Inc.
Mailing Address: P.O. Box 10089 City, State, Zip Code: Corpus Christi, Texas 78460
Phone No.: 713-621-4474 E-mail Address: liz@source-environmental.com
Check one or both: ☒ Administrative Contact ☒ Technical Contact
- B. Prefix: Ms. Last Name, First Name: Shell, Melanie
Title: Vice President Credential:
Organization Name: Wells Fargo CPG, Attn: Property Admin (BE196285) MAC D1116-L10
Mailing Address: 1525 West W.T. Harris Blvd. City, State, Zip Code: Charolotte, North Carolina 28262
Phone No.: 832-844-9822 E-mail Address: melanie.shell@wellsfargo.com
Check one or both: ☐ Administrative Contact ☒ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

- A. Prefix: Ms. Last Name, First Name: Shell, Melanie
Title: Vice President Credential:
Organization Name: Wells Fargo CPG, Attn: Property Admin (BE196285) MAC D1116-L10
Mailing Address: 1525 West W.T. Harris Blvd. City, State, Zip Code: Charolotte, North

Carolina 28262

Phone No.: 832-844-9822

E-mail Address: melanie.shell@wellsfargo.com

B. Prefix: Ms.

Last Name, First Name: Andaverde, Elizabeth

Title: Senior Environmental Consultant

Credential:

Organization Name: Source Environmental Sciences, Inc.

Mailing Address: 1800 W. Loop South, Ste 1800

City, State, Zip Code: Houston, Texas 77027

Phone No.: 713-621-4474

E-mail Address: liz@source-environmental.com

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Ms.

Last Name, First Name: Shell, Melanie

Title: Vice President

Credential:

Organization Name: Wells Fargo CPG, Attn: Property Admin (BE196285) MAC D1116-L10

Mailing Address: 1525 West W.T. Harris Blvd.
Carolina 28262

City, State, Zip Code: Charlotte, North

Phone No.: 832-844-9822

E-mail Address: melanie.shell@wellsfargo.com

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

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

Prefix: Mr.

Last Name, First Name: Wilhite, Howard

Title: Sr. Client Account Manager & Compliance Director

Credential:

Organization Name: H2O Innovations

Mailing Address: 27335 West Hardy Road, Ste 101

City, State, Zip Code: Spring, Texas 77373

Phone No.: 281-353-9809

E-mail Address: Howard.Wilhite@h2oinnovation.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Ms.

Last Name, First Name: Andaverde, Elizabeth

Title: Senior Environmental Consultant

Credential:

Organization Name: Source Environmental Sciences, Inc.

Mailing Address: P.O. Box 10089

City, State, Zip Code: Corpus Christi, Texas 78460

Phone No.: 713-621-4474

E-mail Address: liz@source-environmental.com

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

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

☒ E-mail Address liz@source-environmental.com

☐ Fax

☒ Regular Mail P.O. Box 10089, Corpus Christi, Texas 78460

C. Contact permit to be listed in the Notices

Prefix: Ms. Last Name, First Name: Andaverde, Elizabeth

Title: Senior Environmental Consultant Credential:

Organization Name: Source Environmental Sciences, Inc.

Mailing Address: P.O. Box 10089 City, State, Zip Code: Corpus Christi, Texas 78460

Phone No.: 713-621-4474 E-mail Address: liz@source-environmental.com

D. Public Viewing Information

If the facility or outfall is located in more than one county, a public viewing place for each county must be provided.

Public building name: Barbara Bush Public Library

Location within the building:

Physical Address of Building: 6817 Cypresswood Drive

City: Spring County: Harris

Contact (Last Name, First Name):

Phone No.: 832-927-7800 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? Spanish

F. Summary of Application in Plain Language Template

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

Attachment: C

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 102178514

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):

Spring Cypress WWTP

C. Owner of treatment facility: Spring Cypress Water Supply Corporation

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:

Organization Name: Wells Fargo CPG, Attn: Property Admin (BE196285), MAC D1116-L10

Mailing Address: 1525 West W.T. Harris Blvd. City, State, Zip Code: Charlotte, North Carolina 28262

Phone No.: 832-844-9822

E-mail Address: melanie.shell@wellsfargo.com

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

Attachment: D

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): Spring

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

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



Yes



No

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

- ☐ Authorization granted ☐ Authorization pending

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

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

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0013711001

Applicant: Spring Cypress Water Supply Corporation

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): Mr. Brent Hanson

Signatory title: Director

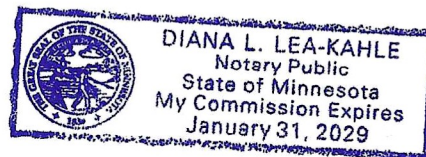
Signature: Brent S. Hanson Date: 5/12/25
(Use blue ink)

Subscribed and Sworn to before me by the said Diana L. Lea-Kahle
on this 12th day of May, 2025.
My commission expires on the 31st day of January, 2029.

Diana L. Lea-Kahle
Notary Public

Hennepin
County, Texas Minnesota

[SEAL]



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: E

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

Things to Know:

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

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

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

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

Summary of Application (in Plain Language) ☒ Yes



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

B. Interim II Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

C. Final Phase

Design Flow (MGD): 0.035

2-Hr Peak Flow (MGD): 0.1354

Estimated construction start date: N/A

Estimated waste disposal start date: 08/01/1983

D. Current Operating Phase

Provide the startup date of the facility: 1983

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.**

On-site lift station pumps into an aeration basin, mixed with return sludge, flows through aeration basin, into a clarifier and then to an aerated chlorine contact basin and is discharged. Sludge is sent to an aerobic digester for stabilization and concentrating. Sludge is then hauled to a registered disposal site or landfill.

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)
Aeration Basin	1	22' x 12' x 9.5'
Clarifier	1	12' dia. x 9.5'
Chlorine Contact Chamber	1	12' x 3.29' x 9.5'
Aerobic Digester	1	12' x 9' x 9.5'

C. Process Flow Diagram

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

Attachment: F

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° 4'36.52"N
- Longitude: 95° 26'4.97"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: G

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

Wells Fargo bank at 1442 Spring Cypress Road, Prime Shopping Center, USPS at 1411 Wunche Loop, and Gugliani's Italian Grill

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
N/A	N/A	Choose an item.	N/A
		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: 1983

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

N/A

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

On March 7, 2018, an exception to the setback distance requirement between public water supply wells and wastewater treatment plants as required by 30 TAC § 290.41(c)(1)(B) was approved for PWS G1012023A.

C. Other actions required by the current permit

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

☐ Yes ☒ No

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

N/A

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

2. Grit and grease processing

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

N/A

3. Grit disposal

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

☐ Yes ☐ No

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

Describe the method of grit disposal.

N/A

4. Grease and decanted liquid disposal

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

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

N/A

E. Stormwater management

1. Applicability

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

2. MSGP coverage

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

☐ Yes ☐ No

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

TXR05 N/A or TXRNE N/A

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 BOD₅ concentration of the sludge, and the design BOD₅ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

N/A

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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 BOD₅ concentration of the septic waste, and the design BOD₅ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

N/A

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

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). **Water treatment facilities** discharging filter backwash water, complete Table 1.0(3). Provide copies of the laboratory results sheets. **These tables are not applicable for a minor amendment without renewal.** See the instructions for guidance.

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , mg/l					
Total Suspended Solids, mg/l					
Ammonia Nitrogen, mg/l					
Nitrate Nitrogen, mg/l					
Total Kjeldahl Nitrogen, mg/l					
Sulfate, mg/l					
Chloride, mg/l					
Total Phosphorus, mg/l					
pH, standard units					
Dissolved Oxygen*, mg/l					
Chlorine Residual, mg/l					
<i>E.coli</i> (CFU/100ml) freshwater					
Enterococci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, μ mohs/cm, †	N/A	N/A	N/A	N/A	N/A
Oil & Grease, mg/l					
Alkalinity (CaCO ₃)*, mg/l					

*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: Jesse GloverFacility Operator's License Classification and Level: CFacility Operator's License Number: WW0062770

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

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

Check all that apply. See instructions for guidance

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

B. WWTP's Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

C. Sewage Sludge or Biosolids Management

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

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

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Other	Off-site Third-Party Handler or Preparer	Not Applicable		N/A: Transported to another facility for further processing	N/A: Transported to another facility for further processing
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

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

D. Disposal site

Disposal site name: Mount Houston Road MUD

TCEQ permit or registration number: WQ0011154001

County where disposal site is located: Harris

E. Transportation method

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

Name of the hauler: Magna-Flow International

Hauler registration number: 21484

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

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

A. Location information

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

- Original General Highway (County) Map:
Attachment: 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 1×10^{-7} cm/sec?

☐ Yes ☐ No

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

N/A

D. Site development plan

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

N/A

Attach the following documents to the application.

- Plan view and cross-section of the sludge lagoon(s)
Attachment: 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: Brent Hanson

Title: Director

Signature: _____

Date: _____



5/12/25

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

Owner of the drinking water supply: 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: Wunsche Ditch

A. Receiving water type

Identify the appropriate description of the receiving waters.

- ☐ Stream
- ☐ Freshwater Swamp or Marsh
- ☐ Lake or Pond

Surface area, in acres: Click to enter text.

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

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

- ☒ Man-made Channel or Ditch
- ☐ Open Bay
- ☐ Tidal Stream, Bayou, or Marsh
- ☐ Other, specify: Click to enter text.

B. Flow characteristics

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

- ☒ Intermittent - dry for at least one week during most years
- ☐ Intermittent with Perennial Pools - enduring pools with sufficient habitat to maintain significant aquatic life uses
- ☐ Perennial - normally flowing

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

- ☐ USGS flow records
- ☐ Historical observation by adjacent landowners
- ☒ Personal observation
- ☐ Other, specify:

C. Downstream perennial confluences

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

Wunsche Ditch, Lemm Gully, Cypress Creek

D. Downstream characteristics

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

☒ Yes ☐ No

If yes, discuss how.

Intermittent to perennial

E. Normal dry weather characteristics

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

Dry

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.

- | | |
|---------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Oil field activities | <input checked="" type="checkbox"/> Urban runoff |
| <input checked="" type="checkbox"/> Upstream discharges | <input type="checkbox"/> Agricultural runoff |
| <input checked="" type="checkbox"/> Septic tanks | <input type="checkbox"/> Other(s), specify: |

B. Waterbody uses

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

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

C. Waterbody aesthetics

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

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

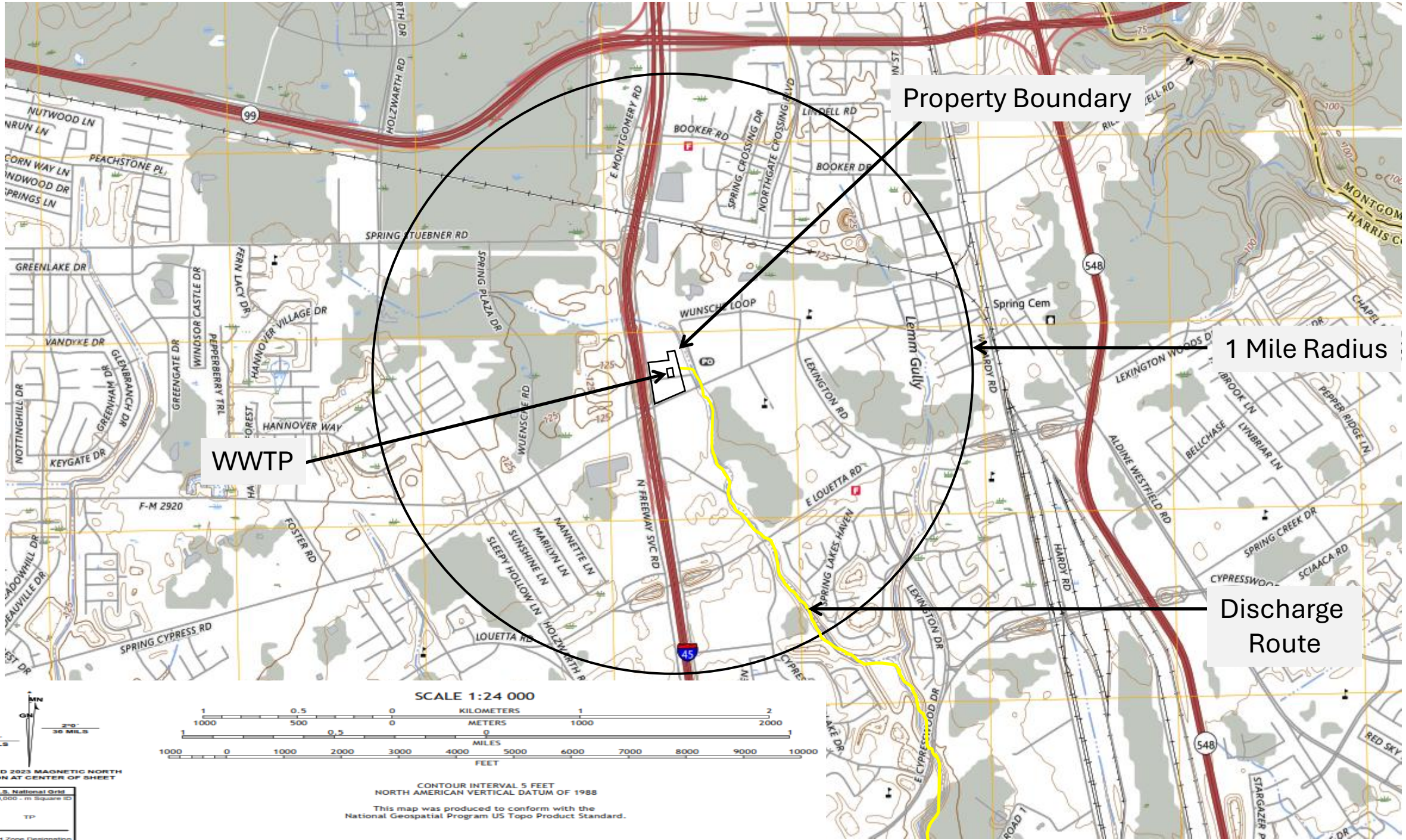
Attachment Index

<i>Attachment</i>	<i>Title</i>
A	Original USGS Topographic Map
B	Core Data Form
C	Plain Language Summary
D	Lease
E	Supplemental Permit Information Form
F	Flow Diagram
G	Site Map

Attachment A

Original USGS Topographic Map

The Original USGS Topographic Map has been Submitted to the TCEQ



Attachment B

Core Data Form



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other	
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 601178841		RN 102178514

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		05/26/2025	
<input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
Spring Cypress Water Supply Corporation					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	
66624200		30007535286		N/A	
10. DUNS Number (if applicable)		N/A			
11. Type of Customer:		<input checked="" type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
12. Number of Employees		13. Independently Owned and Operated?			
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other: <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
15. Mailing Address:		Attn: Property Admin (BE196285), MAC D1116-L10, 1525 West W.T. Harris Blvd.			
City		Charlotte		State	
NC		ZIP		28262	
ZIP + 4					
16. Country Mailing Information (if outside USA)			17. E-Mail Address (if applicable)		
			melanie.shell@wellsfargo.com		

18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)
() -		() -

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.)								
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information								
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>								
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)								
Spring Cypress WWTP								
23. Street Address of the Regulated Entity: (No PO Boxes)	1442 Spring Cypress Road							
	City	Spring	State	TX	ZIP	77373	ZIP + 4	
24. County								

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

25. Description to Physical Location:								
26. Nearest City					State	Nearest ZIP Code		
Spring					TX	77373		
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
27. Latitude (N) In Decimal:		30.076836°			28. Longitude (W) In Decimal:		95.434667°	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
30	4	36.61	95	26	4.80			
29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)			
4952			221320					
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)								
Banking Center and shopping center								
34. Mailing Address:	Attn: Property Admin (BE196285), MAC D1116-L10, 1525 West W.T. Harris Blvd.							
	City	Charlotte	State	NC	ZIP	28262	ZIP + 4	
35. E-Mail Address:	melanie.shell@wellsfargo.com							
36. Telephone Number	37. Extension or Code				38. Fax Number (if applicable)			
(832) 844-9822					() -			

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

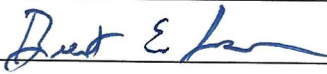
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
	WQ0013711002			

SECTION IV: Preparer Information

40. Name:	Elizabeth Andaverde		41. Title:	Senior Environmental Consultant
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address	
(713) 621-4474		(713) 621-4588	liz@source-environmental.com	

SECTION V: Authorized Signature

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

Company:	Spring Cypress Water Supply Corporation	Job Title:	Director
Name (In Print):	Brent Hanson	Phone:	832-844-9822
Signature:		Date:	5/12/25

Attachment C

Plain Language Summary



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.

Spring Cypress Water Supply Corporation (CN601178841) operates Spring Cypress WWTP (RN102178514), a wastewater treatment plant that supplies water to businesses. The facility is located at 1442 Spring Cypress Road, in Houston, Harris County, Texas 77373. Renewal to discharge 35,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain CBOD, TSS, NH₃, E. coli. in process wastewater will be treated by the lift station, bar screen, aeration basin, clarifier, and chlorine contact chamber.

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

AGUAS RESIDUALES DOMESTICAS /AGUAS PLUVIALES

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

Spring Cypress Water Supply Corporation (CN601178841) opera la planta de tratamiento de aguas residuales de Spring Cypress (RN102178514), una planta de tratamiento de aguas residuales que suministra agua a las empresas. La instalación está ubicada en 1442 Spring Cypress Road, en Houston, Harris County, Texas 77373. Renovación para descargar 35,000 galones por día de aguas residuales domésticas tratadas.

Se espera que las descargas de la instalación contengan CBOD, TSS, NH3, E. coli. En proceso, las aguas residuales serán tratadas por la estación de bombeo, la pantalla de barra, la cuenca de aireación, el clarificador y la cámara de contacto con cloro.

Attachment D

Lease

Attachment E

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: Spring Cypress Water Supply Corporation

Permit No. WQ00 13711002EPA ID No. TX 0136310

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

1442 Spring Cypress Road, in Harris County, Spring, Texas 77373

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): Ms.

First and Last Name: Melanie Shell

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

Title: Vice President

Mailing Address: 12200 Northwest Freeway, Ste 320

City, State, Zip Code: Houston, Texas 77253

Phone No.: 832-844-9822 Ext.: _____ Fax No.: N/A

E-mail Address: melanie.shell@wellsfargo.com

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

N/A

4. Provide a description of the effluent discharge route. The discharge route must follow the flow of effluent from the point of discharge to the nearest major watercourse (from the point of discharge to a classified segment as defined in 30 TAC Chapter 307). If known, please identify the classified segment number.

to Wunsche Ditch; thence to Lemm Gully; thence to Cypress Creek in Segment No. 1009 of the San Jacinto River Basin

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

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:

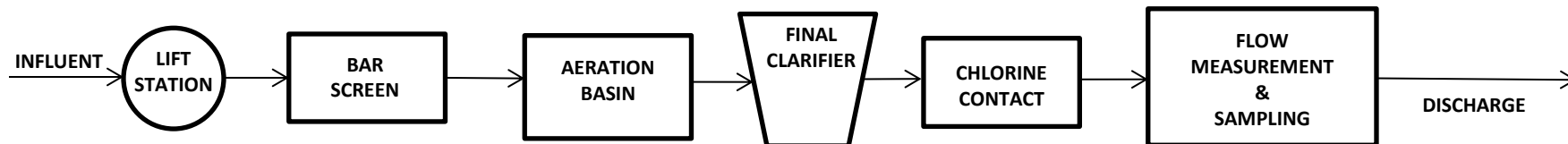
N/A

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

N/A

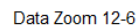
Attachment F

Flow Diagram



Attachment G

Site Map



Site Drawing
Spring Cypress Water Supply
Corporation
Permit No. WQ0013711002

**END OF
DOCUMENT**

Rainee Trevino

From: liz source-environmental.com <liz@source-environmental.com>
Sent: Friday, May 30, 2025 2:06 PM
To: Rainee Trevino
Subject: Re: Application to Renew Permit No. WQ0013711002- Notice of Deficiency Letter
Attachments: Spring Cypress WSC TCEQ Responses.pdf; Municipal Discharge Renewal Spanish NORI Spring Cypress WSC.docx

Good afternoon Rainee,

Please see the attached response in response to the NOD for Spring Cypress WSC. Please let me know if you have any questions.

Thank you,

Elizabeth Andaverde
Senior Environmental Consultant & Wastewater Project Manager
Source Environmental Sciences, Inc.
Corpus Christi Regional Office
P.O. Box 10089
Corpus Christi, Texas 78460
713-621-4474 (Office)
713-621-4588 (Fax)

From: Rainee Trevino <Rainee.Trevino@tceq.texas.gov>
Sent: Wednesday, May 21, 2025 10:37 AM
To: liz source-environmental.com <liz@source-environmental.com>
Subject: Application to Renew Permit No. WQ0013711002- Notice of Deficiency Letter

Good morning,

The attached Notice of Deficiency letter sent on May 21, 2025, requests additional information needed to declare the application administratively complete. Please send the complete response to my attention by June 4, 2025.

Regards,

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



May 30, 2025

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

RE: Application to Renew Permit No.: WQ0013711002 (EPA I.D. No. TX0136310)
Applicant Name: Spring Cypress Water Supply Corporation (CN601178841)
Site Name: Spring Cypress Wastewater Treatment Plant (RN102178514)
Type of Application: Renewal

Dear Rainee,

We received your letter in regards to Spring Cypress WSC, Permit number WQ0013711002. Please see the response to each request below.

1. Administrative Report 1.0, Section 1, Application Fees: The application indicates that a renewal fee of \$315.00 was submitted.

The application fee has been submitted under a different cover page.

2. Core Data Form, Section II, Item 18: Please submit an updated Core Data Form with a telephone number.

The phone number has been added to the CDF and it is attached.

3. Core Data Form, Section III, Item 24: Please submit an updated Core Data Form with the county where the facility is located.

The county has been added and the revised CDF is attached.

4. Administrative Report 1.0, Section 9, Item D: The application stated Wells Fargo CPG is the owner of land where the treatment facility is located and that a lease was provided. However, the lease documents were not located in the electronic or physical copy of the application. Please submit a lease agreement.

The lease agreement is attached.

5. The following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions.

There is a change that needs to be made in the NORI. The daily average flow is 35,000 gallons per day.

4. Please provide the translated Spanish NORI in a Microsoft Word document.

A Spanish NORI is attached.

Please contact me for any additional questions at 713-621-4474 or by email at liz@source-environmental.com

Sincerely,

Elizabeth Andaverde

Elizabeth Andaverde

Environmental Consultant

Source Environmental Sciences, Inc.



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other	
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 601178841		RN 102178514

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		05/26/2025	
<input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
Spring Cypress Water Supply Corporation					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	
66624200		30007535286		N/A	
10. DUNS Number (if applicable)		N/A			
11. Type of Customer:		<input checked="" type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
12. Number of Employees		13. Independently Owned and Operated?			
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other: <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
15. Mailing Address:		Attn: Property Admin (BE196285), MAC D1116-L10, 1525 West W.T. Harris Blvd.			
City		Charlotte		State	
NC		ZIP		28262	
ZIP + 4					
16. Country Mailing Information (if outside USA)			17. E-Mail Address (if applicable)		
			melanie.shell@wellsfargo.com		

18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)
(832) 844-9822		() -

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.)								
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information								
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>								
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)								
Spring Cypress WWTP								
23. Street Address of the Regulated Entity: (No PO Boxes)	1442 Spring Cypress Road							
	City	Spring	State	TX	ZIP	77373	ZIP + 4	
24. County	Harris							

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

25. Description to Physical Location:								
26. Nearest City					State	Nearest ZIP Code		
Spring					TX	77373		
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
27. Latitude (N) In Decimal:		30.076836°			28. Longitude (W) In Decimal:		95.434667°	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
30	4	36.61	95	26	4.80			
29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)			
4952			221320					
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)								
Banking Center and shopping center								
34. Mailing Address:	Attn: Property Admin (BE196285), MAC D1116-L10, 1525 West W.T. Harris Blvd.							
	City	Charlotte	State	NC	ZIP	28262	ZIP + 4	
35. E-Mail Address:	melanie.shell@wellsfargo.com							
36. Telephone Number	37. Extension or Code		38. Fax Number (if applicable)					
(832) 844-9822			() -					

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

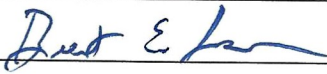
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
	WQ0013711002			

SECTION IV: Preparer Information

40. Name:	Elizabeth Andaverde		41. Title:	Senior Environmental Consultant
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address	
(713) 621-4474		(713) 621-4588	liz@source-environmental.com	

SECTION V: Authorized Signature

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

Company:	Spring Cypress Water Supply Corporation	Job Title:	Director
Name (In Print):	Brent Hanson	Phone:	832-844-9822
Signature:		Date:	5/12/25

SECOND AMENDMENT TO LEASE

Spring, TX (BE #192591)

THIS SECOND AMENDMENT TO LEASE (“**Amendment**”) is entered into by **WELLS FARGO BANK, N.A.** (“**Landlord**”), and **SPRING CYPRESS WATER SUPPLY CORPORATION**, a Texas corporation (“**Tenant**”), as of April 1, 2025, with reference to the following recitals of facts.

A. Landlord and Tenant are parties to that certain Ground Lease dated October 3, 1983, as amended by First Amendment to Ground Lease dated August 30, 2016 (collectively, the “**Lease**”), with respect to certain premises consisting of approximately 1,846 square feet located at in Harris County, Texas, as more fully described in the Lease (the “**Premises**”).

B. Subject to the terms of this Amendment, the parties desire to modify the Lease as set forth below.

The parties agree as follows:

1. Capitalized Terms. Capitalized terms used in this Amendment that are not specifically defined herein have the meanings given such terms in the Lease.

2. Renewal Term. The term of the Lease expired August 31, 2021. Notwithstanding anything to the contrary in the Lease, the tenancy under this Lease became a month-to-month tenancy. The parties desire to change the tenancy to a fixed term, hence, the term of the Lease is hereby renewed for an additional fixed term commencing on April 1, 2025, and expiring March 31, 2032. During the renewal term, Tenant shall pay to Landlord annual rent of \$1,200.00 in equal monthly installments of \$100.00 in accordance with the terms of the Lease.

3. Further Renewal Options. Tenant may renew the term of the Lease as provided below if (i) the Lease is in effect at the time Tenant exercises a renewal option and at the commencement of the applicable renewal term; (ii) an Event of Default does not exist at the time Tenant exercises any right to renew or at the commencement of the applicable renewal term; (iii) Landlord has not notified Tenant of a potential Event of Default on more than two occasions during the previous term of the Lease; and (iv) Tenant has not assigned the Lease or sublet all or any portion of the Premises (it being the intention of Landlord and Tenant that any right to renew is personal to Tenant). Subject to the foregoing, Tenant may renew the Lease for two (2) additional terms of (5) years each (i.e., September 1, 2032, to August 31, 2037, and from September 1, 2037, to August 31, 2042) by giving written notice of renewal at least sixty (60) days prior to expiration of the then current term of the Lease. If Tenant does not notify Landlord timely, Tenant is deemed to have waived all unexercised renewal terms and to have elected not to renew the Lease, time being of the essence. If Tenant so renews, during the additional renewal terms, Tenant shall pay to Landlord annual rent of \$1,200.00 in equal monthly installments of \$100.00 in accordance with the terms of the Lease.

4. Notices.

4.1. Written Notice; Delivery Methods. Each party giving or making any notice, request, demand, consent, approval, or other communication (each, a “**Notice**” (but sometimes “**notice**”)) pursuant to the Lease shall: (i) give the Notice in writing; (ii) cause the Notice to be signed by an authorized representative of the sending party (the sending party’s attorney is authorized to sign and send a Notice on behalf of the sending party); and (iii) use one of the following methods of delivery, each of which for purposes of the Lease is a writing: (a) personal delivery; (b) Certified Mail, return receipt requested, with postage paid; (c) nationally recognized overnight courier, with all fees paid; or (d) email (but only if a party’s email address is included in its notice address below or is otherwise provided to the other party by a Notice).

4.2. Addresses. Each party giving a Notice shall address the Notice to the appropriate person at the receiving party (the “**Addressee**”) at the address(es) set forth below or to another Addressee or at another address as designated by a party in a Notice pursuant to this Section 4.

To Landlord: Wells Fargo CPG
Attn: Property Admin (BE #192591)
MAC D1116-L10
1525 West W.T. Harris Blvd.
Charlotte, NC 28262
E: PropertyAdmin@WellsFargo.com

To Tenant: Spring Cypress Water Supply Corporation
Wells Fargo CPG
Attn: Property Admin (BE #192591)
MAC D1116-L10
1525 West W.T. Harris Blvd.
Charlotte, NC 28262
E: PropertyAdmin@WellsFargo.com

4.3. Effectiveness of a Notice. Except as provided elsewhere in the Lease, a Notice is effective only if (i) the party giving the Notice has complied with the two subsections set forth above and (ii) the Notice is deemed to have been received by the Addressee. A Notice is deemed to have been received by the Addressee as follows: (a) if a Notice is delivered in person, sent by Certified Mail, or sent by nationally recognized overnight courier: on the earlier of the date of delivery or the date the Notice is available for pickup, all as evidenced by the records of the delivering person or entity; (b) if a Notice is sent by email: on the date the email Notice is sent to the Addressee’s email address; and (c) if the Addressee rejects or otherwise refuses to accept the Notice (e.g., if the Addressee does not pick up the Notice timely), or if the Notice cannot be delivered because of a change in address for which no Notice was given: upon the rejection, refusal, or inability to deliver the Notice, which shall be deemed to be the date of rejection, refusal, inability to deliver, or availability for pickup, all as evidenced by the records of the delivering person or entity. If a Notice is sent by email, the party sending the Notice also must send, unless such requirement is waived in a return email from the receiving party, a confirmation copy of the Notice by one of the other methods in the first subsection set forth above within three (3) business days after the send date of the email, but the lack of delivery of such other Notice does not negate the email Notice.

4.4. Delivery Time of Notice. Notwithstanding the foregoing, if any Notice is received after 5:00 p.m. on a Business Day where the Addressee is located, or on a day that is not a Business Day where the Addressee is located, then the Notice is deemed received at 9:00 a.m. on the next Business Day where the Addressee is located.

4.5. Business Days. “**Business Day**” (or “**business day**”) means, as to any party, any day that is not a Saturday, Sunday, or other day on which national banks are authorized or required to close in the state, commonwealth, or jurisdiction where the Premises are located (“**Bank Holiday**”). To compute a time period under this Agreement when the period is stated in days or a longer unit of time: (i) exclude the day of the event that triggers the period; (ii) count every day, including intermediate Saturdays, Sundays, and Bank Holidays; and (iii) include the last day of the period, but if the last day is a Saturday, Sunday, or Bank Holiday, the period continues to run until the end of the next day that is not a Saturday, Sunday, or Bank Holiday.

5. Invoice Email Address. Landlord may send invoices to Tenant for any charges due from Tenant to Landlord under the Lease using the following email address: PropertyAdmin@WellsFargo.com

(“**Tenant’s Invoice Email Address**”). Landlord shall not use Tenant’s Invoice Email Address for legal notices (unless such email address has been provided to Landlord as a notice address pursuant to the notice provisions of the Lease). Tenant may change Tenant’s Invoice Email Address by giving written notice thereof to Landlord.

6. Brokers. Each party represents to the other that it has had no dealings with any real estate broker, agent, or finder in connection with the negotiation of this Amendment and that it knows of no real estate broker or agent entitled to any commission or finder’s fee in connection with this Amendment. Each party shall indemnify and hold harmless the other party from and against any and all claims, demands, losses, liabilities, lawsuits, judgments, costs, and expenses (including attorneys’ fees and costs) with respect to any leasing commission, finder’s fee, or equivalent compensation alleged to be owing on account of the indemnifying party’s dealings with any real estate broker, agent, or finder.

7. Confirmation of Lease. Except as otherwise set forth in this Amendment, the Lease remains in full force and effect in accordance with its original terms and is binding on Landlord and Tenant, their respective heirs, executors, administrators, successors, and assigns. If there is a conflict between this Amendment and the Lease, this Amendment will control. In addition, unless otherwise set forth explicitly in this Amendment, the renewal term(s) (if any) set forth in this Amendment are in lieu of any options to renew that may be set forth in the Lease.

8. Authority & Consent. Each party represents to the other that this Amendment: (i) resulted from an arm’s-length negotiation; (ii) has been duly authorized, executed, and delivered by and on behalf of such party; and (iii) constitutes the valid, binding, and enforceable agreement of such party in accordance with the terms of this Amendment. In addition, Tenant represents to Landlord that no consent of any third party (e.g., any lender) is required for Tenant to execute this Amendment.

9. No Construction Against Drafting Party. Landlord and Tenant acknowledge that each of them and their respective counsel has had an opportunity to review this Amendment and that this Amendment will not be construed for or against either party merely because such party prepared or drafted this Amendment or any particular provision thereof.

10. Counterparts & Digital Signatures. The parties may execute this Amendment in multiple counterparts, each of which constitutes an original, and all of which, collectively, constitute only one agreement. The signatures of all parties need not appear on the same counterpart. This Amendment is valid, binding, and enforceable against a party only when executed by an authorized individual on behalf of a party by means of (i) an electronic signature that complies with the federal Electronic Signatures in Global and National Commerce Act, state enactments of the Uniform Electronic Transactions Act, or any other relevant and applicable electronic signatures law; (ii) an original manual signature; or (iii) a faxed, scanned, or photocopied manual signature. Each electronic signature or faxed, scanned, or photocopied manual signature has for all purposes the same validity, legal effect, and admissibility in evidence as an original manual signature. This Amendment is effective upon delivery of one executed counterpart from each party to the other parties. In proving this Amendment, a party must produce or account only for the executed counterpart of the party to be charged.

11. Anti-Money Laundering, Sanctions, and Anti-Corruption.

11.1. “AML Laws” means all U.S. anti-money laundering laws that criminalize money laundering or any predicate crimes to money laundering. “**Anti-Corruption Laws**” means the U.S. Foreign Corrupt Practices Act and any similar applicable statute, rule, or regulation relating to bribery or corruption. “**Sanctions**” means any economic, trade, or financial sanctions, sectoral sanctions, secondary sanctions,

trade embargoes, or anti-terrorism laws imposed from time to time by the United States government including but not limited to those administered or enforced by the U.S. Department of Treasury's Office of Foreign Assets Control. Each party represents to the other party that it is not a target of Sanctions and will not directly or indirectly transfer any of its interest in the Lease to a target of Sanctions. At all times during the Lease Term each party shall not violate applicable Sanctions, AML Laws, or Anti-Corruption Laws to the extent that such violation results in it being unlawful for the non-violating party to transact business under the Lease with the violating party. If a violation occurs that results in it being unlawful for the non-violating party to transact business under the Lease with the violating party, the non-violating party may suspend, upon written notice thereof to the violating party, any monetary obligations under the Lease until such time as the violating party is no longer in violation. In addition, if such violation is not cured promptly, the non-violating party may terminate the Lease upon prior written notice thereof to the violating party.

11.2. "Sanctions Info" means (i) full legal name, (ii) TIN/SSN for an entity or individual, as applicable, that is a party to the Lease (but not for an Individual Signatory (defined below)), and (iii) full current business street address. **"Entity Signatory"** (collectively, **"Entity Signatories"**) means an entity that executes the Lease directly or indirectly for an entity party. **"Individual Signatory"** (collectively, **"Individual Signatories"**) means the individual executing the Lease for an entity party or Entity Signatory. Landlord shall, prior to execution of the Lease, deliver to Tenant a notice setting forth the applicable Sanctions Info for all entities and individuals that are a party to the Lease and for all Entity Signatories (e.g., if the entity executing the Lease is John Smith LLC (the entity party) by Peter Jones LLC, its sole manager (the Entity Signatory), by Jack Miller, its sole manager (the Individual Signatory), then the notice must include the applicable Sanctions Info for all of the foregoing (i.e., all Sanctions Info for John Smith LLC and Peter Jones LLC but only name/business address for Jack Miller)). Thereafter, each party shall, within five (5) business days after receipt of written notice thereof from the other party, deliver to the requesting party a notice setting forth the applicable Sanctions Info (see example above) for all entities and individuals that are a party to the Lease, for all Entity Signatories, if any, and for all Individual Signatories.

12. Tenant's Representations. All obligations of Landlord to be performed or complied with by Landlord through the date hereof have been fully performed and complied with including, without limitation, any obligations of Landlord to prepare the Premises for Tenant's occupancy, and there exists no default or condition, state of facts, or event that, with the passing of time or the giving of notice, or both, would constitute a default by Landlord in the performance of its obligations under the Lease.

13. Merger/Prior Agreements. THIS AMENDMENT CONSTITUTES THE FINAL AGREEMENT BETWEEN THE PARTIES WITH RESPECT TO THE LEASE AS AMENDED BY THIS AMENDMENT. IT IS THE COMPLETE AND EXCLUSIVE EXPRESSION OF THE PARTIES' AGREEMENT ON THE MATTERS CONTAINED IN THIS AMENDMENT. ALL PRIOR AND CONTEMPORANEOUS NEGOTIATIONS AND AGREEMENTS BETWEEN THE PARTIES ON THE MATTERS CONTAINED IN THIS AMENDMENT ARE EXPRESSLY MERGED INTO AND SUPERSEDED BY THIS AMENDMENT. THE PROVISIONS OF THIS AMENDMENT MAY NOT BE EXPLAINED, SUPPLEMENTED, OR QUALIFIED THROUGH EVIDENCE OF TRADE USAGE OR A PRIOR COURSE OF DEALINGS. IN ENTERING INTO THIS AMENDMENT, THE PARTIES HAVE NOT RELIED UPON ANY STATEMENT, REPRESENTATION, WARRANTY, OR AGREEMENT OF THE OTHER PARTY EXCEPT FOR THOSE EXPRESSLY CONTAINED IN THIS AMENDMENT AND IN THE LEASE. THERE IS NO CONDITION PRECEDENT TO THE EFFECTIVENESS OF THIS AMENDMENT OTHER THAN THOSE EXPRESSLY STATED IN THIS AMENDMENT.

[Remainder of Page Left Blank Intentionally –
Signatures on Following Page(s)]

The parties hereby execute this Amendment as of the dates set forth below.

Landlord:

Tenant:

WELLS FARGO BANK, N.A.

**SPRING CYPRESS WATER
SUPPLY CORPORATION**

Signed by:
By: Clark Tabbert 5/2/2025
B6E37E9383EE401...

Signed by:
By: Brent Hanson 5/2/2025
DFD2F3C419F0492...

Print Name: Clark Tabbert

Print Name: Brent Hanson

Title: Vice President

Title: President