



Administrative Package Cover Page

This file contains the following documents:

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

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

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

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

City of Mullin, (CN601181399) operates City of Mullin Wastewater Treatment Plant (RN102186756), a Wastewater Facility. The facility is located at 100 Absher, in Mullin, Mills County, Texas 76864. This is an application to operate an existing Water Treatment Facility for the City of Mullin. This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain Carbonaceous Biological Oxygen Demand 5-day Total Suspended Solids, Ammonia Nitrogen, and E. Coli.. Domestic household wastewater is treated by by an activated sludge process plant and the treatment units include a bar screen, an equalization basin, an aeration basin a final clarifier, an aerobic sludge digester, tertiary filters and a chlorine contact chamber.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PROPOSED PERMIT NO. WQ0013758002

APPLICATION. City of Mullin, P.O. Box 96, Mullin, Texas 76864, has applied to the Texas Commission on Environmental Quality (TCEQ) for proposed Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0013758002 (EPA I.D. No. TX0147826) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 40,000 gallons per day. The domestic wastewater treatment facility is located at 100 East Absher, Mullin, in Mills County, Texas 76864. The discharge route is from the plant site to Bookwater Creek; thence to Mullin Creek; thence to an on-channel impoundment; thence to Mullin Creek; thence to Browns Creek; thence to Lower Pecan Bayou. Authorization to discharge was previously permitted by expired Permit No. WQ0013758001. TCEQ received this application on April 14, 2025. The permit application will be available for viewing and copying at Mullin City Hall, 300 West Sherman, Mullin, in Mills County, Texas prior to the date this notice is published in the newspaper. The application is available for viewing and copying 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=-98.665277,31.550833&level=18>

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

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

OPPORTUNITY FOR A CONTESTED CASE HEARING. After the deadline for submitting public comments, the Executive Director will consider all timely comments and prepare a response to all relevant and material, or significant public comments. **Unless the application is directly referred for a contested case hearing, the response to comments, and the**

Executive Director's decision on the application, will be mailed to everyone who submitted public comments and to those persons who are on the mailing list for this application. If comments are received, the mailing will also provide instructions for requesting reconsideration of the Executive Director's decision and for requesting a contested case hearing. A contested case hearing is a legal proceeding similar to a civil trial in state district court.

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

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

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

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 City of Mullin at the address stated above or by calling Mr. George Dexter Morris, City Manager, at 737-215-2715.

Issuance Date: November 19, 2025

Erwin Madrid

From: Dexter Morris <dexter.morris.tx@gmail.com>
Sent: Wednesday, November 19, 2025 11:01 AM
To: Erwin Madrid
Subject: Re: Map update

Irwin, please check again The addresses are page 2 of what I sent on Oct 6 I just reviewed my sent mail and will send it again now. You may be looking on the Nov 13 updated map Thanks

On Tue, Nov 18, 2025 at 4:21 PM Erwin Madrid <Erwin.Madrid@tceq.texas.gov> wrote:

Hi Mr. Morris,

I am working to declare the application for City of Mullin administratively complete, and I almost have everything I need; however, I do not see the landowner's mailing address information. Please provide a list with all 8 adjacent and downstream landowners names and mailing addresses.

Regards,

Erwin Madrid

Team Lead

ARP Team | Water Quality Division

512-239-2191

Texas Commission on Environmental Quality



Please consider whether it is necessary to print this e-mail.

From: Dexter Morris <dexter.morris.tx@gmail.com>
Sent: Thursday, November 13, 2025 10:52 AM
To: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>
Subject: Map update

Erwin, here is the revised map of ownership encompassing the sewer plant and the downstream owners

Thanks,

Dexter

Erwin Madrid

From: Dexter Morris <dexter.morris.tx@gmail.com>
Sent: Wednesday, November 19, 2025 11:04 AM
To: Erwin Madrid
Subject: Fwd: Sewer Permit
Attachments: names.pdf

Here's the list

----- Forwarded message -----

From: **Dexter Morris** <dexter.morris.tx@gmail.com>
Date: Mon, Oct 6, 2025 at 9:19 AM
Subject: Sewer Permit
To: <Erwin.Madrid@tceq.texas.gov>

Good morning, I finally thought about our tax Assessor's office and they came through with what we needed. Here are the addresses and drawings. I have just been told how to reprint the larger map and just need to know the exact size so I can order it. Thanks for your patience and help.

Dexter Morris
City Manager

1. Hagelstein

2. Shelton

3. Meyer

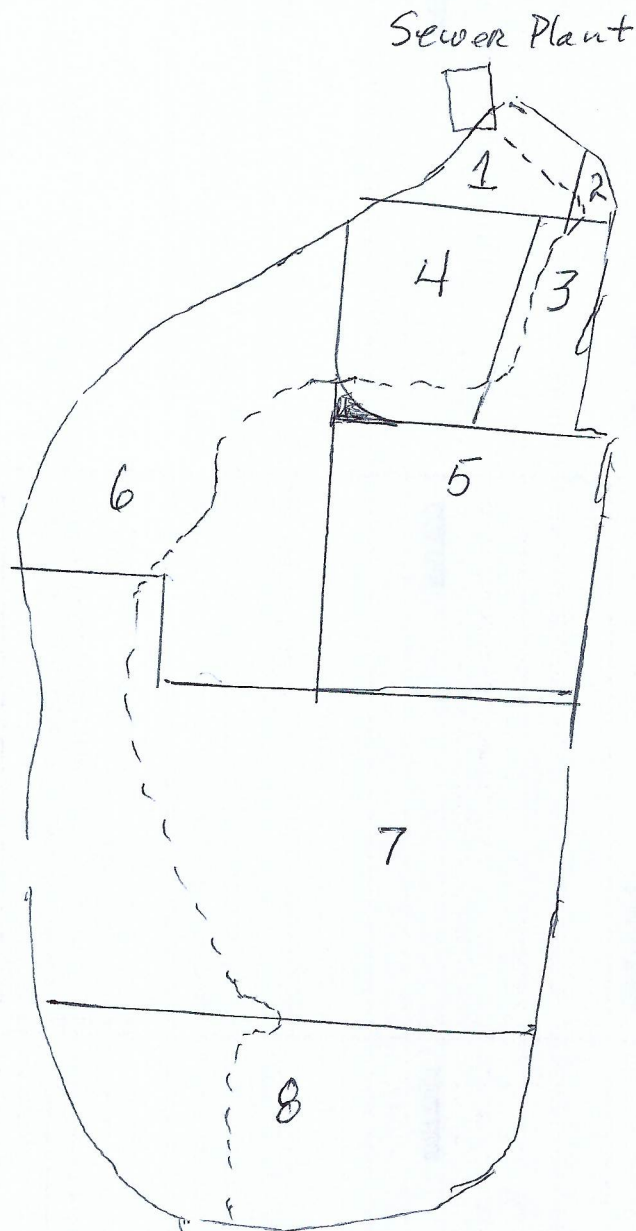
4. Simons

5. Galick

6. Ezell

7. Drolet

8. Alldredge



Hagelstein, Eldora
804 Preusser St
San Angelo, Tx 76903

Shelton, Billy
505 S 6th St
Mullin, Tx 76864

Simons, Robert & Stephanie M
11309 Windermere Meadows
Austin, Tx 78759

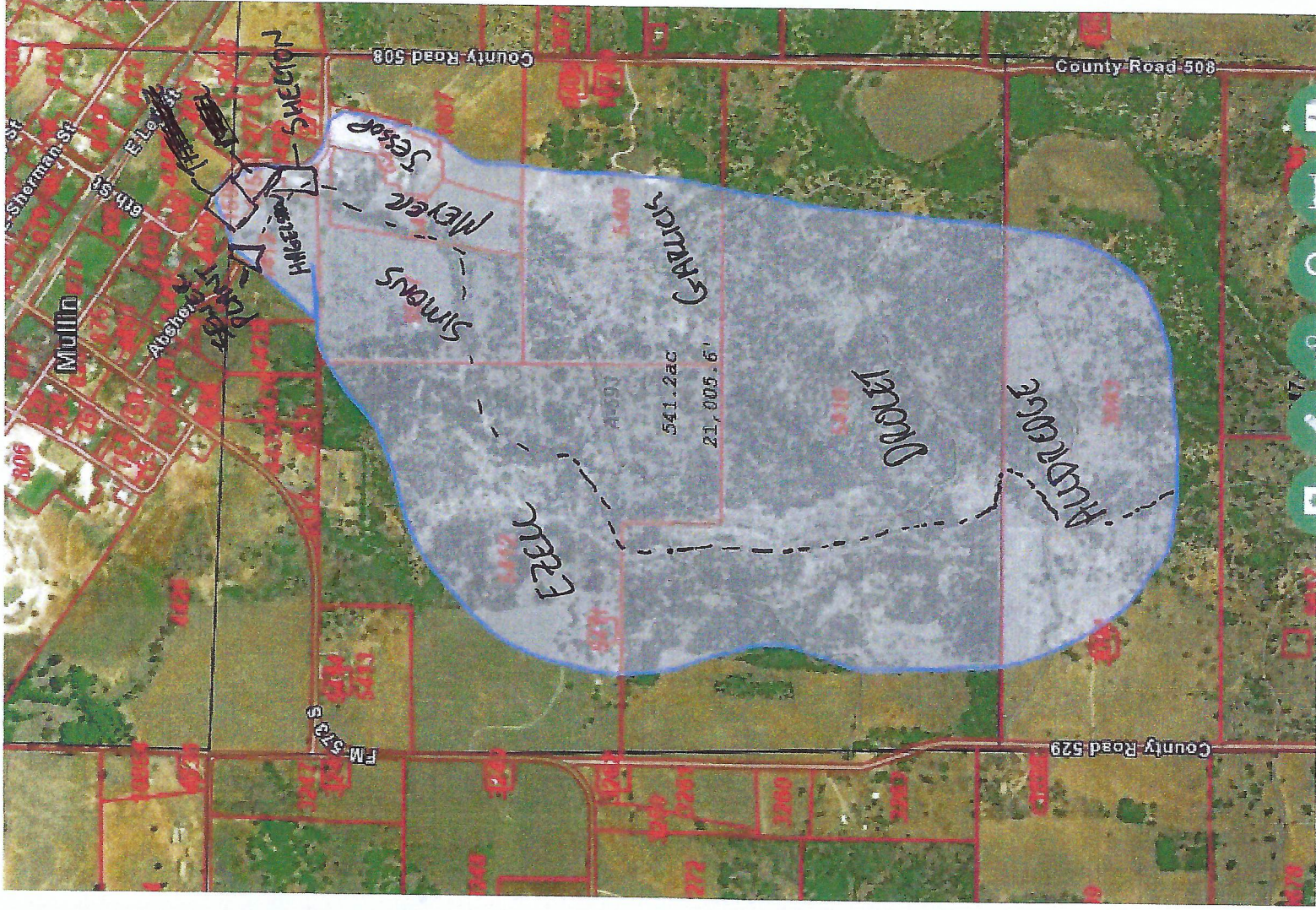
Meyer, Gregory P & Vicki D
6800 Township Trail
Austin, Tx 78759

Allredge, Ruby Life Estate
P.O. Box 105
Mullin, Tx 76864

Ezell, Family Living Trust
P.O. Box 27
Mullin, Tx 76864

Drolet Christopher Luke
8402 Silver Ridge
Austin, Tx 78759

Galick, Jason L Etal
713 CR 508
Mullin, Tx 76864



DEPT
MAP

Erwin Madrid

From: Dexter Morris <dexter.morris.tx@gmail.com>
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To: Erwin Madrid
Subject: Map update
Attachments: MAP.pdf

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Thanks,
Dexter

1. Hugelstein

Revised MUD
11/13/25

2. Shelton

3. Meyer

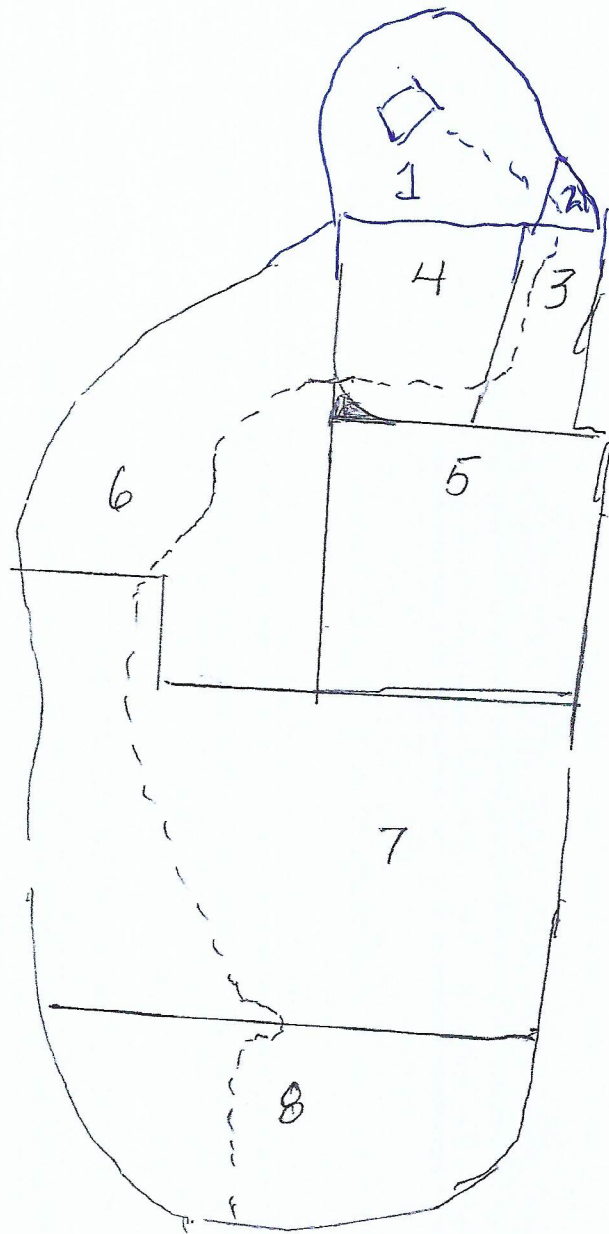
4. Simons

5. Galick

6. Ezell

7. Drolet

8. Alldredge



~~Hugelstein~~
surroundings



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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Discharges from the facility are expected to contain Carbonaceous Biological Oxygen Demand 5-day Total Suspended Solids, Ammonia Nitrogen, and E. Coli.. Domestic household wastewater is treated by by an activated sludge process plant and the treatment units include a bar screen, an equalization basis, an aeration basin a final clarifier, an aerobic sludge digester, tertiary filters and a chlorine contact chamber.



Texas Commission on Environmental Quality

Public Involvement Plan Form for Permit and Registration Applications

The Public Involvement Plan is intended to provide applicants and the agency with information about how public outreach will be accomplished for certain types of applications in certain geographical areas of the state. It is intended to apply to new activities; major changes at existing plants, facilities, and processes; and to activities which are likely to have significant interest from the public. This preliminary screening is designed to identify applications that will benefit from an initial assessment of the need for enhanced public outreach.

All applicable sections of this form should be completed and submitted with the permit or registration application. For instructions on how to complete this form, see TCEQ-20960-inst.

Section 1. Preliminary Screening

- ☒ New Permit or Registration Application
☐ New Activity - modification, registration, amendment, facility, etc. (see instructions)

If neither of the above boxes are checked, completion of the form is not required and does not need to be submitted.

Section 2. Secondary Screening

- ☐ Requires public notice,
☐ Considered to have significant public interest, and
☐ Located within any of the following geographical locations:

- Austin
- Dallas
- Fort Worth
- Houston
- San Antonio
- West Texas
- Texas Panhandle
- Along the Texas/Mexico Border
- Other geographical locations should be decided on a case-by-case basis

**If all the above boxes are not checked, a Public Involvement Plan is not necessary.
Stop after Section 2 and submit the form.**

- ☒ Public Involvement Plan not applicable to this application. Provide **brief** explanation.

Plan has been in operation for over 30 years. None of the adjacent properties have changed ownershi

Section 3. Application Information

Type of Application (check all that apply):

Air ☐ Initial ☐ Federal ☐ Amendment ☐ Standard Permit ☐ Title V
Waste ☒ Municipal Solid Waste ☐ Industrial and Hazardous Waste ☐ Scrap Tire
☐ Radioactive Material Licensing ☐ Underground Injection Control

Water Quality

☐ Texas Pollutant Discharge Elimination System (TPDES)
☐ Texas Land Application Permit (TLAP)
☐ State Only Concentrated Animal Feeding Operation (CAFO)
☐ Water Treatment Plant Residuals Disposal Permit
☐ Class B Biosolids Land Application Permit
☐ Domestic Septage Land Application Registration

Water Rights New Permit

☐ New Appropriation of Water
☐ New or existing reservoir

Amendment to an Existing Water Right

☐ Add a New Appropriation of Water
☐ Add a New or Existing Reservoir
☐ Major Amendment that could affect other water rights or the environment

Section 4. Plain Language Summary

Provide a brief description of planned activities.

Operation of existing water treatment plant.

Section 6. Planned Public Outreach Activities

(a) Is this application subject to the public participation requirements of Title 30 Texas Administrative Code (30 TAC) Chapter 39?

☐ Yes ☒ No

(b) If yes, do you intend at this time to provide public outreach other than what is required by rule?

☐ Yes ☐ No

If Yes, please describe.

If you answered "yes" that this application is subject to 30 TAC Chapter 39, answering the remaining questions in Section 6 is not required.

(c) Will you provide notice of this application in alternative languages?

☐ Yes ☒ No

Please refer to Section 5. If more than 5% of the population potentially affected by your application is Limited English Proficient, then you are required to provide notice in the alternative language.

If yes, how will you provide notice in alternative languages?

- ☐ Publish in alternative language newspaper
- ☐ Posted on Commissioner's Integrated Database Website
- ☐ Mailed by TCEQ's Office of the Chief Clerk
- ☐ Other (specify)

(d) Is there an opportunity for some type of public meeting, including after notice?

☐ Yes ☒ No

(e) If a public meeting is held, will a translator be provided if requested?

☐ Yes ☒ No

(f) Hard copies of the application will be available at the following (check all that apply):

- ☐ TCEQ Regional Office ☐ TCEQ Central Office
- ☐ Public Place (specify)

Section 7. Voluntary Submittal

For applicants voluntarily providing this Public Involvement Plan, who are not subject to formal public participation requirements.

Will you provide notice of this application, including notice in alternative languages?

☐ Yes ☒ No

What types of notice will be provided?

- ☐ Publish in alternative language newspaper
- ☐ Posted on Commissioner's Integrated Database Website
- ☐ Mailed by TCEQ's Office of the Chief Clerk
- ☒ Other (specify) Notices will be posted at the Post Office and the City Hall.

Section 5. Community and Demographic Information

Community information can be found using EPA's EJ Screen, U.S. Census Bureau information, or generally available demographic tools.

Information gathered in this section can assist with the determination of whether alternative language notice is necessary. Please provide the following information.

Mullin

(City)

Mills

(County)

9502

(Census Tract)

Please indicate which of these three is the level used for gathering the following information.

☐

City

☐

County

☒

Census Tract

(a) Percent of people over 25 years of age who at least graduated from high school

1.7%

(b) Per capita income for population near the specified location

\$45,250

(c) Percent of minority population and percent of population by race within the specified location

23% Hispanic

(d) Percent of Linguistically Isolated Households by language within the specified location

N/A

(e) Languages commonly spoken in area by percentage

English 99% Spanish 1%

(f) Community and/or Stakeholder Groups

N/A

(g) Historic public interest or involvement

None

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

Biosolids Management

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

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

D. Disposal site

Disposal site name: [Click to enter text.](#)

TCEQ permit or registration number: [Click to enter text.](#)

County where disposal site is located: [Click to enter text.](#)

E. Transportation method

Method of transportation (truck, train, pipe, other): [Click to enter text.](#)

Name of the hauler: [Click to enter text.](#)

Hauler registration number: [Click to enter text.](#)

Sludge is transported as a:

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

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

A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

B. Sludge processing authorization

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

Sludge Composting	☐ Yes	☒ No
Marketing and Distribution of Biosolids	☐ Yes	☒ No
Sludge Surface Disposal or Sludge Monofill	☐ Yes	☒ No
Temporary storage in sludge lagoons	☐ Yes	☒ No

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☐ No

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

A. Location information

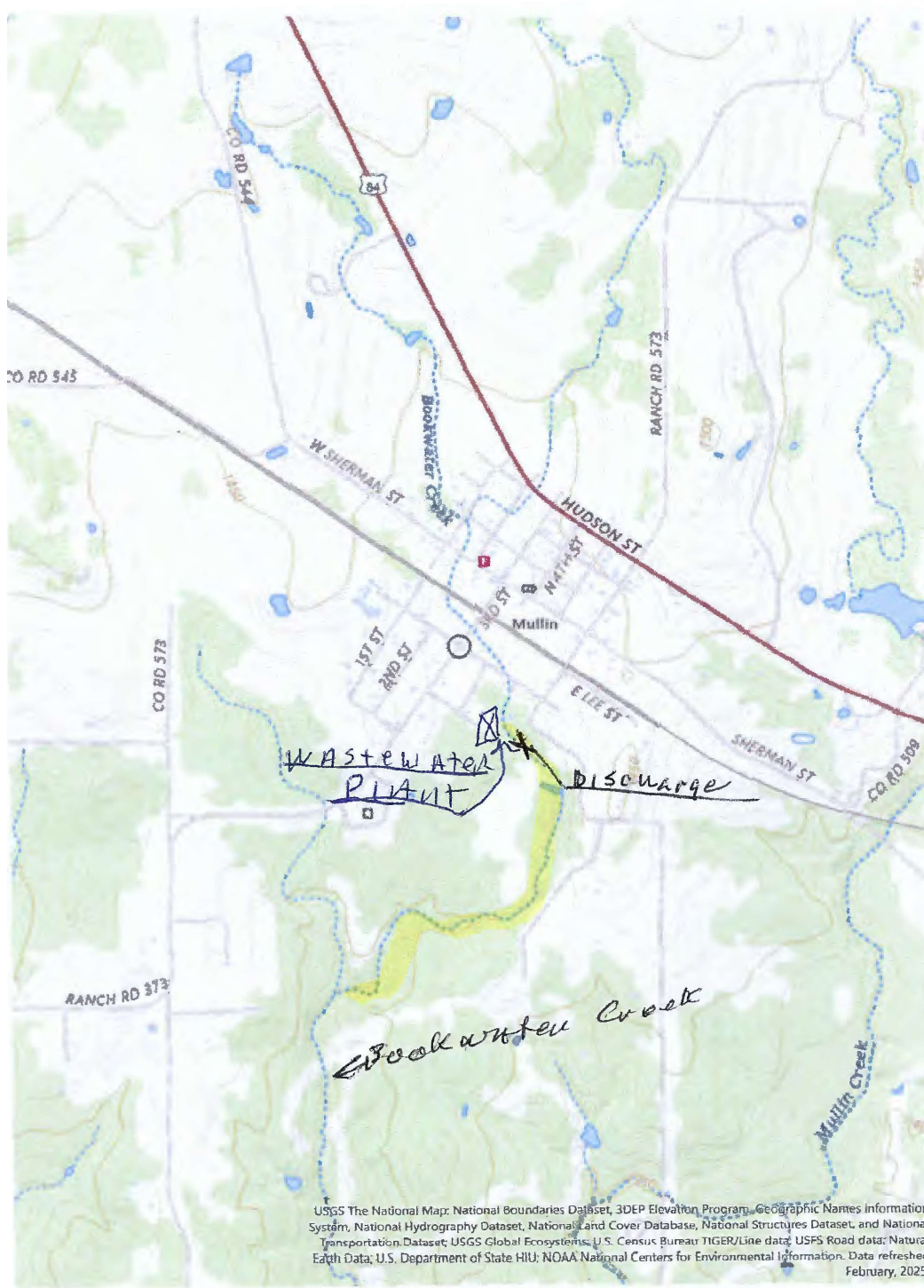
The following maps are required to be submitted as part of the application. For each map, provide the Attachment Number.

- Original General Highway (County) Map:
Attachment: [Click to enter text.](#)
- USDA Natural Resources Conservation Service Soil Map:
Attachment: [Click to enter text.](#)
- Federal Emergency Management Map:
Attachment: [Click to enter text.](#)
- Site map:
Attachment: [Click to enter text.](#)

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

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

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



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: City of Mullin

Permit No. WQ00 0013758002

EPA ID No. TX 0147826

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

Approximately 3,100 ft south of the intersection of State Highway 183 and Farm to Market Rd. (FM) 573 and approximately 1,900 ft. east of FM 573 in Mullin, Mills County, TX (the Facility)

Provide the name, address, phone and fax number of an individual that can be contacted to answer specific questions about the property.

Prefix (Mr., Ms., Miss): Mr.

First and Last Name: Dexter Morris

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

Title: City of Manager

Mailing Address: PO Box 6

City, State, Zip Code: Mullin, Texas 76864

Phone No.: 737 215-2715 Ext.:

Fax No.:

E-mail Address: dexter.morris.tx@gmail.com

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

City of Mullin

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 Brookwater Creek; thence to Browns Creek; thence to Lower Pecan Bayou in segment no 1417 of the Colorado 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

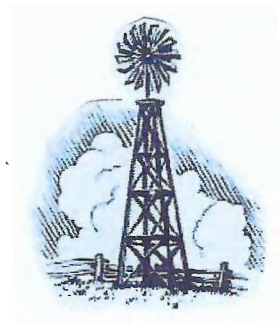
THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

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



June 16, 2025

Abesha Michael

Applications Review and Processing Team (MC148)

Water Quality Division

Texas Commission of Environmental Quality

RE: Application for Proposed Permit No.: WQ0013758002 (EPA I.D. No TX147826)

Applicant Name: City of Mullin (CN601181399)

Site Name: City of Mullin WWTP (RN102186756)

Dear Ms. Michael,

Thank you for your time and patience. I've attached all items that you requested with this exception. For items 8-11 pertaining to Notice to Public and Landowners, the plant has been in operation for decades. It's in a rural location with the closest residence over a quarter of a mile away. The land ownership for (5) adjacent properties has not changed in anyone's memory. Our City Council feels that this additional work would look redundant to our population and would cause work that our volunteers are unable to do; labels, addresses, etc... Our council is made up of volunteers mostly in their 70's and 80's. We would earnestly request a variance to by-pass this section in our Permit Request.

Sincerely,

George Dexter Morris

Mullin City Manager

737 215-2715

Brooke T. Paup, *Chairwoman*
Bobby Janecka, *Commissioner*
Catarina R. Gonzales, *Commissioner*
Kelly Keel, *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

May 9, 2025

Mr. George Dexter Morris
City Manager
City of Mullin
P.O. Box 96
Mullin, Texas 76864

RE: Application for Proposed Permit No.: WQ0013758002 (EPA LD. No. TX0147826)
Applicant Name: City of Mullin (CN601181399)
Site Name: City of Mullin WWTP (RN102186756)
Type of Application: New

VIA EMAIL

Dear Mr. Morris:

We have received the application for the above-mentioned permit, and it is currently under review. Your attention to the following item(s) are requested before we can declare the application administratively complete. Please submit responses to the following items via email.

1. Section I, item 1, Reason for Submission on page 1 of the Core Data Form (CDF): Since the existing permit is expired, please check 'New Permit' and submit a revised page. ✓
2. Section I, item 3, Regulated Entity Reference Number (RN) on page 1 of the Core Data Form (CDF) and Section 9, item A on page 8 of the administrative report: Thank you for addressing item. However, the RN number is not consistent in this application. As per the expired permit, our records and Section 9, item A, the RN is RN102186756. Please update and submit a revised CDF. ✓
3. Section 1 on page 3 of the administrative report: Thank you for providing the application fee payment information. However, the existing permit has expired, and because of this, we must issue a new permit. The application fee for a new/proposed permit is \$350.00. Please submit the remaining payment of \$35.00 to: TCEQ, Revenue Section (MC 214), P.O. Box 13088, Austin, Texas 78711-3088. Also, email a copy of the check or any form proof of payment along with the response. ✓
4. Section 8, item F on page 8 of the Administrative Report: We are unable to locate the Plain Language Summary Template (PLS). the PLS must be completed. Please submit the PLS in response with this letter. ✓

5. Section 8, item G on page 8 of the Administrative Report: We are unable to locate the Public Involvement Plan (PIP), for all new/proposed and major amendment applications the PIP is a requirement. Please complete and submit the PIP form following the instruction pages. ✓
6. Section 10, items A & B on page 9 of the application. Thank you for addressing these items. Since the existing permit has expired, we need these items to be updated and submit a revised page.
7. Section 13, **Original** full-size topographic USGS map. For a new/proposed application we need a full-size USGS topographic map. Please provide an original FULL-SIZED USGS 7.5-minute topographic map, **(Do not scale down the map)** which shows and labels all of the following information included in the checklist below: ✓
 - a) the applicant's property boundary
 - b) location of the treatment facility *within* the applicant's property boundaries
 - c) point of discharge (indicate it with a dot, X, or arrow)
 - d) a highlighted discharge route (please use a transparent highlighter) for three miles downstream from the point of discharge
 - e) and an area of not less than one mile in all directions from the facility
 - f) the map must have a date and scale. (please don't use google photo map)
8. Section 1, item A on page 13 of the Administrative Report 1.1: For all new/proposed applications the affected landowners map is a requirement. Please submit a map of landowners which shows all the requirements as follows:
 - a) Show and label the applicants' property boundaries and the treatment facility boundary within the applicant's property.
 - b) Clearly delineate and label the property boundaries of all landowners surrounding the applicant property
 - c) Show and label the point(s) of discharge
 - d) Clearly delineate and label the property boundaries of all landowners on both sides of discharge route for one complete mile downstream from the point of discharge or to a known segment. The map must have a scale.
9. Section 1, item B on page 13 of the Administrative Report 1.1. In addition, all landowners identified must be clearly cross-referenced to a list of the landowner's names and complete mailing addresses. The cross-reference mailing list must be in consecutive numeric order (1, 2, 3) or (a, b, c). The complete list of affected landowners must be provided on a separate sheet of 8 ½ x 11 paper. Do not use property tax tract numbering system. The list has to show: the cross-reference number, the landowner's name and mailing address. (Please follow the instruction page).
10. Section 1, item C on page 13 of the Administrative Report 1.1: Please **email** the affected landowners mailing labels in Avery 5160 label format (3 columns across, 10 columns down). To ensure we can use the media to print labels, the list must be evenly spaced, so that each address is printed on one label. Please remove if there is any additional information included with the list, no punctuation.

VALUE REQUEST

- V-R 11. Section 1, item D on page 13 of the Administrative Report 1.1: Provide the source of the landowners' names and mailing addresses: Please complete all items which are related to a new/proposed application.
12. Supplemental Permit Information Form (SPIF) on page 15 of the administrative report: we are unable to locate the SPIF form. The SPIF form is a requirement for all TPDES applications. Please complete the form and submit with the response to this letter. ✓
13. The following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions. The complete notice will be sent to you once the application is declared administratively complete.

Correct **APPLICATION.** City of Mullin, P.O. Box 96, Mullin, Texas 76864, has applied to the Texas Commission on Environmental Quality (TCEQ) for proposed Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0013758002 (EPA I.D. No. TX0147826) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 40,000 gallons per day. The domestic wastewater treatment facility is located at 100 East Absher, in the city of Mullin, in Mills County, Texas 76864. The discharge route is from the plant site to Bookwater Creek; thence to Mullin Creek; thence to Browns Creek; thence to Lower Pecan Bayou (Pending RWA confirmation). Authorization to discharge was previously permitted by expired Permit No. WQ0013758001. TCEQ received this application on April 14, 2025. The permit application will be available for viewing and copying at Mullin City Hall, Front-Left Window, 300 West Sherman, Mullin, in Mills 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=-98.66527,31.550833&level=18> ✓

Further information may also be obtained from City of Mullin at the address stated above or by calling Mr. George Dexter Morris, City Manager, at 737-215-2715.

Please submit the complete response, addressed to my attention by May 23, 2025. If you should have any questions, please do not hesitate to contact me by phone at (512) 239-4912 or by email at abesha.michael@tceq.texas.gov.

Sincerely,

Abesha Michael

Abesha Michael
Applications Review and Processing Team (MC148)
Water Quality Division
Texas Commission of Environmental Quality



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
☒ New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
☐ Renewal (Core Data Form should be submitted with the renewal form)	☐ Other	
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 601181399		RN 102186756

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
☐ New Customer ☐ Update to Customer Information ☐ Change in Regulated Entity Ownership			
☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)			
<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)		If new Customer, enter previous Customer below:	
City of Mullin WWTP		C	
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID	10. DUNS Number (if applicable)
N/A	VYXL12JSEA	(9 digits) 36-4664583	82960900
11. Type of Customer:		Partnership: ☐ General ☐ Limited	
☐ Corporation		☐ Individual	
Government: ☒ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other		☐ Sole Proprietorship ☐ Other:	
12. Number of Employees		13. Independently Owned and Operated?	
☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher		☐ Yes ☐ No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following			
☐ Owner ☐ Operator ☒ Owner & Operator ☐ Other:			
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant			
15. Mailing Address:	PO Box 96		
	City	Mullin	State TX ZIP 76864 ZIP + 4
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
		dexter.morris.tx@gmail.com	

18. Telephone Number (737) 215-2715	19. Extension or Code	20. Fax Number (if applicable) () -
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SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.) ☐ New Regulated Entity ☐ Update to Regulated Entity Name ☒ Update to Regulated Entity Information							
The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).							
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)							
23. Street Address of the Regulated Entity: (No PO Boxes)	100 Absher						
	City	Mullin	State	TX	ZIP	76864	ZIP + 4
24. County							

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

25. Description to Physical Location:	Approximately 3,100 feet wouth of the intersection of State Highway 183 and FM 573 and approximately 1,900 feet east of FM 573, in the City of Mullin, Mills county, Texas 76864.						
26. Nearest City	Mullin				State	TX	Nearest ZIP Code
						76864	
Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).							
27. Latitude (N) In Decimal:				28. Longitude (W) In Decimal:			
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
31	33	03	98	39	55		
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							
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
Waste water Treatment							
34. Mailing Address:	City of Mullin						
	PO Box 96						
	City	Mullin	State	TX	ZIP	76864	ZIP + 4
35. E-Mail Address:	dexter.morris.tx@gmail.com						
36. Telephone Number	37. Extension or Code		38. Fax Number (if applicable)				
(737) 215-2715			() -				

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

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

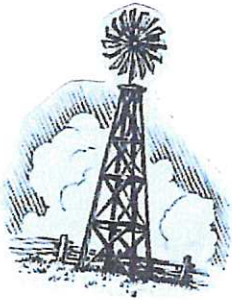
SECTION IV: Preparer Information

40. Name:	George Dexter Morris	41. Title:	City Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(737) 215-2715		() -	dexter.morris.tx@gmail.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:	City of Mullin	Job Title:	City Manager
Name (In Print):	George Dexter Morris	Phone:	(737) 215- 2715
Signature:		Date:	



City of Mullin

P.O.Box 96

Mullin, Texas 76864

Our Permit Renewal submittal is late due to my (I'm the 80-year-old volunteer City Manager) health issues and mine alone. I have had several health issues since last summer and this submittal just got lost in the mix. My operator (USW) asked me two weeks ago where our new permit was and I immediately saw that I had dropped the ball. We have now completed all the requirements and are submitting everything today.

As far as operations, all required reports, etc. have been submitted on time and correctly done by USW and our last inspection was done with only a red-light bulb and a siren volume adjustment required. We are very proud of our waste water system after working the last few years on quality control. Not one complaint or issue in the last 18 months. This is our only municipal service; we have no city water system.

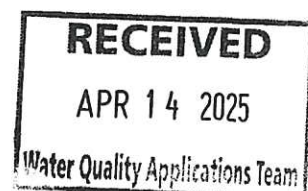
Please accept my sincere apology for this lateness.

A handwritten signature in black ink, appearing to read 'Dexter Morris', with a stylized, cursive script.

Dexter Morris

City Manager

Mullin, Texas





TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of Mullin

PERMIT NUMBER (If new, leave blank): WQ000013758001

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

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



For TCEQ Use Only

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00 ☐

Payment Information:

Mailed Check/Money Order Number: 1797
Check/Money Order Amount: \$315.00
Name Printed on Check: City of Mullin

EPAY Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

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

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

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

- ☒ Active ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

e. For amendments or modifications, describe the proposed changes: [Click to enter text.](#)

f. **For existing permits:**

Permit Number: WQ00 0013758001

EPA I.D. (TPDES only): TX [Click to enter text.](#)

Expiration Date: March 30, 2025

Section 3. Facility Owner (Applicant) and Co-Applciant 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?

City of Mullin

(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: 601181399

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: Morris, George Dexter

Title: City Manager

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

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

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

N/A

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

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

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

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

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

Last Name, First Name: [Click to enter text.](#)

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

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

Provide a brief description of the need for a co-permittee: [Click to enter text.](#)

C. Core Data Form

Complete the Core Data Form for each customer and include as an attachment. If the customer type selected on the Core Data Form is **Individual**, complete **Attachment 1** of Administrative Report 1.0. [Click to enter text.](#)

Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: Mr

Last Name, First Name: Morris, George Dexter

Title: City Manager

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

Organization Name: City of Mullin

Mailing Address: PO Box 96

City, State, Zip Code: Mullin, TX 76864

Phone No.: 737 215-2715

E-mail Address: dexter.morris.tx@gmail.com

Check one or both: ☐ Administrative Contact ☐ Technical Contact

B. Prefix: [Click to enter text.](#)

Last Name, First Name: [Click to enter text.](#)

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

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

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

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

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

Phone No.: [Click to enter text.](#)

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

Check one or both: ☐ Administrative Contact ☐ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Mr.

Last Name, First Name: Roberts, Royce

Title: Council Member

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

Organization Name: City of Mullin

Mailing Address: PO Box 96

City, State, Zip Code: Mullin, TX 76864

Phone No.: 325 430-3445

E-mail Address: rgroberts15@gmail.com

B. Prefix: Mr. Last Name, First Name: Williams, Rex
Title: Council Member Credential: Click to enter text.
Organization Name: City of Mullin
Mailing Address: PO Box 96 City, State, Zip Code: Mullin, TX 76864
Phone No.: 325 451-7026 E-mail Address: wilberrexwilliams@gmail.com

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mr. Last Name, First Name: Morris, George Dexter
Title: City Manager Credential: Click to enter text.
Organization Name: City of Mullin
Mailing Address: PO Box 96 City, State, Zip Code: Mullin, Texas 76864
Phone No.: 737 215-2715 E-mail Address: dexter.morris.tx@gmail.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: USW/ Last Name, First Name: Fromcath, Wes
Title: Click to enter text. Credential: Click to enter text.
Organization Name: City of Mullin
Mailing Address: PO Box 96 City, State, Zip Code: Mullin, Texas 76864
Phone No.: 469 887-8137 E-mail Address: dexter.morris.tx@gmail.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: Morris, George Dexter
Title: City Manager Credential: Click to enter text.
Organization Name: City of Mullin
Mailing Address: PO Box 96 City, State, Zip Code: Mullin, TX 76864
Phone No.: 737 215-2715 E-mail Address: dexter.morris.tx@gmail.com

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

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

☒ E-mail Address

☐ Fax

☐ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Mr.

Last Name, First Name: Morris, George Dexter

Title: City Manager

Credential: Click to enter text.

Organization Name: City of Mullin

Mailing Address: PO Box 96

City, State, Zip Code: Mullin, TX 76864

Phone No.: 737 215-2715

E-mail Address: dexter.morris.tx@gmail.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: Mullin City Hall

Location within the building: Front, Left Window

Physical Address of Building: 300 W Sherman

City: Mullin

County: Mills County

Contact (Last Name, First Name): Morris, George Dexter

Phone No.: 737 215-2715 Ext.: Click to enter text.

E. Bilingual Notice Requirements

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

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

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

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

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

G. Public Involvement Plan Form

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

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

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. **RN 102186756**

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):

City of Mullin Wastewater Treatment Facility

C. Owner of treatment facility: City of Mullin

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

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

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

Last Name, First Name: [Click to enter text.](#)

Title: City of Mullin

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

Organization Name: City of Mullin

Mailing Address: PO Box 96

City, State, Zip Code: Mullin, Texas 76864

Phone No.: 737 215-2715

E-mail Address: dexter.morris.tx@gmail.com

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

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

E. Owner of effluent disposal site:

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

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

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

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

[Click to enter text.](#)

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

☒ Yes ☐ No

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

[Click to enter text.](#)

City nearest the outfall(s): City of Mullin

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

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

☐ Yes ☒ No

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

- ☐ Authorization granted ☐ Authorization pending

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

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

- D. For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: [Click to enter text.](#)

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☐ No

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

N/A

- B. City nearest the disposal site: N/A

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

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

N/A

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

N/A

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account number: N/A

Amount past due: N/A

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

Enforcement order number: N/A

Amount past due: N/A

Section 13. Attachments (Instructions Page 33)

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

☐ Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.

☒ Original full-size USGS Topographic Map with the following information:

- Applicant's property boundary
- Treatment facility boundary
- Labeled point of discharge for each discharge point (TPDES only)
- Highlighted discharge route for each discharge point (TPDES only)
- Onsite sewage sludge disposal site (if applicable)
- Effluent disposal site boundaries (TLAP only)
- New and future construction (if applicable)
- 1 mile radius information
- 3 miles downstream information (TPDES only)
- All ponds.

☐ Attachment 1 for Individuals as co-applicants

☐ Other Attachments. Please specify: N/A

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

Section 1. Affected Landowner Information (Instructions Page 36)

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

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

Click to enter text.

Section 2. Original Photographs (Instructions Page 38)

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

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

Section 3. Buffer Zone Map (Instructions Page 38)

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

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

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

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

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

- ☐ Yes ☐ No

DOMESTIC WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: N/A



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
☐ New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
☒ Renewal (Core Data Form should be submitted with the renewal form)		☐ Other
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 601181399		RN 106592793

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		
☐ New Customer ☒ Update to Customer Information ☐ Change in Regulated Entity Ownership				
☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)				
<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>	
City of Mullin				
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)	
N/A	VYXL12JSEA	36-4664583	829960900	
11. Type of Customer:	☐ Corporation	☐ Individual	Partnership: ☐ General ☐ Limited	
Government: ☒ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other		☐ Sole Proprietorship	☐ Other:	
12. Number of Employees		13. Independently Owned and Operated?		
☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher		☒ Yes ☐ No		
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following				
☒ Owner ☐ Operator ☒ Owner & Operator ☐ Other:				
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant				
15. Mailing Address:	PO Box 96			
City	Mullin	State	TX	ZIP 76864 ZIP + 4
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)		
		dexter.morris.ts@gmail.com		

18. Telephone Number (737) 215-2715	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.) ☐ New Regulated Entity ☐ Update to Regulated Entity Name ☒ 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.) City of Mullin WWTP							
23. Street Address of the Regulated Entity: (No PO Boxes)	100 Absher						
	City	Mullin	State	TX	ZIP	76864	ZIP + 4
24. County							

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

25. Description to Physical Location:	Approximately 3,100 feet south of the intersection of State Highway 183 and FM 573 and approximately 1,900 feet east of FM 573, in the City of Mullin, Mills county, Texas 76864.					
26. Nearest City	State		Nearest ZIP Code			
Mullin	TX		76864			
<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:		28. Longitude (W) In Decimal:				
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
31	33	03	98	39	55	
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	N/A	N/A	N/A			
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.) Waste water Treatment						
34. Mailing Address:	City of Mullin					
	PO Box 96					
	City	Mullin	State	TX	ZIP	76864
35. E-Mail Address:	dexter.morris.tx@gmail.com					
36. Telephone Number	37. Extension or Code		38. Fax Number (if applicable)			
(737) 215-2715			() -			

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

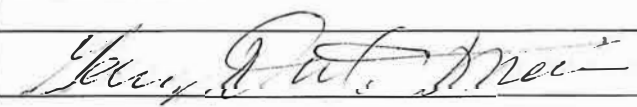
☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☐ Wastewater	☐ Wastewater Agriculture	☐ Water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

SECTION IV: Preparer Information

40. Name:	George Dexter Morris	41. Title:	City Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(737) 215-2715		() -	dexter.morris.tx@gmail.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:	City of Mullin	Job Title:	City Manager
Name (In Print):	George Dexter Morris	Phone:	(737) 215- 2715
Signature:		Date:	4/9/25



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 0.04 MGD

2-Hr Peak Flow (MGD): 0.130 MGD

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

B. Interim II Phase

Design Flow (MGD): N/A

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

C. Final Phase

Design Flow (MGD): N/A

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

D. Current Operating Phase

Provide the startup date of the facility: Currently Operating

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.**

Wastewater enter a lift station at the Wastewater Treatment Plant. The lift station pumps the water to the bar screen where the wastewater flows without pumping into the Aeration chamber. Wastewater from the aeration chamber flows without pumping into the final clarifier. The final effluent then flows without pumping into the Chlorine contact chamber. Frp, jere, the final effluent flows out into Brookwater Creek.

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)
Package extended aeration plant	1	42'6' x 16' x17'

C. Process Flow Diagram

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

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

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

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

- Latitude: 31d 31' 02.43"
- Longitude: -98d 3' 53.46"

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

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

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

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

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

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

City of Mullin

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
City of Mullin Wastewater	City of Mullin	Publicly Owned	130
		Choose an item.	
		Choose an item.	
		Choose an item.	

Section 4. Unbuilt Phases (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

[Click to enter text.](#)

Section 5. Closure Plans (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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: 03-01-1994

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.

N/A

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 [Click to enter text.](#) or TXRNE [Click to enter text.](#)

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

☐ Yes ☐ No

3. Conditional exclusion

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

☐ Yes ☐ No

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

[Click to enter text.](#)

4. Existing coverage in individual permit

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

☐ Yes ☐ No

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

Click to enter text.

5. Zero stormwater discharge

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

☐ Yes ☐ No

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

Click to enter text.

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

6. Request for coverage in individual permit

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

☐ Yes ☐ No

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

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

[Click to enter text.](#)

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

[Click to enter text.](#)

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

1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the 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.

[Click to enter text.](#)

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☐ No

If **yes to any of the above**, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the 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.

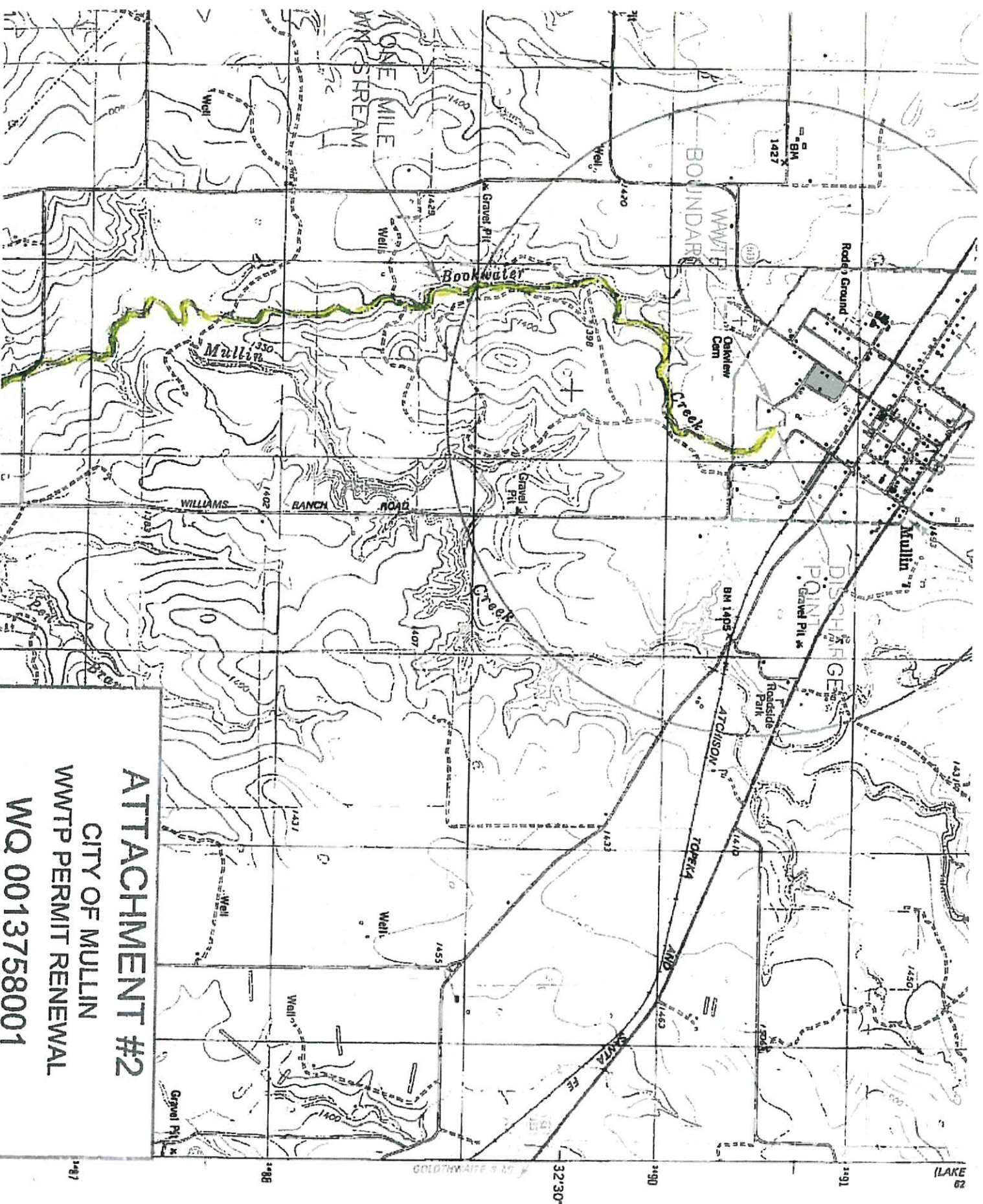
City of Mullin WWTP
Permit No: WQ0013758-001
Mills County, Texas
Permit Renewal
March 2025

ATTACHMENT #1
Permit Renewal Application Fee
Domestic Administrative Report
Page 1 of 18

Please send to :
TCEQ
Revenues Section (MC 214)
Austin, Texas 78711-3087

City of Mullin WWTP
Permit No: WQ0013758-001
Mills County, Texas
Permit Renewal
March 2025

ATTACHMENT #2
USGS MAP
Domestic Administrative Report
Section 13



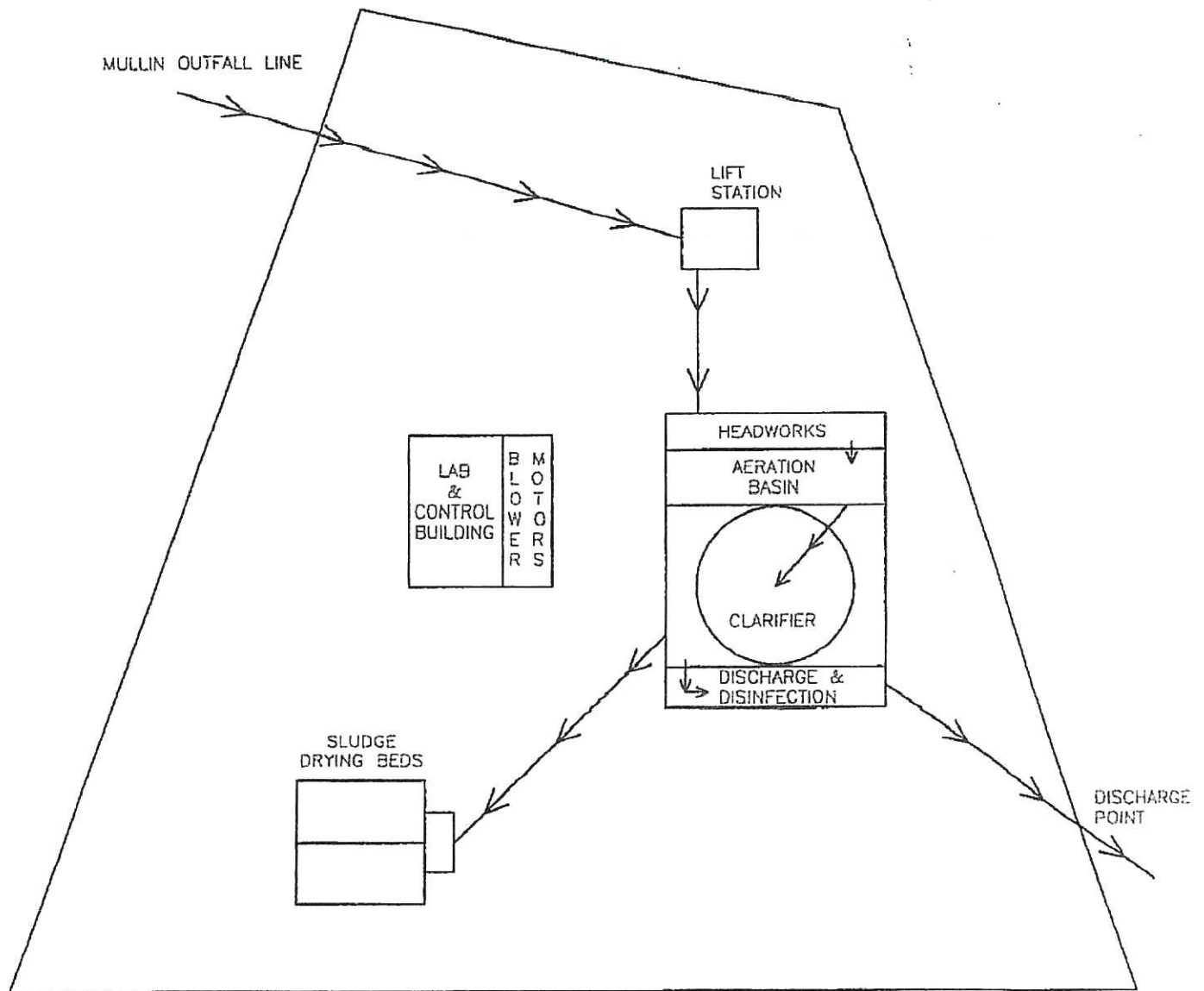
ATTACHMENT #2
CITY OF MULLIN
WWTP PERMIT RENEWAL
WQ 0013758001

City of Mullin WWTP
Permit No: WQ0013758-001
Mills County, Texas
Permit Renewal
March 2025

ATTACHMENT #3
SPIF USGS MAP
Domestic Administrative Report
Supplemental Permit Information Form
Item 5

City of Mullin WWTP
Permit No: WQ0013758-001
Mills County, Texas
Permit Renewal
March 2025

ATTACHMENT #4
Domestic Technical Report
Flow Diagram
Section 2 Item C



ATTACHMENT #4
 CITY OF MULLIN
 WWTP PERMIT RENEWAL
 WQ 0013758001
 DETAILS AND FLOW
 MAP
 MARCH 2014



JACOB & MARTIN, LTD.
 CONSULTING ENGINEERS

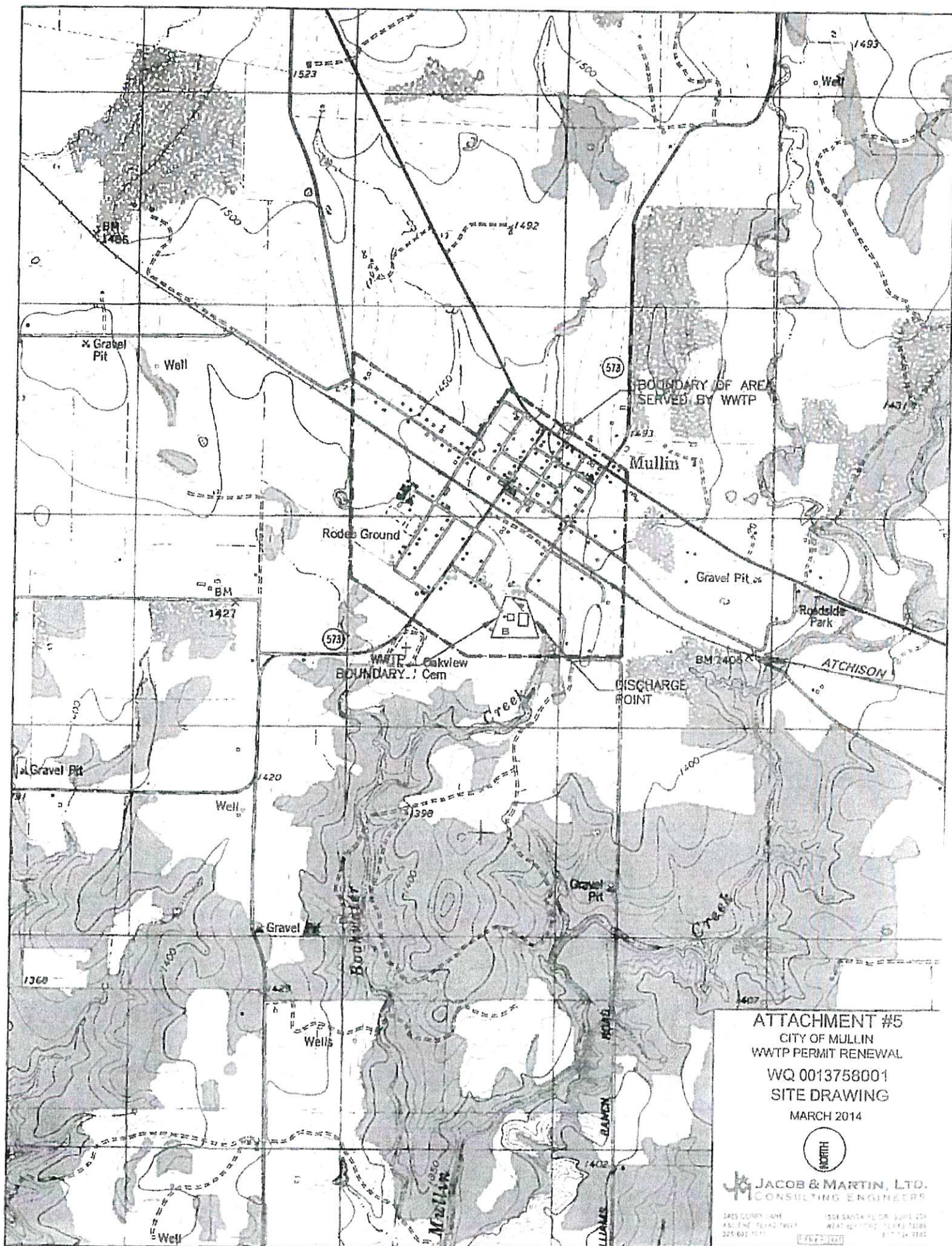
3163 CURRY LANE
 ABILENE, TEXAS 79601
 325 295-1210

1508 SANTA FE DR. SUITE 204
 WEATHERFORD, TEXAS 76086
 817 584 8882

FORM 1 (2008)

City of Mullin WWTP
Permit No: WQ0013758-001
Mills County, Texas
Permit Renewal
March 2025

ATTACHMENT #5
Domestic Technical Report
Facility Site Drawing
Section 3 Item 1



ATTACHMENT #5
CITY OF MULLIN
WWTP PERMIT RENEWAL
WQ 0013758001
SITE DRAWING
MARCH 2014



JACOB & MARTIN, LTD.
CONSULTING ENGINEERS

1405 CUMBY AVE. 1504 SOUTH PL. DR. SUITE 204
FALLS CHURCH, VA 22034-1000 WEAVER, MD 21788
703-601-1511 877-744-2262

City of Mullin WWTP
Permit No: WQ0013758-001
Mills County, Texas
Permit Renewal
March 2025

ATTACHMENT #6
Domestic Technical Report
Renewal Lab Report
Section 7

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: George Dexter Morris

Title: City Manager

Signature: _____

Date: _____


4/10/25

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , mg/l	2.0	3.0	1	Grab	3/31/2025
Total Suspended Solids, mg/l	12.0	12.0	1	Grab	3/31/2025
Ammonia Nitrogen, mg/l	0.31	0.31	1	Grab	3/31/2025
Nitrate Nitrogen, mg/l	48.9	48.9	1	Grab	3/31/2025
Total Kjeldahl Nitrogen, mg/l	0.89	0.89	1	Grab	3/31/2025
Sulfate, mg/l	80.8	80.8	1	Grab	3/31/2025
Chloride, mg/l	190.0	190.0	1	Grab	3/31/2025
Total Phosphorus, mg/l	6.16.	6.16	1	Grab	3/31/2025
pH, standard units	8.79	8.79	1	Grab	3/31/2025
Dissolved Oxygen*, mg/l	7.19	7.19	1	Grab	3/31/2025
Chlorine Residual, mg/l	2.6	2.6	1	Grab	3/31/2025
<i>E.coli</i> (CFU/100ml) freshwater	2.0	2.0	1	Grab	3/31/2025
Enterococci (CFU/100ml) saltwater	N/A				
Total Dissolved Solids, mg/l	1106.0	1106.0	1	Grab	3/31/2025
Electrical Conductivity, μ mohs/cm, †	1800.0	1800.0	1	Grab	3/31/2025
Oil & Grease, mg/l	<5.0	<5.0	1	Grab	3/31/2025
Alkalinity (CaCO ₃)*, mg/l	310.0	310.0	1	Grab	3/31/2025

*TPDES permits only

†TLAP permits only

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

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

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Wesley Allen FromlathFacility Operator's License Classification and Level: Wastewater Treatment Operator Class CFacility Operator's License Number: WW0068038

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:

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 - 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: Wesly Fromlath

Title: Wastewater Treatment Operator

Signature: Wesley Fromlath

Date: 4-7-2025

BIO CHEM LAB, INC. PHONE: 254.829.8001 FAX: 254.829.8013
4751 TOKIO RD. WEST, TX 76691

ANALYTICAL REPORT

CLIENT IDENTIFICATION INFORMATION:

CITY OF MULLIN
PO BOX 96
MULLIN, TX 76864

JANUARY 2025 - MULLIN

REPORT ID: MUL-012425
LAB CONTACT: SHAY OCHOA
REPORT DATE: 1.24.25



OFFICE NO.: 254.829.8001
FAX NO.: 254.829.8013
CELL NO.: 254.749.4320
EMERGENCY: 254.749.4320



BIO CHEM LAB, INC

PO BOX 356

4751 TOKIO ROAD

WEST, TX 76691-0356

E-MAIL: CUSTOMERSERVICE@BIOCHEMLABTX.COM

SERVICE VISION COMMUNITY COMMITMENT

CLIENT / PROJECT: CITY OF MULLIN - PERMIT RENEWAL	CONTACT: Chris Dickey
ADDRESS: PO BOX 96	FIELD DATA: pH 7.9 DO 7.4 TEMP 15.8°C
MULLIN, TX 76864	FLOW 0.005 DATE/TIME 1.8.25/11:26

Sample ID	Obs Temp °C	Corr Temp °C	Sample Name, Site Description or Case Number	Collection		Matrix	Container No. / Volume / Type	Grab / Composite	Preservation Code	Verified	Analysis Requested
Laboratory Use Only				Date	Time						
870-25	5.6	5.7	EFFLUENT	1/8/25	11:22	AQ	1 / 2000 / P	GRAB	1		CBOD / TSS / S04 / Cl / TDS / EC / ALKALINITY / NO3-N
871-25							1 / 1000 / P		1.2	1.0	AMMONIA / TKN / TOTAL PHOSPHORUS
872-25							1 / 1000 / AG		-1.2		oil & grease -OIL & GREASE- Not Collected
844-25							1 / 150 / M		1		E. COLI

PROJECT COMMENTS / SAMPLING PROCEDURES:

LABORATORY COMMENTS:

Documentation of TRC / Mn Correction, as needed: TRC = 1.98

DATE	TIME	RELINQUISHED BY:	DATE	TIME	RECEIVED BY:	PLACED IN REFRIGERATOR / INITIALS (FRIDGE ID)
1.8.25	15:45	Chris Dickey	1.8.25	15:45	Chris Dickey	NPW1-CD

Matrix: AQ - Aqueous NPW - Non-Potable Water S - Sludge/Soil/Sediment PW - Potable Water	(1) cool to 4°C (2) H ₂ SO ₄ to pH<2 (3) HNO ₃ to pH<2 (4) HCl to pH<2 (5) Na ₂ S ₂ O ₃ (6) NaOH to pH>12 (7) None required (8) Other, as noted
Container: P - Plastic AP - Amber Plastic G - Clear Glass AG - Amber Glass M - Bact / MICRO B - Whirl Pak / BAG VOA - 40 mL vial O - OTHER Describe:	
pH STRIPS: ☒ (0-6) 725511576 (7.5-14):	CUSTODY SEALS: COOLER CONTAINERS NA/NO
ADDITIONAL PRESERVATION / SAMPLE INTEGRITY NOTES:	SEALS INTACT: ☒ YES ☐ NO
REQUESTED TAT: STANDARD (7-10 DAYS) BCL EXPRESS (5-6 DAYS) (1.25X) BCL PRIORITY (3-4 DAYS) (1.5X) BCL FIRE (1-2 DAYS) (2.0X) Rush service availability may depend on logistics and method.	

BIO CHEM LAB, INC. PHONE: 254.829.8001 FAX: 254.829.8013
4751 TOKIO RD. WEST, TX 76691

ANALYTICAL REPORT**CLIENT IDENTIFICATION INFORMATION:**

CITY OF MULLIN
PO BOX 96
MULLIN, TX 76864

JANUARY 2025 - MULLIN

REPORT ID: MUL-012425

LAB CONTACT: SHAY OCHOA

REPORT DATE: 1.24.25

PERMIT RENEWAL

FIELD DATA / SAMPLE DESCRIPTION

		EFFLUENT
Collection Point		
Date/ Time Collected		1.8.25 / 11:22
Date/ Time Received by Lab		1.8.25 / 15:45
Laboratory Sample ID		870-25
Sampling Description/Procedure		BCL.SOP.119
Sample Type		Grab
Sample Matrix		Aqueous-NPW
Flow, MGD		0.005
pH, SU	SM 4500-H+B	7.9
Dissolved Oxygen, mg/L	SM 4500 O G	7.4
Temperature, C		15.8
Date / Time Analyzed	(Field Analysis)	1.8.25 / 11:26
Collector		CD

PARAMETER / UNIT / METHOD

CBOD₅, mg/L	SM 5210 B	B1 < 2
Reporting Limit, mg/L		2.
Dilution Factor		1
Date / Time Analyzed		1.9.25 / 11:00
Analyst Initials		LD

TSS, mg/L	SM 2540 D	6.
Reporting Limit, mg/L		2.
Dilution Factor		1
Date / Time Analyzed		1.9.25 / 09:20
Analyst Initials		MH

Sulfate, mg/L	EPA 300.0	75.3
Reporting Limit, mg/L		5.00
Dilution Factor		10
Date / Time Analyzed		1.9.25 / 15:43
Analyst Initials		LD

Chloride, mg/L	EPA 300.0	163.
Reporting Limit, mg/L		0.10
Dilution Factor		10
Date / Time Analyzed		1.9.25 / 15:43
Analyst Initials		LD

TDS, mg/L	SM 2540 C	810.
Reporting Limit, mg/L		20.
Dilution Factor		1
Date / Time Analysis Completed		1.13.25 / 09:00
Analyst Initials		ARJ

Electrical Conductivity, mmhos @ 25°C	SM 2510 B	1,419
Reporting Limit, mmhos @ 25°C		10.
Dilution Factor		1
Date Analyzed		1.9.25 / 15:00
Analyst Initials		ARJ

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ANALYTICAL REPORT**CLIENT IDENTIFICATION INFORMATION:**

CITY OF MULLIN
PO BOX 96
MULLIN, TX 76864

JANUARY 2025 - MULLIN

REPORT ID: MUL-012425
LAB CONTACT: SHAY OCHOA
REPORT DATE: 1.24.25

FIELD DATA / SAMPLE DESCRIPTION

Collection Point	EFFLUENT
Date/ Time Collected	1.8.25 / 11:22
Date/ Time Received by Lab	1.8.25 / 15:45
Laboratory Sample ID	870-25, 871-25, 872-25, 844-25
Sampling Description/Procedure	BCL.SOP.119
Sample Type	Grab
Sample Matrix	Aqueous-NPW
Collector	CD

PARAMETER / UNIT / METHOD

Total Alkalinity, mg/L	SM 2320 B	361.
Reporting Limit, mg/L		10.
Dilution Factor		1
Date / Time Analyzed		1.13.25 / 10:00
Analyst Initials		LD / ARJ

Nitrate, mg/L	EPA 300.0	14.9
Reporting Limit, mg/L		0.10
Dilution Factor		10
Date / Time Analyzed		1.9.25 / 15:43
Analyst Initials		LD

NH ₃ N, mg/L	SM 4500 NH ₃ B, D	< 0.10
Reporting Limit, mg/L		0.10
Dilution Factor		1
Date / Time Analyzed		1.9.25 / 18:50
Analyst Initials		SV

TKN, mg/L	SM 4500 N _{org} B	0.88
Reporting Limit, mg/L		0.50
Dilution Factor		1
Date / Time Analyzed		1.13.25 / 18:05
Analyst Initials		SV

Total Phosphorus, mg/L	SM 4500 P B.5, E	1.15
Reporting Limit, mg/L		0.05
Dilution Factor		1
Date / Time Analyzed		1.10.25 / 13:35
Analyst Initials		LD

Oil & Grease mg/L	EPA 1664 A	< 5.0
Reporting Limit, mg/L		5.0
Dilution Factor		1
Date / Time Analyzed		1.14.25 / 08:45
Analyst Initials		CD

E. coli. MPN / 100ml	SM 9223 B	11.
Reporting Limit, MPN / 100 ml		1.
Dilution Factor		1
Date / Time Analyzed		1.8.25 / 16:30
Analyst Initials		MH

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ANALYTICAL REPORT**CLIENT IDENTIFICATION INFORMATION:**

CITY OF MULLIN
PO BOX 96
MULLIN, TX 76864

JANUARY 2025 - MULLIN

REPORT ID: MUL-012425
LAB CONTACT: SHAY OCHOA
REPORT DATE: 1.24.25

QC SUMMARY**BIOCHEMICAL OXYGEN DEMAND**

SM 5210 B

SETUP DATE	SETUP ID	BATCH ID	
1.9.25	B-010925-07	B-010925-07-03	
DUPLICATE	RESULT 1	RESULT 2	% DEV
783-25	277	285	1.4
807-25	482	520	3.8
BOD-BLANK	CBOD-BLANK	LCS -GGA	LCS-CGGA
0.20	0.17	199	218

TOTAL SUSPENDED SOLIDS

SM 2540 D

SETUP DATE	SETUP ID	BATCH ID	
1.9.25	T-010925-06	T-010925-06-04	
SAMPLE ID:	RESULT 1	RESULT 2	% DEV
820-25	22	23	0.9
BLANK, mg/L	<2 LCS % REC		101.3

SULFATE

EPA 300.0

SETUP DATE	SEQUENCE ID		
1.9.25	IC-010925-06		
SAMPLE ID	RESULT 1	RESULT 2	RPD
909-25	26.2	26.1	0.5
SPIKE ID:	RESULT 1	RESULT 2	% REC
909-25	26.2	133.9	107.7
IPCS-1 % REC:	96.1	IPCS-2 % REC:	96.2
LCS % REC:	100.4	LCSD % REC:	100.2
BLANK, mg/L:	<0.50		

CHLORIDE

EPA 300.0

SETUP DATE	SEQUENCE ID		
1.9.25	IC-010925-06		
SAMPLE ID	RESULT 1	RESULT 2	RPD
909-25	22.8	22.8	0.1
SPIKE ID:	RESULT 1	RESULT 2	% REC
909-25	22.8	129.3	106.5
IPCS-1 % REC:	100.3	IPCS-2 % REC:	101.9
LCS % REC:	103.7	LCSD % REC:	104.7
BLANK, mg/L:	<0.50		

TOTAL DISSOLVED SOLIDS

SM 2540 C

DATE	SETUP ID	BATCH ID	
1.13.25	DS-011325-02	DS-011325-02-01	
SAMPLE ID:	RESULT 1	RESULT 2	% DEV
964-25	616	636	1.6
SPIKE ID:	RESULT 1	RESULT 2	% REC
531-25	456	894	87.6
BLANK, mg/L	< 20	LCS, %REC	93.3

ELECTRICAL CONDUCTIVITY

SM 2510 B

SETUP DATE	SETUP ID		
1.9.25	EC-010925-01		
SAMPLE ID	RESULT 1	RESULT 2	% DEV
870-25	1419	1421	0.1
LCS % REC	101.7	LCSD % REC	—
LRB, µmhos	< 5	LOQ % REC	99.4

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ANALYTICAL REPORT**CLIENT IDENTIFICATION INFORMATION:**

CITY OF MULLIN
PO BOX 96
MULLIN, TX 76864

JANUARY 2025 - MULLIN

REPORT ID: MUL-012425

LAB CONTACT: SHAY OCHOA

REPORT DATE: 1.24.25

QC SUMMARY

TOTAL ALKALINITY

SM 2320 B

SETUP DATE	SETUP ID	BATCH ID	
1.13.25	ALK-011325-02	ALK-011325-02-01	
SAMPLE ID:	RESULT 1	RESULT 2	% DEV
636-25	359.2	361.2	0.3
636-25	359.2	364.9	0.8
SPIKE ID:	RESULT 1	RESULT 2	% REC
683-25	248.2	347.1	98.9
683-25	248.2	347.1	98.9
LRB-BLANK	LCS, %REC	LCSD, %REC	LOQ, % REC
< 5	98.1	98.9	---

NITRATE

EPA 300.0

SETUP DATE	SEQUENCE ID		
1.9.25	IC-010925-06		
SAMPLE ID	RESULT 1	RESULT 2	RPD
909-25	0.6	0.5	1.6
SPIKE ID:	RESULT 1	RESULT 2	% REC
909-25	0.6	100.9	100.3
IPCS-1 % REC:	94.2	IPCS-2 % REC:	95.7
LCS % REC:	99.6	LCSD % REC:	99.1
BLANK, mg/L:	<0.01		

NH3N

SM 4500 NH3 B, D

SETUP DATE:	SETUP ID:	BATCH ID:	
01.09.25	N-010925-11	N-010925-11-01	
SAMPLE ID:	RESULT 1:	RESULT 2:	% DEV:
796-25	42.9	43.1	0.2
887-25	20.9	21.1	0.5
SPIKE ID:	RESULT 1:	RESULT 2:	% REC:
794-25	0.14	1.94	90.2
794-25	0.14	1.96	91.2
BLANK, mg/L:	LCS % REC:	LCSD % REC:	
< 0.05	98.4	97.6	

TKN

SM 4500 Norg B

SETUP DATE	SETUP ID	BATCH ID	
01.13.25	TKN-011325-03	TKN-011325-03-01	
SAMPLE ID:	RESULT 1:	RESULT 2:	% DEV
593-25	58.0	63.0	4.1
792-25	23.9	24.8	1.8
SPIKE ID:	RESULT 1:	RESULT 2:	% REC
612-25	5.54	10.2	115.5
612-25	5.54	10.1	113.5
BLANK, mg/L:	LCS % REC:	LCSD % REC:	
<0.25	97.8	95.2	

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ANALYTICAL REPORT**CLIENT IDENTIFICATION INFORMATION:**

CITY OF MULLIN
PO BOX 96
MULLIN, TX 76864

JANUARY 2025 - MULLIN

REPORT ID: MUL-012425
LAB CONTACT: SHAY OCHOA
REPORT DATE: 1.24.25

QC SUMMARY**TOTAL PHOSPHORUS**

SM 4500 P B.5, E

SETUP DATE	SETUP ID	BATCH ID	
1.10.25	P-011025-02	P-011025-02-01	
SAMPLE ID	RESULT 1	RESULT 2	% DEV
523-25	0.38	0.39	1.3
936-25	7.92	7.80	0.8
SPIKE ID:	RESULT 1	RESULT 2	% REC
444-25	1.65	2.02	115.6
444-25 Q3	1.65	2.06	128.1
BLANK, as P:	LCS % REC:	LCSD % REC:	
< 0.025	105.6	108.1	

OIL & GREASE

EPA 1664 A

SETUP DATE	SETUP ID	BATCH ID	
01.14.25	OG-011425-03	OG-011425-03-01	
DUPLICATE ID:	RESULT 1 :	RESULT 2 :	% DEV
7483-4-1645	33.5	34.0	0.7
BLANK, mg/L:	QCS % REC:	LCS % REC:	LCSD % REC:
< 1.4	53.8	83.8	85.0

E. COLI.

SM 9223 B

SETUP DATE	SETUP ID	BATCH ID	
1.8.25	E-010825-05	E-010825-05-01	
DUPLICATE ID:	RESULT 1 :	RESULT 2 :	PRECISION
758-25 QM3	32	17	0.27
850-25	165	182	0.04
BLANK, MPN	PRECISION RANGE		
<1	0.0-0.25		

ANALYTICAL NOTES, INTERPRETATIONS, METHOD DEVIATIONS OR ENVIRONMENTAL CONDITIONS :

NONE TO REPORT

STATEMENT OF COMPLIANCE/NON-COMPLIANCE:

The above analytical data was derived from submitted samples that have met all established acceptance criteria, unless otherwise qualified, and are compliant with the laboratory's Quality System. The Director of Operations or designee has authorized the release of this report. The results contained herein relate only to the Laboratory Sample ID(s) documented above. This analytical test report may not be reproduced except in full, without the written approval of the laboratory. Quality Assurance / Quality Control Data associated with results within this report are documented in the attached QA/QC Report.

Please contact 254.829.8001 with any questions or concerns.



A. Shay Ochoa, Senior Environmental Project Manager
Bio Chem Lab, Inc.



BIO CHEM LAB, INC. **PHONE: 254.829.8001** **FAX: 254.829.8013**
4751 TOKIO RD. WEST, TX 76691

ANALYTICAL REPORT**CLIENT IDENTIFICATION INFORMATION:**

CITY OF MULLIN
 PO BOX 96
 MULLIN, TX 76864

JANUARY 2025 - MULLIN

REPORT ID:	MUL-012425
LAB CONTACT:	SHAY OCHOA
REPORT DATE:	1.24.25

BCL PROJECT DATA QUALIFIERS:

- Q** Failed Quality Data. Refer to QA/QC Report of the affected data for specific details.
- Q1** Blank outside desired limits. Data accepted based on passing batch LCS recoveries.
- Q2** LCS recovery outside desired limits. Data accepted on basis of additional narrative if applicable
- Q3** Matrix Spike and/or Matrix Spike Duplicate outside desired limits. Data accepted on basis of passing LCS recoveries.
- QS3** Matrix Spike and/or Matrix Spike Duplicate outside desired limits. Sample not spiked at a high enough concentration to be statistically different from the native sample result. Data accepted on basis of passing LCS recoveries.
- Q4** Sample specific duplicate precision outside desired range.
- QM1** Microbiology precision unable to be evaluated due to low background concentration (< 10 CFU / MPN) of target analyte
- QM2** Microbiology precision unable to be evaluated due to high background concentration (> 2420 CFU / MPN) of target analyte
- QM3** Microbiology precision outside desired range.
- B1** Results for CBOD / BOD reported as less than [< 2 mg/L] with no sample dilution depleting method required 2.00 mg/L
- B2** Results for CBOD / BOD reported as an estimate due to no dilution meeting a method stated depletion criteria.
- B3** Result for CBOD / BOD unable to be determined due to excessive oxidant content, high chlorine residual.
- W1** Result is an average of multiple weighing / drying cycles.
- C** Reported result over the laboratory's calibration range
- C1** Reported result over the laboratory's calibration range but within the laboratory verified Linear Dynamic Range.
- J5** Reported result less than the laboratory reporting limit but greater than the Limit of Detection.
- ND** Not detected
- V** Additional sample volume would have been required to meet analytical method specifications.
- HT** Sample analysis performed outside method / regulatory prescribed holding time.
- T** Sample received outside method / regulatory prescribed requirements for thermal preservation.
- P** Sample received outside method / regulatory prescribed requirements for pH preservation.
- A** Accreditation for analysis performed is either not currently offered or is currently outside the laboratory's scope of accreditation.
- N** The associated analysis was performed by a network / sub-contract laboratory.
- L** Laboratory Error
- PW** Potable Water
- NPW** Non-Potable Water
- Z** Refer to additional notes / supplemental narrative

ADDITIONAL NOTES:

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0013758001

Applicant: City of Mullin

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): George D Morris

Signatory title: City Manager

Signature: _____

(Use blue ink)

Date: _____

3/7/25

Subscribed and Sworn to before me by the said Dexter Morris
on this 7th day of April, 2025.
My commission expires on the 16th day of February, 2028.

Monica Rodriguez
Notary Public



Mullin
County, Texas