Administrative Package Cover Page

This file contains the following documents:

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

Portada de Paquete Administrativo

Este archivo contiene los siguientes documentos:

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

Plain Language Summary 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 as required by Title 30, Texas Administrative Code (30 TAC), Chapter 39, Subchapter H. Applicants may modify the template as necessary to accurately describe their 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 the applicant 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.

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.

South Central Calhoun County Water Control and Improvement District No. 1 (CN60064097) operates South Central Calhoun County WCID No. 1 Wastewater Treatment Facility (RN101701670), a wastewater treatment plant. The facility is located at 1 Wedig Street, in Port Lavaca, Calhoun County, Texas 77979. This application is for the renewal Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0013774001 (EPA I.D. No. TX0104205) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 75,000 gallons per day. The discharge route is from the plant site via pipe; thence to Lavaca Bay/Chocolate Bay.

Discharges from the facility are expected to contain The pollutants expected from the discharge are: $CBOD_5$, Total Suspended Solids, Ammonia Nitrogen, Nitrate Nitrogen, Total Kjeldahl Nitrogen Sulfate, Chloride, Total Phosphorus, pH, Dissolved Oxygen, Chlorine Residual, Entercocci, Total Dissolved Solids, Oil & Grease, and Alkalinity. The discharge is treated Wastewater and is treated by sending the wastewater through a lift station, bar screen and inlet structure, two aeration basins, one clarifier, one chlorine contact chamber,

and one aerated sludge holding tank. Air supply is delivered to the aeration basins and the aerated sludge holding tank with two blowers. The clarifier effluent is piped to the chlorine contact chamber, and then to the outfall. The final effluent flows through approximately 1,000 linear feet of 8-inch diameter pipe. Two sludge beds are constructed with drains to the Lift Station. Dried sludge is hauled to an approved landfill by an approved hauler.

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

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

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

El Distrito No. 1 de Control y Mejora del Agua del Condado de South Central Calhoun (CN60064097) opera la Instalación de Tratamiento de Aguas Residuales WCID No. 1 del Condado de South Central Calhoun (RN101701670), una planta de tratamiento de aguas residuales. La instalación está ubicada en 1 Wedig Street, en Port Lavaca, Condado de Calhoun, Texas 77979. Esta solicitud es para la renovación del Permiso No. WQ0013774001 del Sistema de Eliminación de Descarga de Contaminantes de Texas (TPDES) (número de identificación de la EPA TX0104205) para autorizar la descarga de aguas residuales en un volumen que no exceda un flujo promedio diario de 75,000 galones por día. La ruta de descarga es desde el sitio de la planta a través de tubería; de allí a Bahía Lavaca/Bahía Chocolate.
Se espera que las descargas de la instalación contengan Los contaminantes esperados de la descarga son: CBOD5, sólidos suspendidos totales, nitrógeno amoniacal, nitrógeno nitrato, sulfato de nitrógeno Kjeldahl total, cloruro, fósforo total, pH, oxígeno disuelto, cloro residual, enterococos, total disuelto. Sólidos, aceites y grasas y alcalinidad. La descarga es agua residual tratada y se trata enviando las aguas residuales a través de una estación de bombeo, una rejilla de rejilla y una estructura de entrada, dos tanques de aireación, un clarificador, una cámara de contacto de cloro y un tanque de retención de lodos aireados. El suministro de aire se suministra a los depósitos de aireación y al tanque de retención de lodos aireados mediante dos ventiladores. El efluente del clarificador se conduce a la cámara de contacto del cloro y luego al emisario. El efluente final fluye a través de aproximadamente 1000 pies lineales de tubería de 8 pulgadas de diámetro. Se construyen dos lechos de lodos con desagües hacia la Estación de Bombeo. Un transportista autorizado transporta el lodo seco a un vertedero aprobado.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PERMIT NO. WQ0013774001

APPLICATION. South Central Calhoun County Water Control and Improvement District No. 1, P.O. Box 833, Port Lavaca, Texas 77979, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0013774001 (EPA I.D. No. TX0104205) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 75,000 gallons per day. The domestic wastewater treatment facility is located at 1 Wedig Street, in the city of Port Lavaca, in Calhoun County, Texas 77979. The discharge route is from the plant site to Lavaca Bay/Chocolate Bay. TCEQ received this application on September 3, 2024. The permit application will be available for viewing and copying at Calhoun County Clerk's Office, Records Office, 211 South Ann Street, Suite 102, Port Lavaca, in Calhoun 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=-96.541388,28.559166&level=18

ALTERNATIVE LANGUAGE NOTICE. Alternative language notice in Spanish is available at: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications.
El aviso de idioma alternativo en español está disponible en https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications.

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

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

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

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

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

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

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

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

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

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

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

Further information may also be obtained from South Central Calhoun County Water Control and Improvement District No. 1 at the address stated above or by calling Mr. Scott Mason, P.E., G&W Engineers, Inc., at 361-552-4509.

Issuance Date: September 27, 2024

Comisión de Calidad Ambiental del Estado de Texas

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

PERMISO NO. WQ0013774001

SOLICITUD. Distrito No. 1 de Control y Mejora del Agua del Centro Sur del Condado de Calhoun ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0013774001 (EPA I.D. No. TX0104205) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 75,000 galones por día. La planta está ubicada en 1 Wedig Street, en la ciudad de Port en el Condado de Calhoun , Texas. La ruta de descarga es del sitio de la planta a hasta Lavaca Bahía/Bahía Chocolate . La TCEQ recibió esta solicitud el 3 de septiembre de 2024. La solicitud para el permiso estará disponible para leerla y copiarla en en la Oficina del Secretario del Condado de Calhoun, Oficina de Registros, 211 South Ann Street, Suite 102, Port Lavaca, en el condado de Calhoun, antes de la fecha de publicación de este aviso en el periódico. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud. https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications.

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

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar comentarios públicos o pedir una reunión pública sobre esta solicitud. El propósito de una reunión pública es dar la oportunidad de presentar comentarios o hacer preguntas acerca de la solicitud. La TCEQ realiza una reunión pública si el Director Ejecutivo determina que hay un grado de interés público suficiente en la solicitud o si un legislador local lo pide. Una reunión pública no es una audiencia administrativa de lo contencioso.

OPORTUNIDAD DE UNA AUDIENCIA ADMINISTRATIVA DE LO CONTENCIOSO. Después del plazo para presentar comentarios públicos, el Director Ejecutivo considerará todos

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

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

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

LISTA DE CORREO. Si somete comentarios públicos, un pedido para una audiencia administrativa de lo contencioso o una reconsideración de la decisión del Director Ejecutivo, la Oficina del Secretario Principal enviará por correo los avisos públicos en relación con la solicitud. Ademas, puede pedir que la TCEQ ponga su nombre en una or mas de las listas correos siguientes (1) la lista de correo permanente para recibir los avisos de el solicitante indicado por nombre y número del permiso específico y/o (2) la lista de correo de todas las solicitudes en un condado especifico. Si desea que se agrega su nombre en una de las listas designe cual lista(s) y envia por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

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

También se puede obtener información adicional del Distrito No. 1 de Control y Mejora del Agua del Centro Sur del Condado de Calhoun a la dirección indicada arriba o llamando a Scott P. Mason al 361-552-4509.

Fecha de emission: 27 de Septiembre de 2024

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

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

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

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

2. Customer Reference Number (*if issued*)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (*if issued*)
CN 600640973		RN 101701670

SECTION II: Customer Information

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

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

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

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

South Central Calhoun County Water Control and Iimprovement District No.1

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (*if applicable*)
	32065122106	74-2567580	

11. Type of Customer: ☐ Corporation ☐ Individual Partnership: ☐ General ☐ Limited

Government: ☐ City ☐ County ☐ Federal ☐ Local ☐ State ☒ Other ☐ Sole Proprietorship ☐ Other:

12. Number of Employees

☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher

13. Independently Owned and Operated?

☐ **Yes** ☐ **No**

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

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

15. Mailing Address:

P.O. Box 833

City	Port Lavaca	State	TX	ZIP	77979	ZIP + 4	

16. Country Mailing Information (*if outside USA*)	17. E-Mail Address (*if applicable*)
	scccwcid1ta@yahoo.com

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

(361) 552-0160		( ) -

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.)*

South Central Calhoun County WCID No. 1 Wastewater Treatment Facility

23. Street Address of the Regulated Entity: ***(No PO Boxes)***	1 Wedig Street							
	City	Port Lavaca	**State**	TX	**ZIP**	77979	**ZIP + 4**	
24. County	Calhoun							

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

25. Description to Physical Location:	1 Wedig Street, Port Lavaca, Texas, 77979; 0.8 mile northeast of intersection of State Hwy 316 and Farm-to-Market Road 2760 on the southeast corner of the intersection of Blackburn Ave and Wedig St. in the community of Magnolia Beach

26. Nearest City	**State**	**Nearest ZIP Code**
Port Lavaca	TX	77979

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:		28.559113	**28. Longitude (W) In Decimal:**		-96.541454
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
28	33'	32.81"	-96	32'	29.23"

29. Primary SIC Code (4 digits)	**30. Secondary SIC Code** (4 digits)	**31. Primary NAICS Code** (5 or 6 digits)	**32. Secondary NAICS Code** (5 or 6 digits)
4952		221320	

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

Wastewater Collection and Treatment

34. Mailing Address:	**P.O. Box 833**							
	City	**Port Lavaca**	**State**	**TX**	**ZIP**	**77979**	**ZIP + 4**	

35. E-Mail Address:	**scccwcid1ta@yahoo.com**

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(361) 552-160		**( ) -**

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:
	WQ0013774001			

SECTION IV: Preparer Information

40. Name:	Scott P. Mason	**41. Title:**	Senior Engineer

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(361) 552-4509		(361) 552-4987	smason@gwengineers.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:	G&W Engineers, Inc.	**Job Title:**	Senior Engineer
Name *(In Print):*	Scott P. Mason	**Phone:**	(361) 552- 4509
Signature:	Scott P. Mason, P.E.	**Date:**	8. 30. 2024

TCEQ DOMESTIC WATEWATER PERMIT APPLICATION

DOMESTIC ADMINISTRATIVE REPORT

for

SOUTH CENTRAL CALHOUN COUNTY WCID NO. 1 PERMIT NO. WQ0013774-001

Administrative Report 1.0
SPIF

Exhibits

A. Administrative Report 1.0 Exhibit A: ORIGINAL USGS TOPO MAP
B. SPIF: ORIGINAL USGS TOPO MAP

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: **South Central Calhoun County WCID No. 1**

PERMIT NUMBER (If new, leave blank): WQ00 **WQ0013774-001**

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

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

For TCEQ Use Only

Segment Number _____County _____
Expiration Date _____Region_____
Permit Number _____

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) $150.00 ☐

Payment Information:

Mailed Check/Money Order Number: 8047

Check/Money Order Amount: $515.00

Name Printed on Check: SOUTH CENTRAL CALHOUN COUNTY WCID NO. 1

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 Wastewater 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 13774001

EPA I.D. (TPDES only): TX 0104205

Expiration Date: February 11, 2025

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

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

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

South Central Calhoun County Water Control and Improvement District No. 1

(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: 600640973

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: Ms. Last Name, First Name: Atkins, Tamera

Title: President of Board 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?

Click to enter text.

(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: Mason, Scott

Title: Senior Engineer Credential: P.E.

Organization Name: G&W Engineers, Inc.

Mailing Address: 205 W. Live oak City, State, Zip Code: Port Lavaca, Texas, 77979

Phone No.: 361-552-4509 E-mail Address: smason@gwengineers.com

Check one or both: ☐ Administrative Contact ☒ Technical Contact

B. Prefix: Ms. Last Name, First Name: **Atkins, Tamera**

Title: President of Board Credential: Click to enter text.

Organization Name: South Central Calhoun County WCID No. 1

Mailing Address: P.O. Box 833 City, State, Zip Code: Port Lavaca, Texas, 77979

Phone No.: 512-517-3014 E-mail Address: scccwcid1ta@yahoo.com

Check one or both: ☒ Administrative Contact ☐ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Ms. Last Name, First Name: **Atkins, Tamera**

Title: **President of Board** Credential: Click to enter text.

Organization Name: **South Central Calhoun County WCID No. 1**

Mailing Address: **P.O. Box 833** City, State, Zip Code: **Port Lavaca, Texas, 77979**

Phone No.: 512-517-3014 E-mail Address: **scccwcid1ta@yahoo.com**

B. Prefix: Click to enter text. Last Name, First Name: White, Richard

Title: Vice President of Board Credential: Click to enter text.

Organization Name: **South Central Calhoun County WCID No. 1**

Mailing Address: **P.O. Box 833** City, State, Zip Code: **Port Lavaca, Texas, 77979**

Phone No.: 361-552-0160 E-mail Address: scccwcid1ta@yahoo.com

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Ms. Last Name, First Name: Atkins, Tamera

Title: President of Board Credential: Click to enter text.

Organization Name: **South Central Calhoun County WCID No. 1**

Mailing Address: **P.O. Box 833** City, State, Zip Code: **Port Lavaca, Texas, 77979**

Phone No.: 361-552-0160 E-mail Address: **scccwcid1ta@yahoo.com**

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

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

Prefix: Mr. Last Name, First Name: Rodriguez, Rene Jr.

Title: Wastewater Operations Manager Credential: Click to enter text.

Organization Name: **South Central Calhoun County WCID No. 1**

Mailing Address: P.O. Box 833 City, State, Zip Code: **Port Lavaca, Texas, 77979**

Phone No.: 361-484-7769 E-mail Address: renerodriguezjr0311@gmail.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: Mason, Scott

Title: Senior Engineer Credential: P.E.

Organization Name: G&W Engineers, Inc.

Mailing Address: 205 W. Live Oak City, State, Zip Code: **Port Lavaca, Texas, 77979**

Phone No.: 361-552-4509 E-mail Address: smason@gwengineers.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: Mason, Scott

Title: Senior Engineer Credential: P.E.

Organization Name: G&W Engineers, Inc.

Mailing Address: 205 W. Live Oak City, State, Zip Code: **Port Lavaca, Texas, 77979**

Phone No.: 361-552-4509 E-mail Address: **smason@gwengineers.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: **Calhoun County Clerk's Office**

Location within the building: Records Office

Physical Address of Building: 211 S. Ann Street, Suite 102

City: Port Lavaca County: Calhoun

Contact (Last Name, First Name): Sullivan, Catherine

Phone No.: 361-553-4413 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? Spanish

F. Plain Language Summary Template

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

Attachment: Click to enter text.

G. Public Involvement Plan Form

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

Attachment: 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** 101701670

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):

South Central Calhoun County WCID No. 1 WWTP

C. Owner of treatment facility: **South Central Calhoun County WCID No. 1**

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: **South Central Calhoun County WCID No. 1**

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

Organization Name: **South Central Calhoun County WCID No. 1**

Mailing Address: P.O. Box 833 City, State, Zip Code: Port Lavaca, Texas, 77979

Phone No.: 361-552-0160 E-mail Address: scccwcid1ta@yahoo.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: 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.

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: 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.

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): Port Lavaca

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

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:

Click to enter text.

B. City nearest the disposal site: Click to enter text.

C. County in which the disposal site is located: Click to enter text.

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

Click to enter text.

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

Click to enter text.

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: Click to enter text.

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

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

Account number: Click to enter text.

Amount past due: Click to enter text.

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

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

Enforcement order number: Click to enter text.

Amount past due: Click to enter text.

Section 13. Attachments (Instructions Page 33)

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

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

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

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

☐ Attachment 1 for Individuals as co-applicants

☐ Other Attachments. Please specify: Click to enter text.

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0013774-001

Applicant: **South Central Calhoun County WCID No. 1**

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): Tamera Atkins

Signatory title: President of Board

Signature: Tamera Atkins Date: 8/28/2024

(Use blue ink)

Subscribed and Sworn to before me by the said Tamera Atkins

on this 28th day of August, 20 24.

My commission expires on the 1st day of March, 20 27.

Denise R. Stringo

Notary Public

(SEAL)

DENISE R. STRINGO
My Notary ID # 10070317
Expires March 1, 2027

Calhoun

County, Texas

DOMESTIC WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: Click to enter text.

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

Use this form to submit the Application Fee, if the mailing the payment.

- Complete items 1 through 5 below.
- Staple the check or money order in the space provided at the bottom of this document.
- **Do Not mail this form with the application form.**
- Do not mail this form to the same address as the application.
- Do not submit a copy of the application with this form as it could cause duplicate permit entries.

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
P.O. Box 13088
Austin, Texas 78711-3088

BY OVERNIGHT/EXPRESS MAIL

Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
12100 Park 35 Circle
Austin, Texas 78753

Fee Code: WQP **Waste Permit No:** WQ0013774001

1. Check or Money Order Number: 8047
2. Check or Money Order Amount: $515.00
3. Date of Check or Money Order: 08/28/24
4. Name on Check or Money Order: SOUTH CENTRAL CALHOUN COUNTY WCID NO. 1
5. APPLICATION INFORMATION

   Name of Project or Site: **South Central Calhoun County WCID No. 1 Wastewater Treatment Facility**

   Physical Address of Project or Site: **1 Wedig Street, Port Lavaca, Texas, 77979**

   If the check is for more than one application, attach a list which includes the name of each Project or Site (RE) and Physical Address, exactly as provided on the application.

Staple Check or Money Order in This Space

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

The National Map
US Topo

PORT LAVACA EAST QUADRANGLE
TEXAS - CALHOUN COUNTY
7.5-MINUTE SERIES

EXHIBIT A

Produced by the United States Geological Survey
North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and 1 000-meter grid:Universal Transverse Mercator, Zone 14R

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

Imagery.....NAIP, October 2016 - December 2016
Roads..... U.S. Census Bureau, 2015 - 2018
Names.....GNIS, 1979 - 2021
Hydrography.....National Hydrography Dataset, 2003 - 2018
Contours.....National Elevation Dataset, 2019
Boundaries.....Multiple sources; see metadata file 2019 - 2021

Wetlands.....FWS National Wetlands Inventory Not Available

MN
GN
3°5´
55 MILS
1°10´
21 MILS
UTM GRID AND 2019 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

U.S. National Grid
100,000 - m Square ID
QS
Grid Zone Designation
14R

SCALE 1:24 000

KILOMETERS 1 0.5 0 1 2
METERS 1000 500 0 1000 2000
MILES 1 0.5 0 1
FEET 1000 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 10000

CONTOUR INTERVAL 5 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

This map was produced to conform with the National Geospatial Program US Topo Product Standard.

TEXAS
QUADRANGLE LOCATION

1	2	3
4		5
6	7	8

1 Kamey
2 Point Comfort
3 Olivia
4 Port Lavaca West
5 Keller Bay
6 Seadrift
7 Seadrift NE
8 Port O'Connor
ADJOINING QUADRANGLES

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

NSN 7643016397794
NGA REF NO. USGSX24K36042

PORT LAVACA EAST, TX
2022

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

The National Map US Topo

PORT LAVACA EAST QUADRANGLE
TEXAS - CALHOUN COUNTY
7.5-MINUTE SERIES

EXHIBIT B

Produced by the United States Geological Survey
North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and 1 000-meter grid:Universal Transverse Mercator, Zone 14R
This map is not a legal document. Boundaries may be generalized for this map scale. Private lands within government reservations may not be shown. Obtain permission before entering private lands.

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Boundaries....Multiple sources; see metadata file 2019 - 2021

Wetlands....FWS National Wetlands Inventory Not Available

MN
GN
3°5'
55 MILS
1°10'
21 MILS
UTM GRID AND 2019 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

U.S. National Grid
100,000 - m Square ID
QS
Grid Zone Designation 14R

SCALE 1:24 000
KILOMETERS
METERS
MILES
FEET

CONTOUR INTERVAL 5 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

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TEXAS
QUADRANGLE LOCATION

1 Kamey
2 Point Comfort
3 Olivia
4 Port Lavaca West
5 Keller Bay
6 Seadrift
7 Seadrift NE
8 Port O'Connor
ADJOINING QUADRANGLES

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

PORT LAVACA EAST, TX
2022

NSN. 7643016397794
NGA REF NO. USGSX24K36042

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: South Central Calhoun County WCID No.1

   Permit No. WQ00 13774001 EPA ID No. TX 0104205

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

   1 Wedig Street, Port Lavaca, Texas, 77979; 0.8 mile northeast of intersection of State Hwy 316 and Farm-to-Market Road 2760 on the southeast corner of the intersection of Blackburn Ave and Wedig St. in the community of Magnolia Beach

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

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

First and Last Name: Tamera Atkins

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

Title: President of Board

Mailing Address: P.O. Box 833

City, State, Zip Code: Port Lavaca, Texas, 77979

Phone No.: 361-552-0160 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: scccwcid1ta@yahoo.com

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

   Click here to enter text.

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

   From the WWTP through approximately 1,000 LF of 8-inch diameter pipe to Lavaca Bay/ Chocolate Bay in Segment No. 2453

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:

Click here to enter text.

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

Click here to enter text.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

Plain Language Summary 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 as required by Title 30, Texas Administrative Code (30 TAC), Chapter 39, Subchapter H. Applicants may modify the template as necessary to accurately describe their 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 the applicant 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.

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.

South Central Calhoun County Water Control and Improvement District No. 1 (CN60064097) operates South Central Calhoun County WCID No. 1 Wastewater Treatment Facility (RN101701670), a wastewater treatment plant. The facility is located at 1 Wedig Street, in Port Lavaca, Calhoun County, Texas 77979. This application is for the renewal Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0013774001 (EPA I.D. No. TX0104205) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 75,000 gallons per day. The discharge route is from the plant site via pipe; thence to Lavaca Bay/Chocolate Bay.

Discharges from the facility are expected to contain The pollutants expected from the discharge are: $CBOD_5$, Total Suspended Solids, Ammonia Nitrogen, Nitrate Nitrogen, Total Kjeldahl Nitrogen Sulfate, Chloride, Total Phosphorus, pH, Dissolved Oxygen, Chlorine Residual, Entercocci, Total Dissolved Solids, Oil & Grease, and Alkalinity. The discharge is treated Wastewater and is treated by sending the wastewater through a lift station, bar screen and inlet structure, two aeration basins, one clarifier, one chlorine contact chamber,

and one aerated sludge holding tank. Air supply is delivered to the aeration basins and the aerated sludge holding tank with two blowers. The clarifier effluent is piped to the chlorine contact chamber, and then to the outfall. The final effluent flows through approximately 1,000 linear feet of 8-inch diameter pipe. Two sludge beds are constructed with drains to the Lift Station. Dried sludge is hauled to an approved landfill by an approved hauler.

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

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

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

El Distrito No. 1 de Control y Mejora del Agua del Condado de South Central Calhoun (CN60064097) opera la Instalación de Tratamiento de Aguas Residuales WCID No. 1 del Condado de South Central Calhoun (RN101701670), una planta de tratamiento de aguas residuales. La instalación está ubicada en 1 Wedig Street, en Port Lavaca, Condado de Calhoun, Texas 77979. Esta solicitud es para la renovación del Permiso No. WQ0013774001 del Sistema de Eliminación de Descarga de Contaminantes de Texas (TPDES) (número de identificación de la EPA TX0104205) para autorizar la descarga de aguas residuales en un volumen que no exceda un flujo promedio diario de 75,000 galones por día. La ruta de descarga es desde el sitio de la planta a través de tubería; de allí a Bahía Lavaca/Bahía Chocolate.
Se espera que las descargas de la instalación contengan Los contaminantes esperados de la descarga son: CBOD5, sólidos suspendidos totales, nitrógeno amoniacal, nitrógeno nitrato, sulfato de nitrógeno Kjeldahl total, cloruro, fósforo total, pH, oxígeno disuelto, cloro residual, enterococos, total disuelto. Sólidos, aceites y grasas y alcalinidad. La descarga es agua residual tratada y se trata enviando las aguas residuales a través de una estación de bombeo, una rejilla de rejilla y una estructura de entrada, dos tanques de aireación, un clarificador, una cámara de contacto de cloro y un tanque de retención de lodos aireados. El suministro de aire se suministra a los depósitos de aireación y al tanque de retención de lodos aireados mediante dos ventiladores. El efluente del clarificador se conduce a la cámara de contacto del cloro y luego al emisario. El efluente final fluye a través de aproximadamente 1000 pies lineales de tubería de 8 pulgadas de diámetro. Se construyen dos lechos de lodos con desagües hacia la Estación de Bombeo. Un transportista autorizado transporta el lodo seco a un vertedero aprobado.

TCEQ DOMESTIC WATEWATER PERMIT APPLICATION

DOMESTIC TECHNICAL REPORT

for

SOUTH CENTRAL CALHOUN COUNTY WCID NO. 1 PERMIT NO. WQ0013774-001

Technical Report 1.0
Technical Report Worksheet 2.0
Technical Report Worksheet 6.0

Exhibits

C. Technical Report 1.0 : TREATMENT PROCESS
D. Technical Report 1.0 : FLOW DIAGRAM
E. Technical Report 1.0 : SITE DRAWING
F. Technical Report 1.0 : ANALYSIS OF TREATED EFFLUENT BACKUP

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 43)

A. Existing/Interim I Phase

Design Flow (MGD): 0.075

2-Hr Peak Flow (MGD): 0.262

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

B. Interim II Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

C. Final Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

D. Current Operating Phase

Provide the startup date of the facility: 03/03/1990

Section 2. Treatment Process (Instructions Page 43)

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.**

See Exhibit "C"

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)
Lift Station with 2 pumps	1	180 GPM @ 27' TDH
Aeration Basin #1	1	44.5x16'x9'
Aeration Basin #2	1	28.5'x12.5'x9'
Clarifier	1	32'x12.5'x9'
Chlorine Contact Chamber	1	16'x6.3'x9'
Aerated Sludge Holding Tank	1	16'x10'x9'
Sludge Drying beds	1	30'x30'x2'

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 44)

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

- Latitude: **28.561725**
- Longitude: **-96.54086**

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.

Magnolia Beach and Alamo Beach Communities in Calhoun County

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

Collection System Information

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

Section 4. Unbuilt Phases (Instructions Page 45)

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 45)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

Section 6. Permit Specific Requirements (Instructions Page 45)

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

A. Summary transmittal

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

☐ Yes ☒ No

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

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

Click to enter text.

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*.

Click to enter text.

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

2. Grit and grease processing

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

Click to enter text.

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.

Click to enter text.

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.

Click to enter text.

E. Stormwater management

1. ***Applicability***

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

2. ***MSGP coverage***

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

3. ***Conditional exclusion***

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

☐ Yes ☐ No

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

Click to enter text.

4. ***Existing coverage in individual permit***

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

☐ Yes ☐ No

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

Click to enter text.

5. ***Zero stormwater discharge***

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

☐ Yes ☐ No

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

Click to enter text.

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

6. ***Request for coverage in individual permit***

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

☐ Yes ☐ No

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

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

Click to enter text.

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

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

1. *Acceptance of sludge from other WWTPs*

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

☐ Yes ☒ No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD_5 concentration of the sludge, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

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

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.

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.

Click to enter text.

Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 50)

Is the facility in operation?

☒ Yes ☐ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
$CBOD_5$, mg/l	<1.0		1	GRAB	8/8/24 12:42 PM
Total Suspended Solids, mg/l	7.80		1	GRAB	8/8/24 12:42 PM
Ammonia Nitrogen, mg/l	0.0532		1	GRAB	8/8/24 12:42 PM
Nitrate Nitrogen, mg/l	43.0		1	GRAB	8/8/24 12:42 PM
Total Kjeldahl Nitrogen, mg/l	0.437		1	GRAB	8/8/24 12:42 PM
Sulfate, mg/l	114		1	GRAB	8/8/24 12:42 PM
Chloride, mg/l	275		1	GRAB	8/8/24 12:42 PM
Total Phosphorus, mg/l	4.64		1	GRAB	8/8/24 12:42 PM
pH, standard units	4.57		1	GRAB	8/8/24 12:42 PM
Dissolved Oxygen*, mg/l					
Chlorine Residual, mg/l					
E.coli (CFU/100ml) freshwater					
Entercocci (CFU/100ml) saltwater	1		1	GRAB	8/8/24 12:42 PM
Total Dissolved Solids, mg/l	840		1	GRAB	8/8/24 12:42 PM
Electrical Conductivity, µmohs/cm, †	1440		1	GRAB	8/8/24 12:42 PM
Oil & Grease, mg/l	<0.389		1	GRAB	8/8/24 12:42 PM
Alkalinity ($CaCO_3$)*, mg/l	<20.0		1	GRAB	8/8/24 12:42 PM

*TPDES permits only
†TLAP permits only

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

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

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

Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: Rene Rodriguez Jr.

Facility Operator's License Classification and Level: Wastwater Treatment Operator C

Facility Operator's License Number: WW0047986

Section 9. Sludge and Biosolids Management and Disposal (Instructions Page 51)

A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

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

B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

- ☐ Aerobic Digestion
- ☐ Air Drying (or sludge drying beds)
- ☐ Lower Temperature Composting
- ☐ Lime Stabilization
- ☐ Higher Temperature Composting
- ☐ Heat Drying
- ☐ Thermophilic Aerobic Digestion
- ☐ Beta Ray Irradiation
- ☐ Gamma Ray Irradiation
- ☐ Pasteurization
- ☐ Preliminary Operation (e.g. grinding, de-gritting, blending)
- ☐ Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)
- ☐ Sludge Lagoon

☐ Temporary Storage (< 2 years)

☐ Long Term Storage (>= 2 years)

☐ Methane or Biogas Recovery

☐ Other Treatment Process: Click to enter text.

C. Biosolids Management

Provide information on the *intended* biosolids management practice. Do not enter every management practice that you want authorized in the permit, as the permit will authorize all 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: Victoria Environmental

TCEQ permit or registration number: MSW -2330

County where disposal site is located: Victoria

E. Transportation method

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

Name of the hauler: Standford Vacuum Service, Inc.

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 53)

A. Beneficial use authorization

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

☐ Yes ☒ No

If yes, are you requesting to continue this authorization to land apply sewage sludge 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 sludge	☐ Yes	☒ No
Sludge Surface Disposal or Sludge Monofill	☐ Yes	☒ No
Temporary storage in sludge lagoons	☐ Yes	☒ No

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

A. Location information

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

- Original General Highway (County) Map:

  Attachment: Click to enter text.
- USDA Natural Resources Conservation Service Soil Map:

  Attachment: Click to enter text.
- Federal Emergency Management Map:

  Attachment: Click to enter text.
- Site map:

  Attachment: Click to enter text.

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

☐ Overlap a designated 100-year frequency flood plain

☐ Soils with flooding classification

☐ Overlap an unstable area

☐ Wetlands

☐ Located less than 60 meters from a fault

☐ None of the above

Attachment: Click to enter text.

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

Click to enter text.

B. Temporary storage information

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

Nitrate Nitrogen, mg/kg: Click to enter text.

Total Kjeldahl Nitrogen, mg/kg: Click to enter text.

Total Nitrogen (=nitrate nitrogen + TKN), mg/kg: Click to enter text.

Phosphorus, mg/kg: Click to enter text.

Potassium, mg/kg: Click to enter text.

pH, standard units: Click to enter text.

Ammonia Nitrogen mg/kg: Click to enter text.

Arsenic: Click to enter text.

Cadmium: Click to enter text.

Chromium: Click to enter text.

Copper: Click to enter text.

Lead: Click to enter text.

Mercury: Click to enter text.

Molybdenum: Click to enter text.

Nickel: Click to enter text.

Selenium: Click to enter text.

Zinc: Click to enter text.

Total PCBs: Click to enter text.

Provide the following information:

Volume and frequency of sludge to the lagoon(s): Click to enter text.

Total dry tons stored in the lagoons(s) per 365-day period: Click to enter text.

Total dry tons stored in the lagoons(s) over the life of the unit: Click to enter text.

C. Liner information

Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity of $1x10^{-7}$ cm/sec?

☐ Yes ☐ No

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

Click to enter text.

D. Site development plan

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

Click to enter text.

Attach the following documents to the application.

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

  Attachment: Click to enter text.
- Copy of the closure plan

  Attachment: Click to enter text.
- Copy of deed recordation for the site

  Attachment: Click to enter text.
- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons

  Attachment: Click to enter text.
- Description of the method of controlling infiltration of groundwater and surface water from entering the site

  Attachment: Click to enter text.
- Procedures to prevent the occurrence of nuisance conditions

  Attachment: Click to enter text.

E. Groundwater monitoring

Is groundwater monitoring currently conducted at this site, or are any wells available for groundwater monitoring, or are groundwater monitoring data otherwise available for the sludge lagoon(s)?

☐ Yes ☐ No

If groundwater monitoring data are available, provide a copy. Provide a profile of soil types encountered down to the groundwater table and the depth to the shallowest groundwater as a separate attachment.

Attachment: Click to enter text.

Section 12. Authorizations/Compliance/Enforcement (Instructions Page 55)

A. Additional authorizations

Does the permittee have additional authorizations for this facility, such as reuse authorization, sludge permit, etc?

☐ Yes ☒ No

If yes, provide the TCEQ authorization number and description of the authorization:

Click to enter text.

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Click to enter text.

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

A. RCRA hazardous wastes

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

Attachment: Click to enter text.

Section 14. Laboratory Accreditation (Instructions Page 56)

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: Tamera Atkins

Title: Board President

Signature: Tamera Atkins

Date: 8/28/2024

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

Section 1. Domestic Drinking Water Supply (Instructions Page 64)

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

☐ Yes ☒ No

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

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

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

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

Attachment: Click to enter text.

Section 2. Discharge into Tidally Affected Waters (Instructions Page 64)

Does the facility discharge into tidally affected waters?

☒ Yes ☐ No

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

A. Receiving water outfall

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

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☒ No

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

Click to enter text.

C. Sea grasses

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

☐ Yes ☒ No

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

Click to enter text.

Section 3. Classified Segments (Instructions Page 64)

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

☒ Yes ☐ No

If yes, this Worksheet is complete.

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

Section 4. Description of Immediate Receiving Waters (Instructions Page 65)

Name of the immediate receiving waters: Click to enter text.

A. Receiving water type

Identify the appropriate description of the receiving waters.

☐ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: Click to enter text.

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

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

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: Click to enter text.

B. Flow characteristics

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

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

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

☐ Perennial - normally flowing

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

☐ USGS flow records

☐ Historical observation by adjacent landowners

☐ Personal observation

☐ Other, specify: Click to enter text.

C. Downstream perennial confluences

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

Click to enter text.

D. Downstream characteristics

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

☐ Yes ☐ No

If yes, discuss how.

Click to enter text.

E. Normal dry weather characteristics

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

Click to enter text.

Date and time of observation: Click to enter text.

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☐ No

Section 5. General Characteristics of the Waterbody (Instructions Page 66)

A. Upstream influences

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

☐ Oil field activities

☐ Upstream discharges

☐ Septic tanks

☐ Urban runoff

☐ Agricultural runoff

☐ Other(s), specify: Click to enter text.

B. Waterbody uses

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

- ☐ Livestock watering
- ☐ Irrigation withdrawal
- ☐ Fishing
- ☐ Domestic water supply
- ☐ Park activities
- ☐ Contact recreation
- ☐ Non-contact recreation
- ☐ Navigation
- ☐ Industrial water supply
- ☐ Other(s), specify: Click to enter text.

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

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

Section 1. All POTWs (Instructions Page 89)

A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs – non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

B. Treatment plant interference

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

☐ Yes ☒ No

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

Click to enter text.

C. Treatment plant pass through

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

☐ Yes ☒ No

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

Click to enter text.

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 90)

A. Substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

B. Non-substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

C. Effluent parameters above the MAL

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

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. Industrial user interruptions

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

☐ Yes ☐ No

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

Click to enter text.

Section 3. Significant Industrial User (SIU) Information and

Categorical Industrial User (CIU) (Instructions Page 90)

A. General information

Company Name: N/A

SIC Code: Click to enter text.

Contact name: Click to enter text.

Address: Click to enter text.

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

Telephone number: Click to enter text.

Email address: Click to enter text.

B. Process information

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

N/A

C. Product and service information

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

Click to enter text.

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: Click to enter text.

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: Click to enter text.

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Category: Subcategories: Click to enter text.

Click or tap here to enter text. Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

F. Industrial user interruptions

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

☐ Yes ☐ No

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

Click to enter text.

TREATMENT PROCESS

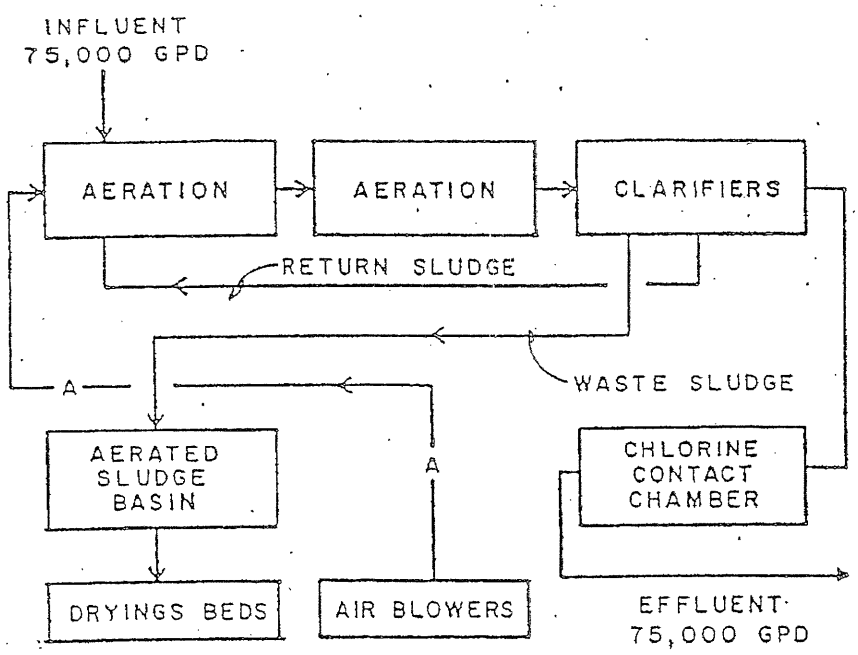
Technical Report 1.0

The South Central Calhoun County Water Control and Improvement District No. 1 Treatment Facility consists of an extended aeration mode of activated sludge process, designed in accordance with and approved by the TNRCC in 1989.

The plant is fabricated of precast concrete panels and consists of a duplex lift station, bar screen and inlet structure, two (2) aeration basins, one (1) clarifier, one (1) chlorine contact chamber, and one (1) aerated sludge holding tank. Air supply is delivered to the aeration basins and the aerated sludge holding tank with two (2) blowers. One blower will operate normally at design capacity and will be stand-by. The clarifier effluent is piped to the chlorine contact chamber, and then to the outfall. The final effluent flows through approximately 1,000 linear feet of 8-inch diameter pipe to Lavaca Bay.

Two (2) sludge beds are constructed with drains to the Lift Station. Dried sludge is hauled to an approved landfill by an approved hauler.

EXHIBIT C



AERATION	62,400	GALLONS
AERATED SLUDGE	9,500	GALLONS
CLARIFIER	24,000	GAL., 330 Ft.^{2}
CHLORINE CONTACT CHAMBER	3,650	GALLONS
DRYING BEDS	1,800	Ft.^{2}

FLOW DIAGRAM

TECHNICAL REPORT 1.0

EXHIBIT D

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

The National Map US Topo

PORT LAVACA EAST QUADRANGLE
TEXAS - CALHOUN COUNTY
7.5-MINUTE SERIES

EXHIBIT E(1 of 2)

Produced by the United States Geological Survey
North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and 1 000-meter grid:Universal Transverse Mercator, Zone 14R

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

Imagery.....NAIP, October 2016 - December 2016
Roads..... U.S. Census Bureau, 2015 - 2018
Names.....GNIS, 1979 - 2021
Hydrography.....National Hydrography Dataset, 2003 - 2018
Contours.....National Elevation Dataset, 2019
Boundaries.....Multiple sources; see metadata file 2019 - 2021

Wetlands.....FWS National Wetlands Inventory Not Available

MN
GN
3°5´ 55 MILS
1°10´ 21 MILS
UTM GRID AND 2019 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

U.S. National Grid
100,000 - m Square ID
QS
Grid Zone Designation 14R

SCALE 1:24 000

KILOMETERS 1 0.5 0 1 2
METERS 1000 500 0 1000 2000
MILES 1 0.5 0 1
FEET 1000 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 10000

CONTOUR INTERVAL 5 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

This map was produced to conform with the National Geospatial Program US Topo Product Standard.

TEXAS
QUADRANGLE LOCATION

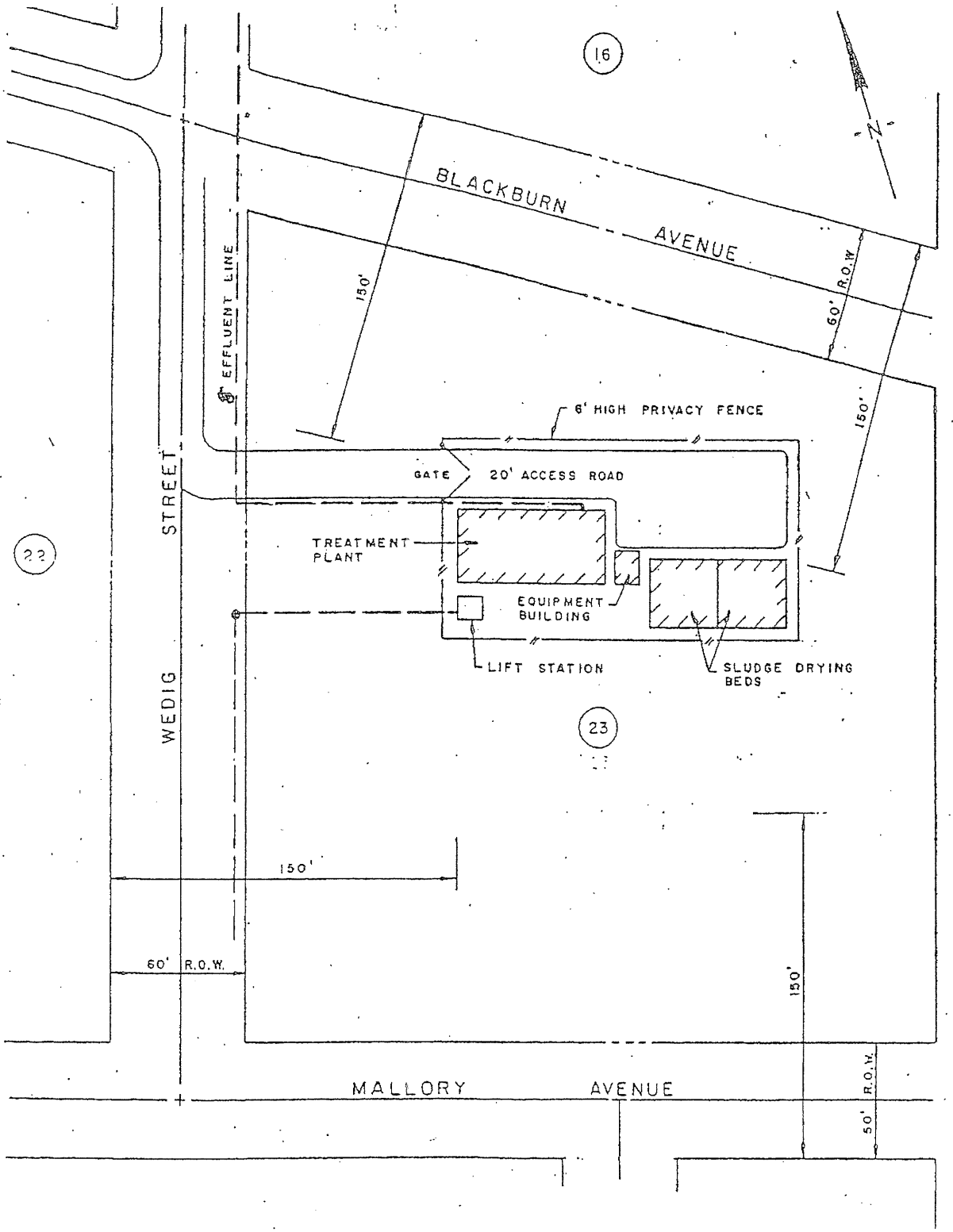
1	2	3
4		5
6	7	8

1 Kamey
2 Point Comfort
3 Olivia
4 Port Lavaca West
5 Keller Bay
6 Seadrift
7 Seadrift NE
8 Port O'Connor
ADJOINING QUADRANGLES

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

NSN 7643016397794
NGA REF NO. USGSX24K36042

PORT LAVACA EAST, TX
2022



SITE PLAN

TECHNICAL REPORT 1.0

EXHIBIT E P. 2 of 2

EXHIBIT F
ANALYSIS OF TREATED EFFLUENT

TECHNICAL REPORT 1.0

EXHIBIT F

ANALYTICAL REPORT

August 20, 2024

1 Cp
2 Tc
3 Ss
4 Cn
5 Sr
6 Qc
7 Gl
8 Al
9 Sc

South Central Calhoun County WCID #1

Sample Delivery Group: L1765194

Samples Received: 08/08/2024

Project Number:

Description:

Report To: Rene Rodriguez
182 Alamo Beach Ave
Port Lavaca, TX 77979

Entire Report Reviewed By:

Lori A Vahrenkamp
Project Manager

Results relate only to the items tested or calibrated and are reported as rounded values. This test report shall not be reproduced, except in full, without written approval of the laboratory. Where applicable, sampling conducted by Pace Analytical National is performed per guidance provided in laboratory standard operating procedures ENV-SOP-MTJL-0067 and ENV-SOP-MTJL-0068. Where sampling conducted by the customer, results relate to the accuracy of the information provided, and as the samples are received.

Pace Analytical Services, LLC -Dallas

400 W. Bethany Drive Suite 190 Allen, TX 75013 972-727-1123 800-767-5859 mydata.pacelabs.com

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PERMIT SAMPLE 2024 L1765194-01 WW

Collected by: Rene Rodriguez
Collected date/time: 08/08/24 12:00
Received date/time: 08/08/24 12:42

Method	Batch	Dilution	Preparation date/time	Analysis date/time	Analyst	Location
Microbiology by Method IDEXX Laboratories Enterolert	WG2339235	1	08/08/24 14:10	08/08/24 14:10	DLE	Victoria, TX

PERMIT SAMPLE 2024 L1765194-02 WW

Collected by: Rene Rodriguez
Collected date/time: 08/08/24 12:00
Received date/time: 08/09/24 09:30

Method	Batch	Dilution	Preparation date/time	Analysis date/time	Analyst	Location
Gravimetric Analysis by Method 2540C	WG2342665	1	08/14/24 11:16	08/14/24 13:39	QQT	Allen, TX
Gravimetric Analysis by Method 2540D	WG2343514	1	08/15/24 09:45	08/15/24 12:05	QQT	Allen, TX
Wet Chemistry by Method 120.1	WG2340991	1	08/12/24 09:40	08/12/24 09:40	SEN	Allen, TX
Wet Chemistry by Method 1664A	WG2343679	1	08/16/24 11:15	08/17/24 15:00	TM	Allen, TX
Wet Chemistry by Method 2320B	WG2341168	1	08/12/24 13:37	08/12/24 13:37	JBS	Allen, TX
Wet Chemistry by Method 300.0	WG2339669	100	08/09/24 17:55	08/09/24 17:55	SMC	Allen, TX
Wet Chemistry by Method 300.0	WG2339669	5	08/09/24 17:43	08/09/24 17:43	SMC	Allen, TX
Wet Chemistry by Method 351.2	WG2343466	1	08/15/24 10:59	08/15/24 20:50	EIG	Allen, TX
Wet Chemistry by Method 4500P-E	WG2341069	20	08/12/24 16:53	08/12/24 16:53	SMC	Allen, TX
Wet Chemistry by Method 5210 B-2016	WG2339622	1	08/09/24 16:47	08/14/24 10:54	JBS	Allen, TX
Wet Chemistry by Method SM 4500-H+B	WG2341650	1	08/13/24 09:31	08/13/24 09:31	JBS	Allen, TX
Wet Chemistry by Method SM4500NH3H	WG2341232	1	08/12/24 16:17	08/12/24 16:17	EIG	Allen, TX

All sample aliquots were received at the correct temperature, in the proper containers, with the appropriate preservatives, and within method specified holding times, unless qualified or notated within the report. Where applicable, all MDL (LOD) and RDL (LOQ) values reported for environmental samples have been corrected for the dilution factor used in the analysis. All Method and Batch Quality Control are within established criteria except where addressed in this case narrative, a non-conformance form or properly qualified within the sample results. By my digital signature below, I affirm to the best of my knowledge, all problems/anomalies observed by the laboratory as having the potential to affect the quality of the data have been identified by the laboratory, and no information or data have been knowingly withheld that would affect the quality of the data.

Lori A Vahrenkamp
Project Manager

Microbiology by Method IDEXX Laboratories Enterolert

Analyte	Result MPN/100ml	Qualifier	MDL MPN/100ml	RDL MPN/100ml	Dilution	Analysis date / time	Batch
Enterococcus	1.0				1	08/08/2024 14:10	WG2339235

Gravimetric Analysis by Method 2540C

Analyte	Result mg/l	Qualifier	RDL mg/l	Dilution	Analysis date / time	Batch
Total Dissolved Solids	840		33.3	1	08/14/2024 13:39	WG2342665

Gravimetric Analysis by Method 2540D

Analyte	Result mg/l	Qualifier	RDL mg/l	Dilution	Analysis date / time	Batch
Suspended Solids	7.80		2.50	1	08/15/2024 12:05	WG2343514

Wet Chemistry by Method 120.1

Analyte	Result umhos/cm	Qualifier	RDL umhos/cm	Dilution	Analysis date / time	Batch
Specific Conductance	1440		1.00	1	08/12/2024 09:40	WG2340991

Sample Narrative:

L1765194-02 WG2340991: at 25C

Wet Chemistry by Method 1664A

Analyte	Result mg/l	Qualifier	MDL mg/l	RDL mg/l	Dilution	Analysis date / time	Batch
Oil & Grease (Hexane Extr)	<0.389		0.389	5.56	1	08/17/2024 15:00	WG2343679

Wet Chemistry by Method 2320B

Analyte	Result mg/l	Qualifier	MDL mg/l	RDL mg/l	Dilution	Analysis date / time	Batch
Alkalinity	<20.0		20.0	20.0	1	08/12/2024 13:37	WG2341168
Alkalinity,Bicarbonate	<20.0		20.0	20.0	1	08/12/2024 13:37	WG2341168
Alkalinity,Carbonate	<20.0		20.0	20.0	1	08/12/2024 13:37	WG2341168
Alkalinity,Hydroxide	<20.0		20.0	20.0	1	08/12/2024 13:37	WG2341168
Phenolphthalein Alkalinity	<20.0		20.0	20.0	1	08/12/2024 13:37	WG2341168

Wet Chemistry by Method 300.0

Analyte	Result mg/l	Qualifier	MDL mg/l	RDL mg/l	Dilution	Analysis date / time	Batch
Chloride	275	V	32.5	80.0	100	08/09/2024 17:55	WG2339669
Nitrate	43.0	V	1.90	2.50	5	08/09/2024 17:43	WG2339669
Sulfate	114	V	21.1	70.0	100	08/09/2024 17:55	WG2339669

Wet Chemistry by Method 351.2

Analyte	Result mg/l	Qualifier	MDL mg/l	RDL mg/l	Dilution	Analysis date / time	Batch
Kjeldahl Nitrogen, TKN	0.437		0.140	0.250	1	08/15/2024 20:50	WG2343466

Wet Chemistry by Method 4500P-E

Analyte	Result mg/l	Qualifier	MDL mg/l	RDL mg/l	Dilution	Analysis date / time	Batch
Phosphorus,Total	4.64	V	0.304	1.00	20	08/12/2024 16:53	WG2341069

Wet Chemistry by Method 5210 B-2016

Analyte	Result mg/l	Qualifier	RDL mg/l	Dilution	Analysis date / time	Batch
CBOD	<1.00	J-	1.00	1	08/14/2024 10:54	WG2339622

Wet Chemistry by Method SM 4500-H+B

Analyte	Result su	Qualifier	Dilution	Analysis date / time	Batch
pH	4.57	T8	1	08/13/2024 09:31	WG2341650

Sample Narrative:

L1765194-02 WG2341650: 4.57 at 18.8C

Wet Chemistry by Method SM4500NH3H

Analyte	Result mg/l	Qualifier	MDL mg/l	RDL mg/l	Dilution	Analysis date / time	Batch
Ammonia Nitrogen	0.0532	J	0.0280	0.100	1	08/12/2024 16:17	WG2341232

QUALITY CONTROL SUMMARY

Method Blank (MB)

(MB) R4107233-1 08/14/24 13:39

Analyte	MB Result mg/l	MB Qualifier	MB MDL mg/l	MB RDL mg/l
Total Dissolved Solids	<25.0		25.0	25.0

L1765186-04 Original Sample (OS) • Duplicate (DUP)

(OS) L1765186-04 08/14/24 13:39 • (DUP) R4107233-3 08/14/24 13:39

Analyte	Original Result mg/l	DUP Result mg/l	Dilution	DUP RPD %	DUP Qualifier	DUP RPD Limits %
Total Dissolved Solids	1000	1020	1	1.97		10

L1765194-02 Original Sample (OS) • Duplicate (DUP)

(OS) L1765194-02 08/14/24 13:39 • (DUP) R4107233-4 08/14/24 13:39

Analyte	Original Result mg/l	DUP Result mg/l	Dilution	DUP RPD %	DUP Qualifier	DUP RPD Limits %
Total Dissolved Solids	840	855	1	1.73		10

Laboratory Control Sample (LCS)

(LCS) R4107233-2 08/14/24 13:39

Analyte	Spike Amount mg/l	LCS Result mg/l	LCS Rec. %	Rec. Limits %	LCS Qualifier
Total Dissolved Solids	2410	2470	102	85.0-115	

QUALITY CONTROL SUMMARY

L1765194-02

Method Blank (MB)

(MB) R4107827-1 08/15/24 12:05

Analyte	MB Result mg/l	MB Qualifier	MB MDL mg/l	MB RDL mg/l
Suspended Solids	<2.50		2.50	2.50

L1765628-02 Original Sample (OS) • Duplicate (DUP)

(OS) L1765628-02 08/15/24 12:05 • (DUP) R4107827-3 08/15/24 12:05

Analyte	Original Result mg/l	DUP Result mg/l	Dilution	DUP RPD %	DUP Qualifier	DUP RPD Limits %
Suspended Solids	264	340	1	25.2	P1	10

L1765628-03 Original Sample (OS) • Duplicate (DUP)

(OS) L1765628-03 08/15/24 12:05 • (DUP) R4107827-4 08/15/24 12:05

Analyte	Original Result mg/l	DUP Result mg/l	Dilution	DUP RPD %	DUP Qualifier	DUP RPD Limits %
Suspended Solids	3220	3420	1	6.02		10

Laboratory Control Sample (LCS)

(LCS) R4107827-2 08/15/24 12:05

Analyte	Spike Amount mg/l	LCS Result mg/l	LCS Rec. %	Rec. Limits %	LCS Qualifier
Suspended Solids	879	835	95.0	85.0-115	

QUALITY CONTROL SUMMARY

Method Blank (MB)

(MB) R4105462-1 08/12/24 09:40

Analyte	MB Result umhos/cm	MB Qualifier	MB MDL umhos/cm	MB RDL umhos/cm
Specific Conductance	<1.00		1.00	1.00

Sample Narrative:

BLANK: at 25C

L1765194-02 Original Sample (OS) • Duplicate (DUP)

(OS) L1765194-02 08/12/24 09:40 • (DUP) R4105462-3 08/12/24 09:40

Analyte	Original Result umhos/cm	DUP Result umhos/cm	Dilution	DUP RPD %	DUP Qualifier	DUP RPD Limits %
Specific Conductance	1440	1450	1	0.623		20

Sample Narrative:

OS: at 25C

DUP: at 25C

Laboratory Control Sample (LCS)

(LCS) R4105462-2 08/12/24 09:40

Analyte	Spike Amount umhos/cm	LCS Result umhos/cm	LCS Rec. %	Rec. Limits %	LCS Qualifier
Specific Conductance	200	199	99.6	80.0-120	

Sample Narrative:

LCS: at 25C

QUALITY CONTROL SUMMARY

L1765194-02

Method Blank (MB)

(MB) R4108252-1 08/17/24 15:00

Analyte	MB Result mg/l	MB Qualifier	MB MDL mg/l	MB RDL mg/l
Oil & Grease (Hexane Extr)	<0.350		0.350	5.00

Laboratory Control Sample (LCS) • Laboratory Control Sample Duplicate (LCSD)

(LCS) R4108252-2 08/17/24 15:00 • (LCSD) R4108252-3 08/17/24 15:00

Analyte	Spike Amount mg/l	LCS Result mg/l	LCSD Result mg/l	LCS Rec. %	LCSD Rec. %	Rec. Limits %	LCS Qualifier	LCSD Qualifier	RPD %	RPD Limits %
Oil & Grease (Hexane Extr)	40.0	35.9	33.8	89.8	84.5	78.0-114			6.03	18

L1767268-04 Original Sample (OS) • Matrix Spike (MS)

(OS) L1767268-04 08/17/24 15:00 • (MS) R4108252-4 08/17/24 15:00

Analyte	Spike Amount mg/l	Original Result mg/l	MS Result mg/l	MS Rec. %	Dilution	Rec. Limits %	MS Qualifier
Oil & Grease (Hexane Extr)	40.0	<0.350	32.4	81.0	1	78.0-114	

QUALITY CONTROL SUMMARY

Method Blank (MB)

(MB) R4105618-1 08/12/24 13:37

Analyte	MB Result mg/l	MB Qualifier	MB MDL mg/l	MB RDL mg/l
Alkalinity	<20.0		20.0	20.0
Alkalinity,Bicarbonate	<20.0		20.0	20.0
Alkalinity,Carbonate	<20.0		20.0	20.0
Alkalinity,Hydroxide	<20.0		20.0	20.0
Phenolphthalein Alkalinity	<20.0		20.0	20.0

L1765194-02 Original Sample (OS) • Duplicate (DUP)

(OS) L1765194-02 08/12/24 13:37 • (DUP) R4105618-3 08/12/24 13:37

Analyte	Original Result mg/l	DUP Result mg/l	Dilution	DUP RPD %	DUP Qualifier	DUP RPD Limits %
Alkalinity	<20.0	<20.0	1	0.000		20

Laboratory Control Sample (LCS)

(LCS) R4105618-2 08/12/24 13:37

Analyte	Spike Amount mg/l	LCS Result mg/l	LCS Rec. %	Rec. Limits %	LCS Qualifier
Alkalinity	250	240	96.0	90.0-110	

QUALITY CONTROL SUMMARY

L1765194-02

Method Blank (MB)

(MB) R4105583-1 08/09/24 12:40

Analyte	MB Result mg/l	MB Qualifier	MB MDL mg/l	MB RDL mg/l
Chloride	<0.325		0.325	0.800
Nitrate	<0.379		0.379	0.500
Sulfate	<0.211		0.211	0.700

Laboratory Control Sample (LCS)

(LCS) R4105583-2 08/09/24 12:52

Analyte	Spike Amount mg/l	LCS Result mg/l	LCS Rec. %	Rec. Limits %	LCS Qualifier
Chloride	5.00	5.11	102	90.0-110	
Nitrate	5.00	5.00	100	90.0-110	
Sulfate	5.00	5.03	101	90.0-110	

L1765194-02 Original Sample (OS) • Matrix Spike (MS) • Matrix Spike Duplicate (MSD)

(OS) L1765194-02 08/09/24 17:43 • (MS) R4105583-3 08/09/24 18:54 • (MSD) R4105583-4 08/09/24 19:06

Analyte	Spike Amount mg/l	Original Result mg/l	MS Result mg/l	MSD Result mg/l	MS Rec. %	MSD Rec. %	Dilution	Rec. Limits %	MS Qualifier	MSD Qualifier	RPD %	RPD Limits %
Nitrate	5.00	43.0	71.6	72.4	572	587	5	90.0-110	V	V	1.04	20

L1765194-02 Original Sample (OS) • Matrix Spike (MS) • Matrix Spike Duplicate (MSD)

(OS) L1765194-02 08/09/24 17:55 • (MS) R4105583-5 08/09/24 19:18 • (MSD) R4105583-6 08/09/24 19:30

Analyte	Spike Amount mg/l	Original Result mg/l	MS Result mg/l	MSD Result mg/l	MS Rec. %	MSD Rec. %	Dilution	Rec. Limits %	MS Qualifier	MSD Qualifier	RPD %	RPD Limits %
Chloride	5.00	275	768	771	9870	9940	100	90.0-110	V	V	0.407	20
Sulfate	5.00	114	603	605	9770	9810	100	90.0-110	V	V	0.295	20

QUALITY CONTROL SUMMARY

L1765194-02

Method Blank (MB)

(MB) R4107533-2 08/15/24 21:01

Analyte	MB Result mg/l	MB Qualifier	MB MDL mg/l	MB RDL mg/l
Kjeldahl Nitrogen, TKN	<0.140		0.140	0.250

Laboratory Control Sample (LCS)

(LCS) R4107533-1 08/15/24 20:47

Analyte	Spike Amount mg/l	LCS Result mg/l	LCS Rec. %	Rec. Limits %	LCS Qualifier
Kjeldahl Nitrogen, TKN	4.00	4.22	106	90.0-110	

L1767205-05 Original Sample (OS) • Matrix Spike (MS) • Matrix Spike Duplicate (MSD)

(OS) L1767205-05 08/15/24 21:10 • (MS) R4107533-3 08/15/24 21:17 • (MSD) R4107533-4 08/15/24 21:18

Analyte	Spike Amount mg/l	Original Result mg/l	MS Result mg/l	MSD Result mg/l	MS Rec. %	MSD Rec. %	Dilution	Rec. Limits %	MS Qualifier	MSD Qualifier	RPD %	RPD Limits %
Kjeldahl Nitrogen, TKN	4.00	0.683	4.42	4.51	93.4	95.7	1	90.0-110			2.02	20

L1767268-05 Original Sample (OS) • Matrix Spike (MS) • Matrix Spike Duplicate (MSD)

(OS) L1767268-05 08/15/24 21:11 • (MS) R4107533-5 08/15/24 21:19 • (MSD) R4107533-6 08/15/24 21:21

Analyte	Spike Amount mg/l	Original Result mg/l	MS Result mg/l	MSD Result mg/l	MS Rec. %	MSD Rec. %	Dilution	Rec. Limits %	MS Qualifier	MSD Qualifier	RPD %	RPD Limits %
Kjeldahl Nitrogen, TKN	4.00	0.905	3.93	4.26	75.6	83.9	1	90.0-110	J6	J6	8.06	20

QUALITY CONTROL SUMMARY

Method Blank (MB)

(MB) R4105695-1 08/12/24 16:52

Analyte	MB Result mg/l	MB Qualifier	MB MDL mg/l	MB RDL mg/l
Phosphorus,Total	<0.0152		0.0152	0.0500

Laboratory Control Sample (LCS)

(LCS) R4105695-2 08/12/24 16:52

Analyte	Spike Amount mg/l	LCS Result mg/l	LCS Rec. %	Rec. Limits %	LCS Qualifier
Phosphorus,Total	0.500	0.516	103	80.0-120	

L1765194-02 Original Sample (OS) • Matrix Spike (MS) • Matrix Spike Duplicate (MSD)

(OS) L1765194-02 08/12/24 16:53 • (MS) R4105695-3 08/12/24 16:53 • (MSD) R4105695-4 08/12/24 16:53

Analyte	Spike Amount mg/l	Original Result mg/l	MS Result mg/l	MSD Result mg/l	MS Rec. %	MSD Rec. %	Dilution	Rec. Limits %	MS Qualifier	MSD Qualifier	RPD %	RPD Limits %
Phosphorus,Total	0.500	4.64	5.42	5.31	156	134	20	80.0-120	V	V	2.08	20

QUALITY CONTROL SUMMARY

Method Blank (MB)

(MB) R4106557-1 08/14/24 10:44

Analyte	MB Result mg/l	MB Qualifier	MB MDL mg/l	MB RDL mg/l
CBOD	<0.200		0.200	0.200

L1765186-04 Original Sample (OS) • Duplicate (DUP)

(OS) L1765186-04 08/14/24 10:52 • (DUP) R4106557-3 08/14/24 11:50

Analyte	Original Result mg/l	DUP Result mg/l	Dilution	DUP RPD %	DUP Qualifier	DUP RPD Limits %
CBOD	1.00	<1.00	1	200	P1	20

L1765619-02 Original Sample (OS) • Duplicate (DUP)

(OS) L1765619-02 08/14/24 11:17 • (DUP) R4106557-4 08/14/24 11:52

Analyte	Original Result mg/l	DUP Result mg/l	Dilution	DUP RPD %	DUP Qualifier	DUP RPD Limits %
CBOD	1.00	<1.00	1	200	P1	20

Laboratory Control Sample (LCS)

(LCS) R4106557-2 08/14/24 10:49

Analyte	Spike Amount mg/l	LCS Result mg/l	LCS Rec. %	Rec. Limits %	LCS Qualifier
CBOD	198	62.3	31.4	85-115	J-

L1763941-01 Original Sample (OS) • Duplicate (DUP)

(OS) L1763941-01 08/13/24 09:31 • (DUP) R4105944-2 08/13/24 09:31

Analyte	Original Result	DUP Result	Dilution	DUP RPD	DUP Qualifier	DUP RPD Limits
	su	su		%		%
pH	8.18	8.21	1	0.366		20

Sample Narrative:

OS: 8.18 at 18.8C

DUP: 8.21 at 19.4C

Laboratory Control Sample (LCS)

(LCS) R4105944-1 08/13/24 09:31

Analyte	Spike Amount	LCS Result	LCS Rec.	Rec. Limits	LCS Qualifier
	su	su	%	%	
pH	6.00	5.98	99.7	99.0-101	

Sample Narrative:

LCS: 5.98 at 21C

QUALITY CONTROL SUMMARY

L1765194-02

Method Blank (MB)

(MB) R4105913-1 08/12/24 15:51

Analyte	MB Result mg/l	MB Qualifier	MB MDL mg/l	MB RDL mg/l
Ammonia Nitrogen	<0.0280		0.0280	0.100

Laboratory Control Sample (LCS)

(LCS) R4105913-2 08/12/24 15:52

Analyte	Spike Amount mg/l	LCS Result mg/l	LCS Rec. %	Rec. Limits %	LCS Qualifier
Ammonia Nitrogen	5.00	4.99	99.8	80.0-120	

L1765016-01 Original Sample (OS) • Matrix Spike (MS) • Matrix Spike Duplicate (MSD)

(OS) L1765016-01 08/12/24 16:12 • (MS) R4105913-3 08/12/24 15:54 • (MSD) R4105913-4 08/12/24 15:56

Analyte	Spike Amount mg/l	Original Result mg/l	MS Result mg/l	MSD Result mg/l	MS Rec. %	MSD Rec. %	Dilution	Rec. Limits %	MS Qualifier	MSD Qualifier	RPD %	RPD Limits %
Ammonia Nitrogen	5.00	0.0335	4.81	4.84	95.5	96.1	1	80.0-120			0.622	20

L1765053-01 Original Sample (OS) • Matrix Spike (MS) • Matrix Spike Duplicate (MSD)

(OS) L1765053-01 08/12/24 16:14 • (MS) R4105913-5 08/12/24 15:58 • (MSD) R4105913-6 08/12/24 15:59

Analyte	Spike Amount mg/l	Original Result mg/l	MS Result mg/l	MSD Result mg/l	MS Rec. %	MSD Rec. %	Dilution	Rec. Limits %	MS Qualifier	MSD Qualifier	RPD %	RPD Limits %
Ammonia Nitrogen	5.00	0.259	5.15	5.14	97.8	97.6	1	80.0-120			0.194	20

Guide to Reading and Understanding Your Laboratory Report

The information below is designed to better explain the various terms used in your report of analytical results from the Laboratory. This is not intended as a comprehensive explanation, and if you have additional questions please contact your project representative.

Results Disclaimer - Information that may be provided by the customer, and contained within this report, include Permit Limits, Project Name, Sample ID, Sample Matrix, Sample Preservation, Field Blanks, Field Spikes, Field Duplicates, On-Site Data, Sampling Collection Dates/Times, and Sampling Location. Results relate to the accuracy of this information provided, and as the samples are received.

Abbreviations and Definitions

MDL	Method Detection Limit.
RDL	Reported Detection Limit.
Rec.	Recovery.
RPD	Relative Percent Difference.
SDG	Sample Delivery Group.
Analyte	The name of the particular compound or analysis performed. Some Analyses and Methods will have multiple analytes reported.
Dilution	If the sample matrix contains an interfering material, the sample preparation volume or weight values differ from the standard, or if concentrations of analytes in the sample are higher than the highest limit of concentration that the laboratory can accurately report, the sample may be diluted for analysis. If a value different than 1 is used in this field, the result reported has already been corrected for this factor.
Limits	These are the target % recovery ranges or % difference value that the laboratory has historically determined as normal for the method and analyte being reported. Successful QC Sample analysis will target all analytes recovered or duplicated within these ranges.
Original Sample	The non-spiked sample in the prep batch used to determine the Relative Percent Difference (RPD) from a quality control sample. The Original Sample may not be included within the reported SDG.
Qualifier	This column provides a letter and/or number designation that corresponds to additional information concerning the result reported. If a Qualifier is present, a definition per Qualifier is provided within the Glossary and Definitions page and potentially a discussion of possible implications of the Qualifier in the Case Narrative if applicable.
Result	The actual analytical final result (corrected for any sample specific characteristics) reported for your sample. If there was no measurable result returned for a specific analyte, the result in this column may state “ND” (Not Detected) or “BDL” (Below Detectable Levels). The information in the results column should always be accompanied by either an MDL (Method Detection Limit) or RDL (Reporting Detection Limit) that defines the lowest value that the laboratory could detect or report for this analyte.
Uncertainty (Radiochemistry)	Confidence level of 2 sigma.
Case Narrative (Cn)	A brief discussion about the included sample results, including a discussion of any non-conformances to protocol observed either at sample receipt by the laboratory from the field or during the analytical process. If present, there will be a section in the Case Narrative to discuss the meaning of any data qualifiers used in the report.
Quality Control Summary (Qc)	This section of the report includes the results of the laboratory quality control analyses required by procedure or analytical methods to assist in evaluating the validity of the results reported for your samples. These analyses are not being performed on your samples typically, but on laboratory generated material.
Sample Chain of Custody (Sc)	This is the document created in the field when your samples were initially collected. This is used to verify the time and date of collection, the person collecting the samples, and the analyses that the laboratory is requested to perform. This chain of custody also documents all persons (excluding commercial shippers) that have had control or possession of the samples from the time of collection until delivery to the laboratory for analysis.
Sample Results (Sr)	This section of your report will provide the results of all testing performed on your samples. These results are provided by sample ID and are separated by the analyses performed on each sample. The header line of each analysis section for each sample will provide the name and method number for the analysis reported.
Sample Summary (Ss)	This section of the Analytical Report defines the specific analyses performed for each sample ID, including the dates and times of preparation and/or analysis.

Qualifier	Description
J	The identification of the analyte is acceptable; the reported value is an estimate.
J6	The sample matrix interfered with the ability to make any accurate determination; spike value is low.
J-	The associated batch QC was outside the lower control limits; associated data has a potential negative bias.
P1	RPD value not applicable for sample concentrations less than 5 times the reporting limit.
T8	Sample(s) received past/too close to holding time expiration.
V	The sample concentration is too high to evaluate accurate spike recoveries.

Pace Analytical Services, LLC -Dallas 400 W. Bethany Drive Suite 190 Allen, TX 75013

Arkansas	88-0647	Kansas	E10388
Florida	E871118	Texas	T104704232-23-39
Iowa	408	Oklahoma	8727
Louisiana	30686		

Pace Analytical Services, LLC -Dallas 1606 E. Brazos Street Suite D Victoria, TX 77901

Texas	T104704328-23-21

[1] Drinking Water [2] Underground Storage Tanks [3] Aquatic Toxicity [4] Chemical/Microbiological [5] Mold [6] Wastewater n/a Accreditation not applicable

* Not all certifications held by the laboratory are applicable to the results reported in the attached report.

* Accreditation is only applicable to the test methods specified on each scope of accreditation held by Pace Analytical.

Company Name/Address:
South Central Calhoun County WCID #1

182 Alamo Beach Ave
Port Lavaca, TX 77979

Billing Information:
South Central Calhoun County WCID #1
P.O. Box 833
Port Lavaca, TX 77979

Pres Chk

Report to:
Rene Rodriguez

Email To: **reneswateroperations@gmail.com**

Project Description:

City/State Collected:

Please Circle: PT MT CT ET

Phone: 361 237 9054

Client Project #

Lab Project #

Collected by (print): Rene Rodriguez

Site/Facility ID #

P.O. #

Collected by (signature):

Immediately Packed on Ice N ____ Y ✓

Rush? (Lab MUST Be Notified)
____ Same Day ____ Five Day
____ Next Day ____ 5 Day (Rad Only)
____ Two Day ____ 10 Day (Rad Only)
____ Three Day

Quote #

Date Results Needed

No. of Cntrs

Analysis / Container / Preservative

Chain of Custody Page ___ of ___

Pace
PEOPLE ADVANCING SCIENCE

ALLEN, TX

400 W. Bethany Drive Suite 190 Allen, TX 75013
Submitting a sample via this chain of custody constitutes acknowledgment and acceptance of the Pace Terms and Conditions found at: https://info.pacelabs.com/hubfs/pas-standard-terms.pdf

SDG # L1765144

Table #

Acctnum: **SCCCPLTX**
Template: **T257614**
Prelogin: **P1093031**
PM: **3617 - Danielle L Elliott**
PB:

Shipped Via: **FedEX Ground**

Sample ID	Comp/Grab	Matrix *	Depth	Date	Time	No. of Cntrs	ALLOGHEX 1L-Amb-Add HCl	Anions, pH, Alk 1L-HDPE NoPres	CBOD 1L-HDPE NoPres	Conductivity 500mlHDPE-NoPres	NH3, TKN, Total Phos 250mlHDPE-H2SO4	TSS, TDS 1L-HDPE-NoPres	~~VICEOLIERT Microbiological~~ VICEntrolert				Remarks	Sample # (lab only)
Permit Sample 2024		WW		8-8-24	12:00	8	X	X	X	X	X	X	X					-01/02

* Matrix:
SS - Soil **AIR** - Air **F** - Filter
GW - Groundwater **B** - Bioassay
WW - WasteWater
DW - Drinking Water
OT - Other_____

Remarks:
18.4°C / ~~18.6~~ DZ 18.5°C IR-17 CF(+0.1)

pH _____ Temp _____
Flow _____ Other _____

Samples returned via:
__ UPS __ FedEx __ Courier _____

Tracking #

Sample Receipt Checklist
COC Seal Present/Intact: __NP __Y __N
COC Signed/Accurate: __Y __N
Bottles arrive intact: __Y __N
Correct bottles used: __Y __N
Sufficient volume sent: __Y __N
If Applicable
VOA Zero Headspace: __Y __N
Preservation Correct/Checked: __Y __N
RAD Screen <0.5 mR/hr: __Y __N

Relinquished by: (Signature)	Date:	Time:	Received by: (Signature)	Trip Blank Received: Yes / No HCL / MeoH TBR
[signature]	8-8-24	12:42	[signature]	
Relinquished by: (Signature)	Date:	Time:	Received by: (Signature)	Temp: °C Bottles Received:
[signature]	8-8-24	1700	FedEx	
Relinquished by: (Signature)	Date:	Time:	Received for lab by: (Signature)	Date: Time:
FedEx	8/9/24	0930	PACE [signature]	8/9/24 0930

If preservation required by Login: Date/Time

Hold:

Condition: NCF / OK

FedEx

TRK# 0221 7387 0566 1918

FRI - 09 AUG 10:30A

PRIORITY OVERNIGHT

AD DNEA

75013

TX-US DFW

EXP 03/25

#5675684 08/08 583J6/A12D/9AE3

Pace ANALYTICAL SERVICES	DC#_Title: ENV-FRM-ALLE-0017 v15_Sample Condition Upon Receipt
	Effective Date: 12/18/2023

Sample Condition Upon Receipt

☐Dallas ☐Ft Worth ☐Corpus Christi ☐Austin

Client Name: Southcentral Calhoun County WCID#1 Project Work order (place label):

Courier: FedEx ☑ UPS ☐ USPS ☐ Client ☐ LSO ☐ PACE ☐ Other: _____

Tracking #: 7387 0566 1918

Custody Seal on Cooler/Box: Yes ☑ No ☐

Received on ice: Wet ☑ Blue ☐ No ice ☐

Receiving Lab 1 Thermometer Used: IR19 **Cooler Temp °C:** 1.6 (Recorded) +0.1 (Correction Factor) 1.7 (Actual)

Receiving Lab 2 Thermometer Used: _____ **Cooler Temp °C:** _____(Recorded) _____(Correction Factor) _____(Actual)

Chain of Custody relinquished	Yes ☑ No ☐
Sampler name & signature on COC	Yes ☑ No ☐
Short HT analyses (<72 hrs)	Yes ☑ No ☐

Temperature should be above freezing to 6°C unless collected same day as receipt in which evidence of cooling is acceptable.

Triage Person: AG Date: 8/9/24

Sufficient Volume received	Yes ☑ No ☐
Correct Container used	Yes ☑ No ☐
Container Intact	Yes ☑ No ☐
Sample pH Acceptable pH Strips: 6402007	Yes ☑ No ☐ NA ☐
Residual Chlorine Present Cl Strips: _____	Yes ☐ No ☐ NA ☑
Sulfide Present Lead Acetate Strips: _____	Yes ☐ No ☐ NA ☑
Are soil samples (volatiles, TPH) received in 5035A Kits (not applicable to TCLP VOA or PST Program TPH)	Yes ☐ No ☐ NA ☑
Unpreserved 5035A soil frozen within 48 hrs	Yes ☐ No ☐ NA ☑
Headspace in VOA (>6mm)	Yes ☐ No ☐ NA ☑
Project sampled in USDA Regulated Area outside of Texas State Sampled: _____	Yes ☐ No ☐ NA ☑
Non-Conformance(s):	Yes ☐ No ☑

Login Person: JW Date: 8/9/24

Labeling Person (if different than log-in): _____ Date: _____

Rainee Trevino

From: smason@gwengineers.com
Sent: Thursday, September 26, 2024 3:30 PM
To: Rainee Trevino
Cc: scccwcid1ta@yahoo.com
Subject: RE: Application to Renew Permit No. WQ0013774001 - Notice of Deficiency Letter
Attachments: Municipal Discharge Renewal Spanish NORI.docx

Follow Up Flag: Follow up
Flag Status: Flagged

Rainee,

Good morning. Please see the attached.

Thank you,

Scott P. Mason, P.E.
Lead Project Engineer
G&W Engineers, Inc.

From: Rainee Trevino <Rainee.Trevino@tceq.texas.gov>
Sent: Thursday, September 26, 2024 9:26 AM
To: smason@gwengineers.com
Cc: scccwcid1ta@yahoo.com
Subject: RE: Application to Renew Permit No. WQ0013774001 - Notice of Deficiency Letter
Importance: High

Good morning,

I am following up regarding the below email sent last week.

Respectfully,

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

From: Rainee Trevino <Rainee.Trevino@tceq.texas.gov>
Sent: Friday, September 13, 2024 2:27 PM
To: smason@gwengineers.com
Cc: scccwcid1ta@yahoo.com
Subject: Application to Renew Permit No. WQ0013774001 - Notice of Deficiency Letter

Dear Mr. Mason

The attached Notice of Deficiency letter sent on September 13, 2024, requests additional information needed to declare the application administratively complete. Please send the complete response to my attention by September 27, 2024.

Best Regards,

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

Comisión de Calidad Ambiental del Estado de Texas

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

PERMISO NO. WQ0013774001

SOLICITUD. Distrito No. 1 de Control y Mejora del Agua del Centro Sur del Condado de Calhoun ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0013774001 (EPA I.D. No. TX0104205) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 75,000 galones por día. La planta está ubicada en 1 Wedig Street, en la ciudad de Port en el Condado de Calhoun , Texas. La ruta de descarga es del sitio de la planta a hasta Lavaca Bahía/Bahía Chocolate . La TCEQ recibió esta solicitud el 3 de septiembre de 2024. La solicitud para el permiso estará disponible para leerla y copiarla en en la Oficina del Secretario del Condado de Calhoun, Oficina de Registros, 211 South Ann Street, Suite 102, Port Lavaca, en el condado de Calhoun, antes de la fecha de publicación de este aviso en el periódico. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud. https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications.

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

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar comentarios públicos o pedir una reunión pública sobre esta solicitud. El propósito de una reunión pública es dar la oportunidad de presentar comentarios o hacer preguntas acerca de la solicitud. La TCEQ realiza una reunión pública si el Director Ejecutivo determina que hay un grado de interés público suficiente en la solicitud o si un legislador local lo pide. Una reunión pública no es una audiencia administrativa de lo contencioso.

OPORTUNIDAD DE UNA AUDIENCIA ADMINISTRATIVA DE LO CONTENCIOSO. Después del plazo para presentar comentarios públicos, el Director Ejecutivo considerará todos

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

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

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

LISTA DE CORREO. Si somete comentarios públicos, un pedido para una audiencia administrativa de lo contencioso o una reconsideración de la decisión del Director Ejecutivo, la Oficina del Secretario Principal enviará por correo los avisos públicos en relación con la solicitud. Ademas, puede pedir que la TCEQ ponga su nombre en una or mas de las listas correos siguientes (1) la lista de correo permanente para recibir los avisos de el solicitante indicado por nombre y número del permiso específico y/o (2) la lista de correo de todas las solicitudes en un condado especifico. Si desea que se agrega su nombre en una de las listas designe cual lista(s) y envia por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

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

También se puede obtener información adicional del Distrito No. 1 de Control y Mejora del Agua del Centro Sur del Condado de Calhoun a la dirección indicada arriba o llamando a Scott P. Mason al 361-552-4509.

Fecha de emission:

Rainee Trevino

From: smason@gwengineers.com
Sent: Friday, September 20, 2024 9:49 AM
To: Rainee Trevino
Cc: scccwcid1ta@yahoo.com
Subject: RE: Application to Renew Permit No. WQ0013774001 - Notice of Deficiency Letter
Attachments: SCCCWCID No1 Response to TCEQ Email 091324.pdf; NORI Translated to Spanish.docx

Follow Up Flag: Follow up
Flag Status: Completed

Good Morning Rainee Trevino,

Please see the attached response letter to the Email Dated 09/13/24. We have reviewed the proposed NORI and have found no errors. After the response letter is the translated copy of the NORI to the required Secondary Language. We have attached a word version of the Translated NORI as requested.

If you need anything further please let me know.

Respectfully,

Scott P. Mason, P.E.
Lead Project Engineer
G&W Engineers, Inc.

From: Rainee Trevino <Rainee.Trevino@tceq.texas.gov>
Sent: Friday, September 13, 2024 2:27 PM
To: smason@gwengineers.com
Cc: scccwcid1ta@yahoo.com
Subject: Application to Renew Permit No. WQ0013774001 - Notice of Deficiency Letter

Dear Mr. Mason

The attached Notice of Deficiency letter sent on September 13, 2024, requests additional information needed to declare the application administratively complete. Please send the complete response to my attention by September 27, 2024.

Best Regards,

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

512-239-4324

G&W ENGINEERS, INC.

205 W. Live Oak • Port Lavaca, TX 77979 • p: (361)552-4509 • f: (361)552-4987
Texas Firm Registration No. F04188

September 20, 2024

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

RE: Application to Renew Permit No.: WQ0013774001 (EPA I.D. No. TX0104205) Applicant Name: South Central Calhoun County Water Control and Improvement District No. 1 (CN600640973) Site Name: South Central Calhoun County WCID No. 1 WWTP (RN101701670) Type of Application: Renewal

Dear Plan Review Team,

G&W Engineers, Inc. was retained to by the South Central Calhoun County Water Control & Improvement District No. 1 (SCCCWCID No.1) to submit the necessary application Submittal for the Renewal of the current Wastewater Treatment Facility permit to the TCEQ. This is in response to the email sent on September 13, 2024 to address the following two (2) comments about the submittal.

1. *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.*

   APPLICATION. *South Central Calhoun County Water Control and Improvement District No. 1, P.O. Box 833, Port Lavaca, Texas 77979, applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0013774001 (EPA I.D. No. TX0104205) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 75,000 gallons per day. The domestic wastewater treatment facility is located at 1 Wedig Street, in the city of Port Lavaca, in Calhoun County, Texas 77979. The discharge route is from the plant site to Lavaca Bay/Chocolate Bay. TCEQ received this application on September 3, 2024. The permit application will be available for viewing and copying at Calhoun County Clerk's Office, Records Office, 211 South Ann Street, Suite 102, Port Lavaca, in Calhoun 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=-96.541388,28.559166&level=18

Further information may also be obtained from South Central Calhoun County Water Control and Improvement District No. 1 at the address stated above or by calling Mr. Scott Mason, P.E., G&W Engineers, Inc., at 361-552-4509.
The above Notice of Receipt of Application and Intent to Obtain a Water Quality Permit has been read and no errors or omissions have been found.

2. *The application indicates that public notices in Spanish are required. After confirming the portion of the NORI above does not contain any errors or omissions, please use the attached template to translate the NORI into Spanish. Only the first and last paragraphs are unique to this application and require translation. Please provide the translated Spanish NORI in a Microsoft Word document.*
A translated version of the NORI has been made and is attached following this letter.

Sincerely,

Scott P. Mason, P.E.

Scott P. Mason, P.E.
Lead Project Engineer
G&W Engineers, Inc.