

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



Este archivo contiene los siguientes documentos:

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

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

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

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

City of Big Wells (CN600667364) operates City of Big Wells WWTP (RN101720357), a domestic wastewater treatment plant. The facility is located at approximately 2000 feet west of FM 1867 and 2200 feet south of US Highway 85, in Big Wells, Dimmit County, Texas 78830. The renewal of an application to discharge of treated domestic wastewater at a daily average flow not to exceed 150,000 gallons per day.

Discharges from the facility are expected to contain less than 30 mg/l Carbonaceous Biochemical Oxygen Demand (CBOD5), 90 mg/l Total Suspended Solids (TDS), and 126 E.Coli CFU MPN/ 100 ml. Domestic wastewater is treated by one facultative lagoon followed by two aerobic lagoons.

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

AGUAS RESIDUALES DOMÉSTICAS /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.

La Ciudad de Big Wells (CN600667364) opera la Planta de Tratamiento de Aguas Residuales de la Ciudad de Big Wells (RN101720357), una planta de tratamiento de aguas residulaes domesticas. La instalación está ubicada en aproximadamente a 2000 pies al oeste de FM 1867 y 2200 pies al sur de la Carretera US 85, en Big Wells, Condado de Dimmit, Texas 78830. La renovación de una solicitud para la descarga de agua residulaes domesticas tratadas con un flujo promedio diario que no exceda los 150,000 galones por día.

Se espera que las descargas de la instalación contengan 30 mg/l de Demanda Bioquímica de Oxígeno Carbonáceo (CBOD5), 90 mg/l de Sólidos Suspendidos Totales (TDS) y 126 UFC MPN/100 ml de E. Coli. Aguas residuales domésticas. están tratado por lagunas facultativas y aeróbicas. El tratamiento de aguas residuales utilizado en la instalación consiste en una laguna facultativa seguida de dos lagunas aeróbicas.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0013782001

APPLICATION. City of Big Wells, P.O. Box 68, Big Wells, Texas 78830, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0013782001 (EPA I.D. No. TX0104884) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 150,000 gallons per day. The domestic wastewater treatment facility is located approximately 3,800 feet southwest of the intersection of Farm-to-Market Road 1867 and U.S. Highway 85, near the city of Big Wells, in Dimmit County, Texas 78830. The discharge route is from the plant site to an unnamed tributary; thence to Arroyo Negro; thence to a forested wetland; thence to Arroyo Negro; thence to the Nueces River Above Holland Dam. TCEQ received this application on March 20, 2025. The permit application will be available for viewing and copying at Big Wells City Hall, 1300 Grand Avenue, Big Wells, in Dimmit 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=-99.579722,28.566666&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 countywide 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 City of Big Wells at the address stated above or by calling Mr. Robert Thonhoff, P.E., Consultant/WTC, Inc, at 512-328-6736.

Issuance Date: April 21, 2025

Comisión de Calidad Ambiental del Estado de Texas



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

PERMISO NO. WQ0013782001

SOLICITUD. La Ciudad de Big Wells, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0013782001 (EPA I.D. No. TX 0104884) 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 150,000 galones por día. La planta está ubicada aproximadamente en 3.800 pies al suroeste de la intersección de Farm-to-Market Road 1867 y U.S. Highway 85, cerca de la ciudad de Big Wells, en el condado de Dimmit, Texas 78830. La ruta de descarga es del sitio de la planta a a un tributario sin nobmre; luego al Arroyo Negro; luego a un humedal boscoso; luego nuevamente al Arroyo Negro; y finalmente al Rio Nueces arriba de la presa Holland. La TCEO recibió esta solicitud el 20 de marzo de 2025. La solicitud para el permiso estará disponible para leerla y copiarla en el Ayuntamiento, 1300 Grand Avenue, Big Wells, en el Condado de Dimmit, Texas, antes de la fecha de publicación de este aviso en el periódico. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web: https://www.tceg.texas.gov/permitting/wastewater/pendingpermits/tpdes-applications. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.

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

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

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

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

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

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

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

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

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

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

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

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

También se puede obtener información adicional de la Ciudada de Big Wells a la dirección indicada arriba o llamando a Sr. Robert Thonhoff, P.E., Consultor/WTC, Inc. Al (512)328-6736.

Fecha de emisión: 21 de abril de 2025

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TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: <u>City of Big Wells</u>
--

PERMIT NUMBER (If new, leave blank): WQ00 13782001

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

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

For TCEQ Use Only	
Segment Number	•
Expiration Date	Region
Permit Number	

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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	Informa	tion
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Mailed Check/Money Order Number: Click to enter text.

Check/Money Order Amount: Click to enter text.

Name Printed on Check: Click to enter text.

EPAY Voucher Number: 752971 and 752972

Copy of Payment Voucher enclosed? Yes \boxtimes

Section 2. Type of Application (Instructions Page 26)

a.	Che	ck the box next to the appropriate authorization type.
	\boxtimes	Publicly-Owned Domestic Wastewater
		Privately-Owned Domestic Wastewater
		Conventional Wastewater Treatment
b.	Che	ck the box next to the appropriate facility status.
	\boxtimes	Active Inactive

c.	Che	eck the box next to the appropriate permit typ	e.	
	\boxtimes	TPDES Permit		
		TLAP		
		TPDES Permit with TLAP component		
		Subsurface Area Drip Dispersal System (SAD	DS)	
d.	Che	eck the box next to the appropriate application	ı typ	e
		New	71	
		Major Amendment <u>with</u> Renewal		Minor Amendment <i>with</i> Renewal
		Major Amendment <u>without</u> Renewal		Minor Amendment <u>without</u> Renewal
	\boxtimes	Renewal without changes		Minor Modification of permit
Д	For	amendments or modifications, describe the p	ronc	osed changes: Click to enter text
		•	торс	osed changes. enex to enter text.
f.	For	existing permits:		
	Per	mit Number: WQ00 <u>13782001</u>		
	EPA	A I.D. (TPDES only): TX <u>0104884</u>		
	Exp	oiration Date: <u>September 9, 2025</u>		
Se	ctio	on 3. Facility Owner (Applicant) a	nd	Co-Applicant Information
		(Instructions Page 26)		
A.	The	e owner of the facility must apply for the per	rmit.	
	Wha	at is the Legal Name of the entity (applicant) a	pply	ing for this permit?
	City	of Big Wells Texas		
	(Th the	e legal name must be spelled exactly as filed w legal documents forming the entity.)	ith ti	he Texas Secretary of State, County, or in
		ne applicant is currently a customer with the T n may search for your CN on the TCEQ website		
		CN: <u>600667364</u>		
	Wha	at is the name and title of the person signing t	he a	pplication? The person must be an

executive official meeting signatory requirements in *30 TAC § 305.44*.

Prefix: Mr.

Last Name, First Name: Cerna, Silvestre, III

Title: Mayor 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. <u>Attachment B</u>

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: Thonhoff, Robert H. Jr.

Title: <u>Consultant</u> Credential: <u>P.E.</u>

Organization Name: WTC, Inc

Mailing Address: 1301 S Capital of Texas Hwy #A-236 City, State, Zip Code: Austin, TX

<u> 78746</u>

Phone No.: <u>512-328-6736</u> E-mail Address: <u>bob.thonhoff@wtcinc.com</u>

Check one or both:

Administrative Contact

Technical Contact

B. Prefix: Ms. Last Name, First Name: Garza, Mary C.

Title: <u>City Secretary</u> Credential: Click to enter text.

Organization Name: City of Big Wells

Mailing Address: PO Box 68 City, State, Zip Code: Big Wells, TX 78830-0068

Phone No.: 830-457-2218 E-mail Address: bigwellssecretary@yahoo.com

Check one or both:

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Mr. Last Name, First Name: Thonhoff, Robert H. Jr.

Title: <u>Consultant</u> Credential: <u>P.E.</u>

Organization Name: WTC, Inc

Mailing Address: 1301 S Capital of Texas Hwy #A-236 City, State, Zip Code: Austin, TX

78746

Phone No.: <u>512-328-6736</u> E-mail Address: <u>bob.thonhoff@wtcinc.com</u>

B. Prefix: Ms. Last Name, First Name: Garza, Mary C.

Title: <u>City Secretary</u> Credential: Click to enter text.

Organization Name: City of Big Wells

Mailing Address: PO Box 68 City, State, Zip Code: Big Wells, TX 78830-0068

Phone No.: <u>830-457-2218</u> E-mail Address: <u>bigwellssecretary@yahoo.com</u>

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: Garza, Mary C.

Title: <u>City Secretary</u> Credential: Click to enter text.

Organization Name: City of Big Wells

Mailing Address: PO Box 68 City, State, Zip Code: Big Wells, TX 78830-0068

Phone No.: 830-457-2218 E-mail Address: bigwellssecretary@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: Martinez, Adrian A

Title: Operator Credential: Click to enter text.

Organization Name: City of Big Wells

Mailing Address: PO Box 68 City, State, Zip Code: Big Wells, TX 78830-0068

Phone No.: 830-457-4462 E-mail Address: bigwellssecretary@yahoo.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: Thonhoff, Robert H. Jr.

Title: Consultant Credential: P.E.

Organization Name: WTC, Inc

Mailing Address: 1301 S Capital of Texas Hwy #A-236 City, State, Zip Code: Austin, TX

<u>78746</u>

Phone No.: <u>512-328-6736</u> E-mail Address: <u>bob.thonhoff@wtcinc.com</u>

В.	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:
	□ Fax
	□ Regular Mail
C.	Contact permit to be listed in the Notices
	Prefix: Mr. Last Name, First Name: Thonhoff, Robert H. Jr.
	Title: Consultant Credential: P.E.
	Organization Name: WTC, Inc
	Mailing Address: 1301 S Capital of Texas Hwy #A-236 City, State, Zip Code: Austin, TX 78746
	Phone No.: <u>512-328-6736</u> E-mail Address: <u>bob.thonhoff@wtcinc.com</u>
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: <u>City Hall</u>
	Location within the building: <u>City Secretary's Office</u>
	Physical Address of Building: <u>1300 Grand Ave</u>
	City: <u>Big Wells</u> County: <u>Dimmit</u>
	Contact (Last Name, First Name): <u>Garza, Mary C.</u>
	Phone No.: <u>830-457-2218</u> 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?

□ No

Yes

	3.	Do the locatio	students a n?	at these	schools	attend	a bilingua	l educa	tion prog	gram a	t another
			Yes	\boxtimes	No						
	4.		the school out of thi							gram b	out the school has
			Yes	\boxtimes	No						
	5.		nswer is y ed. Which l								tive language are
F.	Pla	in Lang	guage Sum	mary 7	emplate	<u>.</u>					
	Co	mplete	the Plain L	anguag	e Summ	ary (TCE	Q Form 2	0972) a	and includ	de as a	n attachment.
	At	tachme	nt: <u>Attachm</u>	nent C							
G.	Pu	blic Inv	olvement	Plan Fo	orm						
											plication for a
		-	iit or majo			o a pern	nit and in	clude a	s an attac	chmen	t.
	At	tachme	nt: Click to	enter	text.						
Ç.	ot:	on 0	Dogul	atad I	intitus s	and Do	rmitted	Cita	Inform	ation	(Instructions
36	Cu	on 9.	Page 2		cutty c	illu Pe	IIIIIIII	Site	1111/01/111	allOII	(Instructions
Α.				y regul	ated by T	CEQ, pr	ovide the	Regula	ited Entit	y Num	ber (RN) issued to
			e TCEQ's Cocurrently i				/www15.t	ceq.tex	as.gov/ci	<u>rpub/</u> 1	to determine if
B.	Na	me of p	roject or s	ite (the	name kr	nown by	the comn	nunity	where loo	cated):	
	<u>Cit</u>	y of Big	Wells WWT	<u>'P</u>							
C.	Ov	vner of	treatment	facility:	City of B	<u>ig Wells</u>					
	Ov	vnership	of Facility	y: 🖂	Public		Private		Both		Federal
D.	Ov	vner of	land where	treatn	nent facil	ity is or	will be:				
	Pre	efix: Clic	ck to enter	text.	La	st Name	, First Nar	ne: Clic	ck to ente	er text.	
	Tit	le: Click	k to enter t	ext.	Cr	edential	Click to	enter te	ext.		
	Or	ganizati	ion Name:	City of I	Big Wells						
	Ma	iling Ac	ddress: <u>PO</u>	Box 68			City, State	, Zip C	ode: <u>Big V</u>	<u>Vells, T</u>	<u>X 78830-0068</u>
	Ph	one No.	: <u>830-457-</u> 2	2218	E-	mail Ad	dress: <u>big</u>	wellssec	eretary@ya	ahoo.co	<u>om</u>
			lowner is n t or deed r		_		-		or co-ap	plican	t, attach a lease
		Attach	ment: Clic	k to en	ter text.						

	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	er text.
	Mailing Address: Click to enter t	ext. 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 agreement or deed recorded east	person as the facility owner or co-applicant, attach a lease ement. See instructions.
	Attachment: Click to enter to	ext.
F.	Owner sewage sludge disposal si property owned or controlled by	ite (if authorization is requested for sludge disposal on 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 ente	er text.
	Mailing Address: Click to enter t	ext. 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 agreement or deed recorded east	person as the facility owner or co-applicant, attach a lease ement. See instructions.
	Attachment: Click to enter to	ext.
_	1. 10 EDDECDI	
Se	ection 10. TPDES Dischar	ge Information (Instructions Page 31)
		ge Information (Instructions Page 31) lity location in the existing permit accurate?
		-
	Is the wastewater treatment facility ✓ Yes □ No If no, or a new permit application	-
	Is the wastewater treatment faci	lity location in the existing permit accurate?
A.	Is the wastewater treatment facility. Yes No If no, or a new permit application. Click to enter text.	lity location in the existing permit accurate? on, please give an accurate description:
A.	Is the wastewater treatment facility Yes No If no, or a new permit application Click to enter text. Are the point(s) of discharge and	lity location in the existing permit accurate?
A.	Is the wastewater treatment facility Yes □ No If no, or a new permit application Click to enter text. Are the point(s) of discharge and Yes □ No	lity location in the existing permit accurate? on, please give an accurate description: I the discharge route(s) in the existing permit correct?
A.	Is the wastewater treatment facility Yes □ No If no, or a new permit application Click to enter text. Are the point(s) of discharge and Yes □ No If no, or a new or amendment proport of discharge and the	lity location in the existing permit accurate? on, please give an accurate description:
A.	Is the wastewater treatment facility Yes □ No If no, or a new permit application of discharge and the discharge and t	lity location in the existing permit accurate? on, please give an accurate description: If the discharge route(s) in the existing permit correct? Description, provide an accurate description of the
A.	Is the wastewater treatment facility Yes □ No If no, or a new permit application of the content text. Are the point(s) of discharge and the discharge of the content text.	lity location in the existing permit accurate? on, please give an accurate description: If the discharge route(s) in the existing permit correct? Description, provide an accurate description of the arge route to the nearest classified segment as defined in 30
A.	Is the wastewater treatment facility Yes □ No If no, or a new permit application Click to enter text. Are the point(s) of discharge and Yes □ No If no, or a new or amendment proport of discharge and the	lity location in the existing permit accurate? on, please give an accurate description: If the discharge route(s) in the existing permit correct? permit application, provide an accurate description of the arge route to the nearest classified segment as defined in 30. EBig Wells
A.	Is the wastewater treatment facility Yes □ No If no, or a new permit application Click to enter text. Are the point(s) of discharge and Yes □ No If no, or a new or amendment proport of discharge and the d	bity location in the existing permit accurate? big on, please give an accurate description: If the discharge route(s) in the existing permit correct? bermit application, provide an accurate description of the arge route to the nearest classified segment as defined in 30 Figig Wells s/are located: Dimmit discharge to a city, county, or state highway right-of-way, or

E. Owner of effluent disposal site:

	If yes , indicate by a check mark if:
	\square Authorization granted \square 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.
Se	ection 11. TLAP Disposal Information (Instructions Page 32)
Se	ection 12. Miscellaneous Information (Instructions Page 32)
A.	Is the facility located on or does the treated effluent cross American Indian Land?
	□ Yes ⊠ No
В.	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)

Signatory name (typed or printed): Silvestre Cerna III

My commission expires on the 28th day of April

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

Permit Number: WQ0013782001

Applicant: City of Big Wells

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 title: <u>Mayor</u>
Signature: Date: 3-4-25 (Use blue ink)
Subscribed and Sworn to before me by the said
on this day of March, 20 25.

Notary Public

[SEAL]

County, Texas

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

Section 1. Affected Landowner Information (Instructions Page 36)

Section 2. Original Photographs (Instructions Page 38)

Section 3. Buffer Zone Map (Instructions Page 38)

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: Attachment C

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

BY OVERNIGHT/EXPRESS MAIL

Texas Commission on Environmental Quality

Texas Commission on Environmental Quality

Financial Administration Division Financial Administration Division

Cashier's Office, MC-214
P.O. Box 13088
Austin, Texas 78711-3088
Cashier's Office, MC-214
12100 Park 35 Circle
Austin, Texas 78753

Fee Code: WQP Waste Permit No: Click to enter text.

1. Check or Money Order Number: Click to enter text.

2. Check or Money Order Amount: Click to enter text.

3. Date of Check or Money Order: Click to enter text.

4. Name on Check or Money Order: Click to enter text.

5. APPLICATION INFORMATION

Name of Project or Site: Click to enter text.

Physical Address of Project or Site: Click to enter text.

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

ATTACHMENT 1

INDIVIDUAL INFORMATION

Section 1. Individual Information (Instructions Page 41)

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

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

application after the remis below have been dataressed.				
Core Data Form (TCEQ Form No. 10400) (Required for all application types. Must be completed in its entirety at Note: Form may be signed by applicant representative.)	nd s	igned.		Yes
Correct and Current Industrial Wastewater Permit Application Forms (TCEQ Form Nos. 10053 and 10054. Version dated 6/25/2018 or later				Yes
Water Quality Permit Payment Submittal Form (Page 19) (Original payment sent to TCEQ Revenue Section. See instructions for	mai	iling ad	⊠ dress	Yes
7.5 Minute USGS Quadrangle Topographic Map Attached (Full-size map if seeking "New" permit. 8½ x 11 acceptable for Renewals and Amendments)				Yes
Current/Non-Expired, Executed Lease Agreement or Easement	\boxtimes	N/A		Yes
Landowners Map (See instructions for landowner requirements)	\boxtimes	N/A		Yes
 Things to Know: All the items shown on the map must be labeled. The applicant's complete property boundaries must be deliboundaries of contiguous property owned by the applicant. The applicant cannot be its own adjacent landowner. You relandowners immediately adjacent to their property, regard from the actual facility. If the applicant's property is adjacent to a road, creek, or so on the opposite side must be identified. Although the propapplicant's property boundary, they are considered potential the adjacent road is a divided highway as identified on the applicant does not have to identify the landowner the highway. 	t. mus lless trea erti ially he U	t identi of how am, the es are i affecto JSGS to	fy th v far lande not a ed lar pogra	e they are owners djacent to idowners. aphic
Landowners Cross Reference List (See instructions for landowner requirements)	\boxtimes	N/A		Yes

TCEQ-10053 (01/09/2024) Domestic Wastewater Permit Application Administrative Report

(If signature page is not signed by an elected official or principle executive officer,

Landowners Labels or USB Drive attached

Plain Language Summary

(See instructions for landowner requirements)

Original signature per 30 TAC § 305.44 - Blue Ink Preferred

a copy of signature authority/delegation letter must be attached)

Yes

Yes

Yes

N/A

THE TONMENTAL OUR LEVEL OF THE TONE OF THE

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 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.

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: Final Phase - 2004

Section 2. Treatment Process (Instructions Page 42)

A. Current Operating Phase

Provide a detailed description of the treatment process. **Include the type of treatment plant, mode of operation, and all treatment units.** Start with the plant's head works and

finish with the point of discharge. Include all sludge processing and drying units. **If more than one phase exists or is proposed, a description of** *each phase* **must be provided**.

Influent enters from the force main sanitary sewer and flows to the facultative lagoon followed by two aerobic lagoons. Effluent is discharged from the Parshall flume and 6 inch outfall pipe .

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)
Facultative lagoon	1	200 ft X 600 ft X 6 ft
Aerobic lagoon	2	200 ft X 600 ft X 3.5 ft

C. Process Flow Diagram

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

Attachment: Attachment E

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

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

• Latitude: <u>28.566475°</u>

• Longitude: <u>-99.581007</u>°

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: Attachment E

The service area is the City Attachment E.		<u> </u>	
Collection System Informati each uniquely owned collection systems. examples .	tion system, existin Please see the instr	g and new, served by t	his facility, including
Collection System Information Collection System Name	n Owner Name	Owner Type	Population Served
City of Big Wells	City of Big Wells	Publicly Owned	483
., - 0	1 1/ 11 1-0 11 11 11		
Section 4. Unbuilt P	hases (Instruct	ions Page 44)	
Is the application for a rener Yes No If yes, does the existing per years of being authorized b □ Yes □ No If yes, provide a detailed dis Failure to provide sufficient recommending denial of the Click to enter text.	mit contain a phase y the TCEQ? scussion regarding t at justification may	that has not been cons he continued need for result in the Executiv	structed within five the unbuilt phase.
Section 5. Closure F Have any treatment units be	Plans (Instruction taken out of serv		ill any units he taken
out of service in the next fiv		ace permanently, or wi	in any units be taken
☐ Yes ⊠ No			
If yes, was a closure plan su	ibmitted to the TCE(<u>)</u> ?	
☐ Yes ☐ No			1
If yes , provide a brief descri	iption of the closure	and the date of plan a	ipproval.

	ection 6. Permit Specific Requirements (Instructions Page 44)
Fo	r applicants with an existing permit, check the Other Requirements or Special ovisions 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.
В.	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. A variance to the buffer zone requirements in accordance with 30 TAC S 309.13(f) was issued October 13, 1995.

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.

		nditions of an Other Requirement or Special Provision.
	C.	lick to enter text.
D.	Gr	it 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.

Yes 🗵

No

		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.	Sto	ormwater 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
	<i>3.</i>	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:

	Chek to enter text.
1.	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.
5.	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

		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.	Di	scharges to the Lake Houston Watershed
	Do	es the facility discharge in the Lake Houston watershed?
		□ Yes ⊠ No
		yes, attach a Sewage Sludge Solids Management Plan. See Example 5 in the instructions. ick to enter text.
G.	Ot	her 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 arganic leading manitoring
		required to have influent flow and organic loading monitoring.
	2.	Acceptance of septic waste
	2.	Acceptance of septic waste Is the facility accepting or will it accept septic waste?
	2.	Acceptance of septic waste Is the facility accepting or will it accept septic waste? □ Yes ☑ No
	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?
	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
	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?

intend to divert stormwater to the treatment plant headworks and indirectly discharge

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		Yes	\boxtimes	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 49)

Is the facility in operation?

⊠ Yes □ No

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

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

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

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

Pollutant	Averag e Conc.	Max Conc.	No. of Sampl es	Sample Type	Sample Date/Time
CBOD ₅ , mg/l	68	68	1	Grab	3/18/2025
Total Suspended Solids, mg/l	81	98	3	Grab	2/13, 2/20 & 3/18 2025
Ammonia Nitrogen, mg/l	0.5	0.5	1	Grab	3/18/2025
Nitrate Nitrogen, mg/l	<5	<5	1	Grab	3/18/2025
Total Kjeldahl Nitrogen, mg/l	18	18	1	Grab	3/18/2025
Sulfate, mg/l	98	98	1	Grab	3/18/2025
Chloride, mg/l	119	119	1	Grab	3/18/2025
Total Phosphorus, mg/l	0.16	0.16	1	Grab	3/18/2025
TT and built after	**8.06	**9.2	**3	**Grab	**2/13, 2/20 & 3/18 2025
pH, standard units	8.73	8.9	3	Grab	2/13, 2/20 & 3/18 2025
	**6.1	**7.44	**3	**Grab	**2/13, 2/20 & 3/18 2025
Dissolved Oxygen*, mg/l	***As BOD5 56.3	*** As BOD5 59	***3	***Grab	***2/13, 2/20 & 3/18 2025
Chlorine Residual, mg/l					
E.coli (CFU/100ml) freshwater	614	1046	3	Grab	2/13, 2/20 & 3/18 2025
Entercocci (CFU/100ml) saltwater	NA				
Total Dissolved Solids, mg/l	876		1	Grab	3/18/2025
Electrical Conductivity, µmohs/cm, †	1325		1	Grab	3/18/2025
Oil & Grease, mg/l	6.7		1	Grab	3/18/2025
Alkalinity (CaCO ₃)*, mg/l	432		1	Grab	3/18/2025
** Samples taken in the field with handheld meters (pH and DO) see Appendix E for WWTP logs					
*** DO sampled at lab and reported as BOD5					

^{*}TPDES permits only †TLAP permits only

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

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Martinez, Adrian A

A.

B.

Facility Operator's License Classification and Level: **B**

Facility Operator's License Number: WW0061963

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

ww	TP's Sewage Sludge or Biosolids Management Facility Type
Che	ck 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)
ww	TP's Sewage Sludge or Biosolids Treatment Process
Che	ck 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: <u>The WWTP has no biosolids to remove. All sludge is stored in the facultative lagoon > 20 year design.</u>

C. Sewage Sludge or Biosolids Management

Provide information on the *intended* sewage sludge or biosolids management practice. Do not enter every management practice that you want authorized in the permit, as the permit will authorize all sewage sludge or biosolids management practices listed in the instructions. Rather indicate the management practice the facility plans to use.

Biosolids Management

Management Practice		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.

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: <u>NA - Sludge is digested in lagoons at the facility. The City of Uvalde Landfill or other approved TCEQ site may be used as necessary, to date no disposal has occurred.</u>

TCEQ permit or registration number: <u>Click to enter text.</u>
County where disposal site is located: <u>Click to enter text.</u>

E. Transportation method

Method of transportation	(truck	, train,	pipe,	other): Truc	k
--------------------------	--------	----------	-------	-------	---------	---

Name of the hauler: NA

Hauler registration number: Click to enter text.

Sludge is transported as a:

Liquid 🗆	semi-liquid □	semi-solid □	solid ⊠
Liquiu 🗆	sciiii-iiquiu 🗖	semi-soma 🗖	Sullu 🖂

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

A. Beneficial use authorization

Does the existing permit include author	orization for land	application of	f biosolids f	or
beneficial use?				

□ Yes ⊠ No

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

□ Yes □ No

 □ Yes □ No B. Sludge processing authorization Does the existing permit include authorization for any of the following sludge process storage or disposal options? Sludge Composting □ Yes ⋈ No Marketing and Distribution of Biosolids □ Yes ⋈ No Sludge Surface Disposal or Sludge Monofill □ Yes ⋈ No Temporary storage in sludge lagoons □ Yes ⋈ No If yes to any of the above sludge options and the applicant is requesting to continue to 	ng,					
Does the existing permit include authorization for any of the following sludge process storage or disposal options? Sludge Composting □ Yes ☒ No Marketing and Distribution of Biosolids □ Yes ☒ No Sludge Surface Disposal or Sludge Monofill □ Yes ☒ No Temporary storage in sludge lagoons □ Yes ☒ No If yes to any of the above sludge options and the applicant is requesting to continue the	ng,					
storage or disposal options? Sludge Composting □ Yes ☒ No Marketing and Distribution of Biosolids □ Yes ☒ No Sludge Surface Disposal or Sludge Monofill □ Yes ☒ No Temporary storage in sludge lagoons □ Yes ☒ No If yes to any of the above sludge options and the applicant is requesting to continue the	ing,					
Marketing and Distribution of Biosolids ☐ Yes ☒ No Sludge Surface Disposal or Sludge Monofill ☐ Yes ☒ No Temporary storage in sludge lagoons ☐ Yes ☒ No If yes to any of the above sludge options and the applicant is requesting to continue the						
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 the						
Temporary storage in sludge lagoons \square Yes \boxtimes No If yes to any of the above sludge options and the applicant is requesting to continue the						
If yes to any of the above sludge options and the applicant is requesting to continue the						
authorization, is the completed Domestic Wastewater Permit Application: Sewage Slu 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 n provide the Attachment Number.	ap,					
 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:					
• Federal Emergency Management Map:						
• Federal Emergency Management Map: Attachment: Click to enter text.						
 Federal Emergency Management Map: Attachment: Click to enter text. Site map: 						
 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 to the content of the	hat					
 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 tapply.	hat					
 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 tapply. Overlap a designated 100-year frequency flood plain 	hat					
 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 tapply.	hat					

	Located less than 60 meters from a fault					
	None of the above					
Atta	achment: 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 t	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: <u>Click to enter text.</u> Provide the following information:

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

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 d	evelopment plan
	Provio	de a detailed description of the methods used to deposit sludge in the lagoon(s):
	Click	to enter text.
	Attac	h 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.	Grou	ndwater monitoring
	groun	undwater monitoring currently conducted at this site, or are any wells available for adwater monitoring, or are groundwater monitoring data otherwise available for the e lagoon(s)?
		Yes □ No
	types	undwater monitoring data are available, provide a copy. Provide a profile of soil encountered down to the groundwater table and the depth to the shallowest dwater as a separate attachment.

Attachment: Click to enter text.

Section 12. Authorizations/Compliance/Enforcement (Instructions Page 54)

A. Additional authorizations Does the permittee have additional authorizations for this facility, such as reuse authorization, sludge permit, etc? ☐ Yes ☑ No If yes, provide the TCEQ authorization number and description of the authorization: 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 PCPA bazardous 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:
 - o periodically inspected by the TCEQ; or
 - o located in another state and is accredited or inspected by that state; or
 - o 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: Silvestre Cerna III

Title: Mayor

Signature:

Date: 3/4/25

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.1

The following information is required for new and amendment major applications.

Section 1. Justification for Permit (Instructions Page 56)

٨	Justification	of.	normit	nood
A.	Justincation	ΟI	регищ	neeu

Provide a detailed discussion regarding the need for any phase(s) not currently permitted. Failure to provide sufficient justification may result in the Executive Director recommending denial of the proposed phase(s) or permit.

	(Click to enter text.
B.	Re	gionalization of facilities
	Fo	r additional guidance, please review <u>TCEQ's Regionalization Policy for Wastewater</u> eatment ¹ .
		ovide the following information concerning the potential for regionalization of domesting astewater treatment facilities:
	1.	Municipally incorporated areas
		If the applicant is a city, then Item 1 is not applicable. Proceed to Item 2 Utility CCN areas.
		Is any portion of the proposed service area located in an incorporated city?
		□ Yes □ No □ Not Applicable
		If yes, within the city limits of: Click to enter text.
		If yes, attach correspondence from the city.
		Attachment: Click to enter text.
		If consent to provide service is available from the city, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the city versus the cost of the proposed facility or expansion attached.
		Attachment: Click to enter text.
	2.	Utility CCN areas
		Is any portion of the proposed service area located inside another utility's CCN area?
		□ Yes □ No

¹ https://www.tceq.texas.gov/permitting/wastewater/tceq-regionalization-for-wastewater

If yes, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the CCN facilities versus the cost of the proposed facility or expansion.

Attachment: Click to enter text.

3. Nearby WWTPs or collection systems

Are there any domestic permitted wastewater treatment facilities or collection systems located within a three-mile radius of the proposed facility?

□ Yes □ No

If yes, attach a list of these facilities and collection systems that includes each permittee's name and permit number, and an area map showing the location of these facilities and collection systems.

Attachment: Click to enter text.

If yes, attach proof of mailing a request for service to each facility and collection system, the letters requesting service, and correspondence from each facility and collection system.

Attachment: Click to enter text.

If the facility or collection system agrees to provide service, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the facility or collection system versus the cost of the proposed facility or expansion.

Attachment: Click to enter text.

Section 2. Proposed Organic Loading (Instructions Page 58)

Table 1.1(1) - Design Organic Loading

- Section 3. Proposed Effluent Quality and Disinfection (Instructions Page 58)
- Section 4. Design Calculations (Instructions Page 58)
- Section 5. Facility Site (Instructions Page 59)
- Section 6. Permit Authorization for Sewage Sludge Disposal (Instructions Page 59)
- Section 7. Sewage Sludge Solids Management Plan (Instructions Page 60)

An example of a sewage sludge solids management plan has been included as Example 5 of the instructions.

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

• • • • • • • • • • • • • • • • • • • •
Section 1. Domestic Drinking Water Supply (Instructions Page 63)
Is there a surface water intake for domestic drinking water supply located within 5 miles downstream from the point or proposed point of discharge?
□ Yes ⊠ No
If no , proceed it Section 2. If yes , provide the following:
Owner of the drinking water supply: Click to enter text.
Distance and direction to the intake: <u>Click to enter text.</u>
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 63)
Does the facility discharge into tidally affected waters?
□ Yes ⊠ No
If no , proceed to Section 3. If yes , complete the remainder of this section. If no, proceed to Section 3.
A. Receiving water outfall
Width of the receiving water at the outfall, in feet: Click to enter text.
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 63)** Is the discharge directly into (or within 300 feet of) a classified segment? Yes ⊠ No If yes, this Worksheet is complete. **If no**, complete Sections 4 and 5 of this Worksheet. Section 4. **Description of Immediate Receiving Waters (Instructions Page 63)** Name of the immediate receiving waters: An unnamed tributary of Arroyo Negro A. Receiving water type Identify the appropriate description of the receiving waters. Stream Freshwater Swamp or Marsh П Lake or Pond Surface area, in acres: Click to enter text. Average depth of the entire water body, in feet: Click to enter text. Average depth of water body within a 500-foot radius of discharge point, in feet: Click to enter text. Man-made Channel or Ditch Open Bay Tidal Stream, Bayou, or Marsh Other, specify: Normally dry stream bed **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 \boxtimes Personal observation Other, specify: <u>City personnel</u>

	List the names of all perennial streams that join the receiving water within three miles downstream of the discharge point.				
) Negro			
D.	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.)?				
	\boxtimes	Yes □ No			
	If yes,	discuss how.			
	A priva	ate pond (stock tank) is located alon	g the flow	rline	
E.	Norma	l dry weather characteristics			
	Provide general observations of the water body during normal dry weather conditions.				
	The WWTP pond system only discharges when flowrate exceeds evaporation rate. Effluent is discharged about fifty percent of the time.				
	Date a	nd time of observation: January 3	1, 2025		
	Was th	e water body influenced by storn	nwater r	unoff during observations?	
		Yes ⊠ No			
Se	Section 5. General Characteristics of the Waterbody (Instructions Page 65)				
A.	Upstre	am influences			
		mmediate receiving water upstre		e discharge or proposed discharge site at apply.	
	\boxtimes	Oil field activities	\boxtimes	Urban runoff	
		Upstream discharges	\boxtimes	Agricultural runoff	
		Septic tanks		Other(s), specify: <u>Click to enter text.</u>	

C. Downstream perennial confluences

B. Waterbody uses Observed or evidences of the following uses. Check all that apply. Livestock watering Contact recreation Irrigation withdrawal Non-contact recreation Navigation Fishing Industrial water supply Domestic water supply Park activities 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

Offensive: stream does not enhance aesthetics; cluttered; highly developed;

or turbid

dumping areas; water discolored

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.1: STREAM PHYSICAL CHARACTERISTICS

Required for new applications, major facilities, and applications adding an outfall.

Worksheet 2.1 is not required for discharges to intermittent streams or discharges directly to (or within 300 feet of) a classified segment.

Section 1. General Information (Instructions Page 65)

Section 2. Data Collection (Instructions Page 65)

Table 2.1(1) - Stream Transect Records

Section 3. Summarize Measurements (Instructions Page 65)

Maximum pool depth, in feet: Click to enter text.

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND DISPOSAL OF EFFLUENT

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

Section 1. Type of Disposal System (Instructions Page 67)

Section 2. Land Application Site(s) (Instructions Page 67)

Table 3.0(1) - Land Application Site Crops

Section 3. Storage and Evaporation Lagoons/Ponds (Instructions Page 67)

Table 3.0(2) - Storage and Evaporation Ponds

Section 4. Flood and Runoff Protection (Instructions Page 67)

Section 5. Annual Cropping Plan (Instructions Page 67)

Section 6. Well and Map Information (Instructions Page 68)

Table 3.0(3) - Water Well Data

Section 7. Groundwater Quality (Instructions Page 68)

Section 8. Soil Map and Soil Analyses (Instructions Page 69)

Table 3.0(4) - Soil Data

Section 9. Effluent Monitoring Data (Instructions Page 70)

Table 3.0(5) - Effluent Monitoring Data

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.1: SURFACE LAND DISPOSAL OF EFFLUENT

The following is required for new and major amendment permit applications. Renewal and minor amendment permit applications may be asked for this worksheet on a case by case basis.

Section 1. Surface Disposal (Instructions Page 71)

Section 2. Edwards Aquifer (Instructions Page 72)

Attachment: Click to enter text.

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.2: SURFACE LAND DISPOSAL OF EFFLUENT

The following **is required** for **new and major amendment** permit applications. Renewal and minor amendments applicants may be asked for the worksheet on a case by case basis.

NOTE: All applicants proposing new/amended subsurface disposal MUST complete and submit Worksheet 7.0. This worksheet applies to any subsurface disposal system that **does not meet** the definition of a subsurface area drip dispersal system as defined in *30 TAC Chapter 222, Subsurface Area Drip Dispersal System.*

Section 1. Subsurface Application (Instructions Page 73)

Section 2. Edwards Aquifer (Instructions Page 73)

If yes to either question, the subsurface system may be prohibited by *30 TAC §213.8*. Please call the Municipal Permits Team, at 512-239-4671, to schedule a pre-application meeting.

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.3: SUBSURFACE AREA DRIP DISPERSAL (SADDS) LAND DISPOSAL OF EFFLUENT

The following **is required** for **new and major amendment** subsurface area drip dispersal system permit applications. Renewal and minor amendments applicants may be asked for the worksheet on a case by case basis.

NOTE: All applicants proposing new/amended subsurface disposal MUST complete and submit Worksheet 7.0. This worksheet applies to any subsurface disposal system that **meets** the definition of a subsurface area drip dispersal system as defined in *30 TAC Chapter 222*, *Subsurface Area Drip Dispersal System*.

- **Section 1.** Administrative Information (Instructions Page 74)
- Section 2. Subsurface Area Drip Dispersal System (Instructions Page 74)
- Section 3. Required Plans (Instructions Page 74)
- **Section 4.** Floodway Designation (Instructions Page 75)
- Section 5. Surface Waters in the State (Instructions Page 75)
- Section 6. Edwards Aquifer (Instructions Page 75)

If yes to either question, then the SADDS may be prohibited by *30 TAC §213.8*. Please call the Municipal Permits Team at 512-239-4671 to schedule a pre-application meeting.

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 4.0: POLLUTANT ANALYSIS REQUIREMENTS

The following **is required** for facilities with a permitted or proposed flow of **1.0 MGD or greater**, facilities with an approved **pretreatment** program, or facilities classified as a **major** facility. See instructions for further details.

This worksheet is not required minor amendments without renewal.

Section 1. Toxic Pollutants (Instructions Page 76)

Table 4.0(1) - Toxics Analysis

Section 2. Priority Pollutants

Table 4.0(2)A - Metals, Cyanide, and Phenols

Table 4.0(2)B - Volatile Compounds

Table 4.0(2)C - Acid Compounds

Table 4.0(2)D - Base/Neutral Compounds

Table 4.0(2)E - Pesticides

Section 3. Dioxin/Furan Compounds

Table 4.0(2)F - Dioxin/Furan Compounds

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 5.0: TOXICITY TESTING REQUIREMENTS

The following **is required** for facilities with a current operating design flow of **1.0 MGD or greater**, with an EPA-approved **pretreatment** program (or those required to have one under 40 CFR Part 403), or are required to perform Whole Effluent Toxicity testing. See Page 86 of the instructions for further details.

This worksheet is not required minor amendments without renewal.

Section 1. Required Tests

Section 2. Toxicity Reduction Evaluations (TREs)

Section 3. Summary of WET Tests

Table 5.0(1) Summary of WET Tests

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

Section 1. All POTWs (Instructions Page 87)

A. Industrial users (IUs)

B.

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

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.

Categorical IUs:
Number of IUs: <u>o</u>
Average Daily Flows, in MGD: Click to enter text.
Significant IUs - non-categorical:
Number of IUs: <u>o</u>
Average Daily Flows, in MGD: Click to enter text.
Other IUs:
Number of IUs: <u>o</u>
Average Daily Flows, in MGD: Click to enter text.
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.

	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.				
Se	ction 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 87)				
A.	Substantial modifications				
	Have there been any substantial modifications to the approved pretreatment program that have not been submitted to the TCEQ for approval according to <i>40 CFR §403.18</i> ?				
	□ Yes ⊠ No				
	If yes , identify the modifications that have not been submitted to TCEQ, including the purpose of the modification.				
	Click to enter text.				

C. Treatment plant pass through

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

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

WORKSHEET 7.0

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:

TCEQ IUC Permits Team Radioactive Materials Division MC-233 PO Box 13087 Austin, Texas 78711-3087 512-239-6466 For TCEQ Use Only
Reg. No.____
Date Received____
Date Authorized____

Section 1. General Information (Instructions Page 90)

Section 2. Proposed Down Hole Design

Table 7.0(1) - Down Hole Design Table

Section 3. Proposed Trench System, Subsurface Fluid Distribution System, or Infiltration Gallery

Section 4. Site Hydrogeological and Injection Zone Data

Section 5. Site History

Attachment A

Copy of Payment

TCEQ ePay Receipt

– Transaction Information -

Trace Number: 582EA000654968 **Date:** 02/25/2025 03:55 PM

Payment Method: CC - Authorization 000006555G

ePay Actor: BARBARA JOHNSON

TCEQ Amount: \$815.00 **Texas.gov Price:** \$833.59*

* This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support the ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

Payment Contact Information -

Name: BARBARA JOHNSON

Company: WTC INC

Address: 1301 S CAPITAL OF TEXAS HWY S, AUSTIN, TX 78746

Phone: 512-328-6736

Cart Items -

Voucher	Fee Description	AR Number	Amount
752971	WW PERMIT - FACILITY WITH FLOW >= .10 & < .25 MGD - RENEWAL		\$800.00
752972	30 TAC 305.53B WQ RENEWAL NOTIFICATION FEE		\$15.00
		TCEQ Amount:	\$815.00

TCEQ ePay Voucher Receipt

– Transaction Information –

Voucher Number: 752972

 Trace Number:
 582EA000654968

 Date:
 02/25/2025 03:55 PM

Payment Method: CC - Authorization 000006555G

Voucher Amount: \$15.00

Fee Type: 30 TAC 305.53B WQ RENEWAL NOTIFICATION FEE

ePay Actor: BARBARA JOHNSON

– Payment Contact Information –

Name: BARBARA JOHNSON

Company: WTC INC

Address: 1301 S CAPITAL OF TEXAS HWY S, AUSTIN, TX 78746

Phone: 512-328-6736

TCEQ ePay Voucher Receipt

– Transaction Information -

Voucher Number: 752971

Trace Number: 582EA000654968 **Date:** 02/25/2025 03:55 PM

Payment Method: CC - Authorization 000006555G

Voucher Amount: \$800.00

Fee Type: WW PERMIT - FACILITY WITH FLOW >= .10 & < .25 MGD - RENEWAL

ePay Actor: BARBARA JOHNSON

Payment Contact Information -

Name: BARBARA JOHNSON

Company: WTC INC

Address: 1301 S CAPITAL OF TEXAS HWY S, AUSTIN, TX 78746

Phone: 512-328-6736

Site Information -

Site Name: CITY OF BIG WELLS

Site Location: APPROXIMATELY 2000 FEET WEST OF FM 1867 AND 2200 FEET SOUTH OF US

HIGHWAY 85 IN

- Customer Information —

Customer Name: CITY OF BIG WELLS

Customer Address: PO BOX 68, BIG WELLS, TX 78830 0068

Other Information

Program Area ID: 0013782001

Attachment B

Core Data – Form 10040



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.)

							gram application.)						
Renewal	(Core Data F	orm should be s	submitted with th			Other							
2. Customer CN 6006673	Follow this link to for CN or RN num Central Registr						3. Regulated Entity Reference Number (if issued) RN 101720357						
SECTIO	N II: (Custom	er Info	mation	<u>l</u>								
4. General Cu	. General Customer Information 5. Effective Date for Custom						Information Updates (mm/dd/yyyy)						
New Custon	mer		Update to Cu	stomer Informat	tion	Chai	nge in Regulated En	tity Own	ership				
Change in L	egal Name (\	erifiable with t	he Texas Secretar										
(SOS) or Texa	s Comptrol	ller of Public	Accounts (CPA).			what is c	urrent and active	with th	ne Texas Sec	cretary of State			
6. Customer	Legal Name	(If an individu	al, print last name	e first: eg: Doe, J	ohn)		If new Customer, enter previous Customer below:						
City of Big Wel	ls, Texas												
7. TX SOS/CP	7. TX SOS/CPA Filing Number 8. TX State Tax ID			te Tax ID (11 di	igits)	9. Federal Tax ID (9 digits)		10. DUNS Number (if applicable)					
							74-6000366						
11. Type of C	11. Type of Customer: Corporation							dividual Partnership: General L					
Government:	⊠ City □ Co	ounty 🗌 Feder	al 🗌 Local 🔲 St	tate 🗌 Other		Sole Proprietorship Other:							
12. Number	of Employe	es			I		13. Independently Owned and Operated?						
□ 0-20 □	21-100] 101-250	601 and higher		⊠ Yes □ No								
14. Custome	r Role (Prop	osed or Actual)	– as it relates to	the Regulated Er	ntity listed on	this form.	Please check one o	f the follo	owing				
Owner Occupation	al Licensee	Operator Responsil	—	Owner & Opera VCP/BSA App			Other:	:					
	PO Box 68												
15. Mailing	PO Box 68												
15. Mailing Address:	PO Box 68	Big Wells		State	TX	ZIP	78830		ZIP + 4	0068			

TCEQ-10400 (11/22) Page 1 of 3

(830) 457-2218						() -		
SECTION III: I	Dequi	ated Ent	ity Inforn	nation	•				
21. General Regulated En						ation is a	lso 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 Nam	e (Enter na	me of the site wher	re the regulated action	n is taking pl	ace.)				
City of Big Wells WWTP									
23. Street Address of									
the Regulated Entity:									
(No PO Boxes)	City		State		ZIP			ZIP + 4	
24. County	Dimmit		·						
		If no Stree	et Address is provi	ded, fields	25-28 are re	equired.			
25. Description to	Approxima	tely 2000 feet wes	t of FM 1867 and 220	0 feet south	of US Highw	av 85 in B	Big Wells. TX		
Physical Location:					0	,	3 - 1,		
26. Nearest City			·			State		Nea	rest ZIP Code
Big Wells	Big Wells TX 78830						30		
Latitude/Longitude are re used to supply coordinate	-	-	-		Data Stand	ards. (G	eocoding of tl	he Physical	Address may be
27. Latitude (N) In Decima		28.566835°		1	Longitude (W) In De	ecimal:	-99.57834	11°
Degrees Degrees	Minutes		Seconds Degrees			Minutes		Seconds	
Degrees	Williates		Jeconus	Degi			Williates		Seconds
29. Primary SIC Code	30	. Secondary SIC	Code	34 Duima	NIAICC C	- d -	32. Seco	ondary NAIG	CS Code
29. Primary SIC Code 30. Secondary SIC Code 31. Primary NAICS Code (4 digits) (5 or 6 digits) (5 or 6 digits)									
4952				221320					
33. What is the Primary B	usiness of	this entity? (Do	o not repeat the SIC o	r NAICS desc	ription.)				
City Government									
	PO Box 68								
34. Mailing									
Address:	City	Big Wells	State	тх	ZIP	78830)	ZIP + 4	68
35. E-Mail Address:									
36. Telephone Number			37. Extension or	Code	38.	Fax Num	nber (if applicat	ble)	
(830) 457-2218					() -			

19. Extension or Code

18. Telephone Number

20. Fax Number (if applicable)

TCEQ-10400 (11/22) Page 2 of 3

form. See the Core D	ata Form ins	tructions for additional	guidance.						
☐ Dam Safety	☐ Dam Safety		☐ Districts ☐ Edwards Aquifer			Inventory Air	☐ Industrial Hazardous Waste		
☐ Municipal Solid Waste		New Source	OSSF		Petroleum Storage Tani		PWS		
Sludge	Sludge		☐ Title V Air	☐ Tires			Used Oil		
☐ Voluntary Clea	☐ Voluntary Cleanup ☑ Waste		☐ Wastewater Agriculture		☐ Water Rights		Other:		
SECTION	IV: Pı	wQ0013782001	<u>formation</u>						
40. Name: R	obert Thonh	off, Jr.		41. Title:	P.E / Cons	ultant			
42. Telephone Nu	ımber	43. Ext./Code	44. Fax Number	45. E-Mail	Address				
(512)328-6736			() -	bob.thonho	ff@wtcinc.co	m			
6. By my signature b	elow, I certif						e, and that I have signature authority entified in field 39.		
Company:	City of Bi	g Wells		Job Title:	Mayor		4		
Name (In Print):	Silvestre	Cerna III				Phone:	(830) 457- 2218		
Signature:	2	ait Ce	The			Date:	3-4-25		

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

TCEQ-10400 (11/22) Page 3 of 3

Attachment C

Plain Language Summary – Form 20972

Supplemental Permit Information – Form 20971

General Location Map

SPIF Topographic Map

Service Area



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

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

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

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

City of Big Wells (CN600667364) operates City of Big Wells WWTP (RN101720357), a domestic wastewater treatment plant. The facility is located at approximately 2000 feet west of FM 1867 and 2200 feet south of US Highway 85, in Big Wells, Dimmit County, Texas 78830. The renewal of an application to discharge of treated domestic wastewater at a daily average flow not to exceed 150,000 gallons per day.

Discharges from the facility are expected to contain less than 30 mg/l Carbonaceous Biochemical Oxygen Demand (CBOD5), 90 mg/l Total Suspended Solids (TDS), and 126 E.Coli CFU MPN/ 100 ml. Domestic wastewater is treated by one facultative lagoon followed by two aerobic lagoons.

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

AGUAS RESIDUALES DOMÉSTICAS /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.

La Ciudad de Big Wells (CN600667364) opera la Planta de Tratamiento de Aguas Residuales de la Ciudad de Big Wells (RN101720357), una planta de tratamiento de aguas residulaes domesticas. La instalación está ubicada en aproximadamente a 2000 pies al oeste de FM 1867 y 2200 pies al sur de la Carretera US 85, en Big Wells, Condado de Dimmit, Texas 78830. La renovación de una solicitud para la descarga de agua residulaes domesticas tratadas con un flujo promedio diario que no exceda los 150,000 galones por día.

Se espera que las descargas de la instalación contengan 30 mg/l de Demanda Bioquímica de Oxígeno Carbonáceo (CBOD5), 90 mg/l de Sólidos Suspendidos Totales (TDS) y 126 UFC MPN/100 ml de E. Coli. Aguas residuales domésticas están tratado por lagunas facultativas y aeróbicas. El tratamiento de aguas residuales utilizado en la instalación consiste en una laguna facultativa seguida de dos lagunas aeróbicas.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

Ap	CEQ USE ONLY: pplication type:RenewalMajor AmendmentMinor AmendmentNew bunty: Segment Number:
Ac	dmin Complete Date:
Αę	gency Receiving SPIF:
	Texas Historical Commission U.S. Fish and Wildlife
	Texas Parks and Wildlife Department U.S. Army Corps of Engineers
Thi	s form applies to TPDES permit applications only. (Instructions, Page 53)
our is n	nplete this form as a separate document. TCEQ will mail a copy to each agency as required by agreement with EPA. If any of the items are not completely addressed or further information leeded, we will contact you to provide the information before issuing the permit. Address h item completely.
atta app con may	not refer to your response to any item in the permit application form. Provide each achment for this form separately from the Administrative Report of the application. The olication will not be declared administratively complete without this SPIF form being appleted in its entirety including all attachments. Questions or comments concerning this form by be directed to the Water Quality Division's Application Review and Processing Team by all at

answer specific questions about the property.
Prefix (Mr., Ms., Miss): Ms.
First and Last Name: <u>Mary C. Garza</u>
Credential (P.E, P.G., Ph.D., etc.):
Title: <u>City Secretary</u>
Mailing Address: <u>PO Box 68</u>
City, State, Zip Code: <u>Big Wells, TX 78830-0068</u>
Phone No.: <u>830-457-2218</u> Ext.: Fax No.:
E-mail Address: <u>bigwellssecretary@yahoo.com</u>
List the county in which the facility is located: <u>Dimmit</u>
If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property.
NA NA
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.
Effluent is discharged into an unnamed tributary; thence to Arroyo Negro; thence to a forested wetland; thence to ArroyoNegro; thence to the Nueces River Above Holland Dam is Segment No. 2105 of the Nueces River Basin.
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

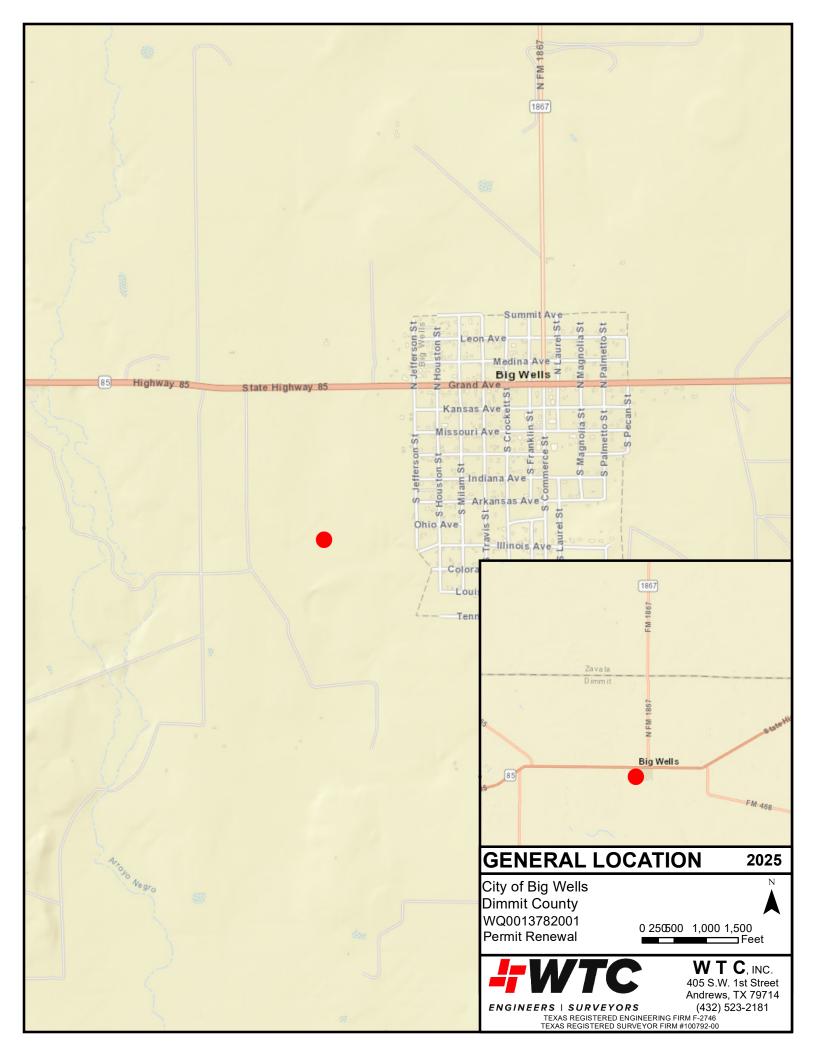
Provide the name, address, phone and fax number of an individual that can be contacted to

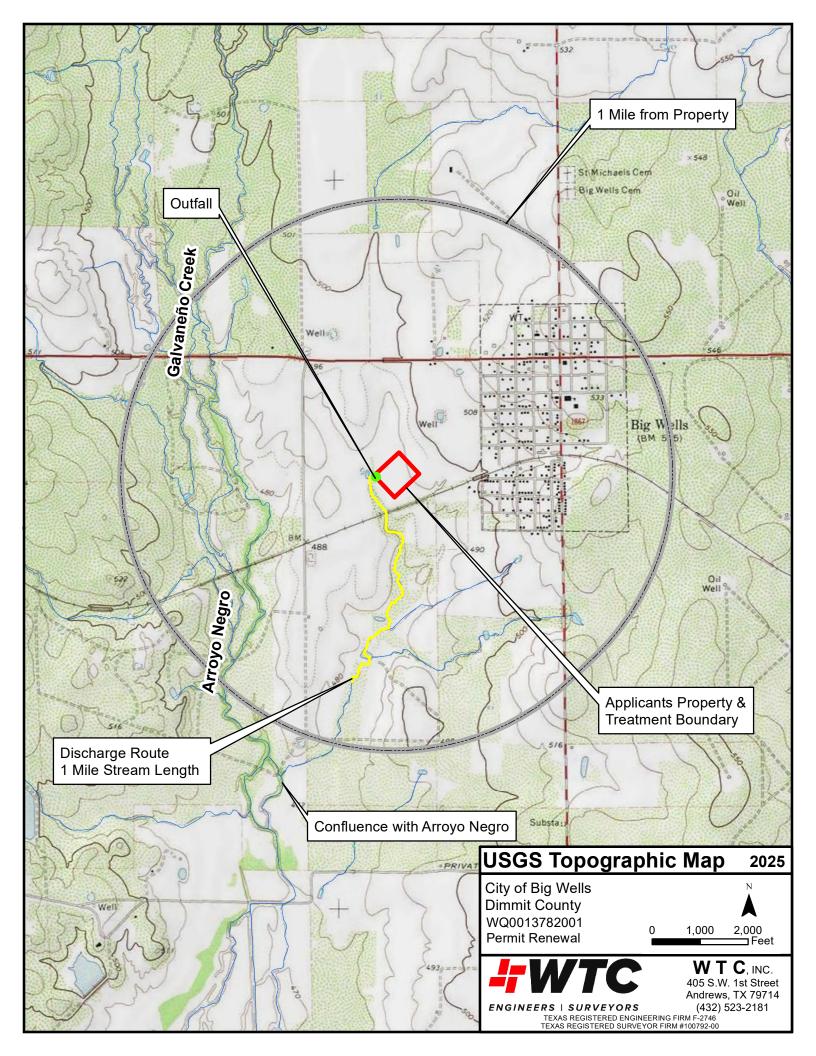
2. 3.

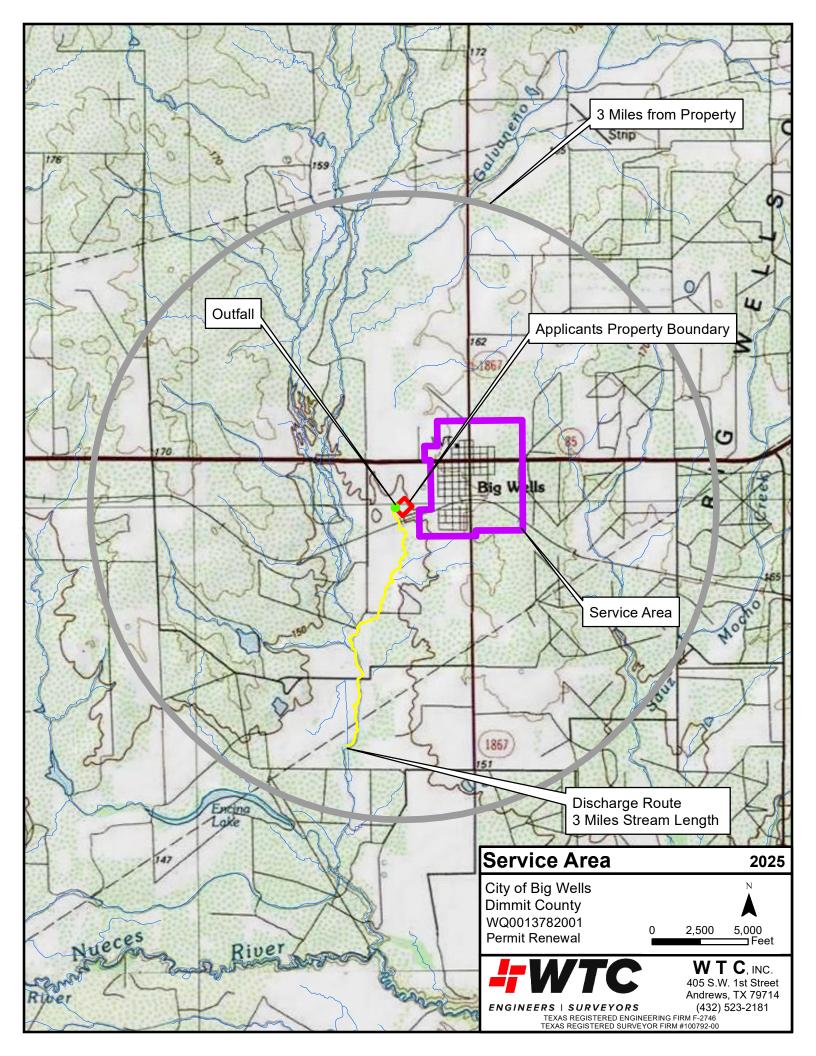
4.

5.

of caves, or other karst features): NA Describe existing disturbances, vegetation, and land use: The site is an existing water treatment plant. Native vegetation surround the property.		☐ Disturbance of vegetation or wetlands
2. Describe existing disturbances, vegetation, and land use: The site is an existing water treatment plant. Native vegetation surround the property. THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAMENDMENTS TO TPDES PERMITS 3. List construction dates of all buildings and structures on the property:	1.	List proposed construction impact (surface acres to be impacted, depth of excavation, sealin of caves, or other karst features):
The site is an existing water treatment plant. Native vegetation surround the property. THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAAMENDMENTS TO TPDES PERMITS 3. List construction dates of all buildings and structures on the property:		NA NA
THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAAMENDMENTS TO TPDES PERMITS 3. List construction dates of all buildings and structures on the property:	2.	
AMENDMENTS TO TPDES PERMITS 3. List construction dates of all buildings and structures on the property:		The site is an existing water treatment plant. Native vegetation surround the property.
Click here to enter text.	AM	
4. Provide a brief history of the property, and name of the architect/builder, if known.	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.

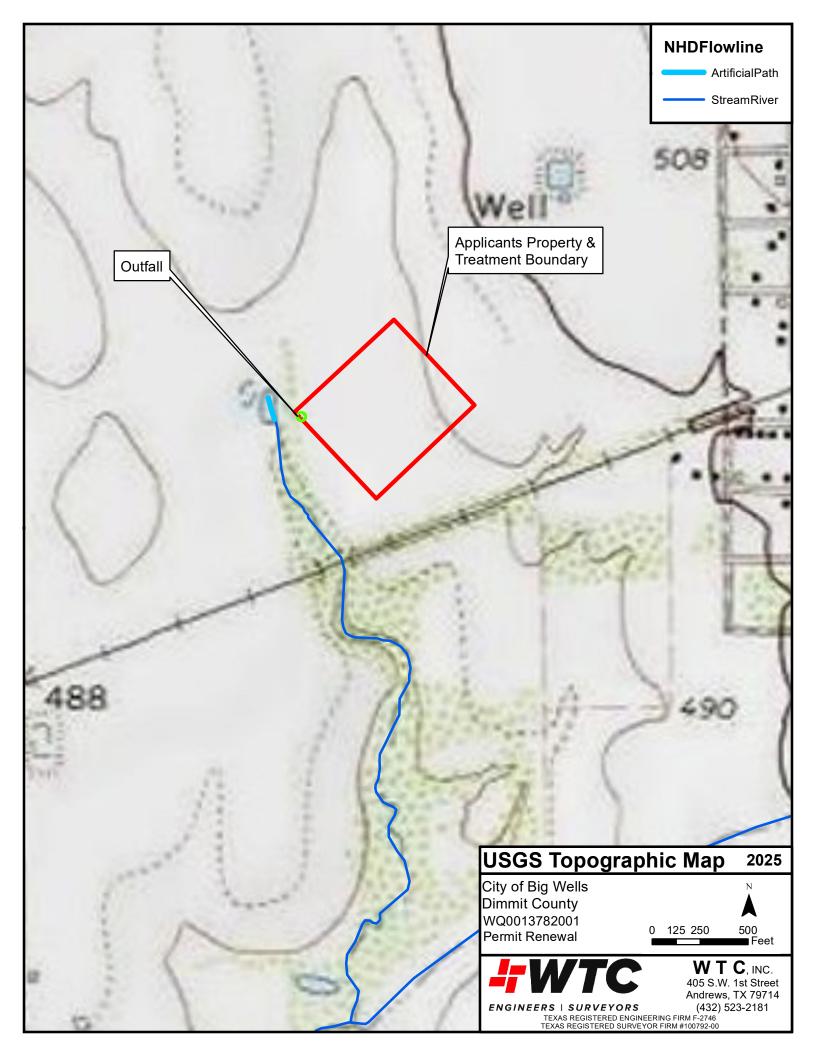






Attachment D

USGS Maps



Attachment E

Process Flow Diagram

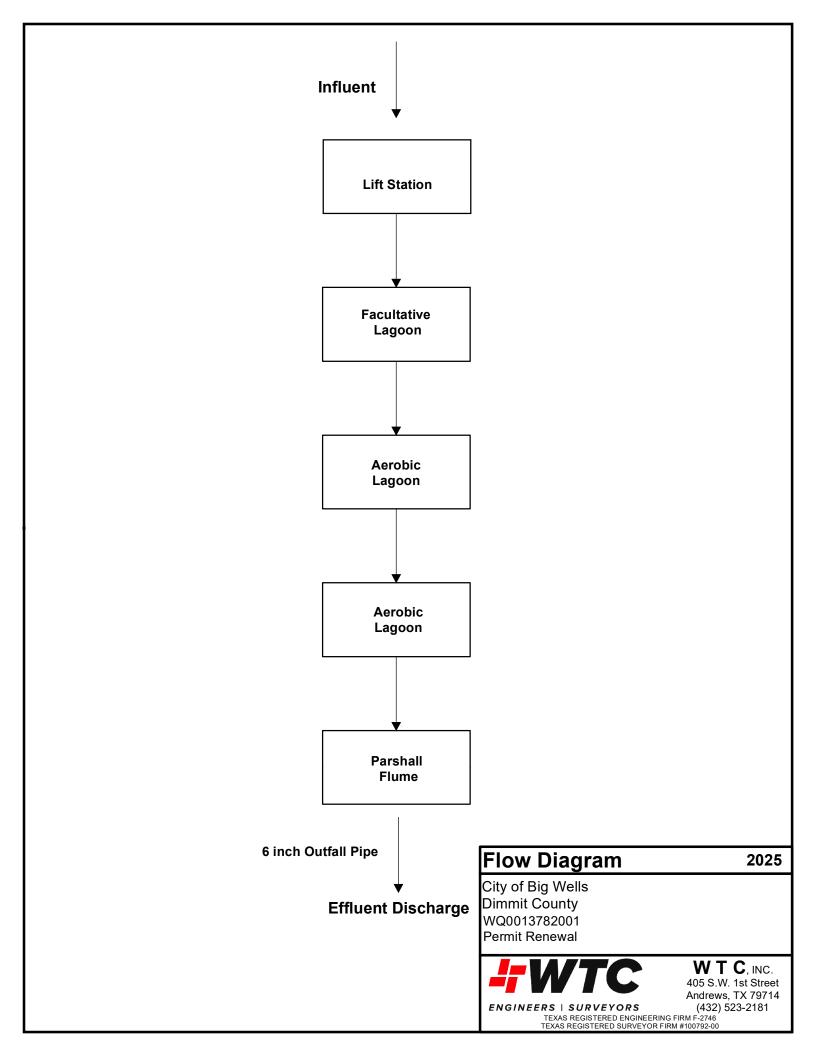
Site Drawing

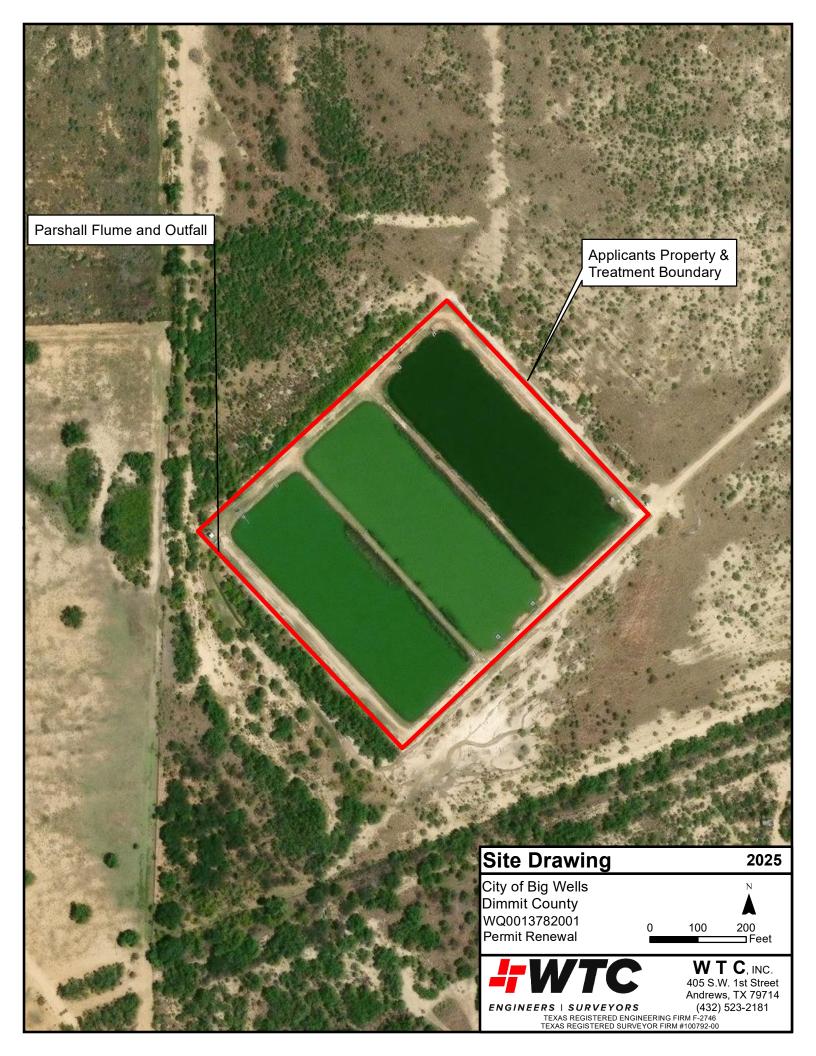
Service Area

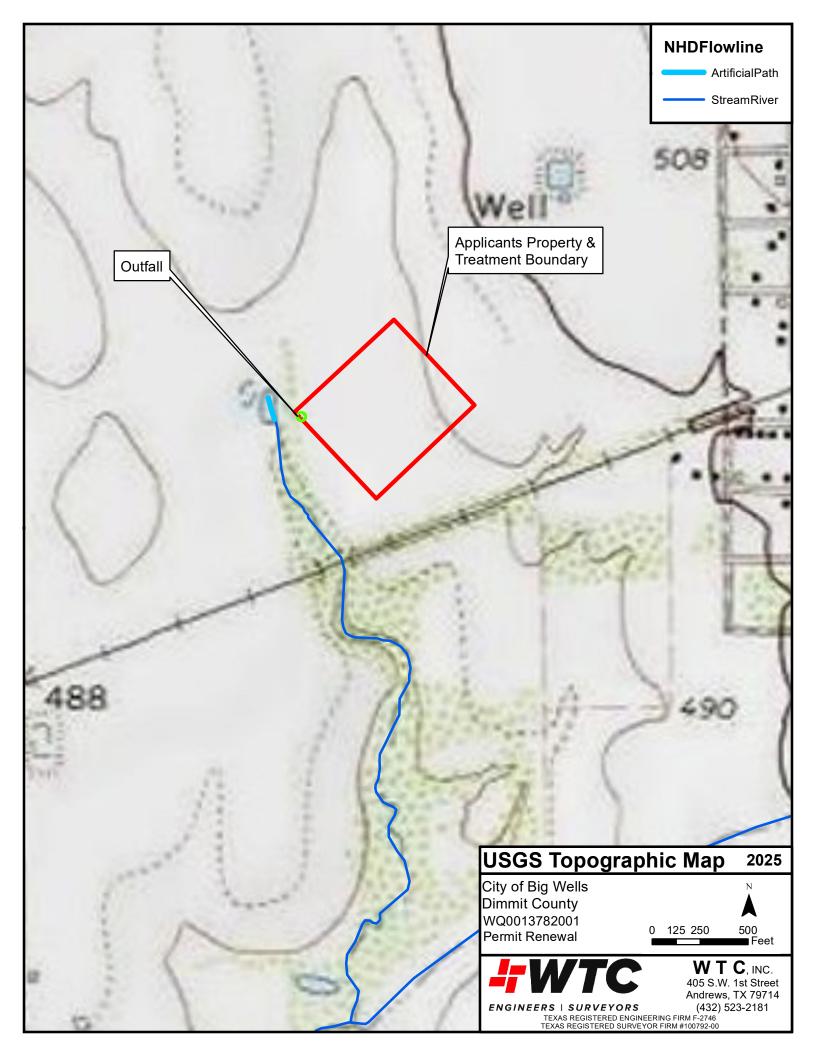
Topography – USGS Map 1 Miles

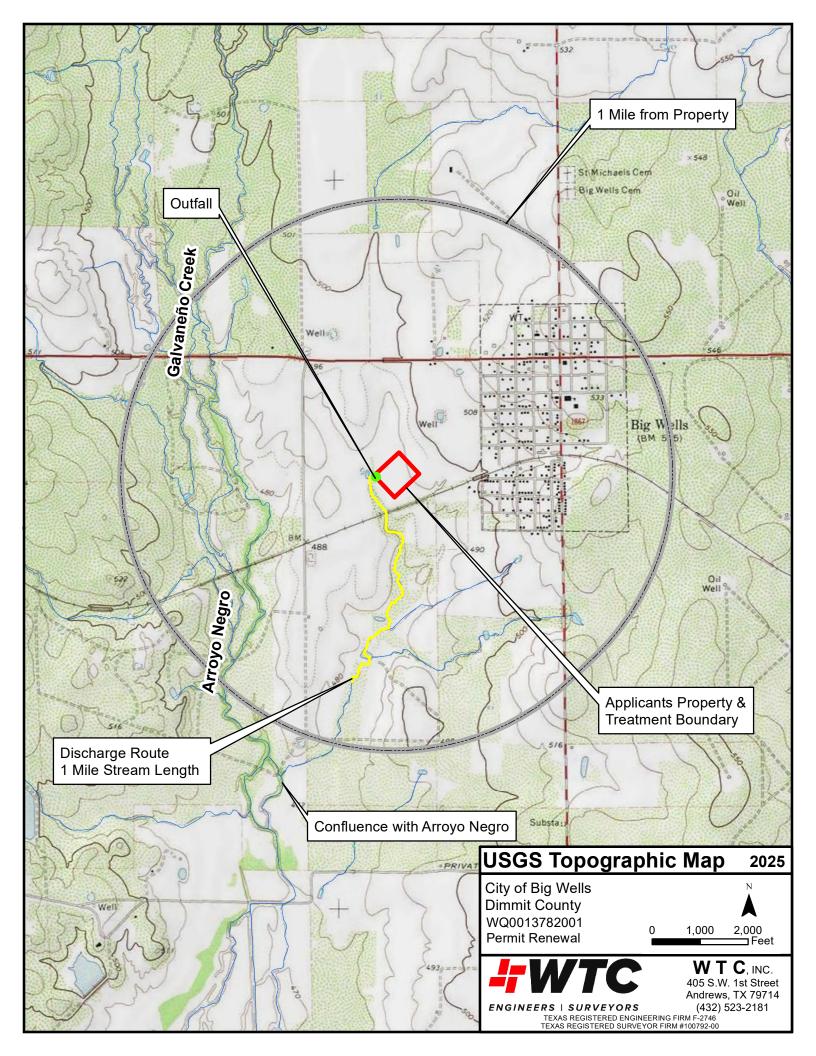
Topography – USGS Map 3 Miles

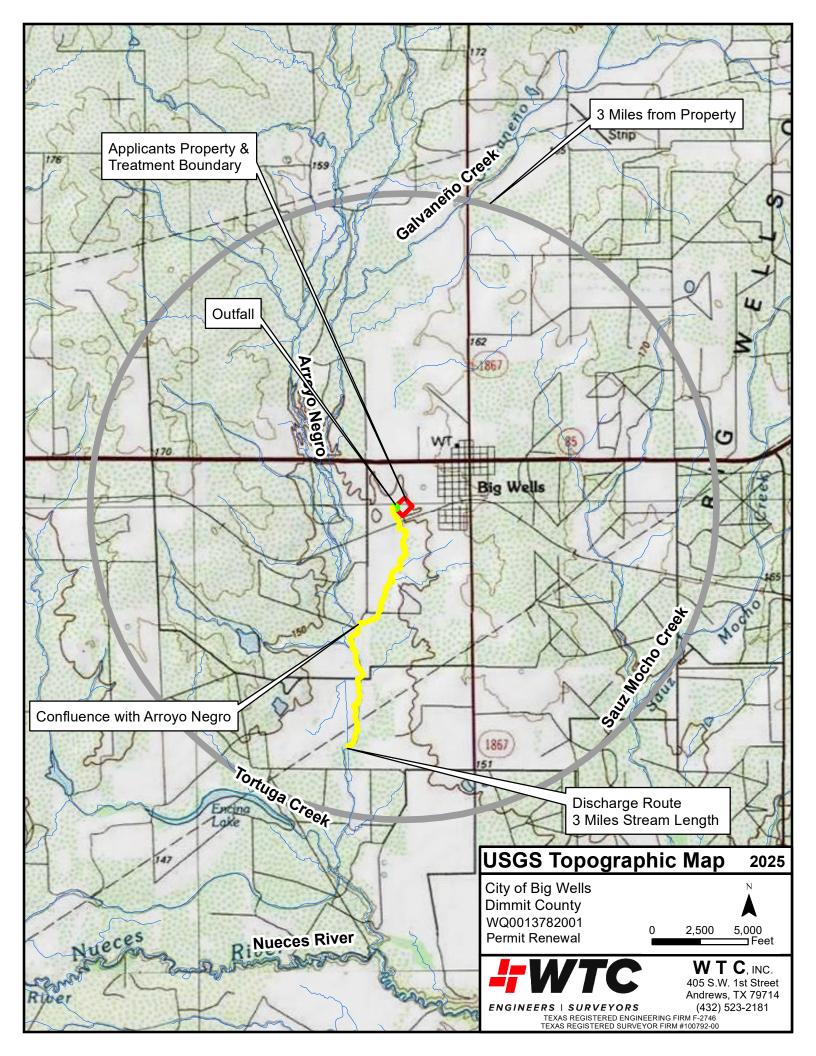
PWS Map

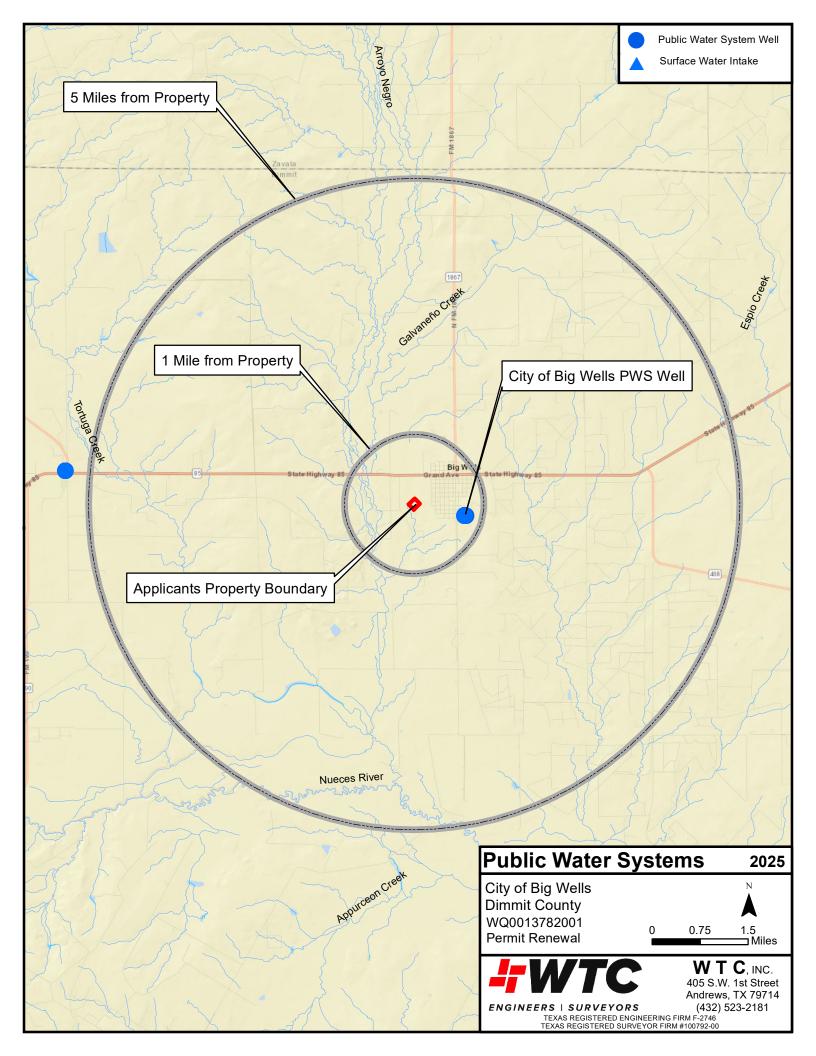


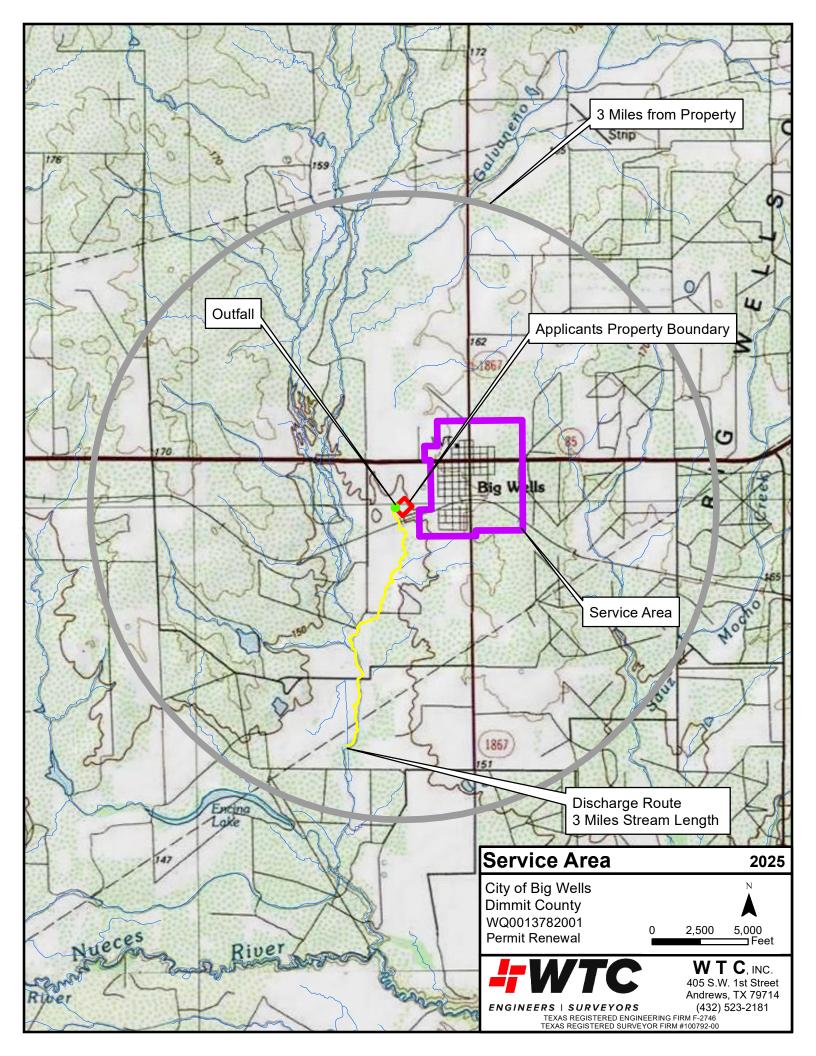












Attachment E

Pollution Analysis Laboratory Results



Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
Public Works Big Wells, City of P.O. Box 68 Big Wells, TX 78830	Project Name: Minor Permit Renewal Sample ID: Effluent Matrix: Non-Potable Water Date/Time Taken: 3/6/2025 0723	PCS Sample #: 793905 Page 1 of 2 Date/Time Received: 3/6/2025 10:55 Report Date: 3/18/2025 Approved by: Chuck Wallgren, President

Test Description	Flag	Result	Units	RL	Analysis Da	te/Time	Metho	od	Analyst	
E. coli (MPN-18)		387	CFU/100ml	1	03/06/2025	14:20	9223 ID	EXX Quanti-Tray	CLH	
pH	I	8.8	S.U.	N/A	03/06/2025	13:49	SM 4500)-H+ B	GQM	
BOD5		59	mg/L	3	03/06/2025	13:49	SM 5210) B	GQM	
CBOD5		68	mg/L	3	03/06/2025	13:49	SM 5210) B	GQM	
Chloride_IC		119	mg/L	5	03/06/2025	20:43	EPA 300	0.0	JAS	
Conductivity, Specific		1,325 μr	nhos/cm at 25° (C 1	03/07/2025	11:35	SM 2510)B	LCC	
Nitrate-N_IC		< 0.5	mg/L	0.5	03/06/2025	20:43	EPA 300	0.0	JAS	
Phosphorus, Total		0.16	mg/L	0.10	03/12/2025	04:30	SM 4500)-P/B/E	JAS	
Test Description		Precision	Quality Assu Limit	urance Sui LCL	nmary MS MSL) UCL	LCS	LCS Limit	Blank	
E. coli (MPN-18)		N/A	N/A	N/A		N/A				
рН		N/A	N/A	N/A		N/A				
BOD5		14	23	N/A	N/A N/A	N/A	184	167 - 228		

I Lecision	LIIIIII	LICL	1419	MOTA	UCL	LUS	LCS LIIIII	DIAUK	
N/A	N/A	N/A			N/A				
N/A	N/A	N/A			N/A				
14	23	N/A	N/A	N/A	N/A	184	167 - 228		
14	23	N/A	N/A	N/A	N/A	184	167 - 228		
<1	10	95	96	96	102	97	85 - 115		
N/A	N/A	N/A			N/A				
<1	20	70	95	95	130	100	85 - 115		
5	10	91	101	96	103	101	85 - 115		
	N/A N/A 14 14 <1	N/A N/A N/A N/A 14 23 14 23 <1 10 N/A N/A <1 20	N/A N/A N/A N/A N/A N/A 14 23 N/A 14 23 N/A <1	N/A N/A N/A N/A N/A N/A 14 23 N/A N/A 14 23 N/A N/A <1	N/A N/A N/A N/A N/A N/A 14 23 N/A N/A 14 23 N/A N/A N/A <1	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A 14 23 N/A N/A N/A 14 23 N/A N/A N/A <1	N/A N/A N/A N/A N/A N/A N/A N/A 14 23 N/A N/A N/A N/A 184 14 23 N/A N/A N/A N/A 184 <1	N/A N/A N/A N/A N/A N/A N/A N/A 14 23 N/A N/A N/A N/A 184 167 - 228 14 23 N/A N/A N/A N/A 184 167 - 228 <1	N/A N/A N/A N/A N/A N/A N/A N/A N/A 14 23 N/A N/A N/A 184 167 - 228 14 23 N/A N/A N/A N/A 184 167 - 228 <1

Quality Statement: All supporting quality data adhered to data quality objectives and test results meet the requirements of NELAC unless otherwise noted as flagged exceptions or in a case narrative attachment. Reports with full quality data deliverables are available on request.

¹ Informational purposes only - pH outside hold time - pH Temperature: 17°C

These analytical results relate only to the sample tested.

All data is reported on an 'As Is' basis unless designated as 'Dry Wt'.

RL = Reporting Limits

QC Data Reported in %, Except BOD in mg/L



Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
Public Works Big Wells, City of P.O. Box 68 Big Wells, TX 78830	Project Name: Minor Permit Renewal Sample ID: Effluent Matrix: Non-Potable Water Date/Time Taken: 3/6/2025 0723	PCS Sample #: 793905 Page 2 of 2 Date/Time Received: 3/6/2025 10:55 Report Date: 3/18/2025

Test Description	Result	Units	RL	Analysis Date/Time	Method	Analyst
Sulfate IC	98	mg/L	10	03/07/2025 09:44	EPA 300.0	JAS
Total Dissolved Solids	876	mg/L	10	03/11/2025 15:25	SM 2540C	PML
Total Suspended Solids	98	mg/L	1	03/06/2025 16:20	SM 2540 D	PML
Ammonia-N (ISE)	0.5	mg/L	0.1	03/12/2025 12:45	SM 4500-NH3 D	CLH
Kieldahl-N, Total	18	mg/L	1	03/16/2025 11:15	SM 4500-N B/C	PML
Alkalinity, Total (@pH 4.5)	432	mg/L	10	03/10/2025 08:35	SM 2320 B	LCC
Oil and Grease (H.E.M.)	6.7	mg/L	5	03/13/2025 11:00	EPA 1664 Rev	EMV

Test Description	Precision	Quality As Limit	surance Sumi LCL	nary MS	MSD	UCL	LCS	LCS Limit	Blank
Sulfate IC	1	10	94	99	100	101	108	85 - 115	
Total Dissolved Solids	1	10	N/A	N/A	N/A	N/A			
Total Suspended Solids	<1	10	N/A			N/A			
Ammonia-N (ISE)	<1	10	80	88	88	120	90	85 - 115	
Kjeldahl-N, Total	2	10	90	99	97	109	101	85 - 115	<1
Alkalinity, Total (@pH 4.5)	1	10	95	102	101	107	102	85 - 115	
Oil and Grease (H.E.M.)	3	18	N/A	N/A	N/A	N/A	98	78 - 114	

Quality Statement: All supporting quality data adhered to data quality objectives and test results meet the requirements of NELAC unless otherwise noted as flagged exceptions or in a case narrative attachment. Reports with full quality data deliverables are available on request.

These analytical results relate only to the sample tested.

All data is reported on an 'As Is' basis unless designated as 'Dry Wt'.

RL = Reporting Limits

Chain of Custody Number
7 9 3 9 0 5

MIII	TIPLI	E SA	MPLE	LANA	VSIS	REC	TEST	AND	CHAIN	OF	CUSTOD	FOR	M
MUL		L DAY		ALL ALL	CIDIO	MEQ	OFOI	AUD	CHAIN	OI.	COSTOD.	LIVN	TAT

Stamp 1st sample and COC as same number

			Mark Comme	1.12											
CUSTOMER INFORMA	TION				REPORT										
Name: Big Wells, City of					Attention	0	1/2	of Big INells		Pho	ne: (8	30) 4	57-2218		Fax: (830) 457-2494
SAMPLE INFORMATIO	N						/		Req	ueste	d Ana	lysis			
Project Information:		,	Collec	ted By	Adrian Martir	ıez							4		Instructions/Comments:
TCEQ MINOT P	ermit Re	newal			Matrix			Container	TSS				sheet		
Report "Soils" 🛮 As Is 🗎 Dry W	rt.		Chlorine fual mg/L	e or	DW-Drinking Water; NPW-Non-		H			5		.~	8		
	Colle	cted	Chlc	oosite	potable water; WW-Wastewater;	Type	Number	Preservative	<u>i</u>	NK3N	il:	FOG	3		
Client / Field Sample ID	Date	Time	Field (Resid	Composite or Grab	LW-Liquid Waste				pH. BOD5.	1	E.Coli	7	35.6		PCS Sample Number
Big Wells Effluent	Start: 3 - 6 - 25 End:	Start: 725		□C ⊡ G	DW NPW Soil Sludge LW	⊠P □G □O		☐ H ₂ SO ₄ ☐ HNO ₃ ☐ H ₃ PO ₄ ☐ NaOH ☑ ICE ☐	X				χ		7 9 3 9 0 5
	3-4-25 Start:	End:			Other DW INPW	■P		☐ H ₂ SO ₄ ☐ HNO ₃	-	-			-		LIS LIB LIN LINEM Other:
Big Wells E.Coli	3-6-25	Start: 723		□С	□ WW □ Soil	□G	1	☐ H ₃ PO ₄ ☐ NaOH ☐ ICE ☐			X		X		
ŭ	End:	EDG: ファマ		Ø G	☐ Sludge ☐ LW ☐ Other	О	_	□ ICE □			~				□S □B □N □HEM Other:
e4/ 50 -	Start:	Start:		□с	DW MPW Soil	ĭ P □G		☐ H ₂ SO ₄ ☐ HNO ₃ ☐ H ₃ PO ₄ ☐ NaOH				X			
Cft. FOG	End: 3 -6 - 25	End: 723		d G	☐ Sludge ☐ LW ☐ Other	ПО		☑ ICE □				^			□S □B □N □HEM Other:
	Start: 3 -6 - 25	Start:		□с	DW MPW Soil	⊡ P □G		☐ H ₂ SO ₄ ☐ HNO ₃ ☐ H ₃ PO ₄ ☐ NaOH		Ţ.,			16		_1
Biswells Effluent.	End: 3 -6- 25	End: 723		⊿ G	☐ Sludge ☐ LW ☐ Other	6 0	1	Zice □		X			$ \mathcal{X} $		□S □B □N □HEM Other:
	Start:	Start:		□с	□ DW □ NPW □ WW □ Soil	□P □G		☐ H ₂ SO ₄ ☐ HNO ₃ ☐ H ₃ PO ₄ ☐ NaOH							
	End:	End:		□G	☐ Sludge ☐ LW ☐ Other	ПО		□ ICE □							□S □B □N □HEM Other:
	Start:	Start:		□С	DW NPW WW Soil	□P □G		□ H ₂ SO ₄ □ HNO ₃ □ H ₃ PO ₄ □ NaOH							
	End:	End:		□G	☐ Sludge ☐ LW ☐ Other	0 0		□ ICE □							□S □B □N □HEM Other:
	Start:	Start:		□с	DW NPW Soil	□P □G		☐ H ₂ SO ₄ ☐ HNO ₃ ☐ H ₃ PO ₄ ☐ NaOH							
	End:	End:		□G	☐ Sludge ☐ LW ☐ Other	□о		□ ICE □							□S □B □N □HEM Other:
	Start:	Start:		□с	□ DW □ NPW □ WW □ Soil	□P □G		☐ H ₂ SO ₄ ☐ HNO ₃ ☐ H ₃ PO ₄ ☐ NaOH							
	End:	End:		□G	☐ Sludge ☐ LW ☐ Other	ОП		□ ICE □		ļ,					□S □B □N □HEM Other:
Required Turnaround: 🖪 R	Loutine (6-10 day	s) <i>EXPEDI</i>	TE: (Se	e Surci	harge Schedule)	□ <	8 Hrs	. □ < 16 Hrs. □ < 24 Hrs	s. 🗆 5	days [Other	:	Rush	Charges Ai	uthorized by:
Sample Archive/Disposal:	l Laboratory Star	ndard 🗆 Hold				ntain	er Ty	pe: P = Plastic, G = Glass,	0=0	Other				,,	Carrier ID:
Relinquished By:	odk		Date	3/0	Time:	10	758	Received By:		1911	,			Date:	Time:
Relinquished By:			Date	:[Time:			Received By:	201	light	rli	~		Date:	3-6-25 Time: 1055
D 14 10 1 0 1 000 00100001															

Rev. Multiple Sample COC 20120201

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Login at www.pcslab.net TCEQ NELAP T104704361-TX

Pollution Control Services

Sample Log-In Checklist

793905

PCS Sample No(s)	793905		COC No	
	e: Big wells	<u>S</u>	Checklist Complet	ted by: <u>544</u>
Sample Delivery to La				
Sample Kit/Coolers Sample Kit/Cooler? Yes Custody Seals or Sample Containers Intact; Custody Seals or COC Present with Shipme Has COC sample date/tim Has COC been properly S Does COC agree with Sar All Samples Received bef Sufficient Sample Volume Zero Headspace in VOA Sample Preservation * Cooling: Not Required If cooling required, record Is Ice Present in Sample K Lab Thermometer Make and Acid Preserved Sample - Base Preserved Sample - Other Preservation:	No Sample Kit/Cooler: Not Present Unbroken and Not Leaking? In Sample Bottles: Not Present ent or Delivery or Completed the and other pertinent informations and when Received/Relinquisted when Received/Relinquisted when Received/Relinquisted Expiration? Yes for Analysis Requested? Yes No No Is or Required at temperature of submitted sand it/Cooler? Yes Serial Number: Vaughan 18070	oler: Intact? Yes No sent If Present, Intact Yes No If Present, Intact at Drop Off? Yes No tion been provided by ouished? Yes No le Types, Preservation, Yes No mples Observed/Correct No Samples received 109583 Other: Yes No mt, Meets Requirement	Broken Broken Broken o Slient/sampler? Yes: etc.? Yes No ted same day as collected NaOH s? Yes No	
pH paper used to check sa Samples Preserved/Adjust	cked by: JAA Date imple preservation (PCS log # ted by Lab: Lab # P	arameters Preserved	Preservative Used	ked at analysis). Log # ———————————————————————————————————
Adjusted by Tech/Analyst	:: Date :	_Time:		
Person Notified: Notified Date: Method of Contact: At Dr Unable to Contact	op Off: Phone Left Authorized Laboratory to Proc	ontacted by:E-M t Voice MailE-M ceed :	ail Fax	(Lab Director)
Actions taken to correct p				
Receiving qualifier entere	d (requires client notification d into LIMS at login In	nitial/Date:		



Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
Public Works Big Wells, City of P.O. Box 68 Big Wells, TX 78830	Project Name: Sample ID: Effluent Matrix: Non-Potable Water Date/Time Taken: 2/13/2025 0701	PCS Sample #: 791667 Page 1 of 1 Date/Time Received: 2/13/2025 11:51 Report Date: 2/18/2025 Approved by: Chuck Wallgren, President

Test Description	Flag	Result	Units	RL	Analysis Date/Time	Method	Analyst
E. coli (MPN-18)		410	CFU/100ml	1	02/13/2025 14:10	9223 IDEXX Quanti-Tray	CLH
Н	I	8.5	S.U.	N/A	02/13/2025 15:03	SM 4500-H+ B	GQM
BOD5		58	mg/L	3	02/13/2025 15:03	SM 5210 B	GQM
Total Suspended Solids		93	mg/L	1	02/13/2025 16:25	SM 2540 D	PML

		Quality As	surance Sumn	nary				CONTRACTOR OF THE P	The state of the s	
Test Description	Precision	Limit	LCL	MS	MSD	UCL	LCS	LCS Limit	Blank	
E. coli (MPN-18)	N/A	N/A	N/A			N/A				
pH	N/A	N/A	N/A			N/A				
BOD5	4	23	N/A	N/A	N/A	N/A	219	167 - 228		
Total Suspended Solids	2	10	N/A			N/A	_			

Quality Statement: All supporting quality data adhered to data quality objectives and test results meet the requirements of NELAC unless otherwise noted as flagged exceptions or in a case narrative attachment. Reports with full quality data deliverables are available on request.

 $^{\rm I}$ Informational purposes only - pH outside hold time - pH Temperature: 19°C

These analytical results relate only to the sample tested.

All data is reported on an 'As Is' basis unless designated as 'Dry Wt'.

RL = Reporting Limits

QC Data Reported in %, Except BOD in mg/L

Chain of Custody Number

MULTIPLE SAMPL	E ANALY	SIS REQ	UES	I A	ND CH	AIN (UF (CU	STODY FORM						tamp 1 st s	ample	and CO	C as sam	e numbe	er
CUSTOMER INFORMA	TION				RE	PORT	INF	OR)	MATION											
Name: Big Wells, City of					Atte	ention:	C.	14.	et Bigwell	ś		Phone:	(830) 45	7-2218		Fax: (830) 45	7-2494		
SAMPLE INFORMATIO	N					_		_		R	eque	sted A	nalysis							
Project Information:			Collec	ted By	: Adrian	Martin	ez									Ins	struction	s/Comme	nts:	
					Matı	rix			Container	G	22									
Report "Soils" □ As Is □ Dry W	7t.		Chlorine lual mg/L	te or	DW-Drinki Water; NP	W-Non-		er												
	Colle	cted	[문문]	posi	potable wat		Туре	Number	Preservative	2	ROD3	:=	1 1							
Client / Field Sample ID	Date	Time	Field Chle Residual	Composite or Grab	LW-Liquid		1				рн	E.Coli					PCS S	ample l	Numb	er
Big Wells Effluent	Start: 2 - 13 - 25			□с	DW 🗗	Soil	⊠P □G	١.	☐ H ₂ SO ₄ ☐ HNO ₃ ☐ H ₃ PO ₄ ☐ NaOH)	1						7.0.1	6 6 THEM Oth	7	
DIG WONS EMIGORE	End: 2-13-25	End: 70 /		⊠ G	☐ Sludge ☐ ☐ Other		0 0		ICE □	_ [*	•						B DN	□HEM Oth	er:	
Big Wells E.Coli	Start: 2-/3-25	Start:		С	DW D	Soil	⊠P □G	1	□ H ₂ SO ₄ □ HNO ₃ □ H ₃ PO ₄ □ NaOH ☑ ICE □			X								-
	End: 2-/3-25	End: 701		₫G	☐ Sludge [☐ Other		□о				\perp	~					B 🗆 B 🗆 N [□НЕМ Оф	er:	
	Start:	Start:		□С		Soil	⊠P □G		☐ H ₂ SO ₄ ☐ HNO ₃ ☐ H ₃ PO ₄ ☐ NaOH											
	End:	End:		□G	☐ Sludge ☐ ☐ Other		ПО		☐ ICE □	-						□s	B 🗆 B 🗆 N 🛭	□HEM Oth	er:	
	Start:	Start:		□с		Soil	□P □G		☐ H ₂ SO ₄ ☐ HNO ₃ ☐ H ₃ PO ₄ ☐ NaOH											
	End:	End:		□G	Sludge [ОП		□ ICE □	-						□s	B 🗆 B 🗆 N 🛭	□HEM Oth	er:	
	Start:	Start:		ロС	DW 01	Soil	□P □G		☐ H ₂ SO ₄ ☐ HNO ₃ ☐ H ₃ PO ₄ ☐ NaOH											
	End:	End:		□G	☐ Sludge ☐ ☐ Other		О		□ ICE □	_						□s	B 🗆 B 🗆 N 🛭	□HEM Oth	er:	
	Start:	Start:		□с		Soil	□P □G		☐ H ₂ SO ₄ ☐ HNO ₃ ☐ H ₃ PO ₄ ☐ NaOH											
	End:	End:			☐ Sludge [☐ Other		0 0		□ ICE □							□s	B OB ON E	☐HEM Othe	er;	
	Start:	Start:				Soil	□P □G		☐ H ₂ SO ₄ ☐ HNO ₃ ☐ H ₃ PO ₄ ☐ NaOH											
	End:	End:			☐ Sludge ☐ ☐ Other		ПО		ICE 🗆	====1						□s	B DN [er:	
	Start:	Start:			DW DI	Soil	□P □G		☐ H ₂ SO ₄ ☐ HNO ₃ ☐ H ₃ PO ₄ ☐ NaOH											
	End:	End:		□G	☐ Sludge ☐ ☐ Other	⊒ LW	О		□ICE □							□s	B II B II N E	THEM Other	er:	
Required Turnaround: 🖪 🖪	Routine (6-10 day	rs) EXPEDI	<i>TE</i> : (Se	e Surcl	harge Sched	lule)	□ <	8 Hrs	. □ < 16 Hrs. □ < 2	4 Hrs.	3 5 da	ys 🗖 Oti	ner:	Rush (Charges Au	ıthorize	d by:			
Sample Archive/Disposal:	Laboratory Sta	ndard 🗆 Hold	for clie	nt pick	up	Соп	itain	er Ty	pe: P = Plastic, G = C	Glass, O	= Oth	ier				Carrier	ID:			
Relinquished By:	100/1/1	٧.	Date	: Z-	13-25	Time:	_	5/	Received By:						Date:			Time:		
Relinquished By:	S 386		Date	:		Time:			Received By:	hose	~	april	la-	_	Date:	2-13	3-25	Time:	115	/
Rev. Multiple Sample COC 20120201										11		/								

1532 Universal City Blvd., Ste. 100, Universal City, Texas 78148 P (210) 340-0343 or (800) 880-4616 - F (210) 658-7903

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Pollution Control Services

Sample Log-In Checklist

PCS Sample No(s)	79 166 7		COC No. 79	1667
Client/Company Name	: Big wel	15	Checklist Completed	by: <i>JAA</i>
Sample Delivery to Lal Client Drop Off C PCS Field Services: Collect	ommercial Carrier: Bus	UPS Lone Sta	arFedExUS	SPS
Sample Kit/Coolers Sample Kit/Cooler? Yes Custody Seals on Sample Containers Intact; Custody Seals on COC Present with Shipmer Has COC sample date/time Has COC been properly Si Does COC agree with Sam All Samples Received befor Sufficient Sample Volumes Zero Headspace in VOA V Sample Preservation: * Cooling: Not Required If cooling required, record Is Ice Present in Sample Ki Lab Thermometer Make and Si	NoSample Kitz Sample Kitz/Cooler: Not Unbroken and Not Leakit Sample Bottles: Not Present or Delivery or Complete and other pertinent information, Early Hold Time Expiration of For Analysis Requested ital? Yes or Required temperature of submitted its Cooler? Yes Serial Number: Vaughan 18	Cooler: Intact? Yes No Present If Present, Inta ng? Yes No sent If Present, Intact ted at Drop Off? Yes No mation been provided by c inquished? Yes No Bottle Types, Preservation, ? Yes No Ryes No Samples Observed/Correc No Samples received 807009583 Other:	ct Broken Broken client/sampler? Yes: etc.? Yes No ted 2 / same day as collected?	Z°C YesNo
Acid Preserved Sample - Base Preserved Sample - If Other Preservation: Sample Preservations Chec pH paper used to check sar Samples Preserved/Adjuster	If Proceedings of the Procedure of the P	resent, Meets Requirements Oate Tin og #):	s? Yes No ne (HEM pH checked	at analysis).
Adjusted by Tech/Analyst:		Time:		
Client Notification/ D Person Notified: Notified Date: Method of Contact: At Dro Unable to Contact A Regarding / Comments:	Time:	Contacted by:E-Mi Left Voice MailE-Mi Proceed :	ail Fax	(Lab Director)
Actions taken to correct pro				
Receiving qualifier needed Receiving qualifier entered Revision Comments:	into LIMS at login	Initial/Date:		



Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
Public Works Big Wells, City of P.O. Box 68 Big Wells, TX 78830	Project Name: Sample ID: Effluent Matrix: Non-Potable Water Date/Time Taken: 2/20/2025 0723	PCS Sample #: 792262 Page 1 of 1 Date/Time Received: 2/20/2025 10:41 Report Date: 2/26/2025 Approved by: Chuck Wallgren, President

Test Description	Flag	Result	Units	RL	Analysis Date/Time	Method	Analyst
рН	I	8.9	S.U.	N/A	02/20/2025 12:00	SM 4500-H+ B	GQM
BOD5		52	mg/L	3	02/20/2025 12:00	SM 5210 B	GQM
Total Suspended Solids		52	mg/L	1	02/20/2025 15:10	SM 2540 D	PML

	Quality As	surance Sumi	nary					
Precision	Limit	LCL	MS	MSD	<u>UCL</u>	LCS	LCS Limit	Blank
N/A	N/A	N/A			N/A			
<1	23	N/A	N/A	N/A	N/A	207	167 - 228	
<1	10	N/A			N/A			
	Precision N/A <1 <1	Precision Limit N/A N/A	Precision Limit LCL N/A N/A N/A <1	N/A N/A N/A <1	Precision Limit LCL MS MSD N/A N/A N/A N/A N/A <1	Precision Limit LCL MS MSD UCL N/A N/A N/A N/A N/A <1	Precision Limit LCL MS MSD UCL LCS N/A N/A N/A N/A N/A N/A N/A 207	Precision Limit LCL MS MSD UCL LCS LCS Limit N/A N/A N/A N/A N/A N/A 207 167 - 228

Quality Statement: All supporting quality data adhered to data quality objectives and test results meet the requirements of NELAC unless otherwise noted as flagged exceptions or in a case narrative attachment. Reports with full quality data deliverables are available on request.

 $^{\rm I}$ Informational purposes only - pH outside hold time - pH Temperature: 17°C

These analytical results relate only to the sample tested.

All data is reported on an 'As Is' basis unless designated as 'Dry Wt'.

RL = Reporting Limits

QC Data Reported in %, Except BOD in mg/L

Main: 210-340-0343 Fax: 210-658-7903



Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
Public Works Big Wells, City of P.O. Box 68 Big Wells, TX 78830	Project Name: Sample ID: Effluent Matrix: Non-Potable Water Date/Time Taken: 2/20/2025 0723	PCS Sample #: 792263 Page 1 of 1 Date/Time Received: 2/20/2025 10:41 Report Date: 2/24/2025 Approved by: Chuck Wallgren, President

Test Description	Result	Units	RL	Analysis Date/Time	Method	Analyst
E. coli (MPN-18)	1,046	CFU/100ml	1	2/20/2025 14:35	9223 IDEXX Quanti-Tray	CLH

Quality Statement: All supporting quality data adhered to data quality objectives and test results meet the requirements of NELAC unless otherwise noted as flagged exceptions or in a case narrative attachment. Reports with full quality data deliverables are available on request.

These analytical results relate only to the sample tested.
All data is reported on an 'As Is' basis unless designated as 'Dry Wt'.
RL = Reporting Limits

Web Site: www.pcslab.net eMail: chuck@pcslab.net

1532 Universal City Blvd, Suite 100 Universal City, TX 78148-3318 210-340-0343

FAX # 210-658-7903

Chain of Custody Number 7 9 2 2 6 2

MULTIPLE SAMP	LE ANALY	SIS REQ	UES	ΓΑΝ	ND CHAIN	OF (CU	STODY FORM					S	tamp 1 st	samr	le and COC as same number
CUSTOMER INFORM	ATION				REPORT											
Name: Big Wells, City of	f				Attention:	0	11.	not Big Wells		Pho	ne: (8	30) 457	-2218		Fax	: (830) 457-2494
SAMPLE INFORMATI	ON									ueste	d Ana	lysis				
Project Information:			Collec	ted By	· Adrian Martin	ıez										Instructions/Comments:
					Matrix			Container	TSS					1 1		
Report "Soils" □ As Is □ Dry	Wt.		ine 1g/L	10	DW-Drinking Water; NPW-Non-											
	Colle	ected	la ho	osite	potable water;	Туре	Number	Preservative	BOD5.					1 1		
Client / Field Sample II	Date	Time	Field Chlorine Residual mg/L	Composite or Grab	WW-Wastewater; LW-Liquid Waste	T.	N	I I ESCI VACIVE	pH. B		E.Coli					PCS Sample Number
	Start: 2/20/25	Start:			DW NPW Soil	⊡ P		☐ H ₂ SO ₄ ☐ HNO ₃								792262
Big Wells Effluent	End:	End:		 G	☐ Sludge ☐ LW ☐ Other	0 0	1	□ H ₃ PO ₄ □ N ₂ OH □ ICE □	X							□S □B □N □HEM Other:
Big Wells E.Coli	Start: 2/20/25 End:	Start: 723		□ C	DW INPW WW Soil	■ P	1	□ H ₂ SO ₄ □ HNO ₃ □ H ₃ PO ₄ □ NaOH ☑ ICE □			X					792263
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Relinquished By:			Date		Time:			Received By:		_		/		Date:		Time:

1532 Universal City Blvd., Ste. 100, Universal City, Texas 78148 P (210) 340-0343 or (800) 880-4616 - F (210) 658-7903

Rev. Multiple Sample COC 20120201

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Login at www.pcslab.net TCEQ NELAP T104704361-TX

Pollution Control Services

Sample Log-In Checklist 79 2 2 6 2

PCS Sample No(s) 7 9 2 2 6	2	792263	COC No	
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Sample Containers Intact; Unbroken a	nd Not Leaking?	Yes No	2.	
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COC Present with Shipment or Delive Has COC sample date/time and other p	ry or Completed	at Drop Off? Yes /	NON	01
Has COC been properly Signed when	Received/Relinc	mished? Yes No	chemosampler: resiv	0,
Does COC agree with Sample Bottle I	nformation. Bott	tle Types Preservation	etc.? Yes No	
All Samples Received before Hold Tir	ne Expiration? \	res No		
Sufficient Sample Volumes for Analys				
Zero Headspace in VOA Vial? Yes	_ No			
Sample Preservation:				
* Cooling: Not Required	or Required 📝		E 7	
* Cooling: Not Required	e of submitted sa	imples Observed/Corre	cted/	_°C
Is Ice Present in Sample Kit/Cooler? _	Yes	No Samples receive	d same day as collected?	Yes N
Lab Thermometer Make and Serial Number	er: Vaughan <u>1807</u>	009583 Other:		
Acid Preserved Sample - If present, Base Preserved Sample - If present, is Other Preservation: Sample Preservations Checked by: pH paper used to check sample preserv Samples Preserved/Adjusted by Lab:	If Prese Date vation (PCS log a	ent, Meets Requiremen e Ti #):	ts? Yes No me (HEM pH checked at	analysis).
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WWTP

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Andrews Office: 405 SW 1st Street, Andrews, TX 79714 • (432) 523- 2181

Austin Office: 1301 S. Capital of TX Hwy., Suite A-236, Austin, TX 78746 • (512) 328-6736

Texas Registered Engineering Firm F-2746 • Texas Registered Surveyor Firm #10079200

April 4, 2025

Ms. Francesca Findlay Texas Commission of Environmental Quality Applications Review and Processing Team (MC148) Water Quality Division

RE: Application to Renew, for Permit No.: WQ0013782001 (EPA I.D. No. TX0104884)

Applicant Name: City of Big Wells (CN600667364)
Site Name: City of Big Wells WWTP (RN101720357)
Type of Application: Renewal without changes

VIA EMAIL

Dear Ms. Findlay:

Please see the responses to your letter dated March 21, 2025 for the above-referenced permit renewal. The new and replacement pages are attached.

1. Administrative Report 1.0, Section 3: Please verify the name on the application.

Response: Texas has been removed from the Legal Name. A copy of page 1 of Form 10053 form is enclosed. The page has been replaced in the complete application package and uploaded to the ftp site.

2. Administrative Report 1.0, Section 14: Please complete the signature page with the Notary information. Subscribed and sworn to before me by the said.

Response: A new document has been signed and notarized. A copy of the page is enclosed. The page has been replaced in the complete application package and uploaded to the ftp site. The original will be mailed to the Applications Review and Processing Team (MC148). The transmittal letter is attached.

3. Technical Report 1.0, Section 1: Please provide answers to items A-C.

Response: Item C has been updated. A copy of page 1 of the technical report is enclosed. The page has been replaced in the complete application package and uploaded to the ftp site.

Ms. Francesca Findlay Texas Commission of Environmental Quality April 4, 2025

4. Core Data Form, Section II, item 6: Please provide the Legal Name. The name we have on file is City of Big Wells.

Response: Texas has been removed from the Legal Name. A copy of page 1 of the Core Data form is enclosed. The page has been replaced in the complete application package and uploaded to the ftp site.

5. Core Data Form, Section II, item 17: Please provide an email address.

Response: An email address has been added to the Section. A copy of page 1 of the Core Data form is enclosed. The page has been replaced in the complete application package and uploaded to the ftp site.

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

Response: The NORI is approved. The website link to the location mapper was checked and is accurate.

7. 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

Response: The Spanish NORI has been completed. The word document is attached.

A complete copy of the revised permit application that includes these changes has been uploaded to the TCEQ ftp site. Please let me know if you need anything further.

Sincerely,

WTC, Inc.

Robert H. Thonhoff, Jr. P.E.

Principal Engineer

Enclosures: Form 10053 page 1

Robert H. Thowhoff, J.

Core Data Form page 1 Form 10054 page 1

Translated NORI (in word form)

Transmittal Sheet

	 Check the box next to the appropriate permit type. ☑ TPDES Permit ☐ TLAP ☐ TPDES Permit with TLAP component ☐ Subsurface Area Drip Dispersal System (SADDS) I. Check the box next to the appropriate application type 					
	 □ New □ Major Amendment with Renewal □ Minor Amendment with Renewal □ Minor Amendment with Renewal □ Minor Amendment without Renewal □ Minor Amendment without Renewal □ Minor Modification of permit 					
e.	. For amendments or modifications, describe the proposed changes: Click to enter text.					
f.	Permit Number: WQ00 <u>13782001</u> EPA I.D. (TPDES only): TX <u>0104884</u> Expiration Date: <u>September 9, 2025</u> Section 3. Facility Owner (Applicant) and Co-Applicant Information					
	(Instructions Page 26)					
A.	What is the Legal Name of the entity (applicant) applying for this permit? City of Big Wells (The legal name must be spelled exactly as filed with the Texas Secretary of State, County, of 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: 600667364 What is the name and title of the person signing the application? The person must be an					
	executive official meeting signatory requirements in 30 TAC § 305.44.					

Prefix: Mr. Last Name, First Name: Cerna, Silvestre, III

Title: Mayor 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.)

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: <u>Click to enter text.</u>
Estimated waste disposal start date: <u>Click to enter text.</u>

B. Interim II Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: <u>Click to enter text.</u> Estimated waste disposal start date: <u>Click to enter text.</u>

C. Final Phase

Design Flow (MGD): 0.15 MGD

2-Hr Peak Flow (MGD): NA

Estimated construction start date: <u>Click to enter text.</u> Estimated waste disposal start date: <u>Click to enter text.</u>

D. Current Operating Phase

Provide the startup date of the facility: Final Phase - 2004

Section 2. Treatment Process (Instructions Page 42)

A. Current Operating Phase

Provide a detailed description of the treatment process. **Include the type of treatment plant, mode of operation, and all treatment units.** Start with the plant's head works and



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 submitt	ed with the renewal form)	⊠ Other						
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in	3. Regulated Entity Reference Number (if issued)						
CN 600667364	Central Registry**	RN 101720357						
SECTION II: Customer	<u>Information</u>							
4. General Customer Information	5. Effective Date for Customer Inform	ve Date for Customer Information Updates (mm/dd/yyyy)						
New Customer Up	date 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: City of Big Wells 7. TX SOS/CPA Filing Number 10. DUNS Number (if 8. TX State Tax ID (11 digits) 9. Federal Tax ID applicable) (9 digits) 74-6000366 11. Type of Customer: ☐ Corporation ☐ Individual Partnership: General Limited Government: ☐ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other ☐ Sole Proprietorship Other: 12. Number of Employees 13. Independently Owned and Operated? \boxtimes 0-20 \square 21-100 \square 101-250 \square 251-500 \square 501 and higher ☐ 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 ☐ Operator Other: Occupational Licensee Responsible Party □ VCP/BSA Applicant PO Box 68 15. Mailing Address: City Big Wells State ΤX 78830 **ZIP + 4** 0068 **16. Country Mailing Information** (if outside USA) 17. E-Mail Address (if applicable) bigwellssecretary@yahoo.com

TCEQ-10400 (11/22) Page 1 of 3

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0013782001

Applicant: City of Big Wells

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): Silvestre Cerna III

Signatory title: Mayor

	1	1	1 /	
Signature:		11.00	00	Ome
oigilatai C.		LU.		

Date: 3/28/2025

(Use blue ink)

Subscribed and Sworn to before me by the said Silvestre Cerna

on this 28 ±

_day of March

. 20 25

My commission expires on the 38^{+}

day o

2026.

Notary Public

STATE OF THE

ROSALINDA ROCHA Notary ID #131158414 My Commission Expires April 28, 2026

[SEAL]

County, Texas



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

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

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

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

City of Big Wells (CN600667364) operates City of Big Wells WWTP (RN101720357), a domestic wastewater treatment plant. The facility is located at approximately 2000 feet west of FM 1867 and 2200 feet south of US Highway 85, in Big Wells, Dimmit County, Texas 78830. The renewal of an application to discharge of treated domestic wastewater at a daily average flow not to exceed 150,000 gallons per day.

Discharges from the facility are expected to contain less than 30 mg/l Carbonaceous Biochemical Oxygen Demand (CBOD5), 90 mg/l Total Suspended Solids (TDS), and 126 E.Coli CFU MPN/ 100 ml. Domestic wastewater is treated by one facultative lagoon followed by two aerobic lagoons.

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

AGUAS RESIDUALES DOMÉSTICAS /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.

La Ciudad de Big Wells (CN600667364) opera la Planta de Tratamiento de Aguas Residuales de la Ciudad de Big Wells (RN101720357), una planta de tratamiento de aguas residulaes domesticas. La instalación está ubicada en aproximadamente a 2000 pies al oeste de FM 1867 y 2200 pies al sur de la Carretera US 85, en Big Wells, Condado de Dimmit, Texas 78830. La renovación de una solicitud para la descarga de agua residulaes domesticas tratadas con un flujo promedio diario que no exceda los 150,000 galones por día.

Se espera que las descargas de la instalación contengan 30 mg/l de Demanda Bioquímica de Oxígeno Carbonáceo (CBOD5), 90 mg/l de Sólidos Suspendidos Totales (TDS) y 126 UFC MPN/100 ml de E. Coli. Aguas residuales domésticas. están tratado por lagunas facultativas y aeróbicas. El tratamiento de aguas residuales utilizado en la instalación consiste en una laguna facultativa seguida de dos lagunas aeróbicas.



Andrews Office: 405 SW 1st Street, Andrews, TX 79714 • (432) 523- 2181

Austin Office: 1301 S. Capital of TX Hwy., Suite A-236, Austin, TX 78746 • (512) 328-6736

Texas Registered Engineering Firm F-2746 • Texas Registered Surveyor Firm #10079200

April 4, 2025

Texas Commission of Environmental Quality (MC148)
Water Quality Division
Building F, Room 2101
12100 Park 35 Circle
Austin, Texas 78753

abara Johnson

RE:

Application to Renew Permit No.: WQ0013782001 (EPA I.D. No. TX 0104884)

Applicant Name: City of Big Wells (CN 600667364) Site Name: City of Big Wells WWTP (RN 101720357) Type of Application: Renewal without changes

Dear TCEQ:

Please see the original signature sheet with complete notary information to be replaced in the "original" copy of the Administrative Report 1.0, Section 14 for the above-referenced permit application.

Sincerely,

WTC, Inc.

Barbara Johnson

Attachment



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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Se espera que las descargas de la instalación contengan 30 mg/l de Demanda Bioquímica de Oxígeno Carbonáceo (CBOD5), 90 mg/l de Sólidos Suspendidos Totales (TDS) y 126 UFC MPN/100 ml de E. Coli. Aguas residuales domésticas. están tratado por lagunas facultativas y aeróbicas. El tratamiento de aguas residuales utilizado en la instalación consiste en una laguna facultativa seguida de dos lagunas aeróbicas.

INSTRUCTIONS

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

Questions or comments concerning this form may be directed to the Water Quality Division's Application Review and Processing Team by email at <a href="https://www.wq-arthu.org/wq-arthu.or

Example 1: Industrial Wastewater TPDES Application (ENGLISH)

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

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

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

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

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

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

Example 2: Domestic Wastewater TPDES Renewal application

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

The City of Texas (CN000000000) operates the City of Texas wastewater treatment plant (RN00000000), an activated sludge process plant operated in the complete mix mode. The facility is located at 123 Texas Street, near the City of More Texas, Texas County, Texas 71234.

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

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), ammonia nitrogen (NH₃-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, a grit chamber, aeration basins, final clarifiers, sludge digesters, a belt filter press, chlorine contact chambers and a dechlorination chamber.

Example 3: Domestic Wastewater TPDES New Application

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

The City of Texas (CN000000000) proposes to operate the City of Texas wastewater treatment plant (RN00000000), an activated sludge process plant operated in the extended aeration mode. The facility will be located at 123 Texas Street, in the City of More Texas, Texas County, Texas 71234.

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

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), ammonia nitrogen (NH₃-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater will be treated by an activated sludge process plant and the treatment units will include a bar screen, a grit chamber, aeration basins, final clarifiers, sludge digesters, a belt filter press, chlorine contact chambers and a dechlorination chamber.

Example 4: Domestic Wastewater TLAP Renewal application

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

of the permit application.

The City of Texas (CN000000000) operates the City of Texas wastewater treatment plant (RN00000000), an activated sludge process plant operated in the complete mix mode. The facility is located at 123 Texas Street, near the City of More Texas, Texas County, Texas 71234.

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

Land application of domestic wastewater from the facility are expected to contain five-day biochemical oxygen demand (BOD₅), total suspended solids (TSS), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, an equalization basin, an aeration basin, a final clarifier, an aerobic sludge digester, tertiary filters, and a chlorine contact chamber. In addition, the facility includes a temporary storage that equals to at least three days of the daily average flow.

Francesca Findlay

From: Cari Harrington <cari@h2ogeotx.com>

Sent: Friday, April 4, 2025 12:04 PM

To: Francesca Findlay

Cc: Bob Thonhoff; Barbara Johnson; Robert Juarez

Subject: City of Big Wells WQ0013782001

Attachments: 20972_PLS_2024-11-08(1).docx; NOD 1.pdf

Please see the attached response to NOD1.

A complete copy of the revised permit application that includes these changes will be uploaded to the TCEQ ftp site.

Please let me know if you need anything further.

Thank you

Cari Harrington, CPESC, CFM 512-785-9801

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