



# Administrative Package Cover Page

**This file contains the following documents:**

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



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

The City of Bloomburg (CN600770556) operates the City of Bloomburg wastewater treatment plant (RN101918373), an activated sludge process plant with an oxidation ditch and two settling ponds. The facility is located at approximately 1,000 feet southeast of the intersection of South Texas Avenue and West Anthony Street, in Bloomburg, Cass County, Texas 75556. This application is for a renewal to discharge at an annual average flow of 90,000 gallons per day of treated domestic wastewater via Outfall 001.

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 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, Parshall flume, oxidation ditch, two settling ponds and a drying bed.

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0013930001

**APPLICATION.** City of Bloomburg, P.O. Box 198, Bloomburg, Texas 75556, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0013930001 (EPA I.D. No. TX0057363) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 90,000 gallons per day. The domestic wastewater treatment facility is located approximately 1,000 feet southeast of the intersection of South Texas Avenue and West Anthony Street, in the city of Bloomburg, in Cass County, Texas 75556. The discharge route is from the plant site to State Line Creek in a drainage area of non-designated segment. TCEQ received this application on June 9, 2025. The permit application will be available for viewing and copying at Bloomburg City Hall, 121 East Main Street, Bloomburg, in Cass 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=-94.055833,33.134166&level=18>

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

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

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

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

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

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

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

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

**INFORMATION AVAILABLE ONLINE.** For details about the status of the application, visit the Commissioners' Integrated Database at [www.tceq.texas.gov/goto/cid](http://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](http://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 Bloomburg at the address stated above or by calling Ms. Delores Simmons, Mayor, at 903-728-5323.

Issuance Date: June 26, 2025



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of Bloomburg

PERMIT NUMBER (If new, leave blank): WQ00 13930001

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

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

For TCEQ Use Only

Segment Number \_\_\_\_\_ County \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Region \_\_\_\_\_  
Permit Number \_\_\_\_\_



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION  
ADMINISTRATIVE REPORT 1.0**

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

**Section 1. Application Fees (Instructions Page 26)**

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

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

Minor Amendment (for any flow) \$150.00 ☐

**Payment Information:**

Mailed      Check/Money Order Number:  Click to enter text.  
Check/Money Order Amount:  Click to enter text.  
Name Printed on Check:  Click to enter text.

EPAY      Voucher Number:  Click to enter text.

Copy of Payment Voucher enclosed?      Yes ☐

**Section 2. Type of Application (Instructions Page 26)**

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

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

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

- ☒ Active      ☐ Inactive



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

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

d. Check the box next to the appropriate application type

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

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

f. For existing permits:

Permit Number: WQ00 13930001

EPA I.D. (TPDES only): TX 0057363

Expiration Date: 03/12/26

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

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

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

City of Bloomburg

*(The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal documents forming the entity.)*

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

CN: 600770556

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

Prefix: Ms.

Last Name, First Name: Simmons, Delores

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?

N/A

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

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

CN: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

Provide a brief description of the need for a co-permittee: Click to enter text.

### C. Core Data Form

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

## Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: Ms.

Last Name, First Name: Crafton, Erin

Title: Vice President

Credential: Click to enter text.

Organization Name: AWWS, Inc.

Mailing Address: 476 Shady Ln.

City, State, Zip Code: Hallsville, TX 75650

Phone No.: 903-399-9280

E-mail Address: awwsinc@gmail.com

Check one or both:

☒

Administrative Contact

☒

Technical Contact

B. Prefix: Ms.

Last Name, First Name: Braun, Sara

Title: Treasurer

Credential: Click to enter text.

Organization Name: AWWS, Inc.

Mailing Address: 695 Shady Ln.

City, State, Zip Code: Hallsville, TX 75650

Phone No.: 903-668-4133

E-mail Address: awwsinc@gmail.com

Check one or both:

☒

Administrative Contact

☐

Technical Contact

## Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Mr.

Last Name, First Name: Hathcock, John

Title: Operator

Credential: Click to enter text.

Organization Name: City of Bloomburg

Mailing Address: 121 East Main St.

City, State, Zip Code: Bloomburg, TX 75556

Phone No.: 903-728-5323

E-mail Address: jhc2@swat.coop



B. Prefix: Ms. Last Name, First Name: Bishop, Suzanne  
Title: Secretary Credential: Click to enter text.  
Organization Name: City of Bloomburg  
Mailing Address: 121 East Main St. City, State, Zip Code: Bloomburg, TX 75556  
Phone No.: 903-728-5323 E-mail Address: citysecretary@swat.coop

## 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: Bishop, Suzanne  
Title: Secretary Credential: Click to enter text.  
Organization Name: City of Bloomburg  
Mailing Address: P.O. Box 198 City, State, Zip Code: Bloomburg, TX 75556  
Phone No.: 903-728-5323 E-mail Address: citysecretary@swat.coop

## 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: Hathcock, John  
Title: Operator Credential: Click to enter text.  
Organization Name: City of Bloomburg  
Mailing Address: P.O. Box 198 City, State, Zip Code: Bloomburg, TX  
Phone No.: 903-728-5323 E-mail Address: jhc2@swat.coop

## Section 8. Public Notice Information (Instructions Page 27)

### A. Individual Publishing the Notices

Prefix: Ms. Last Name, First Name: Bishop, Suzanne  
Title: City Secretary Credential: Click to enter text.  
Organization Name: City of Bloomburg  
Mailing Address: P.O. Box 198 City, State, Zip Code: Bloomburg, TX 75556  
Phone No.: 903-728-5323 E-mail Address: citysecretary@swat.coop

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

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

- ☐ E-mail Address  
☐ Fax  
☒ Regular Mail

**C. Contact permit to be listed in the Notices**

Prefix: Ms. Last Name, First Name: Simmons, Delores

Title: Mayor Credential: Click to enter text.

Organization Name: City of Bloomburg

Mailing Address: P.O. Box 198 City, State, Zip Code: Bloomburg, TX 75556

Phone No.: 903-728-5323 E-mail Address: Click to enter text.

**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: Bloomburg City Hall

Location within the building: Meeting Room

Physical Address of Building: 121 East Main

City: Bloomburg County: Cass

Contact (Last Name, First Name): Bishop, Suzanne

Phone No.: 903-728-5323 Ext.: Click to enter text.

**E. Bilingual Notice Requirements**

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

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

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

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

5. If the answer is **yes** to **question 1, 2, 3, or 4**, public notices in an alternative language are required. Which language is required by the bilingual program? N/A

#### F. Plain Language Summary Template

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

Attachment: 2

#### G. Public Involvement Plan Form

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

Attachment: N/A

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 101918373

Search the TCEQ's Central Registry at <http://www15.tceq.texas.gov/crpub/> to determine if the site is currently regulated by TCEQ.

B. Name of project or site (the name known by the community where located):

City of Bloomburg Wastewater Treatment Plant

C. Owner of treatment facility: City of Bloomburg

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

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: City of Bloomburg

Mailing Address: P.O. Box 198

City, State, Zip Code: Bloomburg, TX 75556

Phone No.: 903-728-5323

E-mail Address: Click to enter text.

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

Attachment: Click to enter text.

E. Owner of effluent disposal site:

Prefix: N/A

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text.

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

Phone No.: Click to enter text.

E-mail Address: Click to enter text.

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

**Attachment:** Click to enter text.

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

Prefix: N/A

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text.

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

Phone No.: Click to enter text.

E-mail Address: Click to enter text.

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

**Attachment:** Click to enter text.

## Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

Click to enter text.

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

☒ Yes ☐ No

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

Click to enter text.

City nearest the outfall(s): City of Bloomburg

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

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

☐ Yes ☒ No

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

- ☐ Authorization granted      ☐ Authorization pending

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

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

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

## Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes      ☐ No

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

[Click to enter text.](#)

- B. City nearest the disposal site: [Click to enter text.](#)

- C. County in which the disposal site is located: [Click to enter text.](#)

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

[Click to enter text.](#)

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

## Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes      ☒ No

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

☐ Yes      ☐ No      ☒ Not Applicable

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

[Click to enter text.](#)



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

☐ Yes ☒ No

If yes, list each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application: [Click to enter text.](#)

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

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

Amount past due: [Click to enter text.](#)

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

Enforcement order number: [Click to enter text.](#)

Amount past due: [Click to enter text.](#)

### Section 13. Attachments (Instructions Page 33)

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

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

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

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

EXHIBIT NO.1

☐ Attachment 1 for Individuals as co-applicants

☐ Other Attachments. Please specify: [Click to enter text.](#)

## Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0013930001

Applicant: City of Bloomburg

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.

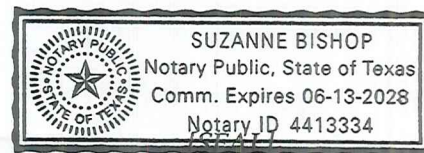
Signatory name (typed or printed): Delores Simmons

Signatory title: Mayor

Signature: Delores Simmons Date: 4-22-2025  
(Use blue ink)

Subscribed and Sworn to before me by the said Delores Simmons Mayor  
on this 22 day of April, 2025.  
My commission expires on the 13 day of June, 2028.

Suzanne Bishop  
Notary Public



Cass  
County, Texas

# DOMESTIC WASTEWATER PERMIT APPLICATION

## SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

**Attachment:** 3



# 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

<b>1. Reason for Submission</b> (If other is checked please describe in space provided.)	
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)	
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other
<b>2. Customer Reference Number</b> (if issued)	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 600770556	RN 101918373

[Follow this link to search for CN or RN numbers in Central Registry\\*\\*](#)

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)		3/12/2025	
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership					
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
City of Bloomburg					
<b>7. TX SOS/CPA Filing Number</b>		<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b> (9 digits)	
		75-2173486			
<b>10. DUNS Number</b> (if applicable)					
<b>11. Type of Customer:</b>		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
<b>12. Number of Employees</b>		<b>13. Independently Owned and Operated?</b>			
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
<b>15. Mailing Address:</b>		P.O. Box 198			
City		Bloomburg		State TX	
ZIP		75556		ZIP + 4	
<b>16. Country Mailing Information</b> (if outside USA)		<b>17. E-Mail Address</b> (if applicable)			
		citysecretary@swat.coop			

<b>18. Telephone Number</b> ( 903 ) 728-5323	<b>19. Extension or Code</b>	<b>20. Fax Number (if applicable)</b> ( 903 ) 728-5398
---	------------------------------	---

### SECTION III: Regulated Entity Information

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

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

<b>25. Description to Physical Location:</b>	located approximately 1,000 feet southeast of the intersection of South Texas Avenue and West Anthony Street.							
<b>26. Nearest City</b>	Bloomburg				<b>State</b>	TX	<b>Nearest ZIP Code</b>	75556
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
<b>27. Latitude (N) In Decimal:</b>			<b>28. Longitude (W) In Decimal:</b>					
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
33	08	2.6	-94	03	21.5			
<b>29. Primary SIC Code</b> (4 digits)	<b>30. Secondary SIC Code</b> (4 digits)		<b>31. Primary NAICS Code</b> (5 or 6 digits)		<b>32. Secondary NAICS Code</b> (5 or 6 digits)			
9199			921190					
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)  City Government								
<b>34. Mailing Address:</b>	P.O. Box 198							
	City	Bloomburg	State	TX	ZIP	75556	ZIP + 4	
<b>35. E-Mail Address:</b>		citysecretary@swat.coop						
<b>36. Telephone Number</b>			<b>37. Extension or Code</b>			<b>38. Fax Number (if applicable)</b>		
( 903 ) 728-5323						( 903 ) 728-5398		



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

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

#### **SECTION IV: Preparer Information**

<b>40. Name:</b>	Erin Crafton	<b>41. Title:</b>	Vice President
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 903 ) 668-4133		( 903 ) 668-1095	awwsinc@gmail.com

#### **SECTION V: Authorized Signature**

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

<b>Company:</b>	City of Bloomburg	<b>Job Title:</b>	Preparer
<b>Name (In Print):</b>	Erin Crafton	<b>Phone:</b>	(903) 399-9280
<b>Signature:</b>	Erin Crafton	<b>Date:</b>	4/20/2025



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

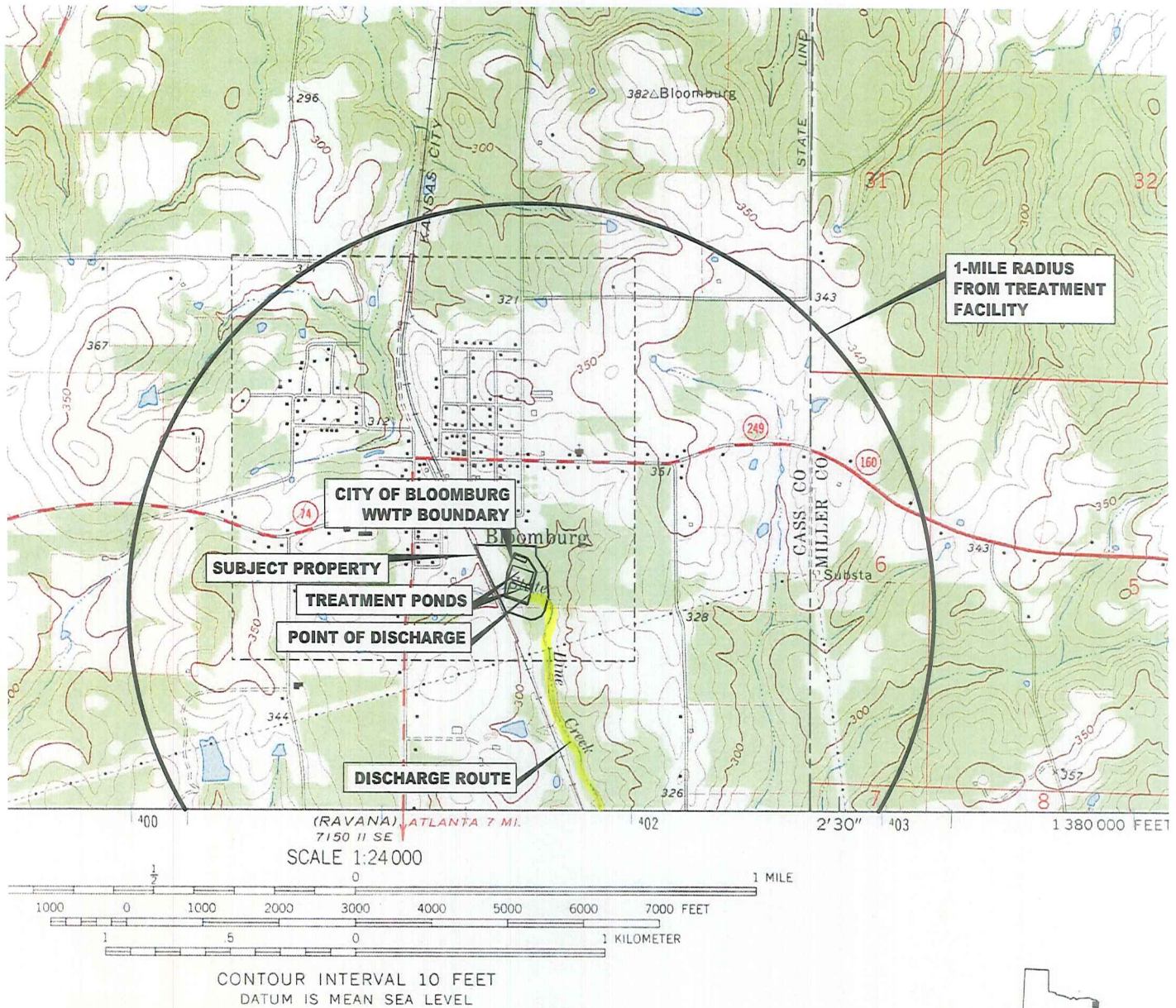
#### **Summary of Application (in plain language) Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications**

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

The City of Bloomburg (CN600770556) operates the City of Bloomburg wastewater treatment plant (RN101918373), an activated sludge process plant with an oxidation ditch and two settling ponds. The facility is located at approximately 1,000 feet southeast of the intersection of South Texas Avenue and West Anthony Street, in Bloomburg, Cass County, Texas 75556. This application is for a renewal to discharge at an annual average flow of 90,000 gallons per day of treated domestic wastewater via Outfall 001.

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 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, Parshall flume, oxidation ditch, two settling ponds and a drying bed.



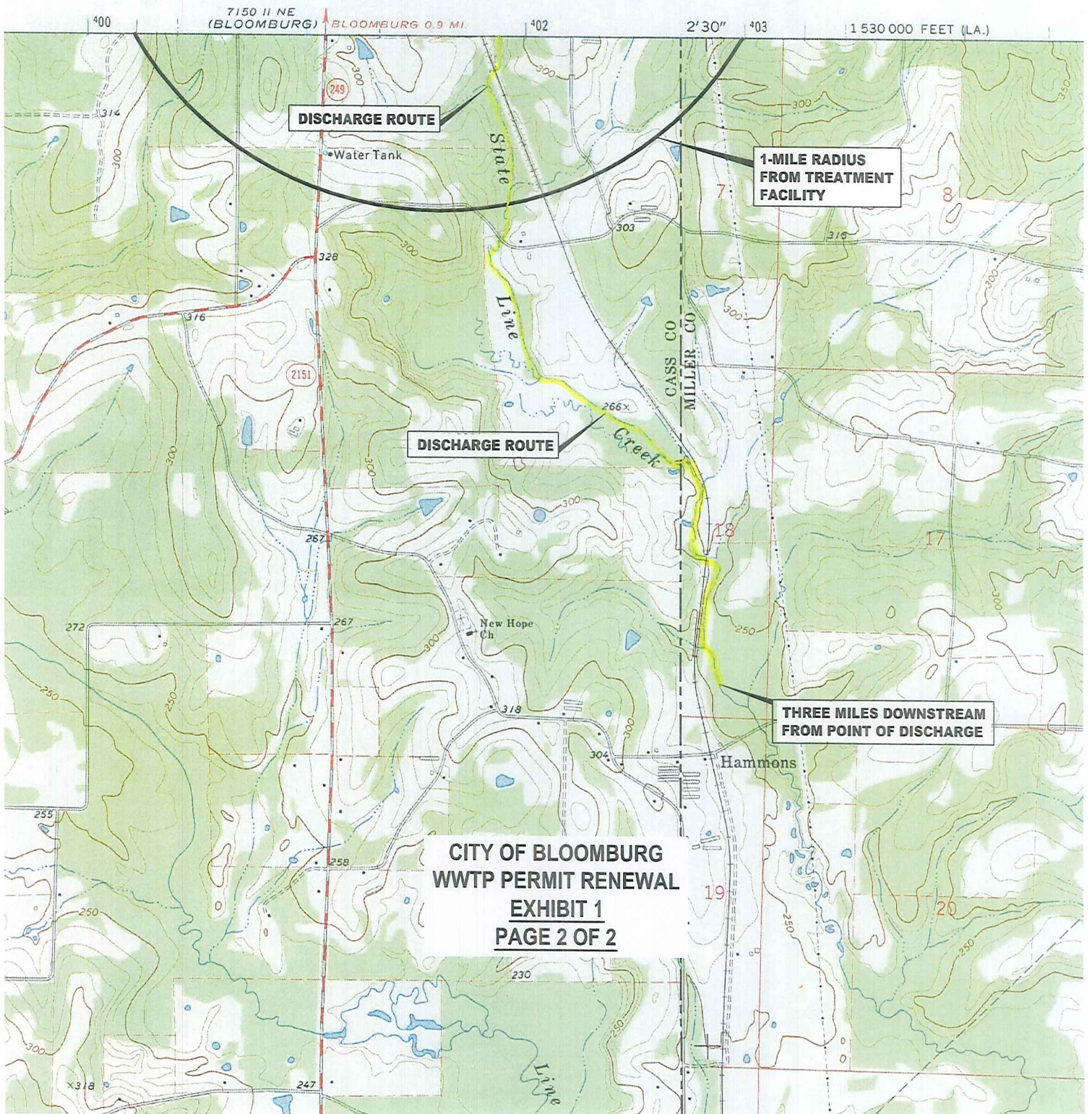


THIS MAP COMPLIES WITH NATIONAL MAP  
BY U.S. GEOLOGICAL SURVEY, DENVER, COLOI  
BY THE ARKANSAS GEOLOGICAL COMMISSIC  
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SY

**CITY OF BLOOMBURG  
WWTP PERMIT RENEWAL  
EXHIBIT 1  
PAGE 1 OF 2**

C. 20242  
1







# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

### FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

#### TCEQ USE ONLY:

Application type: \_\_\_\_ Renewal \_\_\_\_ Major Amendment \_\_\_\_ Minor Amendment \_\_\_\_ New

County: \_\_\_\_\_ Segment Number: \_\_\_\_\_

Admin Complete Date: \_\_\_\_\_

Agency Receiving SPIF:

\_\_\_\_ Texas Historical Commission

\_\_\_\_ U.S. Fish and Wildlife

\_\_\_\_ Texas Parks and Wildlife Department

\_\_\_\_ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: City of Bloomburg

Permit No. WQ00 13930001

EPA ID No. TX 0057363

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

Located approximately 1,000 feet southeast of the intersection of South Texas Avenue and West Anthony Street.



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

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

First and Last Name: Suzanne Bishop

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

Title: City Secretary

Mailing Address: P.O. Box 198

City, State, Zip Code: Bloomburg, TX 75556

Phone No.: 903-728-5323 Ext.:  Fax No.: 903-728-5398

E-mail Address: citysecretary@swat.coop

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

N/A

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

Plant discharges to a tributary of State Line Creek further referenced as Segment No. 0400 of Cypress Creek Basin and thence into State Line Creek.

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

**EXHIBITS No. 2 & 3**

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

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

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



Disturbance of vegetation or wetlands

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

None

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

None.

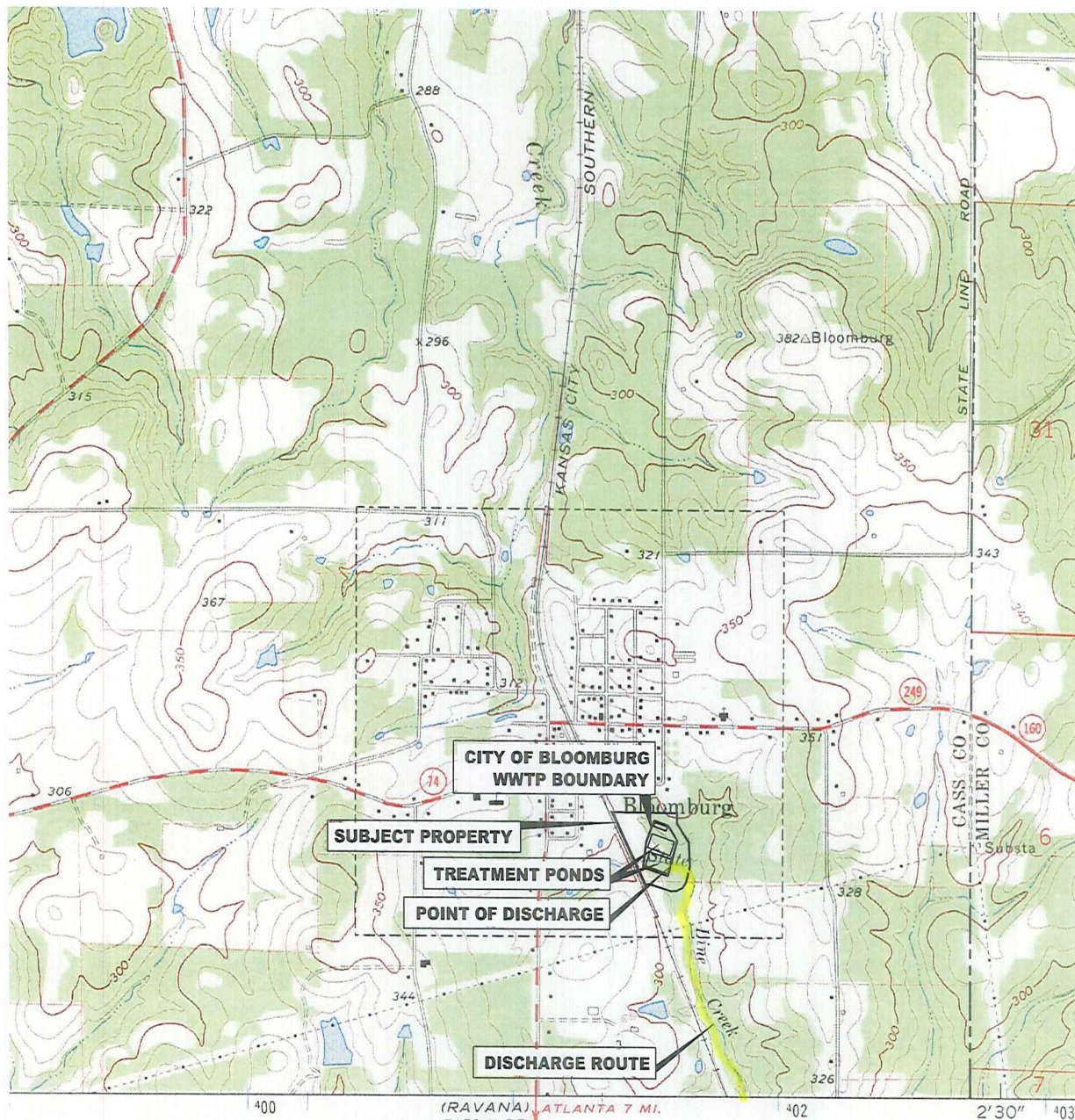
THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

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

Unknown

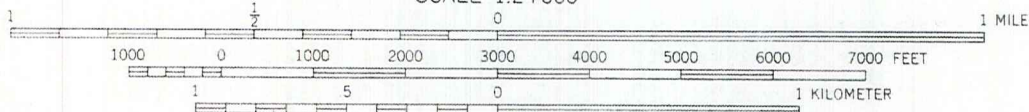
4. Provide a brief history of the property, and name of the architect/builder, if known.

Unknown



(RAVANA) ATLANTA 7 MI.  
7150 11 SE

SCALE 1:24 000



CONTOUR INTERVAL 10 FEET  
DATUM IS MEAN SEA LEVEL

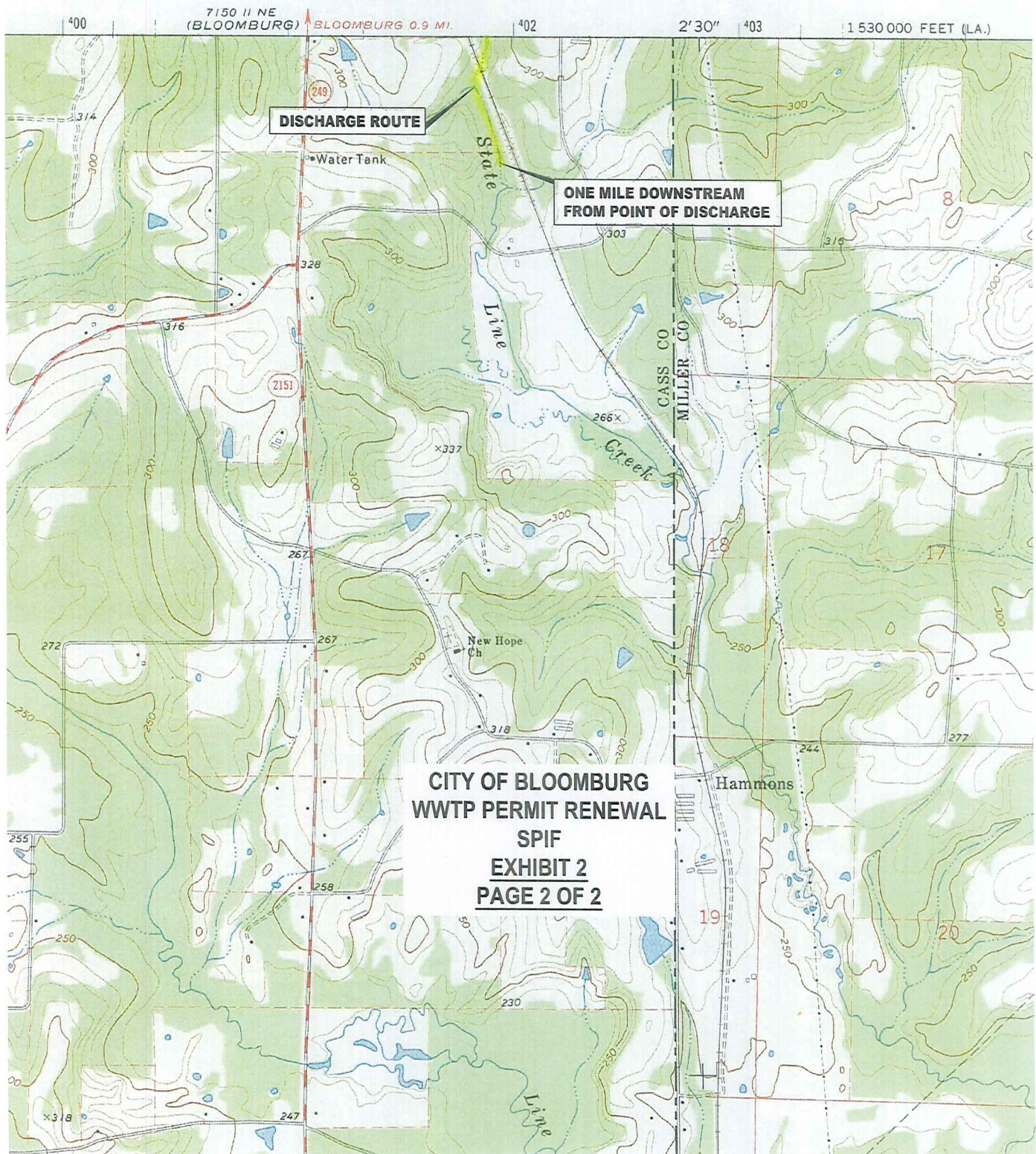
## CITY OF BLOOMBURG WWTP PERMIT RENEWAL

THIS MAP COMPLIES WITH  
FOR SALE BY U.S. GEOLOGICAL SURVEY  
AND BY THE ARKANSAS GEOLOGICAL SURVEY  
A FOLDER DESCRIBING TOPOGRAPHY

SPIF  
EXHIBIT 2  
PAGE 1 OF 2

RDS  
WASHINGTON, D. C. 20242  
ARKANSAS 72201  
E. ON REQUEST







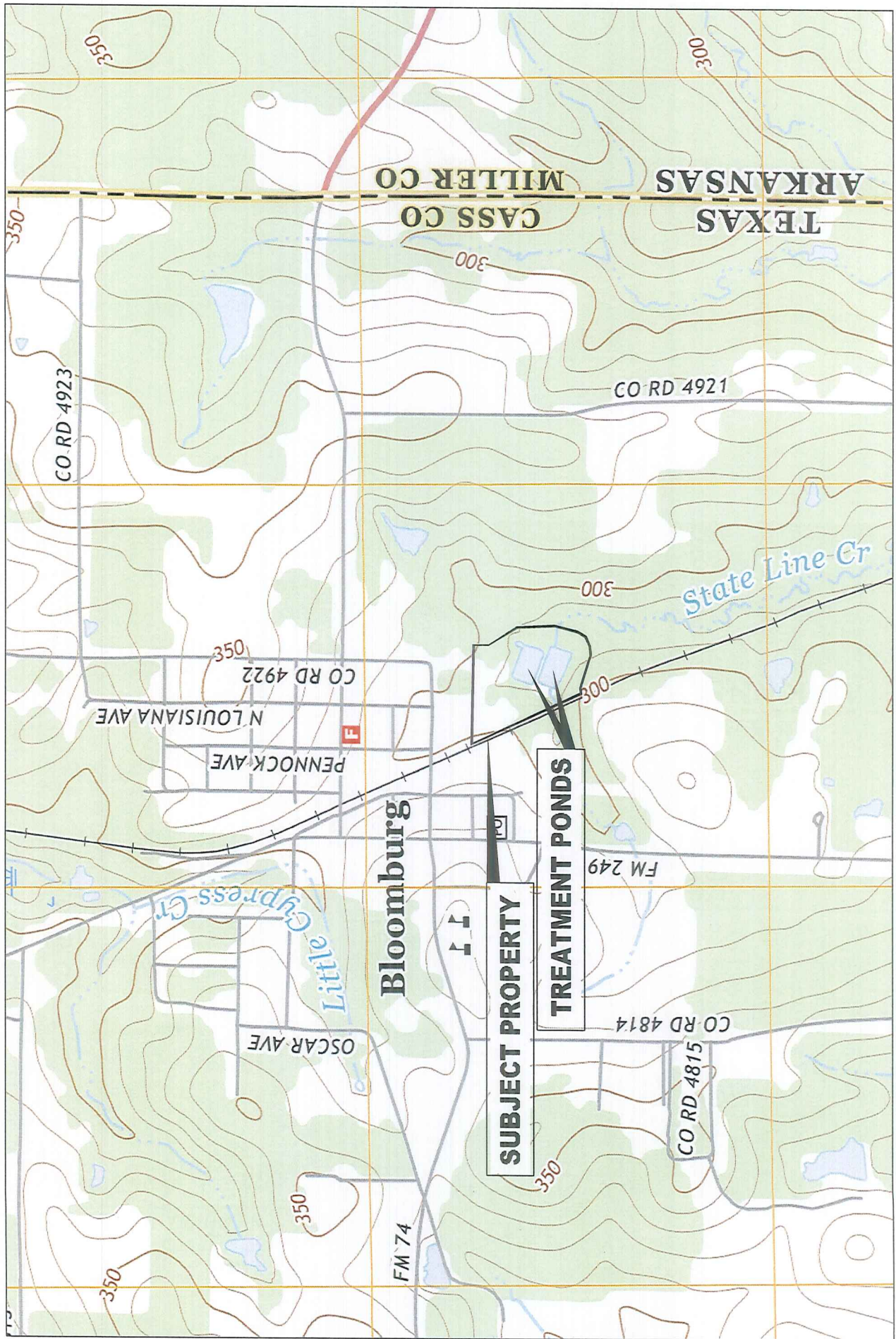


EXHIBIT #3  
GENERAL LOCATION MAP



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

### Section 1. Permitted or Proposed Flows (Instructions Page 43)

#### A. Existing/Interim I Phase

Design Flow (MGD): [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): 0.09

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

#### D. Current Operating Phase

Provide the startup date of the facility: 2000

### Section 2. Treatment Process (Instructions Page 43)

#### A. Current Operating Phase

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



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

The City of Bloomburg Wastewater Treatment Plant includes a bar screen, parshall flume, oxidation ditch followed by two (2) settling ponds. Sludge return is accomplished and conveyed to drying beds.

## B. Treatment Units

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

**Table 1.0(1) - Treatment Units**

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Bar Screen	1	1 ft 7 in x 2 ft 6 in x 4 ft
Parshall Flume	1	10 in x 6 ft 7 in x 4 ft
Oxidation Ditch	1	158 ft x 55 ft x 4 ft
Pond 1	1	298 ft x 194 ft x 4 ft
Pond 2	1	339 ft x 192 ft x 4 ft
Drying Beds	2	2 @ 30 ft x 10 ft

## C. Process Flow Diagram

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

**Attachment:** Exhibit 4

## Section 3. Site Information and Drawing (Instructions Page 44)

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

- Latitude: 33 deg, 08 min, 2.6 sec
- Longitude: 94 deg, 03 min, 21.5 sec

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

- Latitude: N/A
- 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:** Exhibit 5

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

City of Bloomburg
-------------------

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

**Collection System Information**

Collection System Name	Owner Name	Owner Type	Population Served
N/A		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	

**Section 4. Unbuilt Phases (Instructions Page 45)**

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

N/A
-----

**Section 5. Closure Plans (Instructions Page 45)**

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

☐ Yes ☒ No



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

☐ Yes ☐ No

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

N/A

## Section 6. Permit Specific Requirements (Instructions Page 45)

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

### A. Summary transmittal

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

☒ Yes ☐ No

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

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

None

### B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

N/A

**C. Other actions required by the current permit**

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

☐ Yes ☒ No

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

N/A

**D. Grit and grease treatment**

**1. Acceptance of grit and grease waste**

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

☐ Yes ☒ No

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

**2. Grit and grease processing**

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

Click to enter text.

**3. Grit disposal**

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

☐ Yes ☐ No

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

Describe the method of grit disposal.

[Click to enter text.](#)

**4. Grease and decanted liquid disposal**

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

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

[Click to enter text.](#)

**E. Stormwater management**

**1. Applicability**

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

**2. MSGP coverage**

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

☐ Yes ☐ No

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

TXR05 [Click to enter text.](#) or TXRNE [Click to enter text.](#)

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

☐ Yes ☐ No

**3. Conditional exclusion**

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

☐ Yes ☐ No



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

Click to enter text.

**4. Existing coverage in individual permit**

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

☐ Yes ☐ No

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

Click to enter text.

**5. Zero stormwater discharge**

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

☐ Yes ☐ No

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

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

[Click to enter text.](#)

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

**F. Discharges to the Lake Houston Watershed**

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

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

**1. Acceptance of sludge from other WWTPs**

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

☐ Yes ☒ No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the sludge, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

[Click to enter text.](#)

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

**2. Acceptance of septic waste**

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If **yes to any of the above**, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the septic waste, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

3. **Acceptance of other wastes (not including septic, grease, grit, or RCRA, CERCLA or as discharged by IUs listed in Worksheet 6)**

Is or will the facility accept wastes that are not domestic in nature excluding the categories listed above?

☐ Yes ☒ No

If **yes**, provide the date that the plant started accepting the waste, an estimate how much waste is accepted on a monthly basis (gallons or millions of gallons), a description of the entities generating the waste, and any distinguishing chemical or other physical characteristic of the waste. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

Is the facility in operation?

☒ Yes ☐ No

EXHIBIT No. 6

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	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l	3.50		1	G	3/3/25 @ 5:30 am
Total Suspended Solids, mg/l	4.50		1	G	3/3/25 @ 5:30 am
Ammonia Nitrogen, mg/l	1.88		1	G	3/10/25 @ 5:30 am
Nitrate Nitrogen, mg/l	1.14		1	G	3/3/25 @ 10:55 am
Total Kjeldahl Nitrogen, mg/l	2.85		1	G	3/3/25 @ 10:55 am
Sulfate, mg/l	11.0		1	G	3/3/25 @ 10:55 am
Chloride, mg/l	ND		1	G	3/10/25 @ 5:30 am
Total Phosphorus, mg/l	0.411		1	G	3/3/25 @ 5:30 am
pH, standard units	7.70		1	G	3/3/25 @ 5:30 am
Dissolved Oxygen*, mg/l	6.7		1	G	3/3/25 @ 5:30 am
Chlorine Residual, mg/l	ND		1	G	3/10/25 @ 5:30 am
<i>E.coli</i> (CFU/100ml) freshwater	130		1	G	3/10/25 @ 5 :30 am
Enterococci (CFU/100ml) saltwater	N/A		N/A	N/A	N/A
Total Dissolved Solids, mg/l	117		1	G	3/10/25 @ 5:30 am
Electrical Conductivity, µmohs/cm, †	N/A		N/A	N/A	N/A
Oil & Grease, mg/l	N/A		N/A	N/A	N/A
Alkalinity (CaCO <sub>3</sub> )*, mg/l	N/A		N/A	N/A	N/A

\*TPDES permits only

†TLAP permits only

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Aluminum, mg/l	N/A		N/A	N/A	N/A
Alkalinity (CaCO <sub>3</sub> ), mg/l	N/A		N/A	N/A	N/A

## Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: John Hathcock

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

Facility Operator's License Number: WW0055223

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

### A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

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

### B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

- ☐ Sludge Lagoon
- ☐ Temporary Storage (< 2 years)
- ☐ Long Term Storage (>= 2 years)
- ☐ Methane or Biogas Recovery
- ☐ Other Treatment Process: [Click to enter text.](#)

### C. Biosolids Management

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

#### Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>		<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>
<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>		<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>
<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>		<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>

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: [New Boston Landfill](#)

TCEQ permit or registration number: [MSW No. 576B](#)

County where disposal site is located: [Bowie](#)

### E. Transportation method

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

Name of the hauler: [Waste Management](#)

Hauler registration number: [Reg. No. 23944](#)

Sludge is transported as a:

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

## Section 10. Permit Authorization for Sewage Sludge Disposal (Instructions Page 53)

### A. Beneficial use authorization



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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

## B. Sludge processing authorization

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

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

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

☐ Yes ☐ No

## Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

### A. Location information

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

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

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

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

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

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

[Click to enter text.](#)

#### **B. Temporary storage information**

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

Nitrate Nitrogen, mg/kg: [Click to enter text.](#)

Total Kjeldahl Nitrogen, mg/kg: [Click to enter text.](#)

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

Phosphorus, mg/kg: [Click to enter text.](#)

Potassium, mg/kg: [Click to enter text.](#)

pH, standard units: [Click to enter text.](#)

Ammonia Nitrogen mg/kg: [Click to enter text.](#)

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

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

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

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

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

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

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

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

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

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

Total PCBs: [Click to enter text.](#)

Provide the following information:

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

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

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

### C. Liner information

Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity of  $1 \times 10^{-7}$  cm/sec?

☐ Yes ☐ No

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

[Click to enter text.](#)

### D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

- Plan view and cross-section of the sludge lagoon(s)  
**Attachment:** [Click to enter text.](#)
- Copy of the closure plan  
**Attachment:** [Click to enter text.](#)
- Copy of deed recordation for the site  
**Attachment:** [Click to enter text.](#)
- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons  
**Attachment:** [Click to enter text.](#)
- Description of the method of controlling infiltration of groundwater and surface water from entering the site  
**Attachment:** [Click to enter text.](#)
- Procedures to prevent the occurrence of nuisance conditions  
**Attachment:** [Click to enter text.](#)

### E. Groundwater monitoring



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

☐ Yes ☐ No

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

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

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

### A. Additional authorizations

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

☐ Yes ☒ No

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

[Click to enter text.](#)

### B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

[Click to enter text.](#)

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

### A. RCRA hazardous wastes

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

☐ Yes ☒ No

### B. Remediation activity wastewater

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

☐ Yes ☒ No

### C. Details about wastes received

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

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

## Section 14. Laboratory Accreditation (Instructions Page 56)

All laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*, which includes the following general exemptions from National Environmental Laboratory Accreditation Program (NELAP) certification requirements:

- The laboratory is an in-house laboratory and is:
  - periodically inspected by the TCEQ; or
  - located in another state and is accredited or inspected by that state; or
  - performing work for another company with a unit located in the same site; or
  - performing pro bono work for a governmental agency or charitable organization.
- The laboratory is accredited under federal law.
- The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.
- The laboratory supplies data for which the TCEQ does not offer accreditation.

The applicant should review 30 TAC Chapter 25 for specific requirements.

The following certification statement shall be signed and submitted with every application. See the Signature Page section in the Instructions, for a list of designated representatives who may sign the certification.

### CERTIFICATION:

I certify that all laboratory tests submitted with this application meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*.

Printed Name: Erin Crafton

Title: Vice President

Signature: 

Date: 4/23/2025



# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

Owner of the drinking water supply: [Click to enter text.](#)

Distance and direction to the intake: [Click to enter text.](#)

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

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

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

#### A. Receiving water outfall

Width of the receiving water at the outfall, in feet: [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 64)

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

☐ Yes ☒ No

If **yes**, this Worksheet is complete.

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

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

Name of the immediate receiving waters: State Line Creek

#### A. Receiving water type

Identify the appropriate description of the receiving waters.

☒ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: Click to enter text.

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

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

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: Click to enter text.

#### B. Flow characteristics

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

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

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

☐ Perennial - normally flowing

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

☐ USGS flow records

☐ Historical observation by adjacent landowners

☒ Personal observation

☐ Other, specify: Click to enter text.

### C. Downstream perennial confluences

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

None

### D. Downstream characteristics

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

☐ Yes ☒ No

If yes, discuss how.

N/A

### E. Normal dry weather characteristics

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

Slow running stream.

Date and time of observation: 3/3/25 @ 11:00 am

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

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

### A. Upstream influences

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

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

## B. Waterbody uses

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

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

## C. Waterbody aesthetics

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

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



# DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

## Section 1. All POTWs (Instructions Page 89)

### A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: Click to enter text.

Significant IUs – non-categorical:

Number of IUs: Click to enter text.

Average Daily Flows, in MGD: Click to enter text.

Other IUs:

Number of IUs: Click to enter text.

Average Daily Flows, in MGD: Click to enter text.

### B. Treatment plant interference

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

☐ Yes ☒ No

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

Click to enter text.

### C. Treatment plant pass through

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

☐ Yes ☒ No

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

Click to enter text.

### D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

If **yes**, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

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

### A. Substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

**B. Non-substantial modifications**

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

☐ Yes ☐ No

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

Click to enter text.

**C. Effluent parameters above the MAL**

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

**Table 6.0(1) – Parameters Above the MAL**

Pollutant	Concentration	MAL	Units	Date

**D. Industrial user interruptions**

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

☐ Yes ☐ No

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

Click to enter text.

### Section 3. Significant Industrial User (SIU) Information and Categorical Industrial User (CIU) (Instructions Page 90)

#### A. General information

Company Name: N/A

SIC Code: Click to enter text.

Contact name: Click to enter text.

Address: Click to enter text.

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

Telephone number: Click to enter text.

Email address: Click to enter text.

#### B. Process information

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

N/A

#### C. Product and service information

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

N/A

#### D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: N/A

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

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

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent



#### E. Pretreatment standards

Is the SIU or CIU subject to technically based local limits as defined in the instructions?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Category: Subcategories: N/A

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

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

#### F. Industrial user interruptions

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

☐ Yes ☒ No

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

Click to enter text.

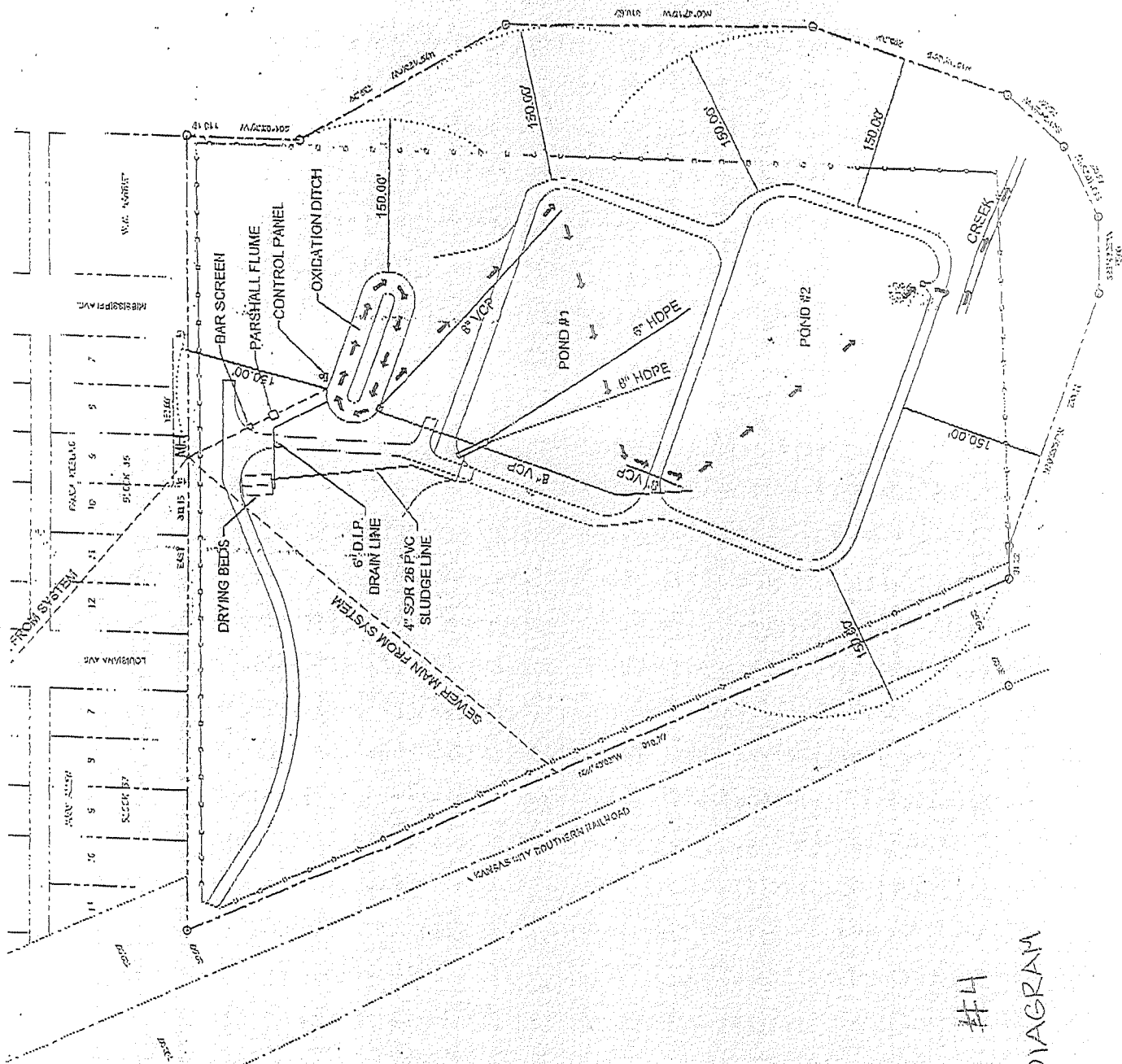


EXHIBIT #4  
 FLOW DIAGRAM



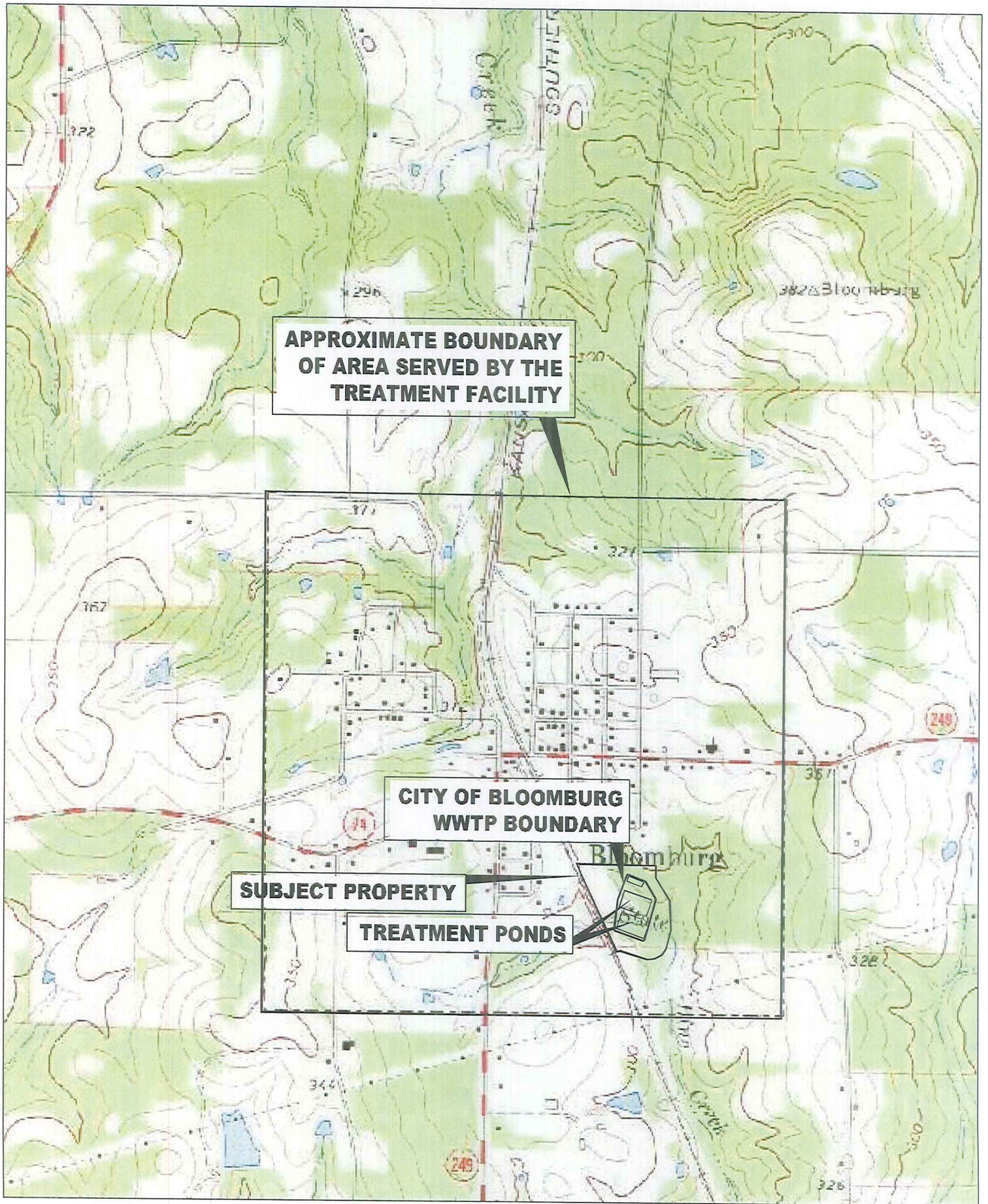


EXHIBIT #5  
SITE DRAWING

# EXHIBIT #6



City of Bloomburg  
P.O. Box 198  
Bloomburg TEXAS, 75556

Project: Monthly Report  
Project Number: [none]  
Project Manager: City of Bloomburg

Reported:  
30-Apr-25 11:40

## ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled
Bloomburg - Effluent - 001	A503015-01	Water	03-Mar-25 05:30
Bloomburg - Effluent - 001	A503142-01	Water	10-Mar-25 05:30

---

A handwritten signature in black ink that reads "Erin Crafton". The signature is written in a cursive, flowing style.

Erin Crafton For Mike Davis, Lab Analyst





City of Bloomburg  
P.O. Box 198  
Bloomburg TEXAS, 75556

Project: Monthly Report  
Project Number: [none]  
Project Manager: City of Bloomburg

Reported:  
30-Apr-25 11:40

**A503015-01 (Water) Bloomburg - Effluent - 001 3/3/25 5:30**

Analyte	Result	Rpt Lmt	Units	Batch	Analyzed	Method	Notes
Phosphorus	0.411	0.0192	mg/L	2511023	3/10/25 18:54	EPA 200.7	
Field pH	7.70		pH Units	2510018	3/3/25 5:30	EPA 150.1	
Carbonaceous BOD	3.50	2.00	mg/L	2510035	3/4/25 14:15	SM 5210B	
Total Suspended Solids	4.50	1.00	mg/L	2510006	3/4/25 14:15	SM 2540 D	
Field Dissolved Oxygen	6.7		mg/L	2510018	3/3/25 5:30	SM4500O G	

**A503142-01 (Water) Bloomburg - Effluent - 001 3/10/25 5:30**

Analyte	Result	Rpt Lmt	Units	Batch	Analyzed	Method	Notes
Chloride	ND	5.00	mg/L	2518030	4/1/25 11:30	IM 4500CL 1	
Ammonia as N	1.88	0.100	mg/L	2511044	3/11/25 13:10	4500NH3D	
Total Dissolved Solids	117	10.0	mg/L	2511005	3/11/25 10:30	EPA 160.1	
E. Coli	130	1.00	MPN/100 ml	2511027	3/10/25 11:00	19223BColil	



City of Bloomburg	Project: Monthly Report	Reported:
P.O. Box 198	Project Number: [none]	30-Apr-25 11:40
Bloomburg TEXAS, 75556	Project Manager: City of Bloomburg	

**Total Metals by EPA 200 Series Methods - Quality Control**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
---------	--------	-----------------	-------	-------------	---------------	------	-------------	-----	-----------	-------

**Batch 2511023 - EPA 200.7**

Blank (2511023-BLK1)										Prepared: 07-Mar-25 Analyzed: 10-Mar-25
Phosphorus	0.0730	0.0192	mg/L							
Blank (2511023-BLK2)										Prepared: 07-Mar-25 Analyzed: 10-Mar-25
Phosphorus	0.0710	0.0192	mg/L							



City of Bloomburg  
P.O. Box 198  
Bloomburg TEXAS, 75556

Project: Monthly Report  
Project Number: [none]  
Project Manager: City of Bloomburg

Reported:  
30-Apr-25 11:40

### Wet Chemistry - Quality Control

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch 2510006 - No Prep - WetChem</b>										
Blank (2510006-BLK1)	Prepared & Analyzed: 04-Mar-25									
Total Suspended Solids	ND	1.00	mg/L							
LCS (2510006-BS1)	Prepared & Analyzed: 04-Mar-25									
Total Suspended Solids	64.0	1.00	mg/L	65.6		97.6	80-120			
Duplicate (2510006-DUP1)	Source: A503001-03 Prepared & Analyzed: 04-Mar-25									
Total Suspended Solids	444	1.00	mg/L		444			0.00	200	
Duplicate (2510006-DUP2)	Source: A503001-02 Prepared & Analyzed: 04-Mar-25									
Total Suspended Solids	138	1.00	mg/L		137			0.727	200	
<b>Batch 2510035 - No Prep - WetChem</b>										
Blank (2510035-BLK1)	Prepared & Analyzed: 04-Mar-25									
Carbonaceous BOD	ND	2.00	mg/L							
Blank (2510035-BLK2)	Prepared & Analyzed: 04-Mar-25									
Carbonaceous BOD	ND	2.00	mg/L							
LCS (2510035-BS1)	Prepared & Analyzed: 04-Mar-25									
Carbonaceous BOD	192	2.00	mg/L				1.5959-115			
Duplicate (2510035-DUP1)	Source: A503100-01 Prepared & Analyzed: 04-Mar-25									
Carbonaceous BOD	5.20	2.00	mg/L		5.10			1.94	25	
<b>Batch 2511005 - No Prep - WetChem</b>										
Blank (2511005-BLK1)	Prepared & Analyzed: 11-Mar-25									
Total Dissolved Solids	ND	10.0	mg/L							
LCS (2511005-BS1)	Prepared & Analyzed: 11-Mar-25									
Total Dissolved Solids	760	10.0	mg/L	763		99.6	85-115			
Duplicate (2511005-DUP1)	Source: A503123-01 Prepared & Analyzed: 11-Mar-25									
Total Dissolved Solids	333	10.0	mg/L		330			0.905	25	



City of Bloomburg  
P.O. Box 198  
Bloomburg TEXAS, 75556

Project: Monthly Report  
Project Number: [none]  
Project Manager: City of Bloomburg

Reported:  
30-Apr-25 11:40

### Wet Chemistry - Quality Control

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch 2511044 - No Prep - WetChem</b>										
Blank (2511044-BLK1)										Prepared & Analyzed: 11-Mar-25
Ammonia as N	ND	0.100	mg/L							
LCS (2511044-BS1)										Prepared & Analyzed: 11-Mar-25
Ammonia as N	4.94	0.100	mg/L	5.00		98.8	85-115			
Duplicate (2511044-DUP1)										Source: A503138-02 Prepared & Analyzed: 11-Mar-25
Ammonia as N	3.99	0.100	mg/L		3.57			11.1	25	
Duplicate (2511044-DUP2)										Source: A503145-01 Prepared & Analyzed: 11-Mar-25
Ammonia as N	2.51	0.100	mg/L		2.44			2.83	25	
Matrix Spike (2511044-MS1)										Source: A503138-02 Prepared & Analyzed: 11-Mar-25
Ammonia as N	9.02	0.100	mg/L	5.00	3.57	109	70-130			
Matrix Spike (2511044-MS2)										Source: A503145-01 Prepared & Analyzed: 11-Mar-25
Ammonia as N	7.54	0.100	mg/L	5.00	2.44	102	70-130			
<b>Batch 2518030 - No Prep - WetChem</b>										
Blank (2518030-BLK1)										Prepared & Analyzed: 01-Apr-25
Chloride	ND	5.00	mg/L							
LCS (2518030-BS1)										Prepared & Analyzed: 01-Apr-25
Chloride	47.0	5.00	mg/L	50.0		94.0	85-115			
Duplicate (2518030-DUP1)										Source: A503142-01 Prepared & Analyzed: 01-Apr-25
Chloride	ND	5.00	mg/L		ND				25	
Matrix Spike (2518030-MS1)										Source: A503142-01 Prepared & Analyzed: 01-Apr-25
Chloride	48.0	5.00	mg/L	50.0	ND	96.0	85-115			





City of Bloomburg  
P.O. Box 198  
Bloomburg TEXAS, 75556

Project: Monthly Report  
Project Number: [none]  
Project Manager: City of Bloomburg

Reported:  
30-Apr-25 11:40

### Notes and Definitions

DET Analyte DETECTED  
ND Analyte NOT DETECTED at or above the reporting limit  
NR Not Reported  
dry Sample results reported on a dry weight basis  
RPD Relative Percent Difference  
SUB Subcontracted

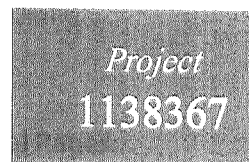
- Field Activities for pH, Dissolved Oxygen, Residual Chlorine, and Temperature are not accredited activities.
- AWWWS is not accredited for analyzing drinkingwater samples.
- QAQC may not be included for samples that will not be reported to accrediting authorities. Analyses include MLSS/MLVS and analyses for influent samples.
- NELAP Accredited.
- This report must be copied in full, unless AWWWS, Inc. gives permission to do so.



## AWWS-A

AWWS Analytical Water & Wastewater Services Inc.  
Arlin Braun  
695 Shady Lane  
Hallsville, TX 75650-

Printed 03/10/2025  
13:26



## TABLE OF CONTENTS

### BLOOMBURG

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<u>Report Name</u>	<u>Description</u>	<u>Pages</u>
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1138367_r03_03_ProjectResults	SPL Kilgore Project P:1138367 C:AWWS Project Results t:304	2
1138367_r10_05_ProjectQC	SPL Kilgore Project P:1138367 C:AWWS Project Quality Control Groups	2
1138367_r99_09_CoC__1_of_1	SPL Kilgore CoC AWWS 1138367_1_of_1	1
<b>Total Pages:</b>		<b>6</b>



## SAMPLE CROSS REFERENCE

Project  
1138367

AWWS Analytical Water & Wastewater Services Inc.  
 Arlin Braun  
 695 Shady Lane  
 Hallsville, TX 75650

Printed 3/10/2025 Page 1 of 1

Sample	Sample ID	Taken	Time	Received
2386378	BLOOMBURG	03/03/2025	10:55:00	03/05/2025

Bottle 01 8 oz Plastic H2SO4 pH < 2

Bottle 02 Polyethylene 250 mL unpres

Bottle 03 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1163800) Volume: 20.00000 mL <== Derived from 01 ( 20 ml )

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 300.0 2.1	02	1163980	03/05/2025	1163980	03/05/2025
EPA 351.2 2	03	1163800	03/06/2025	1164161	03/07/2025

Email: Kilgore.ProjectManagement@spllabs.com

Report Page 2 of 7

## AWWS-A

AWWS Analytical Water & Wastewater Services Inc.  
 Arlin Braun  
 695 Shady Lane  
 Hallsville, TX 75650-

Page 1 of 2

Project  
**1138367**

Printed: 03/10/2025

BLOOMBURG

## RESULTS

### Sample Results

**2386378 BLOOMBURG**

Received: 03/05/2025

Non-Potable Water  
 Collected by: Client  
 Taken: 03/03/2025  
 AWWS Analytical Wate  
 10:55:00

PO:

#### EPA 300.0 2.1

Prepared: 1163980 03/05/2025 09:37:00 Analyzed 1163980 03/05/2025 09:37:00 KRA

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Nitrate-Nitrogen Total	1.14	mg/L	0.226		14797-55-8	02
NELAC Sulfate	11.0	mg/L	3.00			02

#### EPA 351.2 2

Prepared: 1163800 03/06/2025 08:40:43 Analyzed 1164161 03/07/2025 07:45:00 AMB

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Total Kjeldahl Nitrogen	2.85	mg/L	0.050		7727-37-9	03

### Sample Preparation

**2386378 BLOOMBURG**

Received: 03/05/2025

03/03/2025

Prepared: 03/05/2025 09:01:53 Calculated 03/05/2025 09:01:53 CAL

Enviro Fee (per Sampling Group)

Verified

#### EPA 351.2, Rev 2.0

Prepared: 1163800 03/06/2025 08:40:43 Analyzed 1163800 03/06/2025 08:40:43 ALEG

NELAC TKN Block Digestion	20/20	ml				01
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Report Page 3 of 7



## AWWS-A

Page 2 of 2

AWWS Analytical Water & Wastewater Services Inc.

Arlin Braun

695 Shady Lane

Hallsville, TX 75650-

Project

1138367

Printed: 03/10/2025

Qualifiers:

We report results on an As Received (or Wet) basis unless marked Dry Weight.

Unless otherwise noted, testing was performed at SPL, Inc. - Kilgore laboratory which holds International, Federal, and state accreditations. Please see our Websites for details.

(N)ELAC - Covered in our NELAC scope of accreditation

z -- Not covered by our NELAC scope of accreditation

These analytical results relate to the sample tested. This report may NOT be reproduced EXCEPT in FULL without written approval of SPL Kilgore. Unless otherwise specified, these test results meet the requirements of NELAC.

RL is the Reporting Limit (sample specific quantitation limit) and is at or above the Method Detection Limit (MDL). CAS is Chemical Abstract Service number. RL is our Reporting Limit, or Minimum Quantitation Level. The RL takes into account the Instrument Detection Limit (IDL), Method Detection Limit (MDL), and Practical Quantitation Limit (PQL), and any dilutions and/or concentrations performed during sample preparation (EQL). Our analytical result must be above this RL before we report a value in the 'Results' column of our report (without a 'J' flag). Otherwise, we report ND (Not Detected above RL), because the result is "<" (less than) the number in the RL column. MAL is Minimum Analytical Level and is typically from regulatory agencies. Unless we report a result in the result column, or interferences prevent it, we work to have our RL at or below the MAL.

Bill Peery, MS, VP Technical Services



Report Page 4 of 7



# QUALITY CONTROL

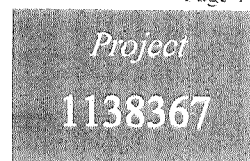


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The Science of Safe

## AWWS-A

AWWS Analytical Water & Wastewater Services Inc.  
Arlin Braun  
695 Shady Lane  
Hallsville, TX 75650-

Page 1 of 2



Printed 03/10/2025

Analytical Set 1164161

EPA 351.2.2

### Blank

Parameter	PrepSet	Reading	MDL	MDL	Units	File
Total Kjeldahl Nitrogen	1163800	ND	0.00712	0.050	mg/L	127377288

### CCV

Parameter	Reading	Known	Units	Recovery%	Limits%	File
Total Kjeldahl Nitrogen	5.18	5.00	mg/L	104	90.0 - 110	127377280
Total Kjeldahl Nitrogen	5.30	5.00	mg/L	106	90.0 - 110	127377289
Total Kjeldahl Nitrogen	5.33	5.00	mg/L	107	90.0 - 110	127377300
Total Kjeldahl Nitrogen	5.30	5.00	mg/L	106	90.0 - 110	127377311
Total Kjeldahl Nitrogen	5.36	5.00	mg/L	107	90.0 - 110	127377318
Total Kjeldahl Nitrogen	5.37	5.00	mg/L	107	90.0 - 110	127377319

### Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Kjeldahl Nitrogen	2386190	1.02	1.07	mg/L	4.78	20.0
Total Kjeldahl Nitrogen	2386191	1.01	1.12	mg/L	10.3	20.0

### ICV

Parameter	Reading	Known	Units	Recovery%	Limits%	File
Total Kjeldahl Nitrogen	5.44	5.00	mg/L	109	90.0 - 110	127377279

### LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Total Kjeldahl Nitrogen	1163800	5.30	5.41	5.00	90.0 - 110	106	108	mg/L	2.05	20.0

### Mat. Spike

Parameter	Sample	Spike	Unknown	Known	Units	Recovery%	Limits%	File
Total Kjeldahl Nitrogen	2386190	6.09	1.07	5.00	mg/L	100	80.0 - 120	127377294
Total Kjeldahl Nitrogen	2386191	6.21	1.12	5.00	mg/L	102	80.0 - 120	127377297

Analytical Set 1163980

EPA 300.0 2.1

### AWRL/LOQ C

Parameter	Reading	Known	Units	Recovery%	Limits%	File
Nitrate-Nitrogen Total	0.0255	0.0226	mg/L	113	70.0 - 130	127373680

### Blank

Parameter	PrepSet	Reading	MDL	MDL	Units	File
Nitrate-Nitrogen Total	1163980	ND	0.00464	0.0226	mg/L	127373681
Sulfate	1163980	ND	0.160	0.300	mg/L	127373681

### CCB

Parameter	PrepSet	Reading	MDL	MDL	Units	File
Nitrate-Nitrogen Total	1163980	0	0.00464	0.0226	mg/L	127373673
Nitrate-Nitrogen Total	1163980	0	0.00464	0.0226	mg/L	127373693
Nitrate-Nitrogen Total	1163980	0	0.00464	0.0226	mg/L	127373705
Sulfate	1163980	0.0628	0.160	0.300	mg/L	127373673
Sulfate	1163980	0.0803	0.160	0.300	mg/L	127373693

Email: Kilgore.ProjectManagement@spilabs.com



Report Page 5 of 7

# QUALITY CONTROL

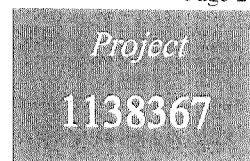


**SPL**  
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## AWWS-A

AWWS Analytical Water & Wastewater Services Inc.  
Arlin Braun  
695 Shady Lane  
Hallsville, TX 75650-

Page 2 of 2



Printed 03/10/2025

### CCB

Parameter	PrepSet	Reading	MDL	MDL	Units	File
Sulfate	1163980	0.0883	0.160	0.300	mg/L	127373705

### CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Nitrate-Nitrogen Total	2.40	2.26	mg/L	106	90.0 - 110	127373672
Nitrate-Nitrogen Total	2.36	2.26	mg/L	104	90.0 - 110	127373692
Nitrate-Nitrogen Total	2.40	2.26	mg/L	106	90.0 - 110	127373704
Sulfate	10.3	10.0	mg/L	103	90.0 - 110	127373672
Sulfate	10.3	10.0	mg/L	103	90.0 - 110	127373692
Sulfate	10.3	10.0	mg/L	103	90.0 - 110	127373704

### LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Nitrate-Nitrogen Total	1163980	1.23	1.22	1.13	86.3 - 117	109	108	mg/L	0.816	20.0
Sulfate	1163980	5.56	5.55	5.00	85.4 - 124	111	111	mg/L	0.180	20.0

### MSD

Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Nitrate-Nitrogen Total	2385991	27.9	29.4	2.45	22.6	80.0 - 120	113	119	mg/L	5.73	20.0
Sulfate	2385991	1190	1240	1090	100	80.0 - 120	100	150 *	mg/L	40.0 *	20.0
Nitrate-Nitrogen Total	2386004	29.2	30.3	0.729	22.6	80.0 - 120	126 *	131 *	mg/L	3.79	20.0
Sulfate	2386004	400	418	317	100	80.0 - 120	83.0	101	mg/L	19.6	20.0

\* Out RPD is Relative Percent Difference:  $\text{abs}(r1-r2) / \text{mean}(r1,r2) * 100\%$

Recover% is Recovery Percent:  $\text{result} / \text{known} * 100\%$

Blank - Method Blank (reagent water or other blank matrices that contains all reagents except standard(s) and is processed simultaneously with and under the same conditions as samples; carried through preparation and analytical procedures exactly like a sample; monitors); CCB - Continuing Calibration Blank; CCV - Continuing Calibration Verification (same standard used to prepare the curve; typically a mid-range concentration; verifies the continued validity of the calibration curve); MSD - Matrix Spike Duplicate (replicate of the matrix spike; same solution and amount of target analyte added to the MS is added to a third aliquot of sample; quantifies matrix bias and precision.); LCS Dup - Laboratory Control Sample Duplicate (replicate LCS; analyzed when there is insufficient sample for duplicate or MSD; quantifies accuracy and precision.); AWRL/LOQ C - Ambient Water Reporting Limit/LOQ Check Std; ICV - Initial Calibration Verification

Email: Kilgore.ProjectManagement@spilabs.com



Report Page 6 of 7

1138367 CoC Print Group 001 of 001

BLOOMBURG

[illegible]

## Francesca Findlay

---

**From:** AWWWS, Inc. <awwsinc@gmail.com>  
**Sent:** Monday, June 23, 2025 3:49 PM  
**To:** Francesca Findlay  
**Subject:** Re: FW: WQ0013930001 City of Bloomburg  
**Attachments:** Bloomburg Core Data.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Ms. Findlay,  
Attached is the revised CORE data form. There are no errors or omissions in the NORI.  
Thank you,  
Erin Crafton

On Tue, Jun 10, 2025 at 11:46 AM Francesca Findlay <[Francesca.Findlay@tceq.texas.gov](mailto:Francesca.Findlay@tceq.texas.gov)> wrote:

Dear Ms. Crafton:

The attached Notice of Deficiency letter sent on June 10, 2025, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention June 24, 2025.

Thank you,

Francesca Findlay

License & Permit Specialist

ARP Team | Water Quality Division

512-239-2441

Texas Commission on Environmental Quality



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

How is our customer service? Fill out our online customer satisfaction survey at <http://www.tceq.texas.gov/customersurvey>.



18. Telephone Number ( 903 ) 728-5323	19. Extension or Code	20. Fax Number (if applicable) ( 903 ) 728-5398
--	-----------------------	--

### SECTION III: Regulated Entity Information

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

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

25. Description to Physical Location:		located approximately 1,000 feet southeast of the intersection of South Texas Avenue and West Anthony Street.					
26. Nearest City				State		Nearest ZIP Code	
Bloomburg				TX		75556	
Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).							
27. Latitude (N) In Decimal:			28. Longitude (W) In Decimal:				
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
33	08	2.6	-94	03	21.5		
29. Primary SIC Code (4 digits)		30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)	
9199				921190			
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
City Government							
34. Mailing Address:		P.O. Box 198					
		City	Bloomburg	State	TX	ZIP	75556
						ZIP + 4	
35. E-Mail Address:		citysecretary@swat.coop					
36. Telephone Number		37. Extension or Code		38. Fax Number (if applicable)			
( 903 ) 728-5323				( 903 ) 728-5398			

## Francesca Findlay

---

**From:** AWWWS, Inc. <awwsinc@gmail.com>  
**Sent:** Monday, June 23, 2025 3:49 PM  
**To:** Francesca Findlay  
**Subject:** Re: FW: WQ0013930001 City of Bloomburg  
**Attachments:** Bloomburg Core Data.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Ms. Findlay,  
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Thank you,  
Erin Crafton

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Thank you,

Francesca Findlay

License & Permit Specialist

ARP Team | Water Quality Division

512-239-2441

Texas Commission on Environmental Quality



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

How is our customer service? Fill out our online customer satisfaction survey at <http://www.tceq.texas.gov/customersurvey>.

18. Telephone Number ( 903 ) 728-5323	19. Extension or Code	20. Fax Number (if applicable) ( 903 ) 728-5398
--	-----------------------	--

### SECTION III: Regulated Entity Information

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

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

25. Description to Physical Location:		located approximately 1,000 feet southeast of the intersection of South Texas Avenue and West Anthony Street.					
26. Nearest City				State		Nearest ZIP Code	
Bloomburg				TX		75556	
Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).							
27. Latitude (N) In Decimal:			28. Longitude (W) In Decimal:				
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
33	08	2.6	-94	03	21.5		
29. Primary SIC Code (4 digits)		30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)	
9199				921190			
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
City Government							
34. Mailing Address:		P.O. Box 198					
		City	Bloomburg	State	TX	ZIP	75556
						ZIP + 4	
35. E-Mail Address:		citysecretary@swat.coop					
36. Telephone Number		37. Extension or Code		38. Fax Number (if applicable)			
( 903 ) 728-5323				( 903 ) 728-5398			