



# 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**

City of Marquez (CN600681951) operates City of Marquez Wastewater Treatment Facility (RN101918506), a Domestic Wastewater Treatment Plant. The facility is located at approximately 3,900 feet southeast of the intersection of State Highway 7 and U.S. Highway 79, in Marquez, Leon County, Texas 77865. Renewal of Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0013980001 which authorizes the discharge of treated domestic wastewater at a daily average flow not to exceed 40,000 gallons per day.

Discharges from the facility are expected to contain five-day biochemical oxygen demand (BOD5), total suspended solids (TSS), and Escherichia coli. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Processed Wastewater is treated by an imhoff tank for sedimentation and anaerobic digestion, then discharged through two lagoons for natural biological treatment. The treated effluent is then discharged to an unnamed tributary, thence to Brushy Creek, thence to Navasota River below Lake Limestone.

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0013980001

**APPLICATION.** City of Marquez, P.O. Box 85, Marquez, Texas 77865, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0013980001 (EPA I.D. No. TX0117579) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 40,000 gallons per day. The domestic wastewater treatment facility is located approximately 3,900 feet Southeast of the intersection of U.S. Highway 79 and State Highway 7, near the city of Marquez, in Leon County, Texas 77865. The discharge route is from the plant site to an unnamed tributary; thence to Brushy Creek; thence to Navasota River Below Lake Limestone. TCEQ received this application on November 21, 2025. The permit application will be available for viewing and copying at Marquez Municipal Building, City Hall, 320 Austin Street, Marquez, in Leon County, Texas prior to the date this notice is published in the newspaper. The application and associated notices are available electronically at the following webpage: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-96.253723,31.233167&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 Marquez at the address stated above or by calling Ms. Stynette Clary, Mayor, at 903-529-3020.

Issuance Date: December 17, 2025



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

**Complete and submit this checklist with the application.**

APPLICANT NAME: City of Marquez

PERMIT NUMBER (If new, leave blank): WQ0013980-001

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

	Y	N		Y	N
Administrative Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original USGS Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Administrative Report 1.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Affected Landowners Map	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SPIF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landowner Disk or Labels	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Core Data Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Buffer Zone Map	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary of Application (PLS)	<input type="checkbox"/>	<input type="checkbox"/>	Flow Diagram	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Involvement Plan Form	<input type="checkbox"/>	<input type="checkbox"/>	Site Drawing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Technical Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original Photographs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Technical Report 1.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Design Calculations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Solids Management Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 2.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 4.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 5.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 6.0	<input 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 checked="" type="checkbox"/>
≥0.05 but <0.10 MGD	\$550.00 <input type="checkbox"/>	\$515.00 <input type="checkbox"/>
≥0.10 but <0.25 MGD	\$850.00 <input type="checkbox"/>	\$815.00 <input type="checkbox"/>
≥0.25 but <0.50 MGD	\$1,250.00 <input type="checkbox"/>	\$1,215.00 <input type="checkbox"/>
≥0.50 but <1.0 MGD	\$1,650.00 <input type="checkbox"/>	\$1,615.00 <input type="checkbox"/>
≥1.0 MGD	\$2,050.00 <input type="checkbox"/>	\$2,015.00 <input type="checkbox"/>

Minor Amendment (for any flow) \$150.00 ☐

#### Payment Information:

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

Check/Money Order Amount: Click to enter text.

Name Printed on Check: Click to enter text.

EPAY      Voucher Number: 777397.777398

Copy of Payment Voucher enclosed?      Yes ☒

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

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

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

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

- ☒ Active      ☐ Inactive

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

- ☒ TPDES Permit
- ☐ TLAP
- ☐ TPDES Permit with TLAP component

Your transaction is complete. Thank you for using TCEQ ePay.

Note: It may take up to 3 working days for this electronic payment to be processed and be reflected in the TCEQ ePay system. Print this receipt and the vouchers for your records. An email receipt has also been sent.

#### Transaction Information

Trace Number: 582EA000678879  
 Date: 07/31/2025 11:23 AM  
 Payment Method: CC - Authorization 000003171C  
 ePay Actor: LAUREN POWERS  
 Actor Email: cityofmarqueztx@yahoo.com  
 IP: 18.89.140.0  
 TCEQ Amount: \$315.00  
 Texas.gov Fee: \$7.34  
 Texas.gov Price: \$322.34\*

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

#### Payment Contact Information

Name: LAUREN POWERS  
 Company: CITY OF MARQUEZ  
 Address: 320 S AUSTIN ST, MARQUEZ, TX 77865  
 Phone: 903-529-3020

#### Cart Items

Click on the voucher number to see the voucher details.

Voucher	Fee Description	AR Number	Amount
777397	WW PERMIT - FACILITY WITH FLOW < .05 MGD - RENEWAL		\$300.00
777398	30 TAC 305.53B WQ RENEWAL NOTIFICATION FEE		\$15.00
TCEQ Amount:			\$315.00

[ePay Again](#)
[Exit ePay](#)

Note: It may take up to 3 working days for this electronic payment to be processed and be reflected in the TCEQ ePay system. Print this receipt for your records.



☐ Subsurface Area Drip Dispersal System (SADDS)

d. Check the box next to the appropriate application type

☐ New

☐ Major Amendment with Renewal

☐ Minor Amendment with Renewal

☐ Major Amendment without Renewal

☐ Minor Amendment without Renewal

☒ Renewal without changes

☐ Minor Modification of permit

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

f. For existing permits:

Permit Number: WQ00 13980-001

EPA I.D. (TPDES only): TX 0117579

Expiration Date: 7/2/2026

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

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

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

City of Marquez

*(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: 600681951

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: Clary, Stynette

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. Attachment E

## 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: Clary, Stynette  
Title: Mayor Credential: Click to enter text.  
Organization Name: Click to enter text.  
Mailing Address: P.O. Box 85 City, State, Zip Code: Marquez, TX  
Phone No.: 903-529-3020 E-mail Address: cityofmarqueztx@yahoo.com  
Check one or both: ☒ Administrative Contact ☐ Technical Contact
- B. Prefix: Mr. Last Name, First Name: Held, Leslie  
Title: Water-Wastewater Operator Credential: WG0013312, WW0042667  
Organization Name: City of Marquez  
Mailing Address: P.O. Box 85 City, State, Zip Code: Marquez, TX 77865  
Phone No.: 979-255-5530 E-mail Address: cityofmarqueztx@yahoo.com  
Check one or both: ☐ Administrative Contact ☒ Technical Contact

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

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

- A. Prefix: Ms. Last Name, First Name: Clary, Stynette  
Title: Mayor Credential: Click to enter text.  
Organization Name: City of Marquez  
Mailing Address: P.O. Box 85 City, State, Zip Code: Marquez, TX 77865  
Phone No.: 903-529-3020 E-mail Address: cityofmarqueztx@yahoo.com
- B. Prefix: Mr. Last Name, First Name: Held, Leslie  
Title: Water-Wastewater Operator Credential: WG0013312, WW0042667  
Organization Name: City of Marquez  
Mailing Address: P.O. Box 85 City, State, Zip Code: Marquez, TX 77865  
Phone No.: 979-255-5530 E-mail Address: cityofmarqueztx@yahoo.com

## Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Ms.

Last Name, First Name: Powers, Lauren

Title: City Manager

Credential: Click to enter text.

Organization Name: City of Marquez

Mailing Address: P.O. Box 85

City, State, Zip Code: Marquez, TX 77865

Phone No.: 903-529-3020

E-mail Address: cityofmarqueztx@yahoo.com

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

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

Prefix: Mr.

Last Name, First Name: Held, Leslie

Title: Water-Wastewater Operator

Credential: WG0013312, WW0042667

Organization Name: City of Marquez

Mailing Address: P.O. Box 85

City, State, Zip Code: Marquez, TX 77865

Phone No.: 979-255-5530

E-mail Address: cityofmarqueztx@yahoo.com

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

### A. Individual Publishing the Notices

Prefix: Ms.

Last Name, First Name: Powers, Lauren

Title: City Manager

Credential: Click to enter text.

Organization Name: City of Marquez

Mailing Address: P.O. Box 85

City, State, Zip Code: Marquez, TX 77865

Phone No.: 903-529-3020

E-mail Address: cityofmarqueztx@yahoo.com

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

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

☒ E-mail Address

☐ Fax

☐ Regular Mail

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

Prefix: Ms.

Last Name, First Name: Clary, Stynette

Title: Mayor

Credential: Click to enter text.

Organization Name: City of Marquez

Mailing Address: P.O. Box 85

City, State, Zip Code: Marquez, TX 77865

Phone No.: 903-529-3020

E-mail Address: cityofmarqueztx@yahoo.com

**D. Public Viewing Information**

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

Public building name: Marquez Municipal Building

Location within the building: City Hall

Physical Address of Building: 320 S. Austin St.

City: Marquez

County: Leon

Contact (Last Name, First Name): Powers, Lauren

Phone No.: 903-529-3020 Ext.: Click to enter text.

**E. Bilingual Notice Requirements**

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

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

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

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

☐ Yes ☒ No

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

**F. Summary of Application in Plain Language Template**

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

**Attachment:** F

**G. Public Involvement Plan Form**

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

**Attachment:** Click to enter text.

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

- A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 101918506

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 Marquez Wastewater Treatment Plant

- C. Owner of treatment facility: City of Marquez

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 Marquez

Mailing Address: P.O. Box 85

City, State, Zip Code: Marquez, TX 77865

Phone No.: 903-529-3020

E-mail Address: cityofmarqueztx@yahoo.com

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

**Attachment:** Click to enter text.

- E. Owner of effluent disposal site:

Prefix: 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): Marquez

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

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:



N/A

B. City nearest the disposal site: N/A

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

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

N/A

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

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

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

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: Attachment: A
  - Applicant's property boundary
  - Treatment facility boundary
  - Labeled point of discharge for each discharge point (TPDES only)
  - Highlighted discharge route for each discharge point (TPDES only)
  - Onsite sewage sludge disposal site (if applicable)
  - Effluent disposal site boundaries (TLAP only)
  - New and future construction (if applicable)
  - 1 mile radius information
  - 3 miles downstream information (TPDES only)
  - All ponds.
- ☐ Attachment 1 for Individuals as co-applicants
- ☐ Other Attachments. Please specify:

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

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

Permit Number: WQ0013980-001

Applicant: City of Marquez

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): Stynette Clary

Signatory title: Mayor

Signature: Stynette Clary Date: 10-24-2025  
(Use blue ink)

Subscribed and Sworn to before me by the said Stynette Clary  
on this 24<sup>th</sup> day of October, 20 25.  
My commission expires on the 24<sup>th</sup> day of May, 20 27.

Lauren J. Powers  
Notary Public

Leon  
County, Texas





# 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 42)

#### A. Existing/Interim I Phase

Design Flow (MGD): 0.040

2-Hr Peak Flow (MGD): 0.16

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

#### B. Interim II Phase

Design Flow (MGD): N/A

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

#### C. Final Phase

Design Flow (MGD): N/A

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

#### D. Current Operating Phase

Provide the startup date of the facility: 5/01/2001

### Section 2. Treatment Process (Instructions Page 42)

#### A. Current Operating Phase

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



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

Imhoff tank and stabilization pond system. Wastewater is collected and transported to the lift station through gravity mains, then pumped to the Imhoff tank, then flows by gravity to two stabilization ponds operating in series. The effluent is discharged into the receiving stream via a 6" pipe, approximately 5,600 feet in length. Sludge collected in the Imhoff tank is dried in sludge beds before being transported to a permitted landfill.

## B. Treatment Units

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

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

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Grinder Pump Stations	1	6' diameter x 17' deep
Imhoff Tank	1	28' x 14' x 14 10"
Stabilization Ponds	2	0.95 acres (3-5' deep)
V-Notch Weir	1	90 degrees

## C. Process Flow Diagram

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

**Attachment: B**

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

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

- Latitude: 31-13.703N
- Longitude: 96-14.122W

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

- Latitude: N/A
- Longitude: N/A

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

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

**Attachment: C**



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

The area served by the wastewater treatment plant is the City of Marquez

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

**Collection System Information**

Collection System Name	Owner Name	Owner Type	Population Served
City of Marquez	City of Marquez	Publicly Owned	280
		Choose an item.	
		Choose an item.	
		Choose an item.	

**Section 4. Unbuilt Phases (Instructions Page 44)**

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

**Section 5. Closure Plans (Instructions Page 44)**

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

## Section 6. Permit Specific Requirements (Instructions Page 44)

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

### A. Summary transmittal

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

☒ Yes ☐ No

If yes, provide the date(s) of approval for each phase: 12/07/1998

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

Click to enter text.

### B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

Click to enter text.

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

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

☐ Yes ☒ No

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

Click to enter text.

### D. Grit and grease treatment

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

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

☐ Yes ☒ No

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

#### 2. Grit and grease processing

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

Click to enter text.

#### 3. Grit disposal

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

☐ Yes ☒ No

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

Describe the method of grit disposal.

Click to enter text.

#### 4. *Grease and decanted liquid disposal*

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

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

Click to enter text.

### E. Stormwater management

#### 1. *Applicability*

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

#### 2. *MSGP coverage*

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

#### 3. *Conditional exclusion*

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

☐ Yes ☐ No

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

Click to enter text.

**4. Existing coverage in individual permit**

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

☐ Yes ☐ No

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

Click to enter text.

**5. Zero stormwater discharge**

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

☐ Yes ☐ No

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



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

Click to enter text.

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

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

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

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

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

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

☐ Yes ☒ No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD<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 49)

Is the facility in operation?

☒ Yes ☐ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l	24.9		1	Grab	10/01/2025 07:41
Total Suspended Solids, mg/l	52.0		1	Grab	10/01/2025 11:38
Ammonia Nitrogen, mg/l	0.36		1	Grab	10/01/2025 09:31
Nitrate Nitrogen, mg/l	<0.1		1	Grab	09/30/2025 15:01
Total Kjeldahl Nitrogen, mg/l	1.7		1	Grab	10/04/2025 10:02
Sulfate, mg/l	44.2		1	Grab	9/30/2025 15:39
Chloride, mg/l	81.6		1	Grab	9/30/2025 15:39
Total Phosphorus, mg/l	1.3		1	Grab	10/21/2025 14:54
pH, standard units	8.9		1	Grab	09/30/2025 14:19
Dissolved Oxygen*, mg/l	6.5		1	Grab	9/30/2025 08:57
Chlorine Residual, mg/l	1.3		1	Grab	09/30/2025 09:03
<i>E.coli</i> (CFU/100ml) freshwater	12.1		1	Grab	09/30/2025 16:25
Enterococci (CFU/100ml) saltwater	N/A				
Total Dissolved Solids, mg/l	164.0		1	Grab	10/03/2025 15:38
Electrical Conductivity, µmohs/cm, †	N/A				
Oil & Grease, mg/l	<5.0		1	Grab	10/12/2025 10:22
Alkalinity (CaCO <sub>3</sub> )*, mg/l	488.0		1	Grab	10/07/2025 11:00

\*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					



# Chaparral Laboratories, Inc.



861 State Hwy 19 P.O. Box 1622 Huntsville, TX 77342-1622 www.chaparrallabs.com Phone: 936-291-1881 Fax: 936-295-1731

## Certificate of Analysis

City of Marquez  
Attn: Stynette Clary  
P.O. Box 85  
Marquez, TX 77865

Customer ID: CMAR  
Sample ID: 25091241  
Date Received: 09/30/2025  
Date Reported: 10/13/2025

Project: City of Marquez WWTP  
Location: Leon County, TX

## Analytical Results

Collection Point: Effluent  
Sample Type: Grab

Flow (MGD): 0.0105

Collected: 09/30/2025 08:51  
Collector: MHE

Parameter	Result	Units	Date/Time	Analyst	Bottle	Method	QC ID	Acrid
BOD5	33.2	mg/L	10/01/2025 07:41	EIB	-01	SM 5210 B	QC2510012	NELAP
CBOD5	24.9	mg/L	10/01/2025 07:41	EIB	-01	SM 5210 B	QC2510016	NELAP
TSS	52.0	mg/L	10/01/2025 11:38	JCG	-02	SM 2540 D	QC2510049	NELAP
Ammonia Nitrogen	0.36	mg/L	10/01/2025 09:31	JFL	-03	SM 4500-NH3 D	QC2510006	NELAP
Total Kjeldahl Nitrogen	1.7	mg/L	10/04/2025 10:02	JCG	-03	SM 4500-NH3 C	QC2510145	NELAP
Alkalinity	488.0	mg/L CaCO3	10/07/2025 11:00	DKH	-04	SM 2320 B	QC2510153	NELAP
Chloride	81.6	mg/L	09/30/2025 15:39	DKH	-04	EPA 300.0	QC2510122	NELAP
Nitrate Nitrogen	<0.1	mg/L	09/30/2025 15:01	DKH	-04	EPA 300.0	QC2510123	NELAP
Sulfate	44.2	mg/L	09/30/2025 15:39	DKH	-04	EPA 300.0	QC2510124	NELAP
Total Dissolved Solids	164.0	mg/L	10/03/2025 15:38	DKH	-04	SM 2540 C	QC2510226	NELAP
HEM (O&G)	<5.0	mg/L	10/12/2025 10:22	JCG	-05	EPA 1664 A	QC2510263	NELAP
Dissolved Oxygen	6.5	mg/L	09/30/2025 08:57	MHE	-09	SM 4500-O G	QC2510003	Field
pH	9.7	SU	09/30/2025 08:57	MHE	-09	SM 4500-H+B	QC2510001	Field

Collection Point: Effluent  
Sample Type: Grab

Flow (MGD): 0.0105

Collected: 09/30/2025 09:03  
Collector: MHE

Parameter	Result	Units	Date/Time	Analyst	Bottle	Method	QC ID	Acrid
Escherichia coli	12.1	MPN/100mL	09/30/2025 16:25	EIB	-07	SM 9223 B	QC2510068	NELAP
Chlorine, Residual (Total)	1.3	mg/L	09/30/2025 09:03	MHE	-08	SM 4500-Cl F	QC2510005	Field

## Quality Control

QC ID	Param	QC Type	Result	Units	Flag
QC2510001	pH				
		Duplicate %RPD	0	%	
		Duplicate %RPD	0	%	
		Duplicate %RPD	0	%	



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Date Reported: 10/13/2025

**Project:** City of Marquez WWTP

**Location:** Leon County, TX

QC2510003	Dissolved Oxygen	Duplicate %RPD	0	%
QC2510005	Chlorine, Residual (Total)	Duplicate %RPD	0	%
		LCS	100	%
		Method Blank	<0.1	mg/L
QC2510006	Ammonia Nitrogen	LCS	102	%
		Matrix Spike Recovery	118	%
		Matrix Spike Recovery	114	%
		Matrix Spike RPD	0	%
		Matrix Spike RPD	0	%
		Method Blank	<0.1	mg/L
		RPD	0	%
		RPD	0	%
QC2510012	BOD5	Duplicate %RPD	4.3	%
		Duplicate %RPD	0	%
		LCS	99.8	%
		Method Blank	0.2	mg/L
QC2510016	CBOD5	Duplicate %RPD	0	%
		Duplicate %RPD	0	%
		LCS	101.1	%
		Method Blank	0.1	mg/L
QC2510049	TSS	Duplicate %RPD	1.4	%
		Duplicate %RPD	4.9	%
		LCS	101	%
		Method Blank	<2.5	mg/L





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Date Received: 09/30/2025  
Date Reported: 10/13/2025

Project: City of Marquez WWTP  
Location: Leon County, TX

QC2510068	Escherichia coli	Method Blank	<1.0	MPN/100mL
		Precision Criteria	Acceptable	
		Precision Criteria	Unacceptable	
QC2510122	Chloride	Duplicate %RPD	0	%
		LCS	107.2	%
		Method Blank	<0.3	mg/L
		MS %R	109.2	%
		MSD %R	113.4	%
QC2510123	Nitrate Nitrogen	Duplicate %RPD	0	%
		LCS	109.6	%
		Method Blank	<0.1	mg/L
		MS %R	111.5	%
		MSD %R	109.1	%
QC2510124	Sulfate	Duplicate %RPD	0	%
		LCS	109.9	%
		Method Blank	<0.3	mg/L
		MS %R	111.8	%
		MSD %R	106.4	%
QC2510145	Total Kjeldahl Nitrogen	Duplicate %RPD	0	%
		LCS	95	%
		Method Blank	<1.1	mg/L
		MS %R	101	%
		MSD %R	101	%



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**Project:** City of Marquez WWTP

**Location:** Leon County, TX

QC2510153	Alkalinity	Duplicate %RPD	0.8	%
		LCS	100	%
		Method Blank	<20.0	mg/L CaCO <sub>3</sub>
QC2510226	Total Dissolved Solids	Duplicate %RPD	0.3	%
		Duplicate %RPD	0.7	%
		LCS	103.2	%
		Method Blank	<25.0	mg/L
QC2510263	HEM (O&G)	Duplicate %RPD	0	%
		LCS	96.8	%
		Method Blank	<5.0	mg/L
		MS %R	93.3	%

The analytical results in this Certificate of Analysis relate only to the samples tested. This Certificate of Analysis, with its corresponding Chain of Custody, completes the data package. This data package may not be reproduced, except in full, without the written approval of Chaparral Laboratories, Inc.

(<) = Result was below quantitation limits.

(>) = Result was above quantitation limits.

Acceptable = meets Precision Criteria

Unacceptable = does not meet Precision Criteria.

Samples analyzed for Oxygen Uptake Rate are diluted to <2% total solids for analysis.

Results reported as mg/kg, %, or CFU/g/TS are calculated on a dry weight basis, unless otherwise noted.

Precision Criteria for Fecal Coliform, Escherichia coli and Enterococci analyses are calculated according to SM 9020 B 8.5.b.

\*Note 1: Laboratory Approval by TCEQ

\*Note 11: The form TCEQ-10525 (Rev. 11/2023) submitted to Chaparral Laboratories, Inc. is TCEQ's required documentation for all active PWS Total Coliform analysis on Drinking Water in the State of Texas. Please refer to the completed form TCEQ-10525 (Rev. 11/2023) for all reporting purposes.

Approved by David H. Veinotte  
Laboratory Director



# Chaparral Laboratories, Inc.

861 State Hwy 19 P.O. Box 1622 Huntsville, TX. 77342 www.chaparrallabs.com reports@chaparrallabs.com Phone: 936-291-1881 FAX: 936-295-1731

## Chain of Custody Record

Client:	COC Page	1 of 1	Report to:	Sample Type	Bottle Code	Preservative Code	Lab remarks:
City of Marquez				3 pt. Comp.	GA = Glass Amber	1 = <6 °C	
Synette Clary				6 pt. Comp.	P = Plastic	2 = H2SO4 RIL -	
P.O. Box 85				24 Hr. Comp.	V = VOA	3 = HNO3 RIL -	
Marquez, TX 77865				48 Hr. Comp.	W = Thiowirlbag	4 = NaOH RIL -	
979-255-5530						5 = HCl RIL -	
						6 = Na2SO3	
						7 = On-Site Analysis	
						8 = Other RIL -	
						9 = EDA RIL -	

Project ID:	City of Marquez WWTP	Project Address:	Wier Angle:	Meter or 60	Operator Name:	Steve	Collection Schedule:	Tuesdays	Operator Call:	979-255-5530
Sampled by:	NAID									

Lab Use Only	Sample #	Bottle #	Collection Point	Sample Type	Matrix	Date Collected	Time Collected	Flow (mgd)	Bottle Code	Vol (mils)	Pres. Code	Analysis
25091241	01		EFF	Grab	NP	9-30-25	0851	0.0105	P	1000	1	CBOD5
	02		EFF	Grab	NP				P	1000	1	TSS
	03		EFF	Grab	NP				P	500	1,2	NH3N, TKN
	04		EFF	Grab	NP				P	1000	1	Alk, Chloride, NO3N, SO4, TDS
	05		EFF	Grab	NP				P	1000	1,2	O&G
	06		EFF	Grab	NP				P	1000	1,2	O&G (Extra Volume)
	07		EFF	Grab	NP				P	250	1,6	E. coli
	08		EFF	Grab	NP				P		7	CL2: 13 mg/l
	09		EFF	Grab	NP				P		7	pH: 9.7 su @ 25.2 °C D.O.: 1.5 mg/l
												9.7 25.2 65

Relinquished by:	Date:	Time:	Received by:	Date:	Time:
<i>[Signature]</i>	9-30-25	1023	<i>[Signature]</i>	9/30/25	1023

Sample Conditions as Received from Client (in field):	Temp (Client Therm):	Actual Temp (CLI Therm):	Corrected Temp (CLI Therm):	CLI Thermometer ID:
Y N NA Received on Ice: Y N NA	8.9 °C	3.0 °C	3.4 °C	7421

Sample Conditions as Received by Lab:	Temp (Lab Therm):	Actual Temp (CLI Therm):	Corrected Temp (CLI Therm):	CLI Thermometer ID:
DN NA Received on Ice: DN NA	8.9 °C	3.0 °C	3.4 °C	7421

Notes:
CL2 reading before Mn correction: 2.7 mg/L Mn correction for CL2 analysis: 2.9 mg/L



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## Certificate of Analysis

City of Marquez  
Attn: Stynette Clary  
P.O. Box 85  
Marquez, TX 77865

Customer ID: CMAR  
Sample ID: 25091318  
Date Received: 09/30/2025  
Date Reported: 10/07/2025

Project: City of Marquez WWTP  
Location: Leon County, TX

## Analytical Results

Collection Point: Effluent	Flow (MGD): 0.0105	Collected: 09/30/2025 14:16
Sample Type: Grab		Collector: JFL

Parameter	Result	Units	Date/Time	Analyst	Bottle	Method	QC ID	Acrd
BOD5	38.3	mg/L	10/01/2025 07:41	EIB	-01	SM 5210 B	QC2510012	NELAP
TSS	49.3	mg/L	10/01/2025 16:43	JCG	-02	SM 2540 D	QC2510052	NELAP
Dissolved Oxygen	6.7	mg/L	09/30/2025 14:19	JFL	-03	SM 4500-O G	QC2510003	Field
pH	8.9	SU	09/30/2025 14:19	JFL	-03	SM 4500-H+B	QC2510001	Field

## Quality Control

QC ID	Param	QC Type	Result	Units	Flag
QC2510001	pH	Duplicate %RPD	0	%	
		Duplicate %RPD	0	%	
		Duplicate %RPD	0	%	
QC2510003	Dissolved Oxygen	Duplicate %RPD	0	%	
QC2510012	BOD5	Duplicate %RPD	0	%	
		Duplicate %RPD	4.3	%	
		LCS	99.8	%	
		Method Blank	0.2	mg/L	
QC2510052	TSS	Duplicate %RPD	2.7	%	
		Duplicate %RPD	2.2	%	
		LCS	99	%	
		Method Blank	<2.5	mg/L	





# Chaparral Laboratories, Inc.



861 State Hwy 19 P.O. Box 1622 Huntsville, TX 77342-1622 www.chaparrallabs.com Phone: 936-291-1881 Fax: 936-295-1731

## Certificate of Analysis

City of Marquez  
Attn: Stynette Clary  
P.O. Box 85  
Marquez, TX 77865

Customer ID: CMAR  
Sample ID: 25091318  
Date Received: 09/30/2025  
Date Reported: 10/07/2025

**Project:** City of Marquez WWTP  
**Location:** Leon County, TX

*The analytical results in this Certificate of Analysis relate only to the samples tested. This Certificate of Analysis, with its corresponding Chain of Custody, completes the data package. This data package may not be reproduced, except in full, without the written approval of Chaparral Laboratories, Inc.*

( $<$ ) = Result was below quantitation limits.

( $>$ ) = Result was above quantitation limits.

Acceptable = meets Precision Criteria

Unacceptable = does not meet Precision Criteria.

Samples analyzed for Oxygen Uptake Rate are diluted to  $<2\%$  total solids for analysis.

Results reported as mg/kg, %, or CFU/g/TS are calculated on a dry weight basis, unless otherwise noted.

Precision Criteria for Fecal Coliform, Escherichia coli and Enterococci analyses are calculated according to SM 9020 B 8.5.b.

\*Note 1: Laboratory Approval by TCEQ

\*Note 11: The form TCEQ-10525 (Rev. 11/2023) submitted to Chaparral Laboratories, Inc. is TCEQ's required documentation for all active PWS Total Coliform analysis on Drinking Water in the State of Texas. Please refer to the completed form TCEQ-10525 (Rev. 11/2023) for all reporting purposes.

Approved by David H. Veinotte  
Laboratory Director







# Chaparral Laboratories, Inc.



861 State Hwy 19 P.O. Box 1622 Huntsville, TX 77342-1622 www.chaparrallabs.com Phone: 936-291-1881 Fax: 936-295-1731

## Certificate of Analysis

City of Marquez  
Attn: Stynette Clary  
P.O. Box 85  
Marquez, TX 77865

Customer ID: CMAR  
Sample ID: 25100928  
Date Received: 10/21/2025  
Date Reported: 10/27/2025

Project: City of Marquez WWTP  
Location: Leon County, TX

## Analytical Results

Collection Point: Effluent	Collected: 10/21/2025 14:54
Sample Type: Grab	Collector: JFL

Parameter	Result	Units	Date/Time	Analyst	Bottle	Method	QC ID	Acrid
Total Phosphorus	1.3	mg/L	10/25/2025 11:11	JCG	-01	SM 4500-P E	QC2510548	NELAP

## Quality Control

QC ID	Param	QC Type	Result	Units	Flag
QC2510548	Total Phosphorus	Duplicate %RPD	3.4	%	
		LCS	100	%	
		Method Blank	<0.01	mg/L	
		MS %R	95	%	
		MSD %R	90	%	

The analytical results in this Certificate of Analysis relate only to the samples tested. This Certificate of Analysis, with its corresponding Chain of Custody, completes the data package. This data package may not be reproduced, except in full, without the written approval of Chaparral Laboratories, Inc.

(<) = Result was below quantitation limits.

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Samples analyzed for Oxygen Uptake Rate are diluted to <2% total solids for analysis.

Results reported as mg/kg, %, or CFU/g/TS are calculated on a dry weight basis, unless otherwise noted.

Precision Criteria for Fecal Coliform, Escherichia coli and Enterococci analyses are calculated according to SM 9020 B 8.5.b.

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\*Note 11: The form TCEQ-10525 (Rev. 11/2023) submitted to Chaparral Laboratories, Inc. is TCEQ's required documentation for all active PWS Total Coliform analysis on Drinking Water in the State of Texas. Please refer to the completed form TCEQ-10525 (Rev. 11/2023) for all reporting purposes.

Approved by David H. Veinotte  
Laboratory Director





861 State Hwy 19 P.O. Box 1622 Huntsville, TX 77342 www.chaparrallabs.com reports@chaparrallabs.com Phone: 936-291-1881 FAX: 936-295-1731

## Chain of Custody Record

[illegible]

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

## Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Leslie S. Held

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

Facility Operator's License Number: WW0042667

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

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

Check all that apply. See instructions for guidance

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

### B. WWTP's Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

- ☐ Aerobic Digestion
- ☒ Air Drying (or sludge drying beds)
- ☐ Lower Temperature Composting
- ☐ Lime Stabilization
- ☐ Higher Temperature Composting
- ☐ Heat Drying
- ☐ Thermophilic Aerobic Digestion
- ☐ Beta Ray Irradiation
- ☐ Gamma Ray Irradiation
- ☐ Pasteurization

- ☐ Preliminary Operation (e.g. grinding, de-gritting, blending)
- ☐ Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)
- ☐ Sludge Lagoon
- ☐ Temporary Storage (< 2 years)
- ☐ Long Term Storage (>= 2 years)
- ☐ Methane or Biogas Recovery
- ☐ Other Treatment Process: [Click to enter text.](#)

### C. Sewage Sludge or Biosolids Management

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

#### Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Disposal in Landfill	On-Site Owner or Operator	Bulk	15	N/A: Disposal in Landfill	N/A: Disposal in Landfill
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

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

### D. Disposal site

Disposal site name: [Mexia Landfill](#)

TCEQ permit or registration number: [1558A](#)

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

### E. Transportation method

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

Name of the hauler: [Republic Services](#)

Hauler registration number: [23282](#)

Sludge is transported as a:

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

## Section 10. Permit Authorization for Sewage Sludge Disposal



**A. Beneficial use authorization**

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

**B. Sludge processing authorization**

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

Sludge Composting ☐ Yes ☒ No

Marketing and Distribution of Biosolids ☐ Yes ☒ No

Sludge Surface Disposal or Sludge Monofill ☐ Yes ☒ No

Temporary storage in sludge lagoons ☐ Yes ☒ No

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

☐ Yes ☐ No

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

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

**A. Location information**

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

- Original General Highway (County) Map:

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

- USDA Natural Resources Conservation Service Soil Map:

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

- Federal Emergency Management Map:

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

- Site map:

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

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

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

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

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 54)

### A. Additional authorizations

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

☐ Yes ☒ No

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

[Click to enter text.](#)

### B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

[Click to enter text.](#)

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

### A. 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 55)

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

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

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

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

### CERTIFICATION:

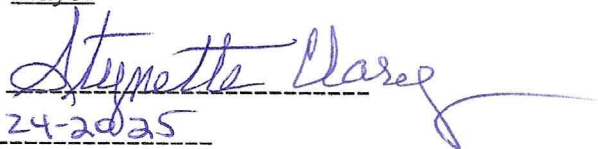
I certify that all laboratory tests submitted with this application meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*.

Printed Name: Stynette Clary

Title: Mayor

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





Texas Commission on  
Environmental Quality

## Certificate of Accreditation



*Accreditation is hereby granted to*

**Chaparral Laboratories, Inc.**  
861 State Highway 19 South,  
Huntsville, TX 77320-1111

State Lab ID: T104704204  
Effective Date: 12/01/2024  
Expiration Date: 11/30/2025  
Certificate ID: TX-C24-00374

### Conditions of Accreditation

This laboratory has been found to conform with TCEQ rules and applicable standards for laboratory accreditation. The scope of accreditation is limited to the Fields of Accreditation (FoA) specifically listed on the subsequent page(s) of this certificate. Accreditation is for all version of a method approved per 40 CFR 136, 40 CFR 141, and/or 40 CFR 143. Continued accreditation requires ongoing compliance with all applicable standards and requirements.

Note: For the attached FoA table, matrices may include DW (drinking water), NPW (non-potable water), S (solid and chemical materials), A (air), and/or BT (biological tissue).

A handwritten signature in black ink, appearing to read "K Keel".

Issued By: Kelly Keel, Executive Director Texas Commission on Environmental Quality  
Date Issued: 12/01/2024

### Laboratory Fields of Accreditation

Matrix	Method	Method Code	Analyte	Analyte Code	AB
DW	EPA 200.5	10213975	Arsenic	1010	TX
DW	EPA 200.5	10213975	Barium	1015	TX
DW	EPA 200.5	10213975	Beryllium	1020	TX
DW	EPA 200.5	10213975	Cadmium	1030	TX
DW	EPA 200.5	10213975	Chromium	1040	TX
DW	EPA 200.5	10213975	Copper	1055	TX
DW	EPA 200.5	10213975	Lead	1075	TX
DW	EPA 200.5	10213975	Magnesium	1085	TX
DW	EPA 200.5	10213975	Nickel	1105	TX
DW	EPA 200.5	10213975	Selenium	1140	TX
DW	EPA 200.5	10213975	Sodium	1155	TX
DW	EPA 200.7	10013806	Aluminum	1000	TX
DW	EPA 200.7	10013806	Barium	1015	TX
DW	EPA 200.7	10013806	Beryllium	1020	TX
DW	EPA 200.7	10013806	Cadmium	1030	TX
DW	EPA 200.7	10013806	Chromium	1040	TX
DW	EPA 200.7	10013806	Copper	1055	TX
DW	EPA 200.7	10013806	Iron	1070	TX
DW	EPA 200.7	10013806	Magnesium	1085	TX
DW	EPA 200.7	10013806	Manganese	1090	TX
DW	EPA 200.7	10013806	Nickel	1105	TX
DW	EPA 200.7	10013806	Silver	1150	TX
DW	EPA 200.7	10013806	Sodium	1155	TX
DW	EPA 200.7	10013806	Zinc	1190	TX
DW	EPA 300.0	10053200	Chloride	1575	TX
DW	EPA 300.0	10053200	Chlorite	1595	TX
DW	EPA 300.0	10053200	Fluoride	1730	TX
DW	EPA 300.0	10053200	Nitrate as N	1810	TX
DW	EPA 300.0	10053200	Nitrite as N	1840	TX
DW	EPA 300.0	10053200	Sulfate	2000	TX
DW	SM 2540 C	20049803	Residue-filterable (TDS)	1955	TX
DW	SM 9223 B (Colilert)	20212413	Total coliforms and E. coli (P/A)	2502	TX
NPW	ASTM D516	30002201	Sulfate	2000	TX
NPW	Enterolert	60030208	Enterococci	2520	TX
NPW	EPA 1664	10127807	n-Hexane Extractable Material (O&G)	1803	TX
NPW	EPA 200.7	10013806	Aluminum	1000	TX

**TCEQ Accreditation Certificate**

Chaparral Laboratories, Inc.

State Lab ID: T104704204

Certificate ID: TX-C24-00374

Effective Date: 12/01/2024

Expiration Date: 11/30/2025

NPW	EPA 200.7	10013806	Antimony	1005	TX
NPW	EPA 200.7	10013806	Arsenic	1010	TX
NPW	EPA 200.7	10013806	Barium	1015	TX
NPW	EPA 200.7	10013806	Beryllium	1020	TX
NPW	EPA 200.7	10013806	Boron	1025	TX
NPW	EPA 200.7	10013806	Cadmium	1030	TX
NPW	EPA 200.7	10013806	Calcium	1035	TX
NPW	EPA 200.7	10013806	Chromium	1040	TX
NPW	EPA 200.7	10013806	Cobalt	1050	TX
NPW	EPA 200.7	10013806	Copper	1055	TX
NPW	EPA 200.7	10013806	Iron	1070	TX
NPW	EPA 200.7	10013806	Lead	1075	TX
NPW	EPA 200.7	10013806	Magnesium	1085	TX
NPW	EPA 200.7	10013806	Manganese	1090	TX
NPW	EPA 200.7	10013806	Molybdenum	1100	TX
NPW	EPA 200.7	10013806	Nickel	1105	TX
NPW	EPA 200.7	10013806	Potassium	1125	TX
NPW	EPA 200.7	10013806	Selenium	1140	TX
NPW	EPA 200.7	10013806	Silver	1150	TX
NPW	EPA 200.7	10013806	Sodium	1155	TX
NPW	EPA 200.7	10013806	Thallium	1165	TX
NPW	EPA 200.7	10013806	Total Phosphorus	1910	TX
NPW	EPA 200.7	10013806	Vanadium	1185	TX
NPW	EPA 200.7	10013806	Zinc	1190	TX
NPW	EPA 245.1	10036609	Mercury	1095	TX
NPW	EPA 300.0	10053200	Chloride	1575	TX
NPW	EPA 300.0	10053200	Fluoride	1730	TX
NPW	EPA 300.0	10053200	Nitrate as N	1810	TX
NPW	EPA 300.0	10053200	Sulfate	2000	TX
NPW	SM 2120 B	20223807	Color	1605	TX
NPW	SM 2320 B	20045005	Alkalinity as CaCO3	1505	TX
NPW	SM 2540 B	20004608	Residue-total (TS)	1950	TX
NPW	SM 2540 C	20049803	Residue-filterable (TDS)	1955	TX
NPW	SM 2540 D	20004802	Residue-nonfilterable (TSS)	1960	TX
NPW	SM 4500-Cl <sup>-</sup> B	20083801	Chloride	1575	TX
NPW	SM 4500-NH3 C	20023603	Total Kjeldahl Nitrogen - (TKN)	1790	TX
NPW	SM 4500-NH3 D	20108809	Ammonia as N	1515	TX
NPW	SM 4500-NO3 <sup>-</sup> E	20114209	Nitrate as N	1810	TX
NPW	SM 4500-P E	20025803	Total Phosphorus	1910	TX
NPW	SM 5210 B	20027401	Biochemical Oxygen Demand (BOD)	1530	TX
NPW	SM 5210 B	20027401	Carbonaceous BOD (CBOD)	1555	TX



NPW	SM 5220 D	20027809	Chemical Oxygen Demand (COD)	1565	TX
NPW	SM 9222 B / 9222 G	20201201	Escherichia coli (E. coli)	2525	TX
NPW	SM 9222 D	20037405	Fecal coliforms	2530	TX
NPW	SM 9223 B (Colilert Quanti-Tray)	20211205	Escherichia coli (E. coli)	2525	TX
S	EPA 350.2	10064003	Ammonia as N	1515	TX
S	EPA 365.2	10070403	Total Phosphorus	1910	TX
S	EPA 6010	10155905	Aluminum	1000	TX
S	EPA 6010	10155905	Antimony	1005	TX
S	EPA 6010	10155905	Arsenic	1010	TX
S	EPA 6010	10155905	Barium	1015	TX
S	EPA 6010	10155905	Beryllium	1020	TX
S	EPA 6010	10155905	Boron	1025	TX
S	EPA 6010	10155905	Cadmium	1030	TX
S	EPA 6010	10155905	Calcium	1035	TX
S	EPA 6010	10155905	Chromium	1040	TX
S	EPA 6010	10155905	Cobalt	1050	TX
S	EPA 6010	10155905	Copper	1055	TX
S	EPA 6010	10155905	Iron	1070	TX
S	EPA 6010	10155905	Lead	1075	TX
S	EPA 6010	10155905	Magnesium	1085	TX
S	EPA 6010	10155905	Manganese	1090	TX
S	EPA 6010	10155905	Molybdenum	1100	TX
S	EPA 6010	10155905	Nickel	1105	TX
S	EPA 6010	10155905	Potassium	1125	TX
S	EPA 6010	10155905	Selenium	1140	TX
S	EPA 6010	10155905	Silver	1150	TX
S	EPA 6010	10155905	Sodium	1155	TX
S	EPA 6010	10155905	Thallium	1165	TX
S	EPA 6010	10155905	Tin	1175	TX
S	EPA 6010	10155905	Titanium	1180	TX
S	EPA 6010	10155905	Total Phosphorus	1910	TX
S	EPA 6010	10155905	Vanadium	1185	TX
S	EPA 6010	10155905	Zinc	1190	TX
S	EPA 7471	10166004	Mercury	1095	TX
S	EPA 9095	10204203	Paint Filter Test	1434	TX
S	SM 2540 G	20005203	Residue-total (TS)	1950	TX
S	SM 9222 D	20037405	Fecal coliforms	2530	TX



# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

Owner of the drinking water supply: [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 63)

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

#### A. Receiving water outfall

Width of the receiving water at the outfall, in feet: [Click to enter text.](#)

#### B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

[Click to enter text.](#)

#### C. Sea grasses

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

☐ Yes ☐ No

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

[Click to enter text.](#)

### Section 3. Classified Segments (Instructions Page 63)

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

☐ Yes ☒ No

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

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

### Section 4. Description of Immediate Receiving Waters (Instructions Page 63)

Name of the immediate receiving waters: Unnamed Tributary of Brushy 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.

Click to enter text.

### D. Downstream characteristics

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

☐ Yes ☒ No

If yes, discuss how.

Click to enter text.

### E. Normal dry weather characteristics

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

The receiving water is flowing well with minnows swimming at the point of discharge. The effluent is clean and clear.

Date and time of observation: 02/28/2025

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

## Section 5. General Characteristics of the Waterbody (Instructions Page 65)

### A. Upstream influences

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

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

## 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 87)

#### A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs - non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

#### B. Treatment plant interference

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

☐ Yes ☒ No

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

Click to enter text.

#### C. Treatment plant pass through



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

☐ Yes ☒ No

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

Click to enter text.

#### D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

### Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 87)

#### A. Substantial modifications

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

**A. General information**

Company Name: None

SIC Code: None

Contact name: None

Address: None

City, State, and Zip Code: None

Telephone number: None

Email address: None

**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: None

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: None

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.

N/A

**Attachment A**

---

Original USGS Topographic Map

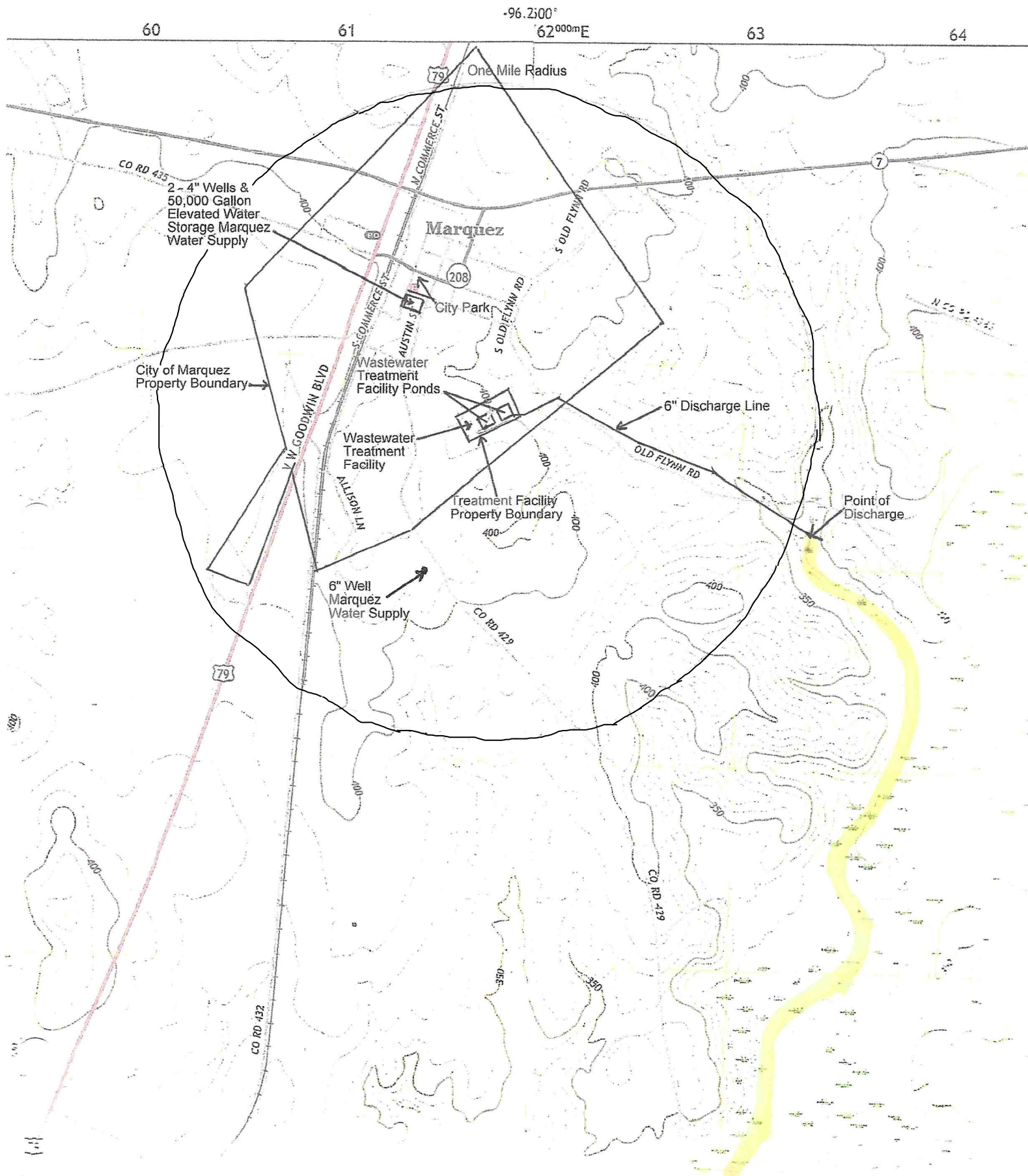
---



MARQUEZ QUADRANGLE  
TEXAS  
7.5-MINUTE SERIES



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

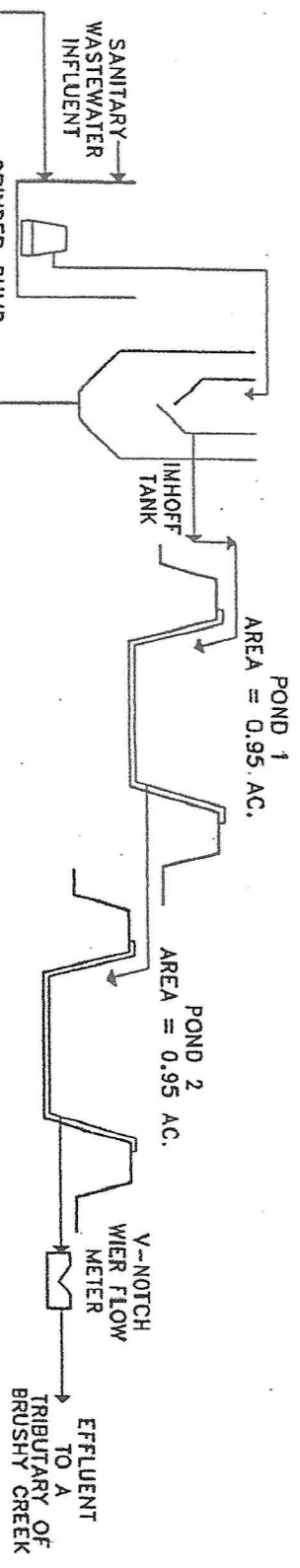


## Attachment B

---

Flow Diagram

---





140 E. Tyler St., Suite 600  
 P.O. Box 1532  
 Longview, Texas 75601-1532  
 T: 409-336-1770  
 F: 409-336-1779  
 www.ksaeng.com

CITY OF MARQUEZ

WASTEWATER TREATMENT PLANT

LEON COUNTY

ATTACHMENT B

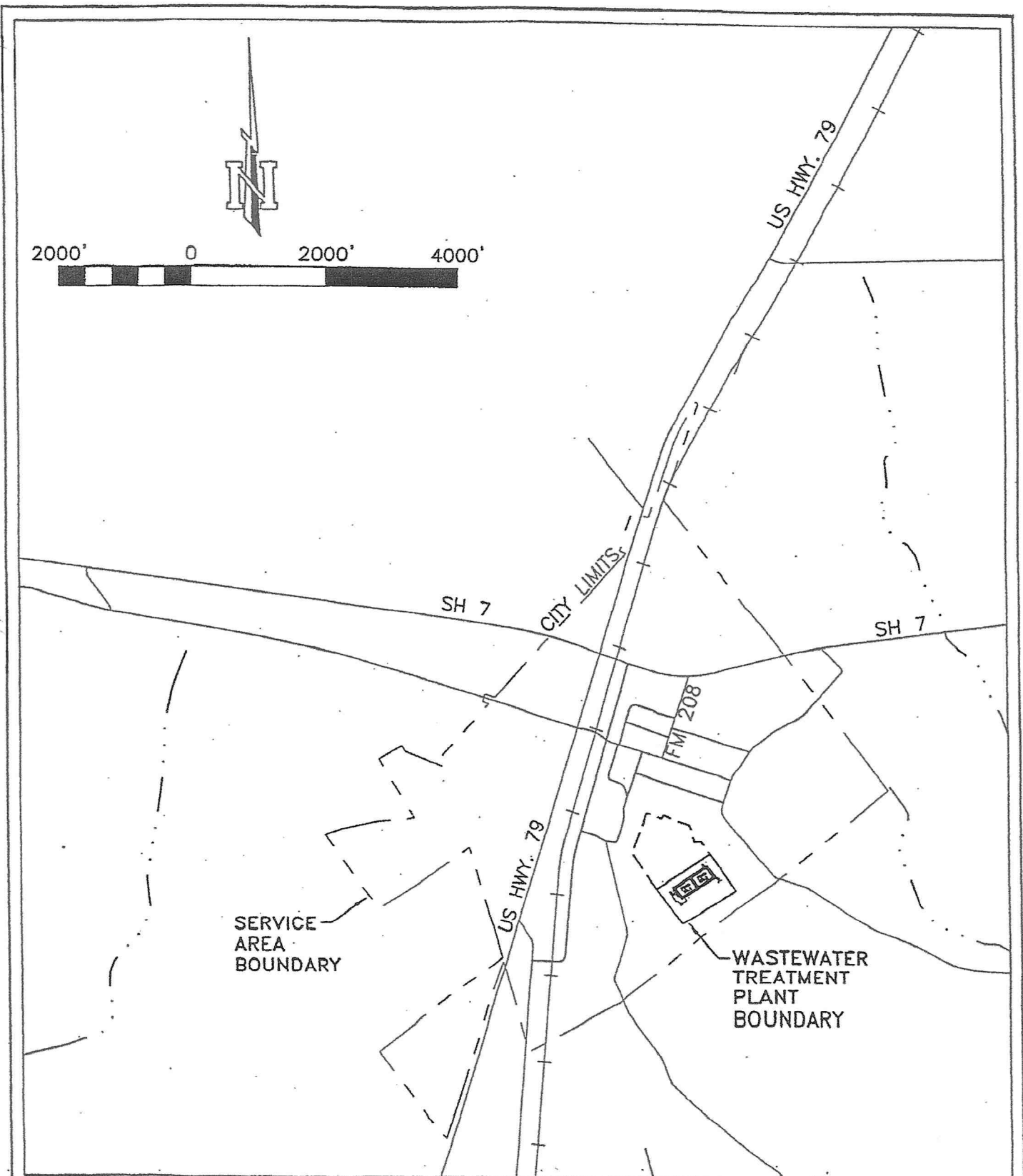
FLOW SCHEMATIC

## **Attachment C**

---

Site Drawing

---



**KSA**  
ENGINEERS

Longview-Tyler-Lufkin-Austin-Dallas-Sugar Land

140 E. Tyler St., Suite 600  
P.O. Box 1552  
Longview, Texas 75606-1552  
T. 903-236-7700  
F. 903-236-7779  
www.ksaeng.com

**CITY OF MARQUEZ  
WASTEWATER  
TREATMENT PLANT  
LEON COUNTY**

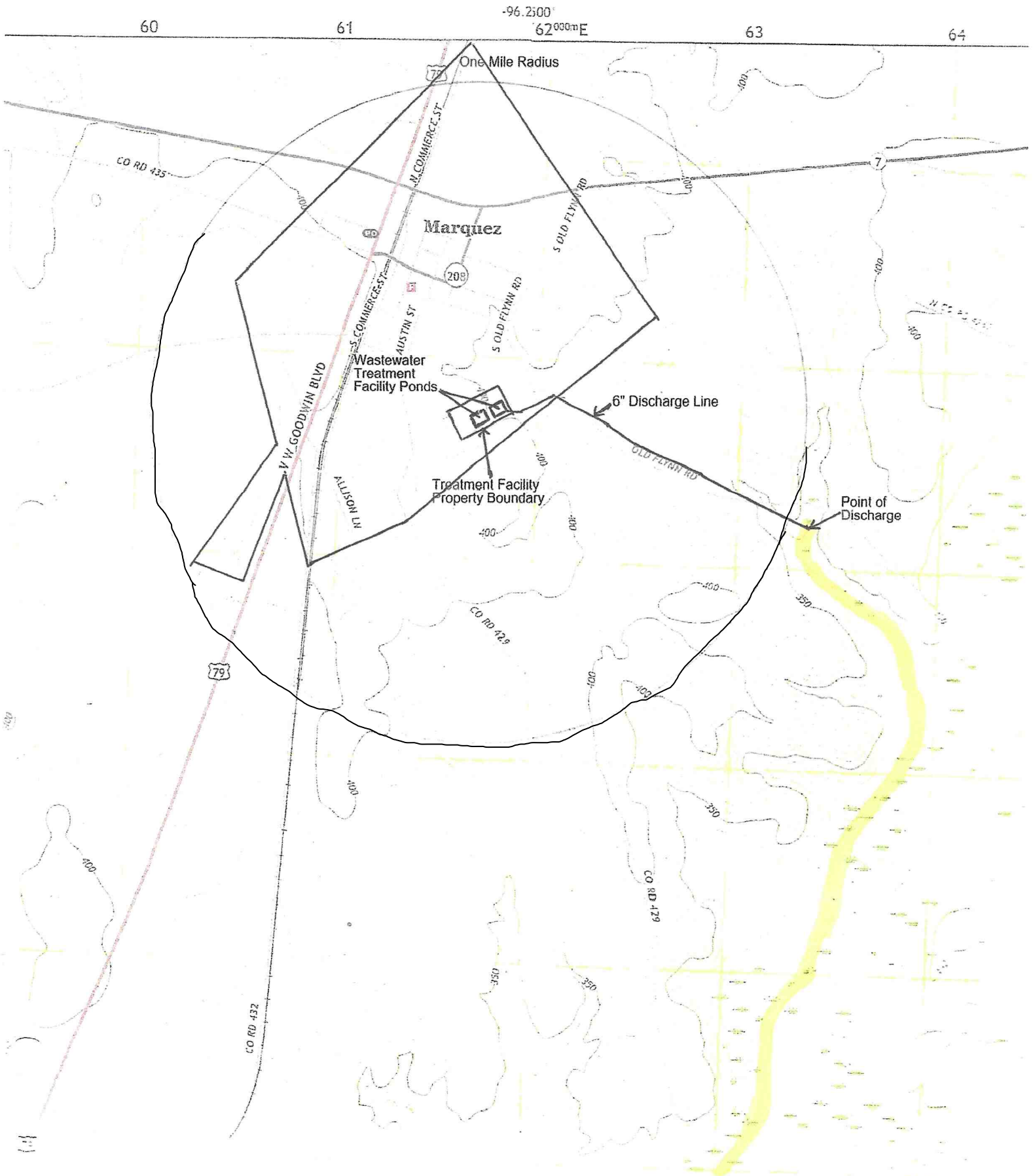
**ATTACHMENT C  
SITE DRAWING**



MARQUEZ QUADRANGLE  
TEXAS  
7.5-MINUTE SERIES



U.S. DEPARTMENT OF  
U.S. GEOLOGICAL SURVEY



## Attachment D

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SPIF

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# 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 Marquez

Permit No. WQ00 13980-001

EPA ID No. TX 0117579

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

3,900 feet southeast of the intersection of U.S. Highway 79 and State Highway 7, in Marquez, TX, Leon County

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: Stynette Clary

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

Title: Mayor

Mailing Address: P.O. Box 85

City, State, Zip Code: Marquez, TX, 77865

Phone No.: 903-529-3020 Ext.:

Fax No.: 903-529-2814

E-mail Address: cityofmarqueztx@yahoo.com

2. List the county in which the facility is located: Leon
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.

Through approximately 5,600 feet of 6 inch pipe to an unnamed tributary: thence to Brushy Creek: thence to the Navasota River below Lake Limestone in Segment No. 1209 of the Brazos River Basin.

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

N/A

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

N/A

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

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

N/A

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

N/A



## Attachment E

---

Core Data

---



TCEQ Use Only

# TCEQ Core Data Form

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

## SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other	
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 600681951		RN 101918506

## SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		12/29/2020	
<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)					
<b>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).</b>					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				If new Customer, enter previous Customer below:	
City of Marquez					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	
				742139523	
10. DUNS Number (if applicable)					
028129075					
11. Type of Customer:		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
		<input type="checkbox"/> Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited			
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:	
12. Number of Employees		<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		13. Independently Owned and Operated?	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner		<input type="checkbox"/> Operator		<input checked="" type="checkbox"/> Owner & Operator	
<input type="checkbox"/> Occupational Licensee		<input type="checkbox"/> Responsible Party		<input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other: _____	
15. Mailing Address:		City of Marquez			
		P.O. Box 85			
City		Marquez		State	Tx
ZIP		77865		ZIP + 4	0085
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)	
				cityofmarqueztx@yahoo.com	
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)	
( 903 ) 529-3020				( 903 ) 529-2814	

## SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)	
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information	
<b>The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC).</b>	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
City of Marquez	
23. Street Address of	

the Regulated Entity: (No PO Boxes)							
	City		State		ZIP		ZIP + 4
24. County	Leon						

**Enter Physical Location Description if no street address is provided.**

25. Description to Physical Location:	Approximately 3900 Ft SE of the intersection of U.S. Hwy 79 and SH 7									
26. Nearest City	Marquez				State	Tx		Nearest ZIP Code	77865	
27. Latitude (N) In Decimal:	31.233525			28. Longitude (W) In Decimal:	-96.252655					
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds					
29. Primary SIC Code (4 digits)	4941		30. Secondary SIC Code (4 digits)	4952		31. Primary NAICS Code (5 or 6 digits)	221310		32. Secondary NAICS Code (5 or 6 digits)	221320
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.) Wastewater Treatment for the City of Marquez										
34. Mailing Address:	City of Marquez									
	P.O. Box 85									
	City	Marquez	State	Tx	ZIP	77865	ZIP + 4	0085		
35. E-Mail Address:		cityofmarqueztx@yahoo.com								
36. Telephone Number			37. Extension or Code			38. Fax Number (if applicable)				
( 903 ) 529-3020						( 903 ) 529-2814				

**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.

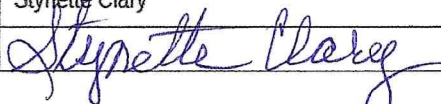
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input checked="" type="checkbox"/> PWS
				1450009
<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"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
	0013980001			

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

40. Name:	Leslie Held	41. Title:	Water-Wastewater Operator
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
( 979 ) 255-5530		( 903 ) 529-2814	woodroooow@yahoo.com

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

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

Company:	City of Marquez	Job Title:	Mayor
Name (In Print):	Stynette Clary	Phone:	( 903 ) 529- 3020
Signature:		Date:	10-24-2025

## **Attachment F**

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### **Summary of Application**

---



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

City of Marquez (CN600681951) operates City of Marquez Wastewater Treatment Facility (RN101918506), a Domestic Wastewater Treatment Plant. The facility is located at approximately 3,900 feet southeast of the intersection of State Highway 7 and U.S. Highway 79, in Marquez, Leon County, Texas 77865. Renewal of Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0013980001 which authorizes the discharge of treated domestic wastewater at a daily average flow not to exceed 40,000 gallons per day.

Discharges from the facility are expected to contain five-day biochemical oxygen demand (BOD5), total suspended solids (TSS), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Processed Wastewater is treated by an imhoff tank for sedimentation and anaerobic digestion, then discharged through two lagoons for natural biological treatment. The treated effluent is then discharged to an unnamed tributary, thence to Brushy Creek, thence to Navasota River below Lake Limestone.



## Francesca Findlay

---

**From:** Woody H <woodrooow@yahoo.com>  
**Sent:** Friday, December 12, 2025 10:23 AM  
**To:** Francesca Findlay  
**Cc:** L P  
**Subject:** Re: WQ0013980001 City of Marquez

Ms. Fran,

The application portion of the NORI contains no errors or omissions.

Thank you  
Leslie "Steve" Held

[Sent from Yahoo Mail for iPhone](#)

On Friday, December 12, 2025, 07:21, Lauren Powers, City Manager <cityofmarqueztx@yahoo.com> wrote:

----- Forwarded Message -----

**From:** Francesca Findlay <francesca.findlay@tceq.texas.gov>  
**To:** cityofmarqueztx@yahoo.com <cityofmarqueztx@yahoo.com>  
**Sent:** Thursday, December 11, 2025 at 05:08:55 PM CST  
**Subject:** FW: WQ0013980001 City of Marquez

Good afternoon,

I am sending this email to you because I do not see any response from you. I am unable to find the email that I sent to you. If you did not receive an email from me regarding this application, please let me know and I will request a 30-day extension.

Dear Ms. Clary:

The attached Notice of Deficiency letter sent on November 24, 2025, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention December 08, 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>.

## Francesca Findlay

---

**From:** Woody H <woodrooow@yahoo.com>  
**Sent:** Friday, December 12, 2025 10:49 AM  
**To:** Francesca Findlay  
**Subject:** Fw: WQ0013980001 City of Marquez

[Sent from Yahoo Mail for iPhone](#)

Begin forwarded message:

On Friday, December 12, 2025, 10:22, Woody H <woodrooow@yahoo.com> wrote:

Ms. Fran,

The application portion of the NORI contains no errors or omissions.

Thank you  
Leslie "Steve" Held

[Sent from Yahoo Mail for iPhone](#)

On Friday, December 12, 2025, 07:21, Lauren Powers, City Manager  
<cityofmarqueztx@yahoo.com> wrote:

----- Forwarded Message -----

**From:** Francesca Findlay <francesca.findlay@tceq.texas.gov>  
**To:** cityofmarqueztx@yahoo.com <cityofmarqueztx@yahoo.com>  
**Sent:** Thursday, December 11, 2025 at 05:08:55 PM CST  
**Subject:** FW: WQ0013980001 City of Marquez

Good afternoon,

I am sending this email to you because I do not see any response from you. I am unable to find the email that I sent to you. If you did not receive an email from me regarding this application, please let me know and I will request a 30-day extension.

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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>.

## Francesca Findlay

---

**From:** Woody H <woodrooow@yahoo.com>  
**Sent:** Friday, December 12, 2025 10:50 AM  
**To:** Francesca Findlay  
**Subject:** Fw: WQ0013980001 City of Marquez

[Sent from Yahoo Mail for iPhone](#)

Begin forwarded message:

On Friday, December 12, 2025, 10:32, Woody H <woodrooow@yahoo.com> wrote:

Ms. Fran,

Here is a copy of the certified mail receipt and return receipt for the paper copy of the permit WQ0013980001 renewal form.

Thank you  
Leslie "Steve" Held



@  
2

## SENDER: COMP

- Complete items
- Print your name so that we can
- Attach this card or on the front i

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1. Article Addressed

*Tx Com*

[Sent from Yahoo Mail for iPhone](#)