



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

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

Plain Language Summary Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

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

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

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

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

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

Zavala County (CN600627194) operates Chula Vista Wastewater Treatment Plant (RN102075702), a wastewater treatment plant. The facility is located at Approximately 4000 feet south of the intersection of Farm-to-Market Road 1433 and Farm to Market Road 65, in Crystal City, Zavala County, Texas 78839. This application serves for the renewal to discharge 50,000 gallons per day of treated domestic wastewater..

Discharges from the facility are expected to contain Carbonaceous Biochemical Oxygen Demand (5-day), Total Suspended Solids, Ammonia Nitrogen, E.coli. Domestic wastewater is treated by an extended aeration plant with an aeration basin, final clarifier, chlorine contact chamber, sludge digestion/holding, and sludge drying beds.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0014006001

APPLICATION. Zavala County, P.O. Box 308, Crystal City, Texas 78839, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0014006001 (EPA I.D. No. TX0117986) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 50,000 gallons per day. The domestic wastewater treatment facility is located approximately 4,000 feet south of the intersection of Farm-to-Market Road 1433 and Farm-to-Market Road 65, near the city of Crystal City, in Zavala County, Texas 78839. The discharge route is from the plant site to Turkey Creek, thence to Espantosa Lake, thence to Soldier Slough, thence to Soldier Lake, thence to Soldier Slough, thence to the Nueces River Above Holland Dam. TCEQ received this application on November 13, 2024. The permit application will be available for viewing and copying at Zavala County Utility Department, Utility Office, 319 North 1st Avenue, Crystal City, in Zavala County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage:

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-99.815555,28.665&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. Search the database using the permit number for this application, which is provided at the top of this notice.

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

Further information may also be obtained from Zavala County at the address stated above or by calling Mr. Carlos Ramirez, Operator, at 830-374-6291.

Issuance Date: December 6, 2024

Jon Niermann, *Chairman*
Bobby Janecka, *Commissioner*
Catarina R. Gonzales, *Commissioner*
Kelly Keel, *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

November 13, 2024

Re: Confirmation of Submission of the Renewal without changes for Public Domestic Wastewater Authorization.

Dear Applicant:

This is an acknowledgement that you have successfully completed Renewal without changes for the Public Domestic Wastewater authorization.

ER Account Number: ER103688
Application Reference Number: 692056
Authorization Number: WQ0014006001
Site Name: Chula Vista WWTP
Regulated Entity: RN102075702 - Chula Vista Wastewater Treatment Facility
Customer(s): CN600627194 - Zavala County

Please be aware that TCEQ staff may contact your designated contact for any additional information.

If you have any questions, you may contact the Applications Review and Processing Team by email at WQ-ARPTeam@tceq.texas.gov or by telephone at (512) 239-4671.

Sincerely,
Applications Review and Processing Team
Water Quality Division

Texas Commission on Environmental Quality
Update Domestic or Industrial Individual Permit
WQ0014006001

Site Information (Regulated Entity)

| | |
|---|---|
| What is the name of the site to be authorized? | CHULA VISTA WWTP |
| Does the site have a physical address? | No |
| Because there is no physical address, describe how to locate this site: | APPROX 4000 FT S OF INTRX FM 1433 & FM 65 |
| City | CRYSTAL CITY |
| State | TX |
| ZIP | 78839 |
| County | ZAVALA |
| Latitude (N) (##.#####) | 28.665 |
| Longitude (W) (-###.#####) | -99.815555 |
| Primary SIC Code | 4952 |
| Secondary SIC Code | |
| Primary NAICS Code | 221320 |
| Secondary NAICS Code | |
| Regulated Entity Site Information | |
| What is the Regulated Entity's Number (RN)? | RN102075702 |
| What is the name of the Regulated Entity (RE)? | CHULA VISTA WASTEWATER TREATMENT FACILITY |
| Does the RE site have a physical address? | Yes |
| Physical Address | |
| Number and Street | 319 N 1ST AVE |
| City | CRYSTAL CITY |
| State | TX |
| ZIP | 78839 |
| County | ZAVALA |
| Latitude (N) (##.#####) | 32.173333 |
| Longitude (W) (-###.#####) | -98.09 |
| Facility NAICS Code | |
| What is the primary business of this entity? | DOMESTIC |

Zavala -Customer (Applicant) Information (Owner)

| | |
|--|----------------------------|
| How is this applicant associated with this site? | Owner |
| What is the applicant's Customer Number (CN)? | CN600627194 |
| Type of Customer | County Government |
| Full legal name of the applicant: | |
| Legal Name | Zavala County |
| Texas SOS Filing Number | |
| Federal Tax ID | |
| State Franchise Tax ID | |
| State Sales Tax ID | |
| Local Tax ID | |
| DUNS Number | |
| Number of Employees | |
| Independently Owned and Operated? | |
| I certify that the full legal name of the entity applying for this permit has been provided and is legally authorized to do business in Texas. | Yes |
| Responsible Authority Contact | |
| Organization Name | Zavala County |
| Prefix | MR |
| First | Jesse |
| Middle | |
| Last | Gonzales |
| Suffix | |
| Credentials | |
| Title | Zavala County Commissioner |
| Responsible Authority Mailing Address | |
| Enter new address or copy one from list: | |
| Address Type | Domestic |
| Mailing Address (include Suite or Bldg. here, if applicable) | PO BOX 308 |
| Routing (such as Mail Code, Dept., or Attn:) | |
| City | CRYSTAL CITY |
| State | TX |
| ZIP | 78839 |
| Phone (###-###-####) | 8303743810 |
| Extension | |
| Alternate Phone (###-###-####) | |

Fax (###-###-####)

E-mail

gonzalezjesus3239@yahoo.com

Billing Contact

Responsible contact for receiving billing statements:

Select the permittee that is responsible for payment of the annual fee.

Organization Name

Prefix

First

Middle

Last

Suffix

Credentials

Title

Enter new address or copy one from list:

Mailing Address

Address Type

Mailing Address (include Suite or Bldg. here, if applicable)

Routing (such as Mail Code, Dept., or Attn:)

City

State

ZIP

Phone (###-###-####)

Extension

Alternate Phone (###-###-####)

Fax (###-###-####)

E-mail

CN600627194, Zavala County

ZAVALA COUNTY

Domestic

319 N 1ST AVE

CRYSTAL CITY

TX

78839

8303742095

gonzalezjesus3239@yahoo.com

Application Contact

Person TCEQ should contact for questions about this application:

Same as another contact?

Organization Name

Prefix

First

RSB Environmental An Alliance Technical Group
Company

MR

Hani

| | |
|--|--------------------------|
| Middle | |
| Last | Said |
| Suffix | |
| Credentials | |
| Title | Environmental Scientist |
| Enter new address or copy one from list: | |
| Mailing Address | |
| Address Type | Domestic |
| Mailing Address (include Suite or Bldg. here, if applicable) | 6001 SAVOY DR STE 110 |
| Routing (such as Mail Code, Dept., or Attn:) | |
| City | HOUSTON |
| State | TX |
| ZIP | 77036 |
| Phone (###-###-####) | 8323746758 |
| Extension | |
| Alternate Phone (###-###-####) | 8323849475 |
| Fax (###-###-####) | |
| E-mail | hani.said@alliancetg.com |

Technical Contact

| | |
|---|---|
| Person TCEQ should contact for questions about this application: | |
| Same as another contact? | Application Contact |
| Organization Name | RSB Environmental an Alliance Technical Group Company |
| Prefix | MR |
| First | Hani |
| Middle | |
| Last | Said |
| Suffix | |
| Credentials | |
| Title | Environmental Scientist |
| Enter new address or copy one from list: | |
| Mailing Address | |
| Address Type | Domestic |
| Mailing Address (include Suite or Bldg. here, if applicable) | 6001 SAVOY DR STE 110 |
| Routing (such as Mail Code, Dept., or Attn:) | |

| | |
|--------------------------------|--------------------------|
| City | HOUSTON |
| State | TX |
| ZIP | 77036 |
| Phone (###-###-####) | 8323746758 |
| Extension | |
| Alternate Phone (###-###-####) | 8323849475 |
| Fax (###-###-####) | |
| E-mail | hani.said@alliancetg.com |

DMR Contact

| | |
|---|-----------------------------|
| Person responsible for submitting Discharge Monitoring Report Forms: | |
| Same as another contact? | |
| Organization Name | ZAVALA COUNTY |
| Prefix | MR |
| First | Carlos |
| Middle | |
| Last | Ramirez |
| Suffix | |
| Credentials | |
| Title | Wastewater Operator |
| Enter new address or copy one from list: | |
| Mailing Address: | |
| Address Type | Domestic |
| Mailing Address (include Suite or Bldg. here, if applicable) | 319 N 1ST AVE |
| Routing (such as Mail Code, Dept., or Attn:) | |
| City | CRYSTAL CITY |
| State | TX |
| ZIP | 78839 |
| Phone (###-###-####) | 8303746291 |
| Extension | |
| Alternate Phone (###-###-####) | |
| Fax (###-###-####) | |
| E-mail | carlosramirez6291@gmail.com |

Section 1# Permit Contact

Permit Contact#: 1

Person TCEQ should contact throughout the permit term.

1) Same as another contact?

2) Organization Name

3) Prefix

4) First

5) Middle

6) Last

7) Suffix

8) Credentials

9) Title

Mailing Address

10) Enter new address or copy one from list

11) Address Type

11.1) Mailing Address (include Suite or Bldg. here, if applicable)

11.2) Routing (such as Mail Code, Dept., or Attn:)

11.3) City

11.4) State

11.5) ZIP

12) Phone (###-###-####)

13) Extension

14) Alternate Phone (###-###-####)

15) Fax (###-###-####)

16) E-mail

DMR Contact

ZAVALA COUNTY

MR

Carlos

Ramirez

Wastewater Operator

Domestic

319 N 1ST AVE

CRYSTAL CITY

TX

78839

8303746291

carlosramirez6291@gmail.com

Section 2# Permit Contact

Permit Contact#: 2

Person TCEQ should contact throughout the permit term.

1) Same as another contact?

2) Organization Name

3) Prefix

4) First

5) Middle

6) Last

7) Suffix

Billing Contact

ZAVALA COUNTY

Jesse

Gonzalez

| | |
|--|-----------------------------|
| 8) Credentials | |
| 9) Title | Zavala County Commissioner |
| Mailing Address | |
| 10) Enter new address or copy one from list | |
| 11) Address Type | Domestic |
| 11.1) Mailing Address (include Suite or Bldg. here, if applicable) | PO BOX 308 |
| 11.2) Routing (such as Mail Code, Dept., or Attn:) | |
| 11.3) City | CRYSTAL CITY |
| 11.4) State | TX |
| 11.5) ZIP | 78839 |
| 12) Phone (###-###-####) | 8303743810 |
| 13) Extension | |
| 14) Alternate Phone (###-###-####) | |
| 15) Fax (###-###-####) | |
| 16) E-mail | gonzalezjesus3239@yahoo.com |

Owner Information

Owner of Treatment Facility

| | |
|--|-----------------------------|
| 1) Prefix | |
| 2) First and Last Name | |
| 3) Organization Name | Zavala County |
| 4) Mailing Address | PO BOX 308 |
| 5) City | Crystal City |
| 6) State | TX |
| 7) Zip Code | 78839 |
| 8) Phone (###-###-####) | 8303743810 |
| 9) Extension | |
| 10) Email | gonzalezjesus3239@yahoo.com |
| 11) What is ownership of the treatment facility? | Public |

Owner of Land (where treatment facility is or will be)

| | |
|-------------------------|------------------|
| 12) Prefix | |
| 13) First and Last Name | |
| 14) Organization Name | Zavala County |
| 15) Mailing Address | 319 N 1ST AVENUE |
| 16) City | CRYSTAL CITY |
| 17) State | TX |

| | |
|---|-----------------------------|
| 18) Zip Code | 78839 |
| 19) Phone (###-###-####) | 8303742095 |
| 20) Extension | |
| 21) Email | gonzalezjesus3239@yahoo.com |
| 22) Is the landowner the same person as the facility owner or co-applicant? | Yes |

General Information Renewal-Amendment

| | |
|--|--------------------------------------|
| 1) Current authorization expiration date: | 05/14/2025 |
| 2) Current Facility operational status: | Active |
| 3) Is the facility located on or does the treated effluent cross American Indian Land? | No |
| 4) What is the application type that you are seeking? | Renewal without changes |
| 5) Current Authorization type: | Public Domestic Wastewater |
| 5.1) What is the proposed total flow in MGD discharged at the facility? | 0.05 |
| 5.2) Select the applicable fee | >= .05 & < .10 MGD - Renewal - \$515 |
| 6) What is the classification for your authorization? | TPDES |
| 6.1) What is the EPA Identification Number? | TX0117986 |
| 6.2) Is the wastewater treatment facility location in the existing permit accurate? | Yes |
| 6.3) Are the point(s) of discharge and the discharge route(s) in the existing permit correct? | Yes |
| 6.4) City nearest the outfall(s): | Crystal City |
| 6.5) County where the outfalls are located: | ZAVALA |
| 6.6) Is or will the treated wastewater discharge to a city, county, or state highway right-of-way, or a flood control district drainage ditch? | No |
| 6.7) Is the daily average discharge at your facility of 5 MGD or more? | No |
| 7) Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application? | No |

Public Notice Information

Individual Publishing the Notices

| | |
|------------------------|---|
| 1) Prefix | MR |
| 2) First and Last Name | Hani Said |
| 3) Credential | |
| 4) Title | Environmental Scientist |
| 5) Organization Name | RSB Environmental an Alliance Technical Group Company |
| 6) Mailing Address | 6001 SAVOY DR |
| 7) Address Line 2 | Ste. 110 |

| | |
|--|-----------------------------|
| 8) City | HOUSTON |
| 9) State | TX |
| 10) Zip Code | 77036 |
| 11) Phone (###-###-####) | 8323746758 |
| 12) Extension | |
| 13) Fax (###-###-####) | |
| 14) Email | hani.said@alliancetg.com |
| Contact person to be listed in the Notices | |
| 15) Prefix | MR |
| 16) First and Last Name | Carlos Ramirez |
| 17) Credential | |
| 18) Title | Operator |
| 19) Organization Name | Zavala County |
| 20) Phone (###-###-####) | 8303746291 |
| 21) Fax (###-###-####) | |
| 22) Email | carlosramirez6291@gmail.com |
| Bilingual Notice Requirements | |
| 23) Is a bilingual education program required by the Texas Education Code at the elementary or middle school nearest to the facility or proposed facility? | No |

Section 1# Public Viewing Information

| | |
|--|----------------------------------|
| County#: 1 | |
| 1) County | ZAVALA |
| 2) Public building name | Zavala County Utility Department |
| 3) Location within the building | Utility Office |
| 4) Physical Address of Building | 319 N 1st Avenue, |
| 5) City | Crystal City |
| 6) Contact Name | |
| 7) Phone (###-###-####) | 8303742095 |
| 8) Extension | |
| 9) Is the location open to the public? | Yes |

Plain Language

| |
|-------------------|
| 1) Plain Language |
| [File Properties] |

| | |
|-----------|--|
| File Name | LANG_Plain Language Summary.pdf |
| Hash | 8E646E846200441C532D2F950ACEBC201EAC137455A4CE8F51DA15007A27F605 |
| MIME-Type | application/pdf |

Supplemental Permit Information Form

1) Supplemental Permit Information Form (SPIF)

[File Properties]

| | |
|-----------|--|
| File Name | SPIF_SPIF .pdf |
| Hash | AD6A7E3F9210E6D2D14D174CAE172E14675248817ECC9F546D87CAC72CDB05DF |
| MIME-Type | application/pdf |

Domestic Attachments

1) Attach an 8.5"x11", reproduced portion of the most current and original USGS Topographic Quadrangle Map(s) that meets the 1:24,000 scale.

[File Properties]

| | |
|-----------|--|
| File Name | MAP_Attachment C - USGS topographic map.pdf |
| Hash | E7B415D07C8C79BA0A46139A666CA1585B41694DD1B8CB2DDDD80E4A6611E940 |
| MIME-Type | application/pdf |

| | |
|--|-----|
| 2) I confirm that all required sections of Technical Report 1.0 are complete and will be included in the Technical Attachment. | Yes |
|--|-----|

| | |
|--|-----|
| 2.1) I confirm that Worksheet 2.0 (Receiving Waters) is complete and included in the Technical Attachment. | Yes |
|--|-----|

| | |
|---|----|
| 2.2) Are you planning to include Worksheet 2.1 (Stream Physical Characteristics) in the Technical Attachment? | No |
|---|----|

| | |
|---|----|
| 2.3) Are you planning to include Worksheet 4.0 (Pollutant Analyses Requirements) in the Technical Attachment? | No |
|---|----|

| | |
|---|----|
| 2.4) Are you planning to include Worksheet 5.0 (Toxicity Testing Requirements) in the Technical Attachment? | No |
|---|----|

| | |
|---|-----|
| 2.5) I confirm that Worksheet 6.0 (Industrial Waste Contribution) is complete and included in the Technical Attachment. | Yes |
|---|-----|

| | |
|---|----|
| 2.6) Are you planning to include Worksheet 7.0 (Class V Injection Well Inventory/Authorization Form) in the Technical Attachment? | No |
|---|----|

2.7) Technical Attachment

[File Properties]

| | |
|-----------|-----------------------------------|
| File Name | TECH_Technical Report 1.0 (1).pdf |
|-----------|-----------------------------------|

| | |
|---------------------------|--|
| Hash | 007830CC122EBBF226C46AA9A1B3B61ED317A744F9901AE2CE7274660EFD9339 |
| MIME-Type | application/pdf |
| 3) Buffer Zone Map | |
| [File Properties] | |
| File Name | BUFF_ZM_Not Applicable.pdf |
| Hash | C69662A33EBBD060A8EA3ACF8CDCF1E90E26C5F2304920904154BFA814A9747F |
| MIME-Type | application/pdf |
| 4) Flow Diagram | |
| [File Properties] | |
| File Name | FLDIA_Attachment B - Process Flow Diagram .pdf |
| Hash | FF6A40BAA659C277036686C695A365D108C24140AB7C96578D2A1B9A28769C06 |
| MIME-Type | application/pdf |
| 5) Site Drawing | |
| [File Properties] | |
| File Name | SITEDR_Site Drawing.pdf |
| Hash | 58E0A05A2D1A0C3AC70B82DF3D0DC1CDC553398D1758689E4405672F76E2B97B |
| MIME-Type | application/pdf |
| 6) Design Calculations | |
| [File Properties] | |
| File Name | DES_CAL_Not Applicable.pdf |
| Hash | C69662A33EBBD060A8EA3ACF8CDCF1E90E26C5F2304920904154BFA814A9747F |
| MIME-Type | application/pdf |
| 7) Solids Management Plan | |
| [File Properties] | |
| File Name | SMP_Not Applicable.pdf |
| Hash | C69662A33EBBD060A8EA3ACF8CDCF1E90E26C5F2304920904154BFA814A9747F |
| MIME-Type | application/pdf |
| 8) Water Balance | |
| [File Properties] | |
| File Name | WB_Not Applicable.pdf |
| Hash | C69662A33EBBD060A8EA3ACF8CDCF1E90E26C5F2304920904154BFA814A9747F |
| MIME-Type | application/pdf |

9) Other Attachments

[File Properties]

| | |
|-----------|--|
| File Name | OTHER_Attachement A-Signed Core Data Form - 10400.pdf |
| Hash | CA384003B68C19B40A273E367E9449D707A38103EDDB55548F87590475F6BB69 |
| MIME-Type | application/pdf |

[File Properties]

| | |
|-----------|--|
| File Name | OTHER_Signed Lab Accreditation Page.pdf |
| Hash | E71C0E9857DC0E7487B319597B79F877C9FF3039E4498DAF43B473E5EA2209B9 |
| MIME-Type | application/pdf |

[File Properties]

| | |
|-----------|--|
| File Name | OTHER_Signed Signature Page.pdf |
| Hash | 7F29EE9EB9AB8A31CDE9B0E25F7D42E82818D2A45777311E9266C05037E4B277 |
| MIME-Type | application/pdf |

[File Properties]

| | |
|-----------|--|
| File Name | OTHER_Worksheet 2.0.pdf |
| Hash | 3B83276AF4E0F036A449538EA08F7ECC4E76A303CB0D5C29862EB54D240B2600 |
| MIME-Type | application/pdf |

[File Properties]

| | |
|-----------|--|
| File Name | OTHER_Worksheet 6.0.pdf |
| Hash | 9FA247814709B9E721AF5F7858BFD2BF95BA0B95E8D415D00C7ECDFB65A36D37 |
| MIME-Type | application/pdf |

Certification

I certify that I am authorized under 30 Texas Administrative Code 305.44 to sign this document and can provide documentation in proof of such authorization upon request.

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.

1. I am Carlos N Ramirez, the owner of the STEERS account ER087792.
2. I have the authority to sign this data on behalf of the applicant named above.
3. I have personally examined the foregoing and am familiar with its content and the content of any attachments, and based upon my personal knowledge and/or inquiry of any individual responsible for information contained herein, that this information is true, accurate, and complete.
4. I further certify that I have not violated any term in my TCEQ STEERS participation agreement and that I have no reason to believe that the confidentiality or use of my password has been compromised at any time.
5. I understand that use of my password constitutes an electronic signature legally equivalent to my written signature.

6. I also understand that the attestations of fact contained herein pertain to the implementation, oversight and enforcement of a state and/or federal environmental program and must be true and complete to the best of my knowledge.
7. I am aware that criminal penalties may be imposed for statements or omissions that I know or have reason to believe are untrue or misleading.
8. I am knowingly and intentionally signing Update Domestic or Industrial Individual Permit WQ0014006001.
9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

OWNER Signature: Carlos N Ramirez OWNER

Customer Number:CN600627194

Legal Name:Zavala County

Account Number:ER087792

Signature IP Address:70.125.180.203

Signature Date:2024-11-13

Signature Hash:9F573F3D19F6E57E1B9A7741A128BB9CC86928AFED4667D09DD9D24C78DA9229

Form Hash Code at time of Signature:EB72793A44D9A3CDE44892EA055BD3CA45125C5F7E0F6C5FAADA385D60A141A4

Fee Payment

Transaction by:The application fee payment transaction was made by ER103688/Hani Said

Paid by:The application fee was paid by HANI SAID

Fee Amount:\$500.00

Paid Date:The application fee was paid on 2024-11-13

Transaction/Voucher number:The transaction number is 582EA000634214 and the voucher number is 730785

Submission

Reference Number:The application reference number is 692056

Submitted by:The application was submitted by ER103688/Hani Said

Submitted Timestamp:The application was submitted on 2024-11-13 at 14:53:40 CST

Submitted From:The application was submitted from IP address 66.64.45.243

Confirmation Number:The confirmation number is 580441

Steers Version:The STEERS version is 6.82

Permit Number:The permit number is WQ0014006001

Additional Information

Application Creator: This account was created by Hani Said



TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

| | | |
|---|---|--|
| 1. Reason for Submission (If other is checked please describe in space provided.) | | |
| <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 600627194 | | RN 102075702 |

SECTION II: Customer Information

| | | | | |
|--|--|---|--|-------------------|
| 4. General Customer Information | | 5. Effective Date for Customer Information Updates (mm/dd/yyyy) | | |
| <input type="checkbox"/> New Customer <input 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) | | | | |
| The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA). | | | | |
| 6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) | | | If new Customer, enter previous Customer below: | |
| Zavala County | | | | |
| 7. TX SOS/CPA Filing Number | 8. TX State Tax ID (11 digits) | 9. Federal Tax ID (9 digits) | 10. DUNS Number (if applicable) | |
| | | | | |
| 11. Type of Customer: | <input type="checkbox"/> Corporation | <input type="checkbox"/> Individual | Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited | |
| Government: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other | <input type="checkbox"/> Sole Proprietorship | | <input type="checkbox"/> Other: | |
| 12. Number of Employees | | 13. Independently Owned and Operated? | | |
| <input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 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"/> Other: | | | | |
| <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant | | | | |
| 15. Mailing Address: | P.O. Box 308 | | | |
| | | | | |
| City | Crystal City | State | TX | ZIP 78839 ZIP + 4 |
| 16. Country Mailing Information (if outside USA) | | 17. E-Mail Address (if applicable) | | |
| | | judge@zavalacounty.org | | |

| | | |
|--|-----------------------|---|
| 18. Telephone Number (830) 374-3810 | 19. Extension or Code | 20. Fax Number (if applicable) () - |
|--|-----------------------|---|

SECTION III: Regulated Entity Information

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

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

| | | | | | | | |
|--|---------|---|--------------|---|---------|---|-------|
| 25. Description to Physical Location: | | Approximately 4000 feet south of the intersection of Farm to Market 1433 and Farm to Market Rd 65 on the south side of Crystal City | | | | | |
| 26. Nearest City | | | | State | | Nearest ZIP Code | |
| Crystal City | | | | TX | | 78839 | |
| <i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i> | | | | | | | |
| 27. Latitude (N) In Decimal: | | 28.662887 | | 28. Longitude (W) In Decimal: | | -99.81450 | |
| Degrees | Minutes | Seconds | Degrees | Minutes | Seconds | | |
| 28° | 39' | 46.4" | 99° | 48' | 52.2" | | |
| 29. Primary SIC Code (4 digits) | | 30. Secondary SIC Code (4 digits) | | 31. Primary NAICS Code (5 or 6 digits) | | 32. Secondary NAICS Code (5 or 6 digits) | |
| 4952 | | | | | | | |
| 33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.) Wastewater Treatment Plant | | | | | | | |
| 34. Mailing Address: | | P.O. Box 308 | | | | | |
| | | | | | | | |
| | | City | Crystal City | State | TX | ZIP | 78839 |
| | | | | | | ZIP + 4 | |
| 35. E-Mail Address: | | judge@zavalacounty.org | | | | | |
| 36. Telephone Number | | 37. Extension or Code | | 38. Fax Number (if applicable) | | | |
| (830) 374-3810 | | | | () - | | | |

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

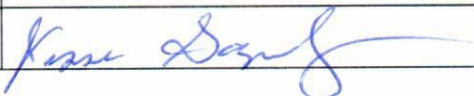
| | | | | |
|--|--|---|--|---|
| <input type="checkbox"/> Dam Safety | <input type="checkbox"/> Districts | <input type="checkbox"/> Edwards Aquifer | <input type="checkbox"/> Emissions Inventory Air | <input type="checkbox"/> Industrial Hazardous Waste |
| <input type="checkbox"/> Municipal Solid Waste | <input type="checkbox"/> New Source Review Air | <input type="checkbox"/> OSSF | <input type="checkbox"/> Petroleum Storage Tank | <input type="checkbox"/> PWS |
| <input type="checkbox"/> Sludge | <input type="checkbox"/> Storm Water | <input type="checkbox"/> Title V Air | <input type="checkbox"/> Tires | <input type="checkbox"/> Used Oil |
| <input type="checkbox"/> Voluntary Cleanup | <input checked="" type="checkbox"/> Wastewater | <input type="checkbox"/> Wastewater Agriculture | <input type="checkbox"/> Water Rights | <input type="checkbox"/> Other: |
| | WQ0014006001 | | | |

SECTION IV: Preparer Information

| | | | | | |
|-----------------------------|----------------------|-----------------------|---------------------------|-------------------|-------------------------|
| 40. Name: | Hani Said | | | 41. Title: | Environmental Scientist |
| 42. Telephone Number | 43. Ext./Code | 44. Fax Number | 45. E-Mail Address | | |
| (832) 374-6758 | | () - | hani.said@alliancetg.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: | Zavala County | Job Title: | Zavala County Commissioner | |
| Name (In Print): | Jesse Gonzales | Phone: | (830) 374-3810 | |
| Signature: |  | | Date: | 10-18-24 |



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

Plain Language Summary Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

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

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

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

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

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

Zavala County (CN600627194) operates Chula Vista Wastewater Treatment Plant (RN102075702), a wastewater treatment plant. The facility is located at Approximately 4000 feet south of the intersection of Farm-to-Market Road 1433 and Farm to Market Road 65, in Crystal City, Zavala County, Texas 78839. This application serves for the renewal to discharge 50,000 gallons per day of treated domestic wastewater..

Discharges from the facility are expected to contain Carbonaceous Biochemical Oxygen Demand (5-day), Total Suspended Solids, Ammonia Nitrogen, E.coli. Domestic wastewater is treated by an extended aeration plant with an aeration basin, final clarifier, chlorine contact chamber, sludge digestion/holding, and sludge drying beds.

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

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

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

1. Introduzca el nombre del solicitante aquí (2. Introduzca el número de cliente aquí (es decir, CN6#####).) 3. Elija del menú desplegable 4. Introduzca el nombre de la instalación aquí 5. Introduzca el número de entidad regulada aquí (es decir, RN1#####), 6. Elija del menú desplegable 7. Introduzca la descripción de la instalación aquí. La instalación 8. Elija del menú desplegable. ubicada en 9. Introduzca la ubicación aquí, en 10. Introduzca el nombre de la ciudad aquí, Condado de 11. Introduzca el nombre del condado aquí, Texas 12. Introduzca el código postal aquí. 13. Introduzca el resumen de la petición de solicitud aquí. <<Para las solicitudes de TLAP incluya la siguiente oración, de lo contrario, elimine:>> Este permiso no autorizará una descarga de contaminantes en el agua en el estado.

Se espera que las descargas de la instalación contengan 14. Liste todos los contaminantes esperados aquí. 15. Introduzca los tipos de aguas residuales descargadas aquí. 16. Elija del menú desplegable tratado por 17. Introduzca una descripción del tratamiento de aguas residuales utilizado en la instalación aquí.

PLANTILLA EN INGLÉS PARA SOLICITUDES DE NUEVA/RENOVACIÓN/ENMIENDA TPDES o TLAP

AGUAS RESIDUALES DOMÉSTICAS/AGUAS PLUVIALES

El siguiente resumen se proporciona para esta solicitud de permiso de calidad del agua pendiente que está siendo revisada por la Comisión de Calidad Ambiental de Texas según lo exige el Capítulo 39 del 30 TAC. La información proporcionada en este resumen puede cambiar durante la revisión técnica de la solicitud y no es un documento federal ejecutable. representación de la solicitud de permiso.

El condado de Zavala (CN600627194) opera la Planta de Tratamiento de Aguas Residuales de Chula Vista (RN102075702), una planta de tratamiento de aguas residuales. La instalación está ubicada en aproximadamente 4000 pies al sur de la intersección de Farm-to-Market Road 1433 y Farm to Market Road 65, en Crystal City, Condado de Zavala, Texas 78839. Esta solicitud sirve para la renovación para descargar 50,000 galones por día de aguas residuales domésticas tratadas.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonoso (5 días), sólidos suspendidos totales, nitrógeno amoniacal y E. coli. Las aguas residuales domésticas son tratadas mediante una planta de aireación ampliada con balsa de aireación, clarificador final, cámara de contacto de cloro, digestión/retención de lodos y lechos de secado de lodos.

INSTRUCTIONS

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

Questions or comments concerning this form may be directed to the Water Quality Division's Application Review and Processing Team by email at WO-ARPTeam@tceq.texas.gov or by phone at (512) 239-4671.

Example

Individual Industrial Wastewater Application

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

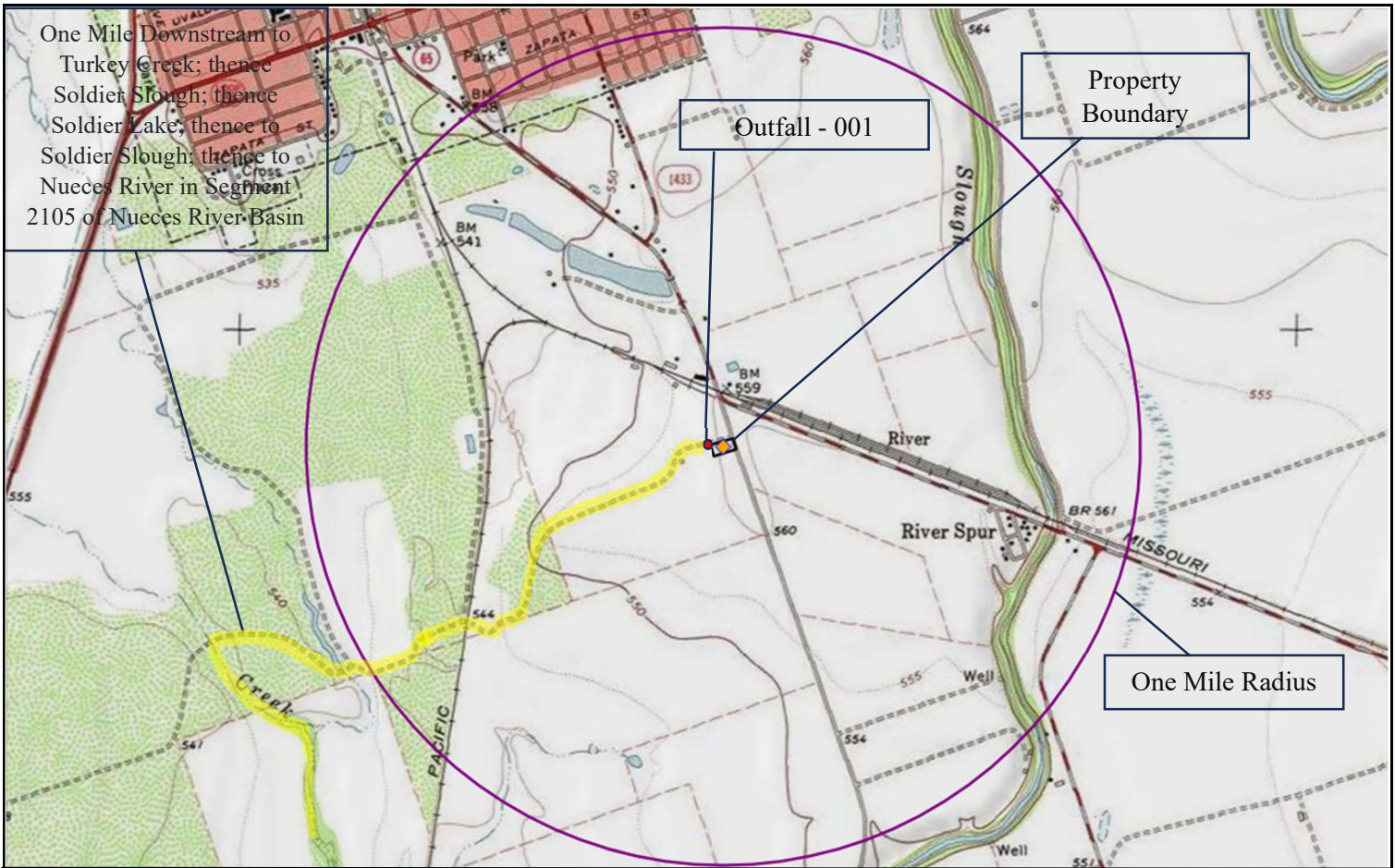
ABC Corporation (CN600000000) operates the Starr Power Station (RN10000000000), a two-unit gas-fired electric generating facility. Unit 1 has a generating capacity of 393 megawatts (MWs) and Unit 2 has a generating capacity of 528 MWs. The facility is located at 1356 Starr Street, near the City of Austin,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

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





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

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

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



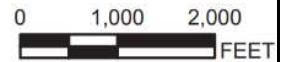
Legends

-  Property Boundary
-  Outfall-001
-  Discharge Route
-  One Mile Radius

Source: USGS Topographic Quadrangles
7.5 Minute
Series: Crystal City, TX



Attachment C – USGS MAP



1" = 2000 FEET
1:24,000



RSB Environmental
6001 Savoy Dr, Ste 110
Houston, TX

ZAVALA COUNTY CHULA VISTA WASTEWATER TREATMENT PLANT WASTEWATER PERMIT RENEWAL FOR TPDES PERMIT NO. WQ0014006001

Drawn By: Hani Said

Approved By: Tanvi Desai

Project No.: AEC-2408087

Date: November 7, 2024

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

____ Texas Historical Commission

____ U.S. Fish and Wildlife

____ Texas Parks and Wildlife Department

____ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: Zavala County

Permit No. WQ00 14006001

EPA ID No. TX 0117986

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

Approximately 4000 feet south of the intersection of Farm-to-Market Road 1433 and Farm to Market Road 65

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

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

First and Last Name: Carlos Ramirez

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

Title: Operator

Mailing Address: 319 N. 1st Ave.

City, State, Zip Code: Crystal City, TX 78839

Phone No.: 830-374-6291 Ext.:

Fax No.:

E-mail Address: carlosramirez6291@gmail.com

2. List the county in which the facility is located: Zavala County
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.

The effluent is discharged to Turkey Creek; thence to Espantosa Lake; thence to Soldier Lake thence to Soldier Slough, thence to Nueces River Above Holland Dam in Segment No. 2105 of the Nueces 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

This attachment is not applicable for this wastewater renewal application.



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 0.05

2-Hr Peak Flow (MGD): 0.174

Estimated construction start date: Existing facility

Estimated waste disposal start date: July 2002

B. Interim II Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

C. Final Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

D. Current Operating Phase

Provide the startup date of the facility: Click to enter text.

Section 2. Treatment Process (Instructions Page 43)

A. Current Operating Phase

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

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

[Click to enter text.](#)

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) |
|-------------------------|-----------------|--------------------------------|
| Extended aeration Basin | 1 | 48,449 Gallons |
| Clarifier | 1 | 66 sq ft surface area 8.75' SW |
| | | |
| | | |
| | | |
| | | |

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 44)

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

- Latitude: 28.662881
- Longitude: -99.815024

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

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

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

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

Attachment: C

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

Click to enter text.

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 |
|------------------------|---------------|-----------------|-------------------|
| Chula Vista WWTP | Zavala County | Publicly Owned | 300 |
| | | Choose an item. | |
| | | Choose an item. | |
| | | Choose an item. | |

Section 4. Unbuilt Phases (Instructions Page 45)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

N/A

Section 5. Closure Plans (Instructions Page 45)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

N/A

Section 6. Permit Specific Requirements (Instructions Page 45)

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

A. Summary transmittal

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

☒ Yes ☐ No

If **yes**, provide the date(s) of approval for each phase: April 2000

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*.

N/A

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

2. Grit and grease processing

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

N/A

3. Grit disposal

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

☐ Yes ☒ No

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

Describe the method of grit disposal.

N/A

4. Grease and decanted liquid disposal

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

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

N/A

E. Stormwater management

1. Applicability

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

2. MSGP coverage

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

3. Conditional exclusion

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

☐ Yes ☐ No

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

Click to enter text.

4. Existing coverage in individual permit

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

☐ Yes ☐ No

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

Click to enter text.

5. Zero stormwater discharge

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

☐ Yes ☐ No

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

Click to enter text.

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

6. Request for coverage in individual permit

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

☐ Yes ☐ No

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

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

[Click to enter text.](#)

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

[Click to enter text.](#)

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

1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD₅ concentration of the sludge, and the design BOD₅ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

[Click to enter text.](#)

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If **yes to any of the above**, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD₅ concentration of the septic waste, and the design BOD₅ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

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

Is the facility in operation?

☒ Yes ☐ No

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

If **yes**, provide effluent analysis data for the listed pollutants. **Wastewater treatment facilities** complete Table 1.0(2). **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 ₅ , mg/l | 4 | | 1 | Grab | 10/24/2024 15:39 |
| Total Suspended Solids, mg/l | 3 | | 1 | Grab | 10/24/2024 |
| Ammonia Nitrogen, mg/l | <0.1 | | 1 | Grab | 10/30/2024 11:30 |
| Nitrate Nitrogen, mg/l | 608 | | 1 | Grab | 10/24/2024 8:34 |
| Total Kjeldahl Nitrogen, mg/l | 2 | | 1 | Grab | 10/31/2024 11:20 |
| Sulfate, mg/l | 67 | | 1 | Grab | 10/24/2024 16:33 |
| Chloride, mg/l | 71 | | 1 | Grab | 10/24/2024 16:33 |
| Total Phosphorus, mg/l | 2.17 | | 1 | Grab | 10/31/2024/ 5:00 |
| pH, standard units | 7.6 | | 1 | Grab | 10/24/2024 15:39 |
| Dissolved Oxygen*, mg/l | 7.2 | | | | 11/12/2024 |
| Chlorine Residual, mg/l | 1.39 | | | | 11/12/2024 |
| <i>E.coli</i> (CFU/100ml) freshwater | 0 | | 1 | Grab | 10/24/2024 14:15 |
| Enterococci (CFU/100ml) saltwater | N/A | N/A | N/A | N/A | N/A |
| Total Dissolved Solids, mg/l | 472 | | 1 | Grab | 10/28/2024 14:20 |
| Electrical Conductivity, μ mohs/cm, † | N/A | N/A | N/A | N/A | N/A |
| Oil & Grease, mg/l | | | | | |
| Alkalinity (CaCO ₃)*, mg/l | | | | | |

*TPDES permits only

†TLAP permits only

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

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

| Pollutant | Average Conc. | Max Conc. | No. of Samples | Sample Type | Sample Date/Time |
|---------------------------------------|---------------|-----------|----------------|-------------|------------------|
| Fluoride, mg/l | | | | | |
| Aluminum, mg/l | | | | | |
| Alkalinity (CaCO ₃), mg/l | | | | | |

Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: Carlos Ramirez

Facility Operator's License Classification and Level: B

Facility Operator's License Number: WW0003804

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

A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

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

B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

- ☐ Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)
- ☐ Sludge Lagoon
- ☐ Temporary Storage (< 2 years)
- ☐ Long Term Storage (>= 2 years)
- ☐ Methane or Biogas Recovery
- ☒ Other Treatment Process: **Transported to another WWTP**

C. Biosolids Management

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

Biosolids Management

| Management Practice | Handler or Preparer Type | Bulk or Bag Container | Amount (dry metric tons) | Pathogen Reduction Options | Vector Attraction Reduction Option |
|---------------------|--|-----------------------|--------------------------|----------------------------|------------------------------------|
| Other | Off-site Third-Party Handler or Preparer | Not Applicable | | Choose an item. | Choose an item. |
| Choose an item. | Choose an item. | Choose an item. | | Choose an item. | Choose an item. |
| Choose an item. | Choose an item. | Choose an item. | | Choose an item. | Choose an item. |

If "Other" is selected for Management Practice, please explain (e.g. monofill or transport to another WWTP): Transported to another WWTP

D. Disposal site

Disposal site name: Crystal City Landfill

TCEQ permit or registration number: 1308A

County where disposal site is located: Zavala County

E. Transportation method

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

Name of the hauler: Zavala County

Hauler registration number: 23446

Sludge is transported as a:

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

Section 10. Permit Authorization for Sewage Sludge Disposal

(Instructions Page 53)

A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

B. Sludge processing authorization

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

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

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

A. Location information

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

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

- Site map:

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

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

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

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

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

[Click to enter text.](#)

B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

C. Liner information

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

☐ Yes ☐ No

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

[Click to enter text.](#)

D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

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

E. Groundwater monitoring

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

☐ Yes ☐ No

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

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

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

A. Additional authorizations

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

☐ Yes ☒ No

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

[Click to enter text.](#)

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

[Click to enter text.](#)

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

A. RCRA hazardous wastes

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

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

Section 14. Laboratory Accreditation (Instructions Page 56)

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

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

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

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

CERTIFICATION:

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

Printed Name: Click to enter text. Lauren Wallgren

Title: Click to enter text. Pollution Control Services

Signature: _____

Date: 10/30/24

This attachment is not applicable for this wastewater renewal application.

Section 14. Laboratory Accreditation (Instructions Page 56)

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

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

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

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

CERTIFICATION:

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

Printed Name: Click to enter text. Lauren Wallgren

Title: Click to enter text. Pollution Control Services

Signature: _____

Date: 10/30/24

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0014006001

Applicant: Zavala County

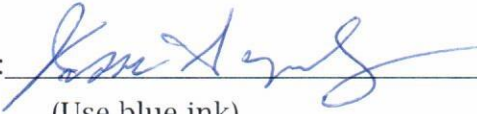
Certification:

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): Jesse Gonzales

Signatory title: Zavala County Commissioner

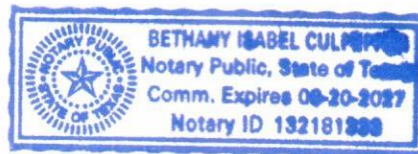
Signature:  Date: 10-18-24
(Use blue ink)

Subscribed and Sworn to before me by the said Jesse A Gonzales
on this October 18th day of October, 2024.
My commission expires on the 20th day of September, 2027.


Notary Public

[SEAL]


County, Texas



DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☐ No

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

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

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

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

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

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

A. Receiving water outfall

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

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

[Click to enter text.](#)

C. Sea grasses

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

☐ Yes ☐ No

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

[Click to enter text.](#)

Section 3. Classified Segments (Instructions Page 64)

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

☐ Yes ☒ No

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

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

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

Name of the immediate receiving waters: Turkey Creek – Normally dry

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: normally dry drainageway

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: Historical observation

C. Downstream perennial confluences

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

This normally dry stream carrying a small amount of wastewater from the Chula Vista plant flows into Turkey thence into Espantosa Lake and thence more than 3 miles downstream to the Nueces River

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.

Various ponded areas exist along the Turkey Creek due to the flat nature of the streambed. Espantosa lake receives water from Turkey Creek

E. Normal dry weather characteristics

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

At the discharge point there is no flow during a dry weather but wet weather ponding from ranchland runoff

Date and time of observation:

Was the water body influenced by stormwater runoff during observations?

☒ Yes ☐ No

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

A. Upstream influences

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

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

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: Click to enter text. |

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

Section 1. All POTWs (Instructions Page 89)

A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: [Click to enter text.](#)

Significant IUs - non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: [Click to enter text.](#)

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: [Click to enter text.](#)

B. Treatment plant interference

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

☐ Yes ☒ No

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

[Click to enter text.](#)

C. Treatment plant pass through

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

☐ Yes ☒ No

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

Click to enter text.

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

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

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

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

A. Substantial modifications

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

☐ Yes ☒ No

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

Click to enter text.

B. Non-substantial modifications

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

☐ Yes ☒ No

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

Click to enter text.

C. Effluent parameters above the MAL

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

Table 6.0(1) – Parameters Above the MAL

| Pollutant | Concentration | MAL | Units | Date |
|-----------|---------------|-----|-------|------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

D. Industrial user interruptions

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

☐ Yes ☒ No

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

Click to enter text.

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

A. General information

Company Name: N/A

SIC Code: Click to enter text.

Contact name: Click to enter text.

Address: Click to enter text.

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

Telephone number: Click to enter text.

Email address: Click to enter text.

B. Process information

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

N/A

C. Product and service information

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

N/A

D. Flow rate information

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

Process Wastewater:

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

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

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

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

Is the SIU or CIU subject to technically based local limits as defined in the 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: [Click to enter text.](#)

[Click or tap here to enter text.](#) [Click to enter text.](#)

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

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

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

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

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

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

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

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

F. Industrial user interruptions

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

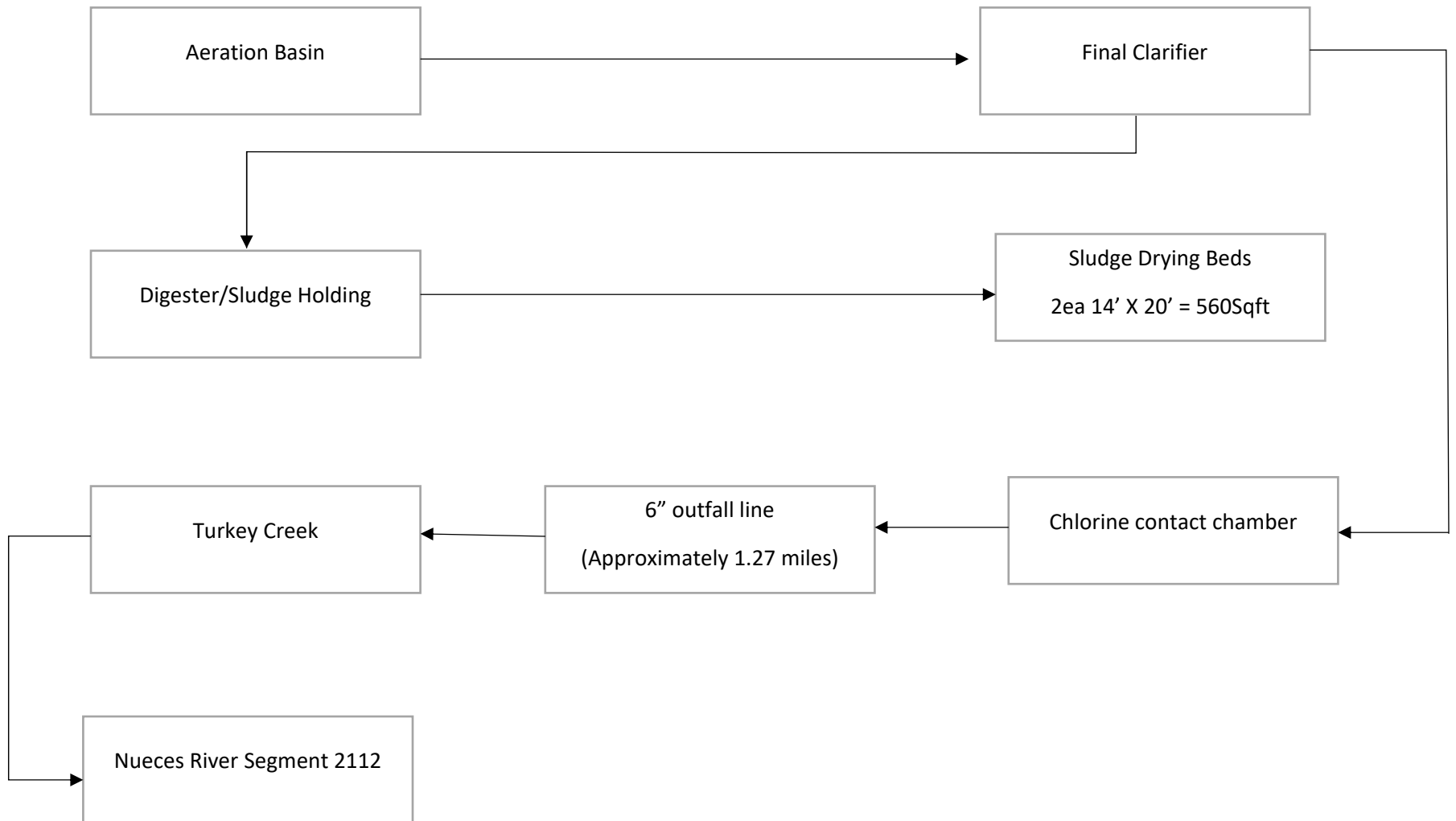
☐ Yes ☒ No

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

[Click to enter text.](#)

This attachment is not applicable for this wastewater renewal application.

This attachment is not applicable for this wastewater renewal application.



| Project Description | | Attachment |
|---|--|--|
| Zavala County- Chula Vista Wastewater Treatment Plant WQ0014006001 |  RSB ENVIRONMENTAL <small>AN ALLIANCE TECHNICAL GROUP COMPANY</small> | C Process flow diagram (10/15/2024) |



| Project Description | | Attachment |
|--|--|--|
| Zavala County- Chula Vista Wastewater Treatment Plant WQ0014006001 |  | Site Drawing (SCHEMATIC) (NOT TO SCALE) (10/15/2024) |

Rainee Trevino

From: Hani Said <Hani.Said@AllianceTG.com>
Sent: Monday, December 2, 2024 4:02 PM
To: Rainee Trevino
Subject: Re: Application to Renew Permit No. WQ0014006001- Notice of Deficiency Letter
Attachments: Attachment C - USGS topographic map (2).pdf; wq0014006001-nod1.pdf

Categories: NOD Response Review

Good afternoon Rainee,

I hope all is well.

The NORI portion is approved.

Kindly find attached the USGS map with the WWTP boundary.

Please let me know if anything else is needed.

Thank you,

Hani Said

Environmental Scientist



Corporate Office: 6001 Savoy Dr., Ste. 110

Houston, Texas 77036

Office: 832.384.9475

Cell: 832.374.6758

Toll Free Number: 833.910.2535

Project Offices Nationwide



rsbenv.com | [LinkedIn](#) | [Facebook](#) | [Twitter](#) | [YouTube](#)

From: Rainee Trevino <Rainee.Trevino@tceq.texas.gov>

Sent: Monday, November 18, 2024 3:03 PM

To: Hani Said <hani.said@alliancetg.com>

Subject: Application to Renew Permit No. WQ0014006001- Notice of Deficiency Letter

EXTERNAL EMAIL - This email was sent by a person from outside your organization. Exercise caution when clicking links, opening attachments or taking further action, before validating its authenticity.

Dear Mr. Said,

The attached Notice of Deficiency letter sent on November 18, 2024, requests additional information needed to declare the application administratively complete. Please send the complete response to my attention by December 2, 2024.

Best Regards,

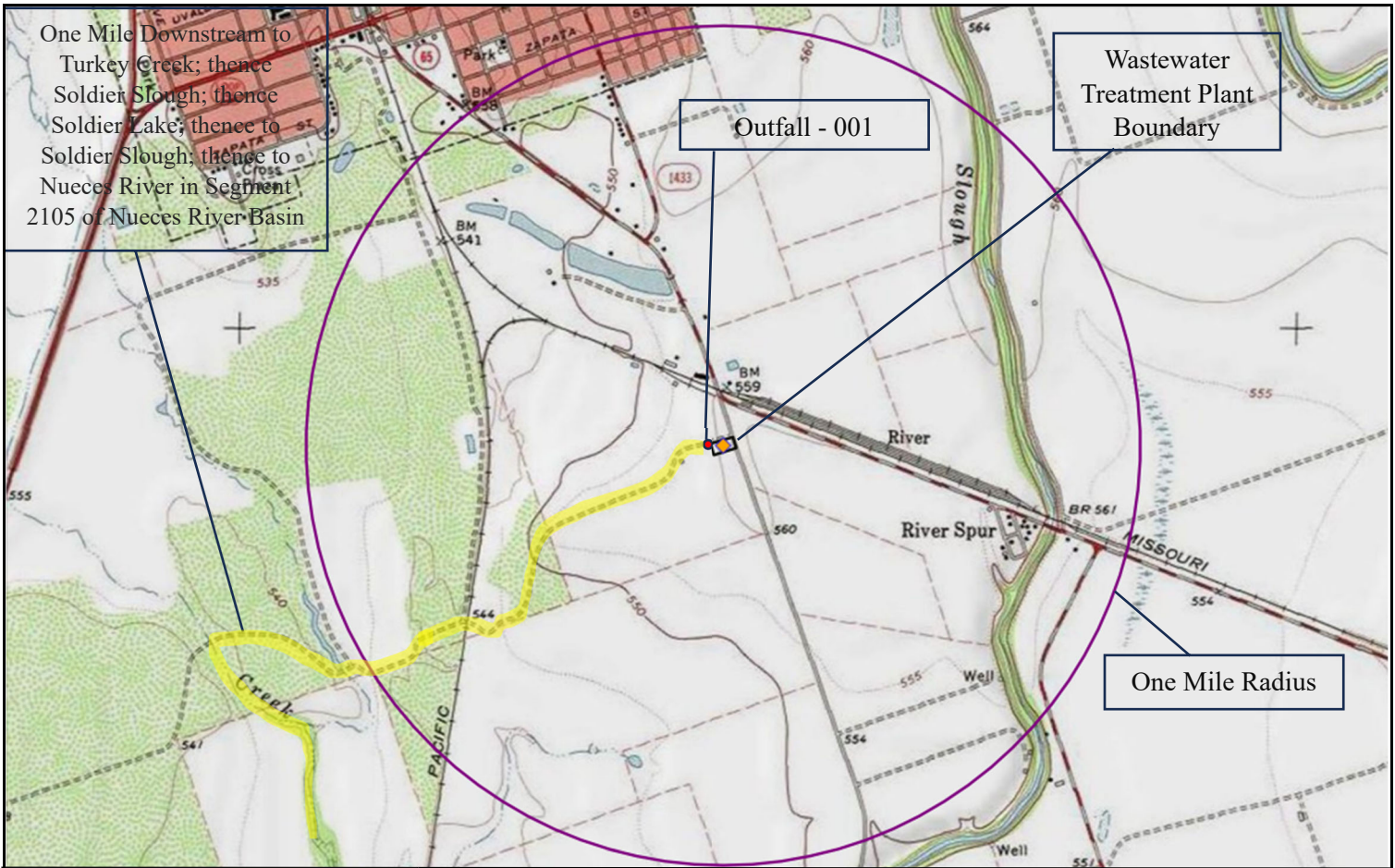
Rainee Trevino

Water Quality Division | ARP Team





Texas Commission on Environmental Quality

512-239-4324





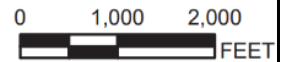
Legends

-  WWTP Boundary
-  Outfall-001
-  Discharge Route
-  One Mile Radius

Source: USGS Topographic Quadrangles
7.5 Minute
Series: Crystal City, TX



Attachment C – USGS MAP



1" = 2000 FEET
1:24,000



RSB Environmental
6001 Savoy Dr, Ste 110
Houston, TX

ZAVALA COUNTY
CHULA VISTA WASTEWATER
TREATMENT PLANT
WASTEWATER PERMIT RENEWAL
FOR TPDES PERMIT NO.
WQ0014006001

Drawn By: Hani Said

Approved By: Tanvi Desai

Project No.: AEC-2408087

Date: November 7, 2024