



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

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

DOMESTIC WASTEWATER

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

Skidmore Water Supply Corporation (CN601234636) operates the Skidmore Water Supply Corporation Wastewater Treatment Plant (WWTP) (RN102342201), an activated sludge process plant operated in the complete mix mode. The facility is located at 1125 Black Ranch Road, in the town of Skidmore, Bee County, Texas 78389.

This application is for a renewal to discharge at a volume not to exceed a daily average flow of 131,000 gallons per day of treated domestic wastewater via an outfall to unnamed tributary ; thence to the Aransas River Above Tidal.

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0014112001

APPLICATION. Skidmore Water Supply Corporation, P.O. Box 290, Skidmore, Texas 78389, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0014112001 (EPA I.D. No. TX0119407) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 131,000 gallons per day. The domestic wastewater treatment facility is located at 1125 Black Ranch Road, near the city of Skidmore, in Bee County, Texas 78389. The discharge route is from the plant site to an unnamed tributary; thence to Aransas River Above Tidal. TCEQ received this application on May 31, 2024. The permit application will be available for viewing and copying at Justice of the Peace Office, Precinct 4, 301 East Sullivan Street, Skidmore, in Bee 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=-97.675,28.267222&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 Skidmore Water Supply Corporation at the address stated above or by calling Ms. Lisa Baker, General Manager, at 361-881-4888.

Issuance Date: June 12, 2024



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Skidmore Water Supply Corporation.

PERMIT NUMBER (If new, leave blank): WQ0014112001

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

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

For TCEQ Use Only

Segment Number _____ County _____
Expiration Date _____ Region _____
Permit Number _____



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION
ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00 ☐

Payment Information:

Mailed Check/Money Order Number: 10756
Check/Money Order Amount: \$815.00
Name Printed on Check: Skidmore Water Supply Corporation
EPAY Voucher Number: N/A
Copy of Payment Voucher enclosed? Yes ☒

Section 2. Type of Application (Instructions Page 26)

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

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

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

- ☒ Active ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

e. For amendments or modifications, describe the proposed changes:

f. **For existing permits:**

Permit Number: WQ0014112001

EPA I.D. (TPDES only): TX0119407

Expiration Date: December 6, 2024

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

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

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

Skidmore Water Supply Corporation

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

If the applicant is currently a customer with the TCEQ, what is the Customer Number (CN)?

You may search for your CN on the TCEQ website at <http://www15.tceq.texas.gov/crpub/>

CN: 601234636

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

Prefix Mr.

Last Name, First Name: Naranjo, Danny

Title: President

Credential: N/A

B. **Co-applicant information.** Complete this section only if another person or entity is required to apply as a co-permittee.

What is the Legal Name of the co-applicant applying for this permit? N/A

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

If the co-applicant is currently a customer with the TCEQ, what is the Customer Number (CN)?

You may search for your CN on the TCEQ website at: <http://www15.tceq.texas.gov/crpub/>

CN: N/A

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

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Provide a brief description of the need for a co-permittee: N/A

C. Core Data Form

Complete the Core Data Form for each customer and include as an attachment. If the customer type selected on the Core Data Form is **Individual**, complete **Attachment 1** of Administrative Report 1.0. [Click to enter text.](#)

Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: Mrs. Last Name, First Name: Baker, Lisa
Title: General Manager/Operator Credential: N/A
Organization Name: Skidmore Water Supply Corporation
Mailing Address: PO Box 290 City, State, Zip Code: Skidmore, TX 78389
Phone No.: 361-881-4888 E-mail Address: skidmorewatersupply@yahoo.com
Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix: N/A Last Name, First Name: N/A
Title: N/A Credential: N/A
Organization Name: N/A
Mailing Address: N/A City, State, Zip Code: N/A
Phone No.: N/A E-mail Address: N/A
Check one or both: ☐ Administrative Contact ☐ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Mrs. Last Name, First Name: Baker, Lisa
Title: General Manager/Operator Credential: N/A
Organization Name: Skidmore Water Supply Corporation
Mailing Address: PO Box 290 City, State, Zip Code: Skidmore, TX 78389
Phone No.: 361-881-4888 E-mail Address: skidmorewatersupply@yahoo.com

B. Prefix: Mr. Last Name, First Name: Naranjo, Danny
Title: President Credential: N/A
Organization Name: Skidmore Water Supply Corporation
Mailing Address: PO Box 290 City, State, Zip Code: Skidmore, TX 78389
Phone No.: 361-881-4888 E-mail Address: orangetree53@hotmail.com

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mrs. Last Name, First Name: Baker, Lisa
Title: General Manager Credential: N/A
Organization Name: Skidmore Water Supply Corporation
Mailing Address: PO Box 290 City, State, Zip Code: Skidmore, TX 78389
Phone No.: 361-881-4888 E-mail Address: skidmorewatersupply@yahoo.com

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

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

Prefix: Mrs. Last Name, First Name: Baker, Lisa
Title: General Manager/Operator Credential: N/A
Organization Name: Skidmore Water Supply Corporation
Mailing Address: PO Box 290 City, State, Zip Code: Skidmore, TX 78389
Phone No.: 361-881-4888 E-mail Address: skidmorewatersupply@yahoo.com

Section 8. Public Notice Information (Instructions Page 27)

A. **Individual Publishing the Notices**
Prefix: Mrs. Last Name, First Name: Baker, Lisa
Title: General Manager Credential: N/A
Organization Name: Skidmore Water Supply Corporation
Mailing Address: PO Box 290 City, State, Zip Code: Skidmore, TX 78389
Phone No.: 361-881-4888 E-mail Address: skidmorewatersupply@yahoo.com

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

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

☒ E-mail Address

☐ Fax

☒ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Mrs.

Last Name, First Name: Baker, Lisa

Title: General Manager

Credential: N/A

Organization Name: Skidmore Water Supply Corporation

Mailing Address: PO Box 290

City, State, Zip Code: Skidmore, TX 78389

Phone No.: 361-881-4888

E-mail Address: skidmorewatersupply@yahoo.com

D. Public Viewing Information

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

Public building name: Justice of the Peace Office, PCT 4

Location within the building: Lobby

Physical Address of Building: 301 E. Sullivan Street

City: Skidmore

County: Bee

Contact (Last Name, First Name): Olivares, Terry

Phone No.: 361-287-3436 Ext.: N/A

E. Bilingual Notice Requirements

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

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

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

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

☐ Yes

☒ No

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

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

☐ Yes

☐ No

3. Do the students at these schools attend a bilingual education program at another location?
- ☐ Yes ☐ No
4. Would the school be required to provide a bilingual education program but the school has waived out of this requirement under 19 TAC §89.1205(g)?
- ☐ Yes ☐ No
5. If the answer is **yes** to **question 1, 2, 3, or 4**, public notices in an alternative language are required. Which language is required by the bilingual program? [Click to enter text.](#)

F. Plain Language Summary Template

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

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

G. Public Involvement Plan Form

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

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

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

- A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. **RN102342201**

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

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

Skidmore Water Supply Corporation WWTP

- C. Owner of treatment facility: Skidmore Water Supply Corporation

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

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

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: Skidmore Water Supply Corporation

Mailing Address: PO Box 290

City, State, Zip Code: Skidmore, TX 78389

Phone No.: 361-881-4888

E-mail Address: skidmorewatersupply@yahoo.com

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

Attachment: N/A

E. Owner of effluent disposal site:

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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

Attachment: N/A

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

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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

Attachment: N/A

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

N/A

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

☒ Yes ☐ No

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

N/A

City nearest the outfall(s): Skidmore

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

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

☐ Yes ☒ No

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

- ☐ Authorization granted ☐ Authorization pending

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

Attachment: N/A

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☐ No

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

N/A

- B. City nearest the disposal site: N/A

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

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

N/A

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

N/A

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

☐ Yes ☒ No

If yes, list each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application: N/A

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account number: N/A

Amount past due: N/A

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

Enforcement order number: N/A

Amount past due: N/A

Section 13. Attachments (Instructions Page 33)

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

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

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

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

☐ Attachment 1 for Individuals as co-applicants

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

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: N/A

Applicant: N/A

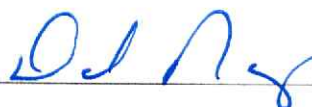
Certification:

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): Danny Naranjo

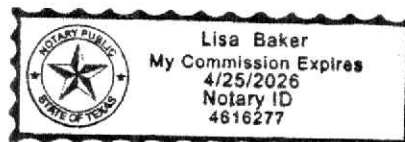
Signatory title: President

Signature:  Date: May 29, 2024
(Use blue ink)

Subscribed and Sworn to before me by the said Danny Naranjo
on this the 29th day of May, 2024.

My commission expires on the 25th day of April, 2026


Notary Public



[SEAL]

Bee County, Texas

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

N/A

The following information is required for new and amendment applications.

Section 1. Affected Landowner Information (Instructions Page 36)

- A. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:
- ☐ The applicant's property boundaries
 - ☐ The facility site boundaries within the applicant's property boundaries
 - ☐ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
 - ☐ The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
 - ☐ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream
 - ☐ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
 - ☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides
 - ☐ The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property
 - ☐ The property boundaries of all landowners surrounding the effluent disposal site
 - ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
 - ☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located
- B. ☐ Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.
- C. Indicate by a check mark in which format the landowners list is submitted:
- ☐ USB Drive
 - ☐ Four sets of labels
- D. Provide the source of the landowners' names and mailing addresses: Click to enter text.

E. As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?

☐ Yes ☐ No

If **yes**, provide the location and foreseeable impacts and effects this application has on the land(s):

Click to enter text.

Section 2. Original Photographs (Instructions Page 38)

Provide original ground level photographs. Indicate with checkmarks that the following information is provided.

- ☐ At least one original photograph of the new or expanded treatment unit location
- ☐ At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.
- ☐ At least one photograph of the existing/proposed effluent disposal site
- ☐ A plot plan or map showing the location and direction of each photograph

Section 3. Buffer Zone Map (Instructions Page 38)

A. Buffer zone map. Provide a buffer zone map on 8.5 x 11-inch paper with all of the following information. The applicant's property line and the buffer zone line may be distinguished by using dashes or symbols and appropriate labels.

- The applicant's property boundary;
- The required buffer zone; and
- Each treatment unit; and
- The distance from each treatment unit to the property boundaries.

B. Buffer zone compliance method. Indicate how the buffer zone requirements will be met. Check all that apply.

- ☐ Ownership
- ☐ Restrictive easement
- ☐ Nuisance odor control
- ☐ Variance

C. Unsuitable site characteristics. Does the facility comply with the requirements regarding unsuitable site characteristic found in 30 TAC § 309.13(a) through (d)?

☐ Yes ☐ No

DOMESTIC WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: YES

ATTACHMENT 1

INDIVIDUAL INFORMATION

Section 1. Individual Information (Instructions Page 41)

Complete this attachment if the facility applicant or co-applicant is an individual. Make additional copies of this attachment if both are individuals.

Prefix (Mr., Ms., Miss): [Click to enter text.](#)

Full legal name (Last Name, First Name, Middle Initial): [Click to enter text.](#)

Driver's License or State Identification Number: [Click to enter text.](#)

Date of Birth: [Click to enter text.](#)

Mailing Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#) Fax Number: [Click to enter text.](#)

E-mail Address: [Click to enter text.](#)

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

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

Core Data Form (TCEQ Form No. 10400) ✓ Yes
(Required for all application types. Must be completed in its entirety and signed.
Note: Form may be signed by applicant representative.)

Correct and Current Industrial Wastewater Permit Application Forms ✓ Yes
(TCEQ Form Nos. 10053 and 10054. Version dated 6/25/2018 or later.)

Water Quality Permit Payment Submittal Form (Page 19) ✓ Yes
(Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)

7.5 Minute USGS Quadrangle Topographic Map Attached ✓ Yes
(Full-size map if seeking "New" permit.
8 ½ x 11 acceptable for Renewals and Amendments)

Current/Non-Expired, Executed Lease Agreement or Easement ✓ N/A ☐ Yes

Landowners Map ✓ N/A ☐ Yes
(See instructions for landowner requirements)

Things to Know:

- All the items shown on the map must be labeled.
- The applicant's complete property boundaries must be delineated which includes boundaries of contiguous property owned by the applicant.
- The applicant cannot be its own adjacent landowner. You must identify the landowners immediately adjacent to their property, regardless of how far they are from the actual facility.
- If the applicant's property is adjacent to a road, creek, or stream, the landowners on the opposite side must be identified. Although the properties are not adjacent to applicant's property boundary, they are considered potentially affected landowners. If the adjacent road is a divided highway as identified on the USGS topographic map, the applicant does not have to identify the landowners on the opposite side of the highway.

Landowners Cross Reference List ✓ N/A ☐ Yes
(See instructions for landowner requirements)

Landowners Labels or USB Drive attached ✓ N/A ☐ Yes
(See instructions for landowner requirements)

Original signature per 30 TAC § 305.44 - Blue Ink Preferred ✓ Yes
(If signature page is not signed by an elected official or principle executive officer,
a copy of signature authority/delegation letter must be attached)

Plain Language Summary N/A

☐ Yes

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

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: Skidmore Water Supply Corporation

Permit No. WQ0014112001

EPA ID No. TX0119407

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

1125 Black Ranch Road, Skidmore, Bee County, Texas 78389

Approximately 1,000 feet North of the end of Black Ranch Road and approximately 4,500 feet East and 4,200 feet North of the intersection of Farm-to-Market Road 797 and U.S. Highway 181, Skidmore, Bee County, Texas 78389

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): Mrs.

First and Last Name: Lisa Baker

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

Title: General Manager

Mailing Address: PO Box 290

City, State, Zip Code: Skidmore, Texas 78389

Phone No.: 361-881-4888 Ext.: [REDACTED] Fax No.: [REDACTED]

E-mail Address: skidmorewatersupply@yahoo.com

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

To an unnamed tributary; thence to Aransas River above Tidal Segment No. 2004 of the San Antonio Nueces Coastal 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):

None

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

None

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

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

N/A

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

N/A



1 MILE RADIUS

SKIDMORE, TEX.
TEL. 409-688-2222
N7015-W9737.57.2
1079
DMP 0440 | 3F-06F05 Y882



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 601234636 | | RN 102342201 |

SECTION II: Customer Information

| | | | | | | | |
|--|------------|--|---|---|-----|-------|---------|
| 4. General Customer Information | | 5. Effective Date for Customer Information Updates (mm/dd/yyyy) | | 5/29/2024 | | | |
| <input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership | | | | | | | |
| <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts) | | | | | | | |
| <i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i> | | | | | | | |
| 6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) | | | <i>If new Customer, enter previous Customer below:</i> | | | | |
| Skidmore Water Supply Corporation (WSC) | | | | | | | |
| 7. TX SOS/CPA Filing Number 153937601 | | 8. TX State Tax ID (11 digits) 17429204351 | | 9. Federal Tax ID (9 digits) 742920435 | | | |
| | | | | 10. DUNS Number (if applicable) 142197271 | | | |
| 11. Type of Customer: | | <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited | | | | | |
| Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other | | <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other: | | | | | |
| 12. Number of Employees <input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher | | | 13. Independently Owned and Operated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following | | | | | | | |
| <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other: | | | | | | | |
| <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant | | | | | | | |
| 15. Mailing Address: | PO Box 290 | | | | | | |
| | | | | | | | |
| | City | Skidmore | State | TX | ZIP | 78389 | ZIP + 4 |
| 16. Country Mailing Information (if outside USA) | | | 17. E-Mail Address (if applicable) | | | | |
| | | | skidmorewatersupply@yahoo.com | | | | |
| 18. Telephone Number (361) 881-4888 | | 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 checked="" type="checkbox"/> Update to Regulated Entity Information | |
| <i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i> | |
| 22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.) | |
| Skidmore Water Supply Corporation WWTP | |

| | | | | | | | |
|---|-----------------------|----------|--------------|----|------------|-------|----------------|
| 23. Street Address of the Regulated Entity: (No PO Boxes) | 1125 Black Ranch Road | | | | | | |
| | City | Skidmore | State | TX | ZIP | 78389 | ZIP + 4 |
| 24. County | Bee | | | | | | |

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

| | | | | | | | |
|--|---|----------|--|--------------------------------------|--|-------------------------|----------------|
| 25. Description to Physical Location: | | | | | | | |
| 26. Nearest City | | | | | State | Nearest ZIP Code | |
| <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: | 28.26722 | | | 28. Longitude (W) In Decimal: | -97.675 | | |
| Degrees | Minutes | Seconds | Degrees | Minutes | Seconds | | |
| 28 | 16 | 2 | 97 | 40 | 30 | | |
| 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 | | | 22130E | | | | |
| 33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.) | | | | | | | |
| Municipality | | | | | | | |
| 34. Mailing Address: | PO Box 290 | | | | | | |
| | | | | | | | |
| | City | Skidmore | State | TX | ZIP | 78389 | ZIP + 4 |
| 35. E-Mail Address: | skidmorewatersupply@yahoo.com | | | | | | |
| 36. Telephone Number | 37. Extension or Code | | 38. Fax Number (if applicable) | | | | |
| (361) 881-4888 | | | () - | | | | |

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.

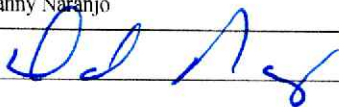
| | | | | |
|--|--|---|--|---|
| <input type="checkbox"/> Dam Safety | <input type="checkbox"/> Districts | <input type="checkbox"/> Edwards Aquifer | <input type="checkbox"/> Emissions Inventory Air | <input type="checkbox"/> Industrial Hazardous Waste |
| <input type="checkbox"/> Municipal Solid Waste | <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: |
| WQ0014112001 | | | | |

SECTION IV: Preparer Information

| | | | | |
|-----------------------------|----------------------|-----------------------|-------------------------------|-----------------|
| 40. Name: | Lisa Baker | | 41. Title: | General Manager |
| 42. Telephone Number | 43. Ext./Code | 44. Fax Number | 45. E-Mail Address | |
| (361) 881-4888 | | () - | skidmorewatersupply@yahoo.com | |

SECTION V: Authorized Signature

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

| | | | |
|-------------------------|---|-------------------|-------------------|
| Company: | Skidmore Water Supply Corporation | Job Title: | President |
| Name (In Print): | Danny Naranjo | Phone: | (361) 881- 4888 |
| Signature: |  | Date: | 5/29/2024 |



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): N/A

2-Hr Peak Flow (MGD): N/A

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

B. Interim II Phase

Design Flow (MGD): N/A

2-Hr Peak Flow (MGD): N/A

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

C. Final Phase

Design Flow (MGD): 0.131

2-Hr Peak Flow (MGD): 0.393

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

D. Current Operating Phase - EXISTING

Provide the startup date of the facility: 03/06/2013

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.**

Activated sludge; complete mix mode; wastewater (influent) enters treatment facility from a 6" force main from lift station. Waste flows through the bar screen to the aeration basins, thence to the clarifiers (to periodically waste to digesters) thence to the chlorine contact chambers, thence to the outfall.

B. Treatment Units

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

Table 1.0(1) - Treatment Units

| Treatment Unit Type | Number of Units | Dimensions (L x W x D) |
|--------------------------|-----------------|------------------------|
| Bar Screen | 1 | 6' x 1' 5" x 2' |
| Aeration Basin | 2 | 24.5' x 20' x 8.75' |
| Clarifier | 2 | 28' x 12' x 8.75' |
| Digester | 1 | 27.5' x 12' x 9.25' |
| Digester | 1 | 28.5 x 12 x 9.25' |
| Chlorine Contact Chamber | 2 | 7.9' x 6' x 7.9' |

C. Process Flow Diagram

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

Attachment: YES

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

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

- Latitude: 28.269444
- Longitude: -97.677500

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

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

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

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

disposal site.

Attachment: Yes

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

Township of Skidmore, Bee County, Texas. Skidmore is a very small rural community with a population of approximately 1000 people. Skidmore has a school system from grades Pre-K through 12th, and currently has 2 convenient stores, 2 restaurants and a Dollar General.

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.**

Skidmore Water Supply Corporation owns and operates the private Skidmore Water Supply Corporation WWTP and the entirety of the collection system serving the township of Skidmore, Texas, with a population of approximately 1000 people living within the boundaries of our collection system.

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: Existing

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.**

N/A

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

N/A

C. Other actions required by the current permit

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

☐ Yes ☒ No

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

N/A

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

2. Grit and grease processing

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

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 N/A

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 N/A

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:

N/A

4. Existing coverage in individual permit N/A

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.

N/A

5. Zero stormwater discharge N/A

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.

N/A

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 N/A

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.

N/A

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.
N/A

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.

N/A

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.

N/A

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.

N/A

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 | <1.40 | <1.40 | 1 | G | 4/30/24 0850 |
| Total Suspended Solids, mg/l | <2.5 | <2.5 | 1 | G | 4/30/24 0850 |
| Ammonia Nitrogen, mg/l | <0.2 | <0.2 | 1 | G | 4/30/24 0850 |
| Nitrate Nitrogen, mg/l | 11.92 | 11.92 | 1 | G | 4/30/24 0852 |
| Total Kjeldahl Nitrogen, mg/l | 1.35 | 1.35 | 1 | G | 4/30/24 0852 |
| Sulfate, mg/l | 54.5 | 54.5 | 1 | G | 4/30/24 0853 |
| Chloride, mg/l | 216.3 | 216.3 | 1 | G | 4/30/24 0853 |
| Total Phosphorus, mg/l | 3.398 | 3.398 | 1 | G | 4/30/24 0853 |
| pH, standard units | 7.69 | 7.69 | 1 | G | 4/30/24 0850 |
| Dissolved Oxygen*, mg/l | 7.52 | 7.52 | 1 | G | 4/30/24 0850 |
| Chlorine Residual, mg/l | 1.11 | 1.11 | 1 | G | 4/30/24 0850 |
| <i>E.coli</i> (CFU/100ml) freshwater | 1.0 | 1.0 | 1 | G | 5/7/24 0850 |
| Enterococci (CFU/100ml) saltwater | N/A | N/A | N/A | N/A | N/A |
| Total Dissolved Solids, mg/l | 756 | 756 | 1 | G | 4/30/24 0850 |
| Electrical Conductivity, umohs/cm, † | N/A | N/A | N/A | N/A | N/A |
| Oil & Grease, mg/l | <5 | <5 | 1 | G | 4/30/24 0857 |
| Alkalinity (CaCO ₃)*, mg/l | 178 | 178 | 1 | G | 4/30/24 0850 |

*TPDES permits only

†TLAP permits only

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

| Pollutant | Average Conc. | Max Conc. | No. of Samples | Sample Type | Sample Date/Time |
|---------------------------------------|---------------|-----------|----------------|-------------|------------------|
| Total Suspended Solids, mg/l | N/A | N/A | N/A | N/A | N/A |
| Total Dissolved Solids, mg/l | N/A | N/A | N/A | N/A | N/A |
| pH, standard units | N/A | N/A | N/A | N/A | N/A |
| Fluoride, mg/l | N/A | N/A | N/A | N/A | N/A |
| Aluminum, mg/l | N/A | N/A | N/A | N/A | N/A |
| Alkalinity (CaCO ₃), mg/l | N/A | N/A | N/A | N/A | N/A |

Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: Lisa Baker

Facility Operator's License Classification and Level: C

Facility Operator's License Number: WW0064445

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 (\geq 2 years)
- ☐ Methane or Biogas Recovery
- ☐ Other Treatment Process: Click to enter text.

C. Biosolids Management

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

all biosolids management practices listed in the instructions. Rather indicate the management practice the facility plans to use.

Biosolids Management

| Management Practice | Handler or Preparer Type | Bulk or Bag Container | Amount (dry metric tons) | Pathogen Reduction Options | Vector Attraction Reduction Option |
|-------------------------------|------------------------------|-----------------------|--------------------------|------------------------------------|------------------------------------|
| Agricultural Land Application | Off-site Third Party Handler | Bulk | 2-4 | Class B: PSRP Aerobic Digestion | Option 4: SOUR |
| | | | | | |
| | | | | | |

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

D. Disposal site

Disposal site name: 101 Bar Ranch

TCEQ permit or registration number: WQ0004859000

County where disposal site is located: Live Oak

E. Transportation method

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

Name of the hauler: 101 Bar Ranch

Hauler registration number: 25903

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? N/A

☐ 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)? N/A

☐ Yes ☐ No

B. Sludge processing authorization

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

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

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

☐ 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:

N/A

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:

N/A

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: N/A

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: Lisa Baker

Title: General Manager/Operator

Skidmore Water Supply Corporation
April 2024

| Date | Time Drawn | Time Tested | Temp | DO Reading | Initials |
|---------|------------|-------------|-------------------|--------------------------|----------|
| 4/2/24 | 0930 | 0942 | 22.15°C | 6.11 mg/L | Jmb |
| 4/9/24 | 0935 | 0945 | 23.20°C | 6.51 mg/L | Jmb |
| 4/16/24 | 0745 | 0800 | 22.25°C | 6.68 mg/L | Jmb |
| 4/23/24 | 0908 | 0920 | 21.87°C | 7.70 mg/L | Jmb |
| 4/30/24 | 0850 | 0903 | 23.6°C 23.94°C | 7.5 7.52 mg/L | Jmb |

| Date | Time Drawn | Time Tested | Temp | PH Reading | Initials |
|---------|------------|-------------|--------|------------|----------|
| 4/2/24 | 0930 | 0942 | 22.4°C | 7.64 | Jmb |
| 4/9/24 | 0935 | 0945 | 23.4°C | 7.61 | Jmb |
| 4/16/24 | 0745 | 0800 | 22.6°C | 7.56 | Jmb |
| 4/23/24 | 0908 | 0920 | 20.6°C | 7.69 | Jmb |
| 4/30/24 | 0850 | 0903 | 23.6°C | 7.69 | Jmb |

Analytical Report



| | | | |
|--------------------|--|----------------------------------|----------------------------|
| Client Info | Skidmore Water Supply Corporation | Report# /Lab ID#: AC31969 | Report Date: 5/6/24 |
| | P.O. Box 290 Skidmore, TX 78389 361-881-4888 | Sample Name: OUTFALL | |
| | | Date Received: 04/30/2024 | Time: 10:20 |
| | | Date Sampled: 04/30/2024 | Time: 08:50 |
| Phone: | EMAIL: skidmorewatersupply@yahoo.com | | |

| Parameter | Result | Unit | Flag | RL s | Date/Time Analyzed | Method | Analyst | Analysis Comments |
|------------------------|--------|------|------|------|--------------------|------------------|---------|-------------------|
| Ammonia by Probe | <0.2 | mg/L | | | 5/1/24 10:06 | SM 4500 NH3 D -2 | VP | |
| Carbonaceous BOD | <1.40 | mg/l | | 2.0 | 4/30/24 13:07 | SM 5210 B | VP/CF | |
| Total Suspended Solids | <2.5 | mg/L | | 2.5 | 4/30/24 15:40 | SM 2540 D | VP, VM | |

Sample Comments:

This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.

Respectfully Submitted,



Technical Director (or designee)

-
1. Quality assurance data for the sample batch which included this sample.
 2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results.
 3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample.
 4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte.
 5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method.
 6. Data Qualifiers:

N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL.

X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation.

U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement, not on ice. EQ=Equipment failure. I=Information on sample bottle and COC does not match.

S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O*=Analysis flagged by outside laboratory.

Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. B=Sample broken in transit.

NI=Not analyzed due to interferences. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. D=Sample dilution required for analysis/ quality control.

SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. QB=No QC data assigned to sample; sample result not affected.

EL=Oxygen usage is less than 2mg/L for all dilutions analyzed. The reported value is an estimated less than value and is calculated for the dilution containing the greatest concentration of sample.

EG=Less than 1mg/L DO remained for all dilutions analyzed. The reported value is an estimated greater than value and is calculated for the dilution containing the least concentration of sample.

E= The data exceed the upper calibration limit; therefore the concentration is reported as an estimate.

CHAIN OF CUSTODY RECORD

Client Name: Skidmore Water Supply
 Address: PO Box 2910
 City: Skidmore State: TX Zip: 78389
 Phone: 361-881-4885 Fax: _____

Send Email report to: Skidmorewatersupply@yahoo.com



Water Utilities Laboratory
 13101 Leopard St
 Corpus Christi, TX 78410
 Ph: (361) 826-1200
 Fax: (361) 242-9131



Sampler (PLEASE PRINT) Lisa Baker

| Sampler (PLEASE PRINT) <u>Y511 BUCK</u> | | | | | | No. of Containers/ Preservative | | Matrix | | Residual Chlorine | | Analyze For | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------------|-----------------|-----------------|-------------------------------------|-----------|------------------------------------|--------------------------------|------------------|-------------------------------|-------------------|-------------------------------------|-------------|-------|---------------|---------------|-------------------------------------|-------------------------------------|-----|-------------------------------------|-----|-------------------------------------|-----|----------|---------|------------|---------|---------|------------------|-----|----------------|----------------|-------------|---------|--|
| Sample ID | Lab ID# (Lab Use Only) | Date Sampled | Time Sampled | Grab | Composite | Other | H ₂ SO ₄ | HNO ₃ | H ₂ O ₂ | None | WW Influent | WW Effluent | Water | Other Specify | Total mg/L | <input checked="" type="checkbox"/> | CBOD | BOD | TSS | TDS | Ammonia-N | TKN | Chloride | Sulfate | Phosphorus | Nitrate | Nitrite | Total Alkalinity | TOC | Fecal Coliform | Total Coliform | Enterococci | E. coli | |
| | | | | | | | | | | | | | | | mg/L | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| 1 <u>Outfall</u> | <u>AC3909</u> | <u>4/30/24</u> | <u>0450</u> | <input checked="" type="checkbox"/> | | | <u>1</u> | | | <u>2</u> | <input checked="" type="checkbox"/> | | | | <u>111</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|------------------------------------|----------------------|-------------------|-------------------------------------|---|
| Relinquished By: <u>Lisa Baker</u> | Date: <u>4/30/24</u> | Time: <u>1020</u> | ***** For Laboratory Use Only ***** | |
| Received By: <u>Gene Zapp</u> | Date: <u>4/30/24</u> | Time: <u>1020</u> | Sample(s) on ice: <u>YES</u> NO | pH Strip Lot ID: <u>W2869</u> |
| Relinquished By: | Date: | Time: | Receiving Temp (°C): <u>13.3</u> | pH < 2? <u>YES</u> NO Line(s) #: <u>1</u> |
| Received By: | Date: | Time: | Corrected Temp (°C): <u>13.3</u> | |
| | | | Temp Device ID: <u>A</u> | |
| Special Instructions/Comments: | | | | |
| | | | | |
| | | | | |
| | | | | |

Analytical Report



| | | | | | | | |
|--------------------|--|---|--|----------------------------------|--|----------------------------|--|
| Client Info | | Skidmore Water Supply Corporation P.O. Box 290 Skidmore, TX 78389 361-881-4888 | | Report# /Lab ID#: AC32433 | | Report Date: 5/8/24 | |
| | | | | Sample Name: OUTFALL | | | |
| | | | | Date Received: 05/07/2024 | | Time: 12:51 | |
| | | | | Date Sampled: 05/07/2024 | | Time: 08:50 | |
| Phone: | | EMAIL: skidmorewatersupply@yahoo.com | | | | | |

| Parameter | Result | Unit | Flag | RLs | Date/Time Analyzed | Method | Analyst | Analysis Comments |
|---------------|--------|------|------|-----|--------------------|------------------|---------|-------------------|
| E. coli (MPN) | 1.0 | MPN | | | 5/7/24 14:20 | SM 9223 B - Coll | CF/MS | |

Sample Comments:

This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.

Respectfully Submitted,



Technical Director (or designee)

1. Quality assurance data for the sample batch which included this sample.
2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results.
3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample.
4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte.
5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method.
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EG=Less than 1mg/L DO remained for all dilutions analyzed. The reported value is an estimated greater than value and is calculated for the dilution containing the least concentration of sample.
E= The data exceed the upper calibration limit; therefore the concentration is reported as an estimate.

CHAIN OF CUSTODY RECORD

Client Name: Skidmore Water Supply Corp.
 Address: PO Box 2910
 City: Skidmore State: TX Zip: 75389
 Phone: 361-881-4388 Fax: _____

Send Email report to: SkidmoreWaterSupply@yahoo.com



Water Utilities Laboratory
 13101 Leopard St.
 Corpus Christi, TX 78410
 Ph: (361) 826-1200
 Fax: (361) 242-9131



Sampler (PLEASE PRINT): Lisa Baker

| Sampler (PLEASE PRINT) <u>Lisa Baker</u> | | | | | | No. of Containers/ Preservative | | Matrix | | Residual Chlorine | | Analyze For | | | | | | | | | | | | | | | | | | | | | | |
|--|---------------------------|---------------|--------------|----------|-----------|------------------------------------|--------------------------------|--------|------------------|-------------------|-------------|-------------|-------|---------------|--|-------------------------------------|------|----------|-----|----------|-----------|----------|----------|---------|------------|---------|---------|------------------|-----|----------------|----------------|-------------|---------|----------|
| Sample ID | Lab ID# (Lab Use Only) | Date Sampled | Time Sampled | Grab | Composite | Other | H ₂ SO ₄ | HCl | HNO ₃ | None | WW Influent | WW Effluent | Water | Other Specify | Total mg/L <input checked="" type="checkbox"/> | Free mg/L <input type="checkbox"/> | CBOD | BOD | TSS | TDS | Ammonia-N | TKN | Chloride | Sulfate | Phosphorus | Nitrate | Nitrite | Total Alkalinity | TOC | Fecal Coliform | Total Coliform | Enterococci | E. coli | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 <u>Outfall</u> | <u>AC39432</u> | <u>5/7/24</u> | <u>0850</u> | <u>✓</u> | | | <u>1</u> | | | <u>2</u> | <u>✓</u> | | | | <u>1.14</u> | <input checked="" type="checkbox"/> | | <u>✓</u> | | <u>✓</u> | | <u>✓</u> | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 <u>Outfall</u> | <u>AC39433</u> | <u>5/7/24</u> | <u>0850</u> | <u>✓</u> | | | | | | <u>1</u> | <u>✓</u> | | | | <u>1.14</u> | | | | | | | | | | | | | | | | | | | <u>✓</u> |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|------------------------------------|---------------------|-------------------|-------------------------------------|---|
| Relinquished By: <u>Lisa Baker</u> | Date: <u>5/7/24</u> | Time: <u>1251</u> | ***** For Laboratory Use Only ***** | |
| Received By: <u>James</u> | Date: <u>5/7/24</u> | Time: <u>1251</u> | Sample(s) on ice: <u>YES</u> NO | pH Strip Lot ID: <u>W2696</u> |
| Relinquished By: | Date: | Time: | Receiving Temp (°C): <u>8.7</u> | pH < 2? <u>YES</u> NO Line(s) #: <u>1</u> |
| Received By: | Date: | Time: | Corrected Temp (°C): <u>8.7</u> | |
| | | | Temp. Device ID: <u>A</u> | |
| Special Instructions/Comments: | | | | |
| | | | | |
| | | | | |
| | | | | |



Environmental & Industrial Hygiene Services

Client: Skidmore Water Supply Corporation
P. O. Box 290
Skidmore, TX 78389

Attn: Ms. Lisa Baker
Phone: 361-287-3433
Fax: 361-287-3500
E-Mail: skidmorewatersupply@yahoo.com

3082 25th Street, Port Arthur, TX 77642 (409) 983-4575 pa@chemtexas.com
5544 Leopard Street, Corpus Christi, TX 78408 (361) 299-9900 cc@chemtexas.com
138 S. Cities Service Hwy., Sulphur, Louisiana 70663 (337) 626-2121 lc@chemtexas.com
401 N. 11 Street, La Porte, TX 77571 (281) 867-9900 lp@chemtexas.com

Reporting Date: 5/24/2024
Sample Matrix: Wastewater
Date Collected: 4/30/2024
Time Collected: 8:50 am -8:57 am
Collected by: Lisa Baker
Date Received: 4/30/2024
Time Received: 10:40 am
CHEMTEX File #: C24040332

RESULTS OF ANALYSIS

PROJECT: PERMIT RENEWAL OUTFALL TESTING

Site/Location: WWTP, Skidmore

| CHEMTEX ID | Sample ID | Parameter | Units | Results | RL |
|------------|-------------|-------------------------------|-------|---------|-------|
| C24040332A | Outfall 001 | *Total Dissolved Solids (TDS) | mg/L | 756 | 4 |
| | | Alkalinity | mg/L | 178 | 2 |
| C24040332B | Outfall 001 | Total Kjeldhal Nitrogen (TKN) | mg/L | 1.35 | 0.50 |
| | | Nitrite-N | mg/L | 11.92 | 0.25 |
| C24040332C | Outfall 001 | Total Phosphorus | mg/L | 3.398 | 0.500 |
| | | Chloride | mg/L | 216.3 | 25 |
| | | Sulfate | mg/L | 54.5 | 25 |
| C24040332D | Outfall 001 | Oil & Grease | mg/L | <5.0 | 5.0 |

RL(Reporting Limit) values in our report are our lowest analyses limits, not the Reporting Limits to report to any Governmental Agencies.

Analysis performed & report generated at CHEMTEX, Corpus Christi, TX. NELAP Accredited Laboratory (T104704259).

Analysis performed at CHEMTEX, Sulphur, LA a NELAP accredited Laboratory (T104704461)

Method References/Analysis Dates & Analysts

| Parameter | Method Reference | Date Analyzed/Analyzed By |
|----------------------|--|---------------------------|
| TDS | SM 2540 C | 5/03/24 GC |
| Alkalinity | SM 2320B | 5/11/24 BRK |
| TKN | SM4500-Norg-B & SM 4500-NH ₃ -D | 5/16/24 BRK |
| Nitrate-N | EPA 300.0 | 5/21/24 BRK |
| Phosphorus | EPA 365.3 | 5/17/24 BRK |
| Chloride, Sulfate | EPA 300.0 | 5/21/24 BRK |
| Oil & Grease (O & G) | EPA Method 1664B | 5/15/24 BB |

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Environmental & Industrial Hygiene Services

Client Skidmore Water Supply Corporation
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Skidmore, TX 78389

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138 S. Cities Service Hwy., Sulphur, Louisiana 70663 (337) 626-2121 lc@chemtexas.com
401 N. 11 Street, La Porte, TX 77571 (281) 867-9900 lp@chemtexas.com

Reporting Date: 4/4/2024
CHEMTEX File # C24040332

Method Blank (mg/L)

| QC Batch ID | MB ID | Parameter | Result | RL |
|--------------|------------|--------------|--------|------|
| QbTDS050324 | TDS050324 | TDS | <4 | 4 |
| QbALK051124 | ALK051124 | Alkalinity | <2.0 | 2.0 |
| QbTKN051624 | MB051624 | TKN | <0.50 | 0.50 |
| QbIC052124 | MB052124 | Nitrite-N | <0.50 | 0.50 |
| QbPHOS051724 | PHOS051724 | Phosphorus | <0.05 | 0.05 |
| QbIC052124 | MB052124 | Chloride | <0.25 | 0.25 |
| | | Sulfate | <0.25 | 0.25 |
| QbOG051524A | MB051524 | Oil & Grease | <5.0 | 5.0 |

LCS and LCSD (mg/L)

| QC Batch ID | LCS ID | Parameter | Spk | LCS | LCS | LCSD | LCSD | RPD | RPD | % Rec |
|--------------|------------|------------|-------|--------|-------|--------|-------|------|-------|--------|
| | | | Added | Result | % Rec | Result | % Rec | | Limit | Limit |
| QbTDS050324 | TDS050324 | TDS | 500 | 468 | 94 | 489 | 98 | 4.4 | 20 | 80-120 |
| QbALK051124 | ALK051124 | Alkalinity | 100.0 | 110 | 110 | | | | | 80-120 |
| QbTKN051624 | TKN051624 | TKN | 25.0 | 23.62 | 94.5 | | | | | 80-120 |
| QbIC052124 | IC052124 | Nitrite-N | 5.0 | 4.89 | 96.6 | 4.77 | 95.4 | 1.3 | 20 | 90-110 |
| QbPHOS051724 | PHOS051724 | Phosphorus | 0.5 | 0.520 | 104 | 0.535 | 107 | 2.8 | 20 | 80-120 |
| QbIC052124 | IC052124 | Chloride | 5.0 | 4.56 | 91.1 | 5.5 | 110 | 18.8 | 20 | 90-110 |
| | | Sulfate | 5.0 | 5.12 | 102.4 | 4.94 | 98.7 | 3.7 | 21 | 90-111 |
| QbOG051524 | OG051524 | O & G | 40.0 | 40.2 | 100.5 | 42 | 105 | 4.4 | 20 | 78-114 |

Sample Duplicate (mg/L)

| QC Batch ID | Dup ID | Parameter | Sample | Sample Dup | RPD | RPD |
|--------------|-----------|------------|--------|------------|------|-------|
| | | | Result | Result | | Limit |
| QbTDS050324 | C24050027 | TDS | 930 | 946 | 1.7 | 20 |
| QbALK051124 | C24050126 | Alkalinity | 342 | 350 | 2.3 | 20 |
| QbTKN051624 | S24050243 | TKN | 1.79 | 1.99 | 10.6 | 20 |
| QbIC052124 | C24050173 | Nitrite-N | <12.5 | <12.5 | | 20 |
| QbPHOS051724 | S24050243 | Phosphorus | 1.702 | 1.819 | 6.6 | 20 |
| QbIC052124 | C2405173 | Chloride | 230.2 | 244.65 | 4.1 | 20 |
| | | Sulfate | 100.25 | 94.95 | 3.6 | 20 |

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138 S. Cities Service Hwy., Sulphur, Louisiana 70663 (337) 626-2121 lc@chemtexas.com
401 N. 11 Street, La Porte, TX 77571 (281) 867-9900 lp@chemtexas.com

Reporting Date: 4/4/2024
CHEMTEX File #: C24040332

| QC Batch ID | MS ID | Parameter | MS (mg/L) | | MS Result | MS % Rec | % Rec Limit |
|--------------|-----------|------------|-----------------|------------------|--------------|-------------|----------------|
| | | | MS Spk Added | Sample Result | | | |
| QbALK051124 | C24050126 | Alkalinity | 200 | 342 | 530 | 94 | 70-130 |
| QbTKN051624 | S24050243 | TKN | 2.0 | 1.79 | 4.05 | 113 | 70-130 |
| QbIC052124 | C24050173 | Nitrite-N | 100 | <12.5 | 91.35 | 91.4 | 80-120 |
| QbPHOS051724 | S24050243 | Phosphorus | 2.0 | 1.702 | 3.901 | 110 | 70-130 |
| QbIC052124 | C24050173 | Chloride | 100 | 230.2 | 327.25 | 97.1 | 80-120 |
| | | Sulfate | 100 | 100.25 | 196.85 | 96.6 | 80-120 |

csr/chr/CNR

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For 
Hari R. Chinnasani, M.Sc.,
Technical Manager

CHEMTEX

Environmental & Industrial Hygiene Services
5544 Leopard Street, Corpus Christi, TX 78408

CLIENT: SKIDMORE WATER SUPPLY

CORPORATION
ATTN: Ms. Lisa Baker 361-815-1402

BILLING CONTACT/ADDRESS:
(if different from above)

CHAIN OF CUSTODY RECORD

ENVIRONMENTAL

ANALYTICAL SERVICES REQUEST

ADDRESS: P.O. BOX 290,
SKIDMORE, TEXAS 78389

P. O. #: PROJECT NO: PROJECT:
WWTP PERMIT RENEWAL

PHONE : (361) 299-9900

E-mail : cc@chemtexas.com

Web Site : www.chemtexas.com

PHONE: (361) 287-3433 361-4553

E. mail : skidmorewatersupply@yahoo.com

SITE/LOCATION:
WWTP, SKIDMORE

SAMPLE(S) COLLECTED BY: (Print Name)

Lisa Baker

Expected Turnaround Time

2-4 hr Rush 24 hr Rush 48 hr Rush 5-7 days X 7-14 days

REQUESTED ANALYSES

Sample Matrix Codes: Drinking Water: DW; Groundwater: GW; Liquid Waste: LW; Oil(s): O; Paint Chips: PC; Sand: S;
Sludge: SL; Soil/Solid: S; Solid Waste: SW; Trip Blank: TB; Water: W; Wipes: WP; Wastewater: WW

Collection

| CHEMTEX # | SAMPLE IDENTIFICATION | Date | Time | Sample Matrix | Composite: Gm | Chemical Preservative | Sample Containers | | | TDS, ALKALINITY | TKN, Nitrate-N | Total Phosphorus Sulfate, Chloride | Oil & Grease |
|------------|-----------------------|---------|------|---------------|---------------|--------------------------------|-------------------|-----------|----------------------|-----------------|----------------|------------------------------------|--------------|
| | | | | | | | No | Size (oz) | Type (Glass/Plastic) | | | | |
| C2404C332A | Outfall | 4/30/24 | 0850 | WW | G | - | 1 | 32 oz | P | X | | | |
| C2404C332B | Outfall | 4/30/24 | 0852 | WW | G | H ₂ SO ₄ | 1 | 32 oz | P | | X | | |
| C2404C332C | Outfall | 4/30/24 | 0853 | WW | G | - | 1 | 32 oz | P | | | X | |
| C2404C332D | Outfall | 4/30/24 | 0857 | WW | G | H ₂ SO ₄ | 2 | 32 oz | G | | | | X |

Special Instructions: Samples are preserved on ice after collection and transported in ice chest. Regulatory X Non-Regulatory _____
pH Buffer Standards Units: 4 7 10 Observed Reading of Buffer Standard Units: _____

Relinquished By:

Lisa Baker

Date/Time:

4/30/24 1040 am

Received By:

CM

Date/Time:

4/30/24 1040 am

Relinquished By:

CM

Date/Time:

4/30/24

Received By:

Facilities also available at: 3082 25th Street, Port Arthur, TX 77642; Phone: 409-983-4575; E-mail: pa@chemtexas.com; and
138 S. Cities Service Hwy., Sulphur, LA 70663; Phone 337-626-2121; E-mail: lc@chemtexas.com

NOTICE / DISCLAIMER: Client has asked Chemtex to perform the analysis and deliver the sample described above. Any analysis results, opinions or interpretations which may be provided by Chemtex are based upon the information and material supplied by Client, for Client's use only. Chemtex makes no warranty or representation, express or implied, as to the accuracy or reliability of the analysis. Any such reliance will be at Client's sole risk. Chemtex makes no warranty or representation, express or implied, as to the type and extent of the analysis. Any report provided by Chemtex shall not be reproduced in whole or in part without the written approval of Chemtex. In no event shall Chemtex be responsible for any amount greater than the amount that it received for performing some or all of the analyses listed above.

F:\COC-CC-12-02-17-07-2024

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

If **no**, proceed 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: Unnamed Tributary

A. Receiving water type

Identify the appropriate description of the receiving waters.

☒ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: Click to enter text.

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

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

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: Click to enter text.

B. Flow characteristics

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

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

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

☐ Perennial - normally flowing

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

☐ USGS flow records

☐ Historical observation by adjacent landowners

☒ Personal observation

☐ Other, specify: Click to enter text.

C. Downstream perennial confluences

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

Aransas 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.

Changes from intermittent stream to perennial stream

E. Normal dry weather characteristics

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

Dry except outfall flow

Date and time of observation: 5/14/24 1504

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 type="checkbox"/> Agricultural runoff |
| <input type="checkbox"/> Septic tanks | <input checked="" type="checkbox"/> Other(s), specify: Improved Pasture |

B. Waterbody uses

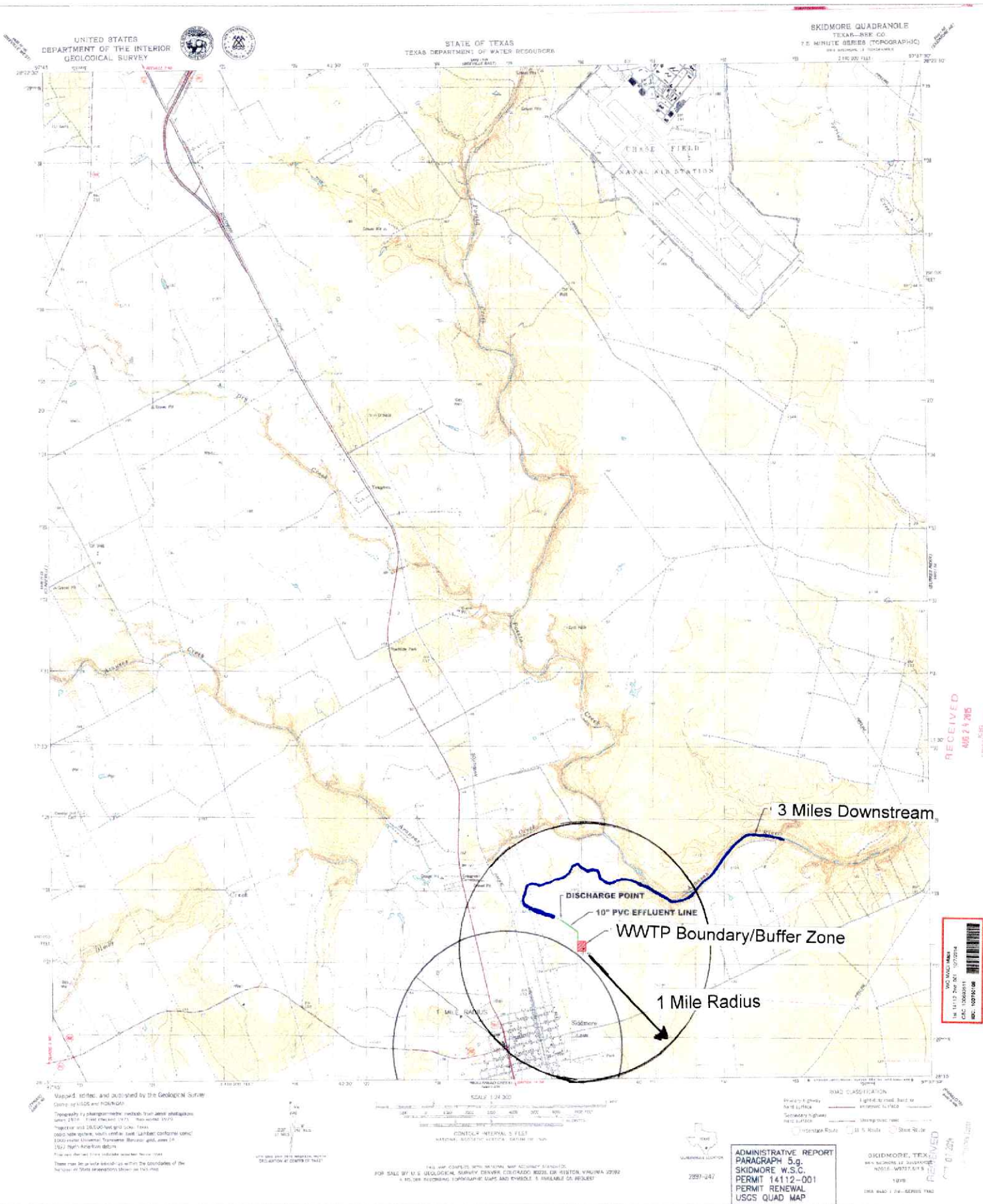
Observed or evidences of the following uses. Check all that apply.

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

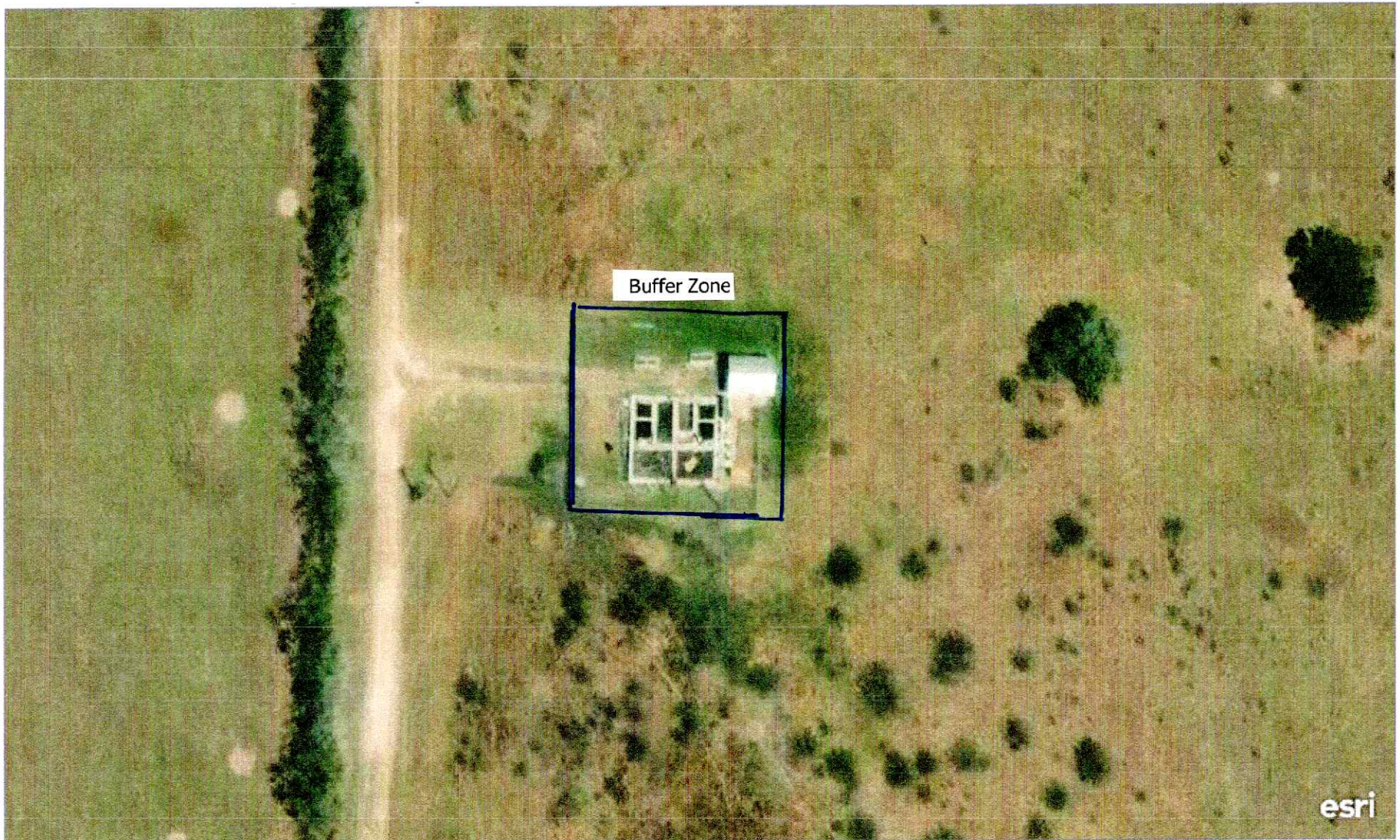
C. Waterbody aesthetics

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

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



SWSC WWTP Buffer Zone Map

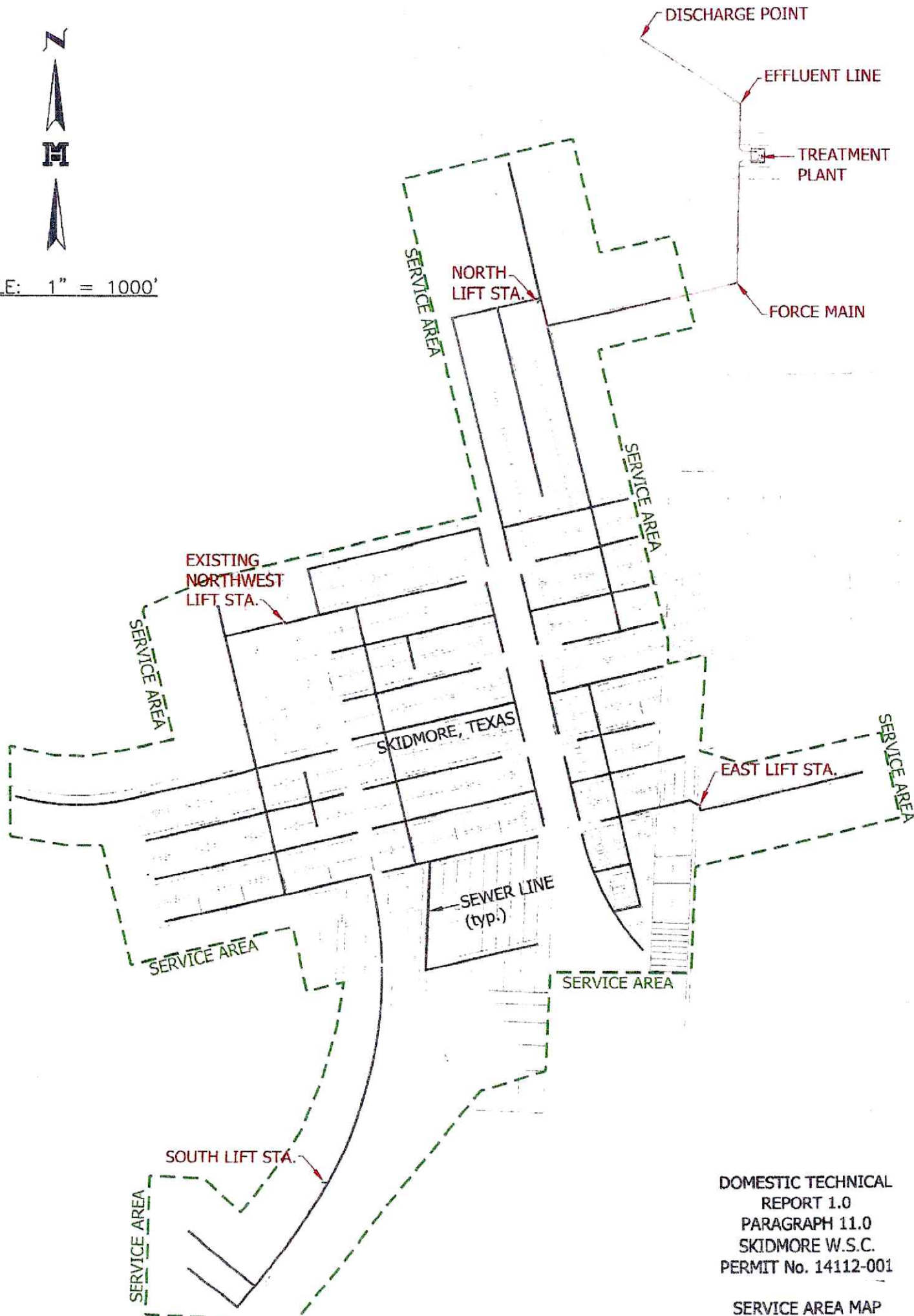


These GIS data were collected and digitized by Communities Unlimited for mapping and data management use by Skidmore, TX.

Wilk-Amite Water Association water system personnel and Communities Unlimited GIS personnel. | Town of Shaw water system personnel and Communities Unlimited GIS personnel. | Maxar, Microsoft | Esri Community Maps Contributors, Texas Parks & Wildlife, © OpenStreetMap, Microsoft, CONANP, Esri, TomTom, Garmin, Foursquare, SafeGraph, GeoTechnologies, Inc, METI/NASA, USGS, EPA, NPS, US Census Bureau, USDA, USFWS



SCALE: 1" = 1000'

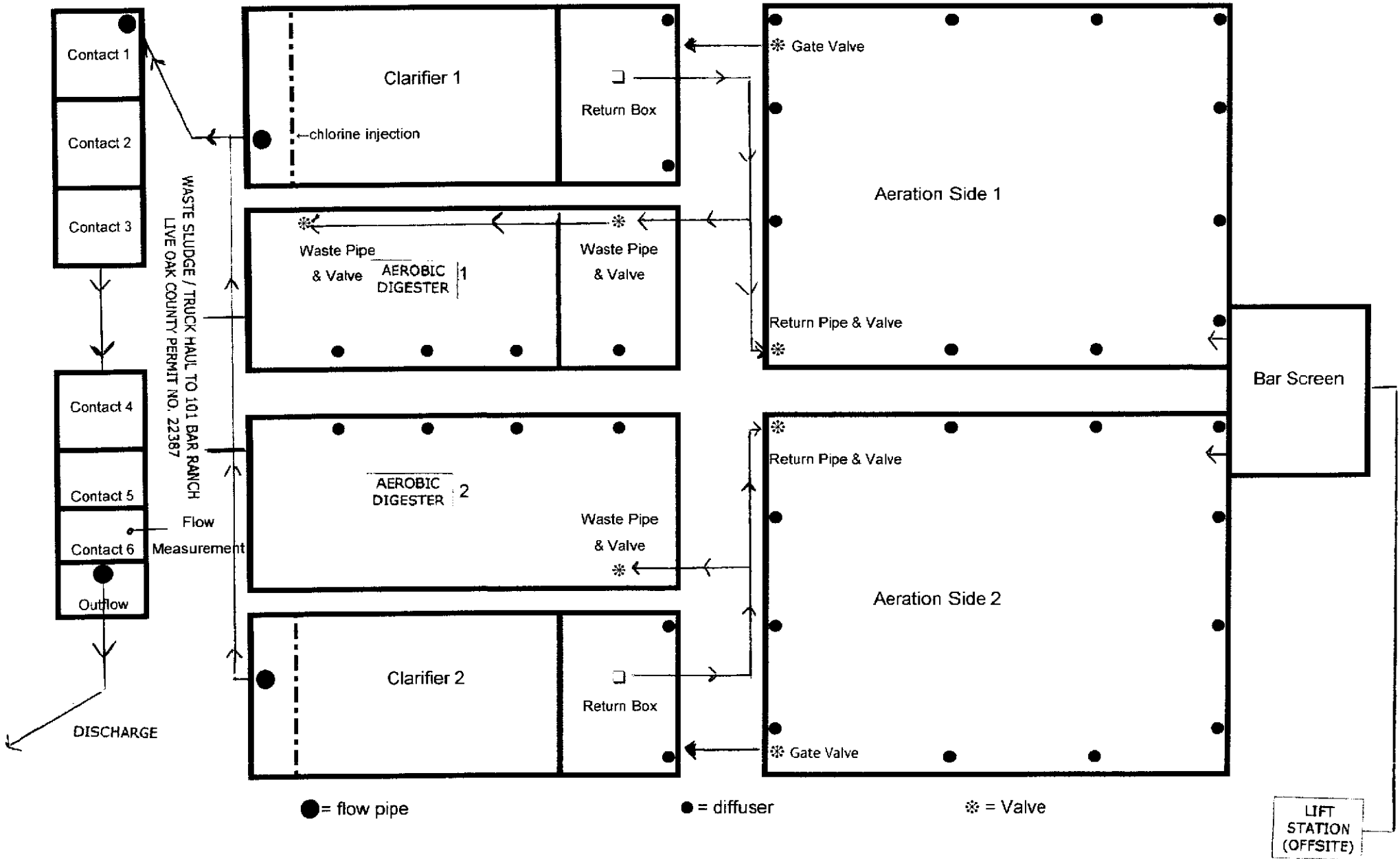


DOMESTIC TECHNICAL
REPORT 1.0
PARAGRAPH 11.0
SKIDMORE W.S.C.
PERMIT No. 14112-001

SERVICE AREA MAP

Skidmore Water Supply Corporation
Wastewater Treatment Plant
Flow Diagram

$Q_{DES} = 0.131 \text{ MGD}$
 $Q_{PEAK} = 0.393 \text{ MGD}$



Danny Naranjo
President

Maxie Beyer
Vice-President

Tino Olivares
Secretary/Treasurer

SKIDMORE

Water Supply Corporation
P. O. Box 290
Skidmore, Texas 78389
(361) 881-4888
skidmorewatersupply@yahoo.com

David Vela
Director

James Walls
Director

Lisa Baker
General Manager

June 4, 2024

VIA EMAIL

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

**RE: RN102342201, TPDES Permit No. WQ0014112001,
EPA ID No TX0119407, CN 601234636**

Dear Ms. Findlay:

I am so very sorry about that, I sincerely thought that in Section 8(B)(1) of the Application, where it states, "If **no**, publication of an alternative language notice is not required **skip to** Section 9 below," meant that the reset of Section 8 was not applicable. That is very confusing.

I have attached the Plain Language Summary to this letter and will attach it to the complete application for viewing by the public.

Also, I have reviewed NORI information. I believe the word "tributary" on line 7, should be "tributary." That has probably been on there for YEARS and I am just now catching it!

If you have any questions, comments or need additional information, please do not hesitate to contact me via email to skidmorewatersupply@yahoo.com, or via my cell phone (361) 319-0697. Thank you for your time and have a fabulous day!

Very Truly Yours,



Lisa Baker
General Manager

Enclosure

Francesca Findlay

From: Lisa Baker <skidmorewatersupply@yahoo.com>
Sent: Wednesday, June 5, 2024 9:59 AM
To: Francesca Findlay
Subject: Re: WQ0014112001 Skidmore Water Supply
Attachments: Plain Language Summary Response to TCEQ.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Good Morning!!!! Attached is my response to the deficiency letter. I am going on vacation (THANK GOODNESS) this afternoon until June 11, 2024, so I won't have access to my email after today -- should something come up that cannot wait until I return, please do not hesitate to reach out to me via cell phone (361) 319-0697. Thanks so very much - have a wonderful day -- OH and try to stay cool -- it's so darn HOT!

Lisa Baker
General Manager
Skidmore Water Supply Corporation
361-881-4888

On Wednesday, June 5, 2024 at 08:40:33 AM CDT, Francesca Findlay <francesca.findlay@tceq.texas.gov> wrote:

Dear Ms. Baker:

The attached Notice of Deficiency letter sent on June 5, 2024, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention June 19, 2024.

Thank you,

Dan Findlay

Francesca Findlay

License & Permit Specialist

ARP Team | Water Quality Division

512-239-2441

Texas Commission on Environmental Quality



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