



Administrative Package Cover Page

This file contains the following documents:

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



Portada de Paquete Administrativo

Este archivo contiene los siguientes documentos:

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

English

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

Sky Ranches, Inc. (CN600646715) operates the Sky Ranches Wastewater Treatment Facility (RN102816741), an extended aeration activated sludge process plant. The facility is located at 24657 County Road 448, near the City of Van, Smith County, Texas 75790.

This application is for a renewal to discharge at a daily average flow of effluent shall not exceed 0.0495 million gallons per day (MGD) day of treated domestic wastewater via Outfall 001.

Discharges from the facility are expected to contain five-day biochemical oxygen demand (BOD5), total suspended solids (TSS), Escherichia coli, pH, and dissolved oxygen. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater is treated by an extended aeration activated sludge process plant and the treatment units include aeration basins, clarifiers, sludge digesters, chlorination and dechlorination chambers, and supporting units to ensure effluent compliance.

Español

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

Sky Ranches, Inc. (CN600646715) opera la Planta de Tratamiento de Aguas Residuales de Sky Ranches (RN102816741) una planta de lodos activados en modo de aireación extendida. La instalación se encuentra en 24657 County Road 448, cerca de la ciudad de Van, Condado de Smith, Texas 75790.

Esta solicitud es para una renovación para descargar un caudal promedio diario de efluente que no deberá exceder 0.0495 millones de galones por día (MGD) de aguas residuales domésticas tratadas a través del Desagüe 001.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno a cinco días (DBO5), sólidos suspendidos totales (SST), Escherichia coli, pH y oxígeno disuelto. Contaminantes adicionales potenciales se incluyen en el Informe Técnico de Aguas Domésticas 1.0, Sección 7. Análisis de Contaminantes del Efluente Tratado en el paquete de solicitud de

permiso. Las aguas residuales domésticas se tratan mediante un proceso de lodos activados con aireación extendida y las unidades de tratamiento incluyen tanques de aireación, clarificadores, digestores de lodos, cámaras de cloración y decoloración, y unidades de apoyo para asegurar el cumplimiento del efluente.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0014318001

APPLICATION. Sky Ranches, Inc., 24657 County Road 448, Van, Texas 75790, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0014318001 (EPA I.D. No. TX0124681) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 49,500 gallons per day. The domestic wastewater treatment facility is located at 24657 County Road 448, in the city of Van, in Smith County, Texas 75790. The discharge route is from the plant site to an unnamed ditch, thence to Village Creek, thence to Burleson Lake, thence to Village Creek, thence to Sabine River Below Lake Tawakoni. TCEQ received this application on November 25, 2025. The permit application will be available for viewing and copying at Smith County Courthouse, Main Desk, 200 East Ferguson Street, Tyler, in Smith County, Texas prior to the date this notice is published in the newspaper. The application and associated notices are available 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=-95.579722,32.566111&level=18>

ALTERNATIVE LANGUAGE NOTICE. Alternative language notice in Spanish is available at:

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

El aviso de idioma alternativo en español está disponible en

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

ADDITIONAL NOTICE. TCEQ's Executive Director has determined the application is administratively complete and will conduct a technical review of the application. After technical review of the application is complete, the Executive Director may prepare a draft permit and will issue a preliminary decision on the application. **Notice of the Application and Preliminary Decision will be published and mailed to those who are on the 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 Sky Ranches, Inc. at the address stated above or by calling Mr. Trey Holloway, Senior Facilities Manager, at 903-266-3394.

Issuance Date: December 17, 2025

Comisión de Calidad Ambiental del Estado de Texas



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

PERMISO NO. WQ0014318001

SOLICITUD. Sky Ranches, Inc, 24657 County Road 448, Van, Texas 75790, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0014318001 (EPA I.D. No. TX 0124681,) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 49,500 galones por día. La planta está ubicada 24657 County Road 448, Van, en el Condado de Smith, Texas 75790. La ruta de descarga es del sitio de la planta hacia una zanja sin nombre, luego hacia Village Creek, posteriormente hacia Burleson Lake, nuevamente hacia Village Creek y finalmente hacia el río Sabine por debajo del lago Tawakoni. La TCEQ recibió esta solicitud el 25 de noviembre de 2025. La solicitud para el permiso estará disponible para leerla y copiarla en Palacio de Justicia del Condado de Smith, Mostrador principal, 200 East Ferguson Street, Tyler, en el condado de Smith, Texas antes de la fecha de publicación de este aviso en el periódico. La solicitud y los avisos asociados están disponibles electrónicamente en la siguiente página web: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.
<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.579722,32.566111&level=18>

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

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

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

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

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

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

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

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

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

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

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

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

También se puede obtener información adicional del Sky Ranches, Inc. a la dirección indicada arriba o llamando a Sr. Trey Holloway, Gerente Senior de Instalaciones, al 903-266-3394.

Fecha de emisión: el 17 de diciembre de 2025

Domestic Wastewater Permit

Application

Facility

SKY RANCHES

Wastewater Permit No:

WQ0014318001





november 21, 2025

Texas Commission on Environmental Quality
Water Quality Division
Customer Information and Applications Processing Section (MC 148)
Applications Review and Processing Team
P.O. Box 13087
Austin, TX 78711-3087

Re: Submission of Wastewater Permit Renewal Application – Permit No. WQ0014318001

Dear Sir/Madam,

On behalf of Sky Ranches Wastewater Treatment Facility, SIC Code 7032 located at 24657 County Road 448, in the City of Van, Smith County, Texas 75790, we are submitting the renewal application for Wastewater Permit No.WQ0014318001, This submission includes the required documentation necessary to initiate the review process. We send a digital copy to: wqdecopy@tceq.texas.gov

We understand that the application will undergo a detailed evaluation, and we are fully prepared to respond promptly to any inquiries or requests for additional information. Please feel free to contact us directly with any questions or clarifications needed during the review.

We appreciate your attention to this matter and look forward to working with your team throughout the renewal process.

If you have any questions or concerns, feel free to contact us at 832-776-5393.

Best regards,

Natalia Rodriguez
Environmental Consulting Group



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Sky Ranches, INC.

PERMIT NUMBER (If new, leave blank): WQ00014318001

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

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

Minor Amendment (for any flow) \$150.00 ☐

Payment Information:

Mailed Check/Money Order Number: 24659

Check/Money Order Amount: 315

Name Printed on Check: Sky Ranch

EPAY Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

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

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

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

- ☒ Active ☐ Inactive

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

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

d. Check the box next to the appropriate application type

- | | |
|---|---|
| <input type="checkbox"/> New | |
| <input type="checkbox"/> Major Amendment <u>with</u> Renewal | <input type="checkbox"/> Minor Amendment <u>with</u> Renewal |
| <input type="checkbox"/> Major Amendment <u>without</u> Renewal | <input type="checkbox"/> Minor Amendment <u>without</u> Renewal |
| <input checked="" type="checkbox"/> Renewal without changes | <input type="checkbox"/> Minor Modification of permit |

e. For amendments or modifications, describe the proposed changes: [Click to enter text.](#)

f. For existing permits:

Permit Number: WQ00 14318001

EPA I.D. (TPDES only): TX 0124681

Expiration Date: May 23, 2026

Section 3. Facility Owner (Applicant) and Co-Applcant 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?

Sky Ranches, Inc.

(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: 600646715

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: Harris, Bill

Title: Director

Credential: _

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. Attachment B

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: Miss.

Last Name, First Name: Rodriguez, Natalia

Title: Consultant

Credential: Click to enter text.

Organization Name: ECG, LLC

Mailing Address: 4015 Cherrywood Rd

City, State, Zip Code: Austin, TX 78722

Phone No.: 832-776-5393

E-mail Address: natalia@environmentalCgroup.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix: Mr.

Last Name, First Name: Holloway, Trey

Title: Senior Facilities Manager

Credential: Click to enter text.

Organization Name: Sky Ranches, Inc.

Mailing Address: 24657 County Road 448

City, State, Zip Code: Van, Texas 75790

Phone No.: 903-266-3394

E-mail Address: treyh@skyranch.org

Check one or both: ☒ Administrative Contact ☒ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Mr.

Last Name, First Name: Holloway, Trey

Title: Senior Facility Manager Credential: Click to enter text.

Organization Name: Sky Ranches, Inc.

Mailing Address: 24657 County Road 448 City, State, Zip Code: Click to enter text.

Phone No.: 903-266-3394

E-mail Address: treyh@skyranch.org

B. Prefix: Mr. Last Name, First Name: Harris, Brad
Title: Facility Maintenance Tech III Credential: [Click to enter text.](#)
Organization Name: Sky Ranches, Inc.
Mailing Address: 24657 County Road 448 City, State, Zip Code: Van, Texas 75790
Phone No.: 903-266-3390 E-mail Address: bradh@skyranch.org

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: Mr. Last Name, First Name: Holloway, Trey
Title: Senior Facility Manager Credential: [Click to enter text.](#)
Organization Name: Sky Ranches, Inc.
Mailing Address: 24657 County Road 448 City, State, Zip Code: Van, Texas 75790
Phone No.: 903-266-3394 E-mail Address: treyh@skyranch.org

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

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

Prefix: Mr. Last Name, First Name: Holloway, Trey
Title: Senior Facility Manager Credential: [Click to enter text.](#)
Organization Name: Sky Ranches, Inc.
Mailing Address: 24657 County Road 448 City, State, Zip Code: Van, Texas 75790
Phone No.: 903-266-3394 E-mail Address: treyh@skyranch.org

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Miss. Last Name, First Name: Rodriguez, Natalia
Title: Consultant Credential: [Click to enter text.](#)
Organization Name: ECG, LLC.
Mailing Address: 4015 Cherrywood Rd City, State, Zip Code: Austin, Texas 78731
Phone No.: 832-776-5393 E-mail Address: natalia@environmentalCgroup.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: Mr.

Last Name, First Name: Holloway, Trey

Title: Senior Facility Manager Credential: Click to enter text.

Organization Name: Senior Facility Manager

Mailing Address: 24657 County Road 448 City, State, Zip Code: Van, Texas 75790

Phone No.: 903-266-3394

E-mail Address: treyh@skyranch.org

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: Smith County Courthouse

Location within the building: Main Desk

Physical Address of Building: 100 North Broadway

City: Tyler

County: Smith

Contact (Last Name, First Name): Click to enter text.

Phone No.: 903-590-2600 Ext.: Click to enter text.

E. Bilingual Notice Requirements

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

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

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

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

☒ Yes

☐ No

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

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

☐ Yes

☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

F. Summary of Application in Plain Language Template

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

Attachment: Attachment 3

G. Public Involvement Plan Form

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

Attachment: n/a

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 102816741

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):

Sky Ranches Wetlands Wastewater Treatment Facility

C. Owner of treatment facility: Sky Ranches, Inc

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

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

Prefix: Click to enter text. Last Name, First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Sky Ranches, Inc.

Mailing Address: 24657 County Road 448 City, State, Zip Code: Van, Texas 75790

Phone No.: 903-266-3394 E-mail Address: treyh@skyranch.org

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: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text.

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

Phone No.: Click to enter text.

E-mail Address: Click to enter text.

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

Attachment: Click to enter text.

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

Prefix: N/A

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text.

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

Phone No.: Click to enter text.

E-mail Address: Click to enter text.

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

Attachment: Click to enter text.

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

Click to enter text.

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

☒ Yes ☐ No

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

Click to enter text.

City nearest the outfall(s): Van

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

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:

[Click to enter text.](#)

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

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

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

[Click to enter text.](#)

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

[Click to enter text.](#)

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

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

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

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

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

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

Section 13. Attachments (Instructions Page 33)

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

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

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

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

☐ 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: WQOO14318001

Applicant: Sky Ranches, Inc.

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): Bill Wendl

Signatory title: Camp Director

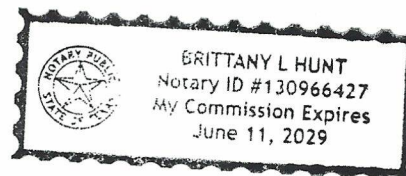
Signature: Bill Wendl Date: 11/3/2025
(Use blue ink)

Subscribed and Sworn to before me by the said Bill Wendl
on this 3rd day of November, 20 25.
My commission expires on the 11th day of June, 20 29.

Brittany Hunt
Notary Public

[SEAL]

Smith
County, Texas





TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 0.0495

2-Hr Peak Flow (MGD): 0.198

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

B. Interim II Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

C. Final Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

D. Current Operating Phase

Provide the startup date of the facility: Existing

Section 2. Treatment Process (Instructions Page 42)

A. Current Operating Phase

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

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

Collection lines all lead to trash tank from which effluent flows to primary lagoon (initial treatment where solids settle out and biological activity begins) , down through 2 marshes , wetland cell One (first stage of wetland-based biological treatment and the second or last stage is the polishing phase to further improve effluent quality before discharge) to a v-notch weir discharge point and into swale which carries treated water to village creek .

B. Treatment Units

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

Table 1.0(1) - Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Facultative Lagoon	1	5,000 gal capacity
Marsh 1	1	270' x 90'
Marsh 2	1	225' x 160'
90 degree weir	1	20' x 5'

C. Process Flow Diagram

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

Attachment: [Attachment 6](#)

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

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

- Latitude: 32°34'01"N
- Longitude: 95°34'45"W

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: [Attachment 7](#)

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

Sky Ranches, INC. Summer Camp and Retreat Center.

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

Collection System Information

Collection System Name	Owner Name	Owner Type	Population Served
		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	

Section 4. Unbuilt Phases (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

Section 5. Closure Plans (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

Section 6. Permit Specific Requirements (Instructions Page 44)

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

A. Summary transmittal

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

☒ Yes ☐ No

If **yes**, provide the date(s) of approval for each phase: 7/1/2002

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

Click to enter text.

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

Click to enter text.

C. Other actions required by the current permit

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

☐ Yes ☒ No

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

Click to enter text.

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

2. Grit and grease processing

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

Click to enter text.

3. Grit disposal

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

☐ Yes ☒ No

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

Describe the method of grit disposal.

Click to enter text.

4. *Grease and decanted liquid disposal*

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

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

Click to enter text.

E. Stormwater management

1. *Applicability*

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

2. *MSGP coverage*

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

3. *Conditional exclusion*

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

☐ Yes ☐ No

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

Click to enter text.

4. Existing coverage in individual permit

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

☐ Yes ☐ No

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

Click to enter text.

5. Zero stormwater discharge

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

☐ Yes ☐ No

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

Click to enter text.

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

6. Request for coverage in individual permit

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

☐ Yes ☐ No

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

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

[Click to enter text.](#)

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

[Click to enter text.](#)

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

1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

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

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

[Click to enter text.](#)

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 49)

Is the facility in operation?

☒ Yes ☐ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , mg/l	6.76	6.76	1	Grab	10/23/2025 08:50
Total Suspended Solids, mg/l	18.0	18.0	1	Grab	10/23/2025 08:50
Ammonia Nitrogen, mg/l	2.34	2.34	1	Grab	10/23/2025 08:50
Nitrate Nitrogen, mg/l	<0.1	<0.1	1	Grab	10/23/2025 08:50
Total Kjeldahl Nitrogen, mg/l	5.00	5.00	1	Grab	10/23/2025 08:50
Sulfate, mg/l	<3.00	<3.00	1	Grab	10/23/2025 08:50
Chloride, mg/l	100	100	1	Grab	10/23/2025 08:50
Total Phosphorus, mg/l	3.96	3.96	1	Grab	10/23/2025 08:50
pH, standard units	7.5	7.5	1	Grab	10/23/2025 08:50
Dissolved Oxygen*, mg/l	3.1	3.1	1	Grab	10/23/2025 08:50
Chlorine Residual, mg/l	0.00	0.00	1	Grab	10/23/2025 08:50
<i>E.coli</i> (CFU/100ml) freshwater	86.0	86.0	1	Grab	10/23/2025 08:50
Enterococci (CFU/100ml) saltwater	NA	NA	0	Grab	NA
Total Dissolved Solids, mg/l	680	680	1	Grab	10/23/2025 08:50
Electrical Conductivity, µmohs/cm, †	831	831	1	Grab	10/23/2025 08:50
Oil & Grease, mg/l	<4.44	<4.44	1	Grab	10/23/2025 08:50
Alkalinity (CaCO ₃)*, mg/l	264	264	1	Grab	10/23/2025 08:50

*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					

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

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Brad Harris

Facility Operator's License Classification and Level: D

Facility Operator's License Number: ww0063305

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

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

Check all that apply. See instructions for guidance

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

B. WWTP's Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

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

C. Sewage Sludge or Biosolids Management

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

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

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

D. Disposal site

Disposal site name: none

TCEQ permit or registration number: [Click to enter text.](#)

County where disposal site is located: [Click to enter text.](#)

E. Transportation method

Method of transportation (truck, train, pipe, other): none

Name of the hauler: [Click to enter text.](#)

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

Sludge is transported as a:

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

Section 10. Permit Authorization for Sewage Sludge Disposal

(Instructions Page 52)

A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

B. Sludge processing authorization

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

Sludge Composting ☐ Yes ☒ No

Marketing and Distribution of Biosolids ☐ Yes ☒ No

Sludge Surface Disposal or Sludge Monofill ☐ Yes ☒ No

Temporary storage in sludge lagoons ☐ Yes ☒ No

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

A. Location information

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

- Original General Highway (County) Map:

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

- USDA Natural Resources Conservation Service Soil Map:

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

- Federal Emergency Management Map:

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

- Site map:

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

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

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

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

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

[Click to enter text.](#)

B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

C. Liner information

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

☐ Yes ☐ No

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

[Click to enter text.](#)

D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

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

E. Groundwater monitoring

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

☐ Yes ☐ No

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

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

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

A. Additional authorizations

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

☐ Yes ☒ No

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

[Click to enter text.](#)

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

[Click to enter text.](#)

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

A. RCRA hazardous wastes

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

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

Section 14. Laboratory Accreditation (Instructions Page 55)

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

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

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

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

CERTIFICATION:

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

Printed Name: Natalia Rodriguez

Title: Consultant

Signature:  _____

Date: 21/11/25 _____

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

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

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

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

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

Section 2. Discharge into Tidally Affected Waters (Instructions Page 63)

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

A. Receiving water outfall

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

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

[Click to enter text.](#)

C. Sea grasses

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

☐ Yes ☐ No

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

[Click to enter text.](#)

Section 3. Classified Segments (Instructions Page 63)

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

☐ Yes ☒ No

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

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

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

Name of the immediate receiving waters: man-made ditch

A. Receiving water type

Identify the appropriate description of the receiving waters.

- ☐ Stream
- ☐ Freshwater Swamp or Marsh
- ☐ Lake or Pond

Surface area, in acres: Click to enter text.

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

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

- ☒ Man-made Channel or Ditch
- ☐ Open Bay
- ☐ Tidal Stream, Bayou, or Marsh
- ☐ Other, specify: Click to enter text.

B. Flow characteristics

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

- ☒ Intermittent - dry for at least one week during most years
- ☐ Intermittent with Perennial Pools - enduring pools with sufficient habitat to maintain significant aquatic life uses
- ☐ Perennial - normally flowing

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

- ☒ USGS flow records
- ☐ Historical observation by adjacent landowners
- ☐ Personal observation
- ☐ Other, specify: Click to enter text.

C. Downstream perennial confluences

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

none

D. Downstream characteristics

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

☒ Yes ☐ No

If yes, discuss how.

Village Creek empties into Burleson Lake

E. Normal dry weather characteristics

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

Village Creek I seasonally dry with no pools

Date and time of observation: [Click to enter text.](#)

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

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

A. Upstream influences

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

☐ Oil field activities

☐ Urban runoff

☐ Upstream discharges

☒ Agricultural runoff

☐ Septic tanks

☐ Other(s), specify: [Click to enter text.](#)

B. Waterbody uses

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Livestock watering | <input type="checkbox"/> Contact recreation |
| <input checked="" 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 checked="" type="checkbox"/> Park activities | <input type="checkbox"/> Other(s), specify: Click to enter text. |

C. Waterbody aesthetics

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

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



Attachments

1. Epay Voucher
2. Core Data Form – TCEQ 10400
3. Summary Plain Language
4. SPIF
5. USGS Map
6. Flow Diagram
7. Site Diagram
8. Lab reports



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 600646715		RN 102816741

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)			
<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)					
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
Sky Ranches, Inc.				SK	
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	
600646715		17560044830			
11. Type of Customer:		<input checked="" type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
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		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
12. Number of Employees				13. Independently Owned and Operated?	
<input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input 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:		24657 County Road 448			
City		Van		State	TX
ZIP		75790		ZIP + 4	
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)	
				trejh@skyranch.org	

18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)
(800) 962-2267		() -

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 checked="" type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information								
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>								
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)								
Sky Ranches Wetlands Wastewater Treatment Facilities								
23. Street Address of the Regulated Entity: (No PO Boxes)	24657 County Road 448							
	City	Van	State	TX	ZIP	75790	ZIP + 4	
24. County								

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:		32.565893 N			28. Longitude (W) In Decimal:		-95.579644	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
29. Primary SIC Code		30. Secondary SIC Code		31. Primary NAICS Code		32. Secondary NAICS Code		
(4 digits)		(4 digits)		(5 or 6 digits)		(5 or 6 digits)		
7032				721214				
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)								
recreational camp ministry								
34. Mailing Address:	24657 Count Riad 448							
	City	Van	State	TX	ZIP	75790	ZIP + 4	
35. E-Mail Address:								
36. Telephone Number			37. Extension or Code			38. Fax Number (if applicable)		
(800) 962-2267						() -		

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:
	WQ0014318001			

SECTION IV: Preparer Information

40. Name:	Natalia Rodriguez		41. Title:	Consultant
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address	
(832) 776-5393		() -	natalia@environmentalcgroup.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:	Sky Ranches, Inc.	Job Title:	Camp Director
Name (In Print):	Bill Wendl	Phone:	(214) 232-3739
Signature:	<i>Bill Wendl</i>	Date:	11/3/2025

English

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

Sky Ranches, Inc. (CN600646715) operates the Sky Ranches Wastewater Treatment Facility (RN102816741), an extended aeration activated sludge process plant. The facility is located at 24657 County Road 448, near the City of Van, Smith County, Texas 75790.

This application is for a renewal to discharge at an annual average flow not to exceed 0.0495 million gallons per day of treated domestic wastewater via Outfall 001.

Discharges from the facility are expected to contain five-day biochemical oxygen demand (BOD5), total suspended solids (TSS), Escherichia coli, pH, and dissolved oxygen. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater is treated by an extended aeration activated sludge process plant and the treatment units include aeration basins, clarifiers, sludge digesters, chlorination and dechlorination chambers, and supporting units to ensure effluent compliance.

Español

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

Sky Ranches, Inc. (CN600646715) opera la Planta de Tratamiento de Aguas Residuales de Sky Ranches (RN102816741) una planta de lodos activados en modo de aireación extendida. La instalación se encuentra en 24657 County Road 448, cerca de la ciudad de Van, Condado de Smith, Texas 75790.

Esta solicitud es para una renovación para descargar un flujo promedio anual que no exceda 0.0495 millones de galones por día de aguas residuales domésticas tratadas a través del Emisor 001.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno a cinco días (DBO5), sólidos suspendidos totales (SST), Escherichia coli, pH y oxígeno disuelto. Contaminantes adicionales potenciales se incluyen en el Informe Técnico de Aguas Domésticas 1.0, Sección 7. Análisis de Contaminantes del Efluente Tratado en el paquete de solicitud de

permiso. Las aguas residuales domésticas se tratan mediante un proceso de lodos activados con aireación extendida y las unidades de tratamiento incluyen tanques de aireación, clarificadores, digestores de lodos, cámaras de cloración y decoloración, y unidades de apoyo para asegurar el cumplimiento del efluente.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

____ Texas Historical Commission

____ U.S. Fish and Wildlife

____ Texas Parks and Wildlife Department

____ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: Sky Ranches, Inc.

Permit No. WQ00 **WQ001431800**EPA ID No. TX 0124681

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

24657 County Road 448Van, Texas 75790

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

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

First and Last Name: Trey Holloway

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

Title: Sr. Facility Manager

Mailing Address: 24657 County Road 448

City, State, Zip Code: Van, TX 75790

Phone No.: 903-266-3394 Ext.: Fax No.:

E-mail Address: treyh@skyranch.org

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

N/A

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

To an unnamed ditch, thence to Village Creek, thence to Burleson Lake, thence to Village Creek, thence to Sabine River Below Lake Tawakoni in Segment No. 0506 of the Sabine River Basin

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

None

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

Lagoons

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

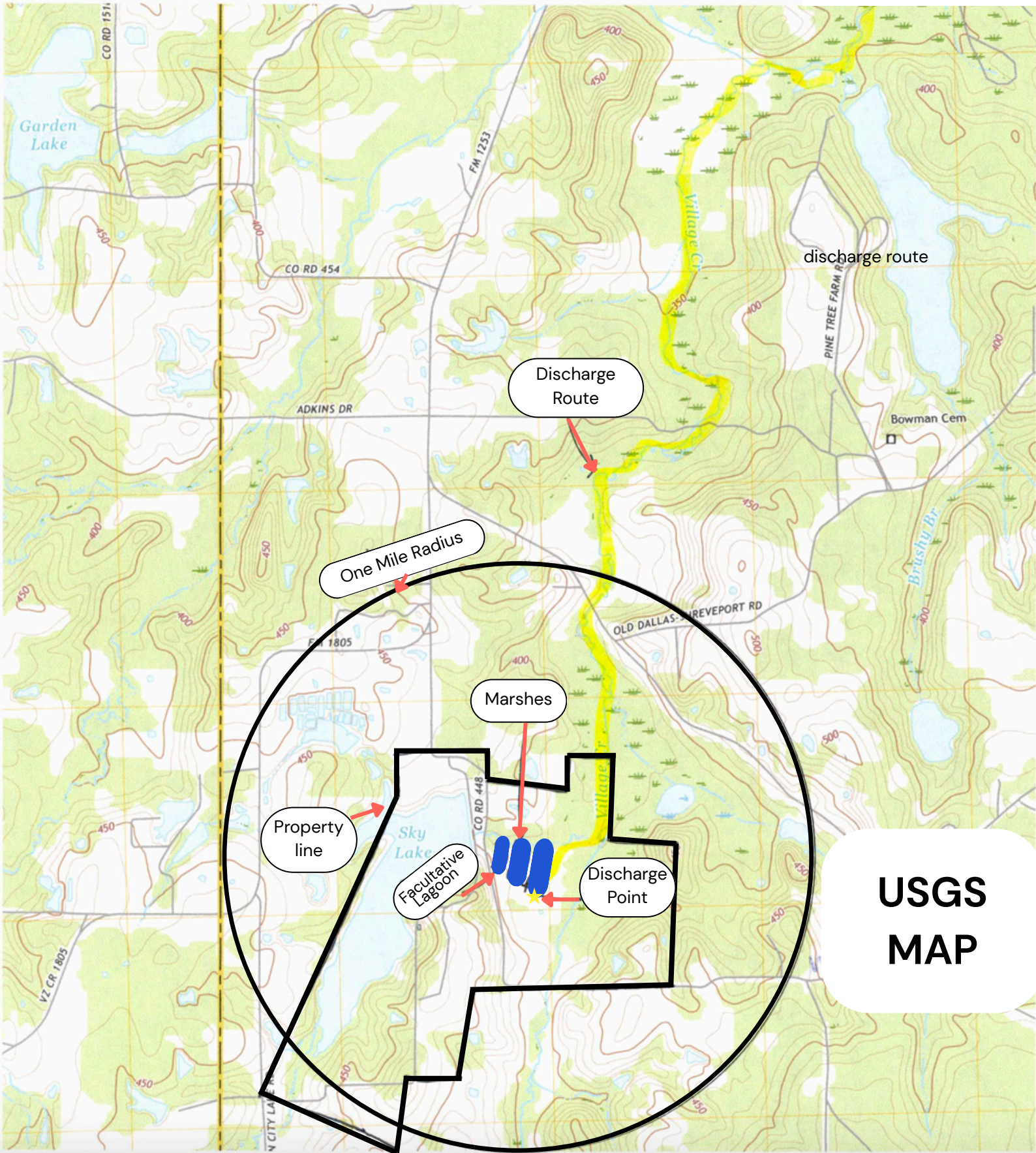
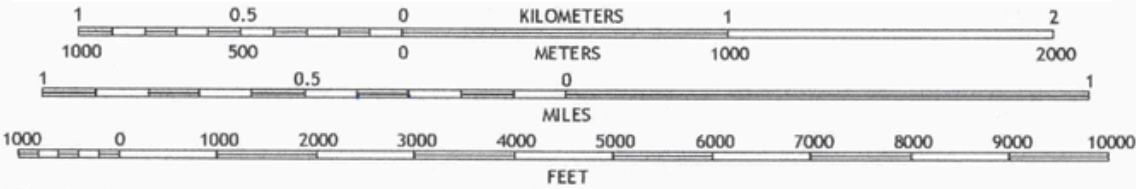
3. List construction dates of all buildings and structures on the property:

Unknown

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

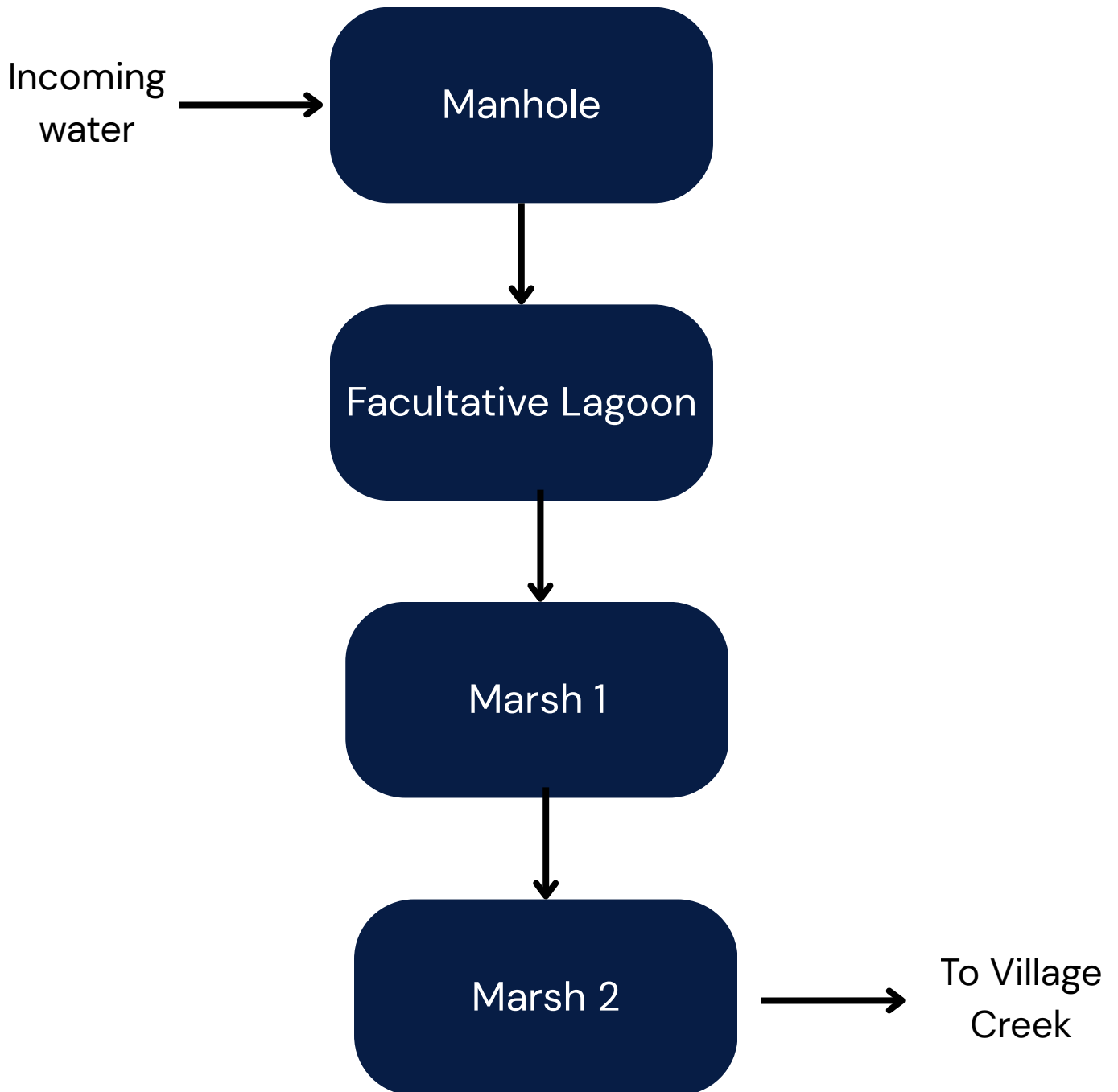
Unknown

SCALE 1:24000

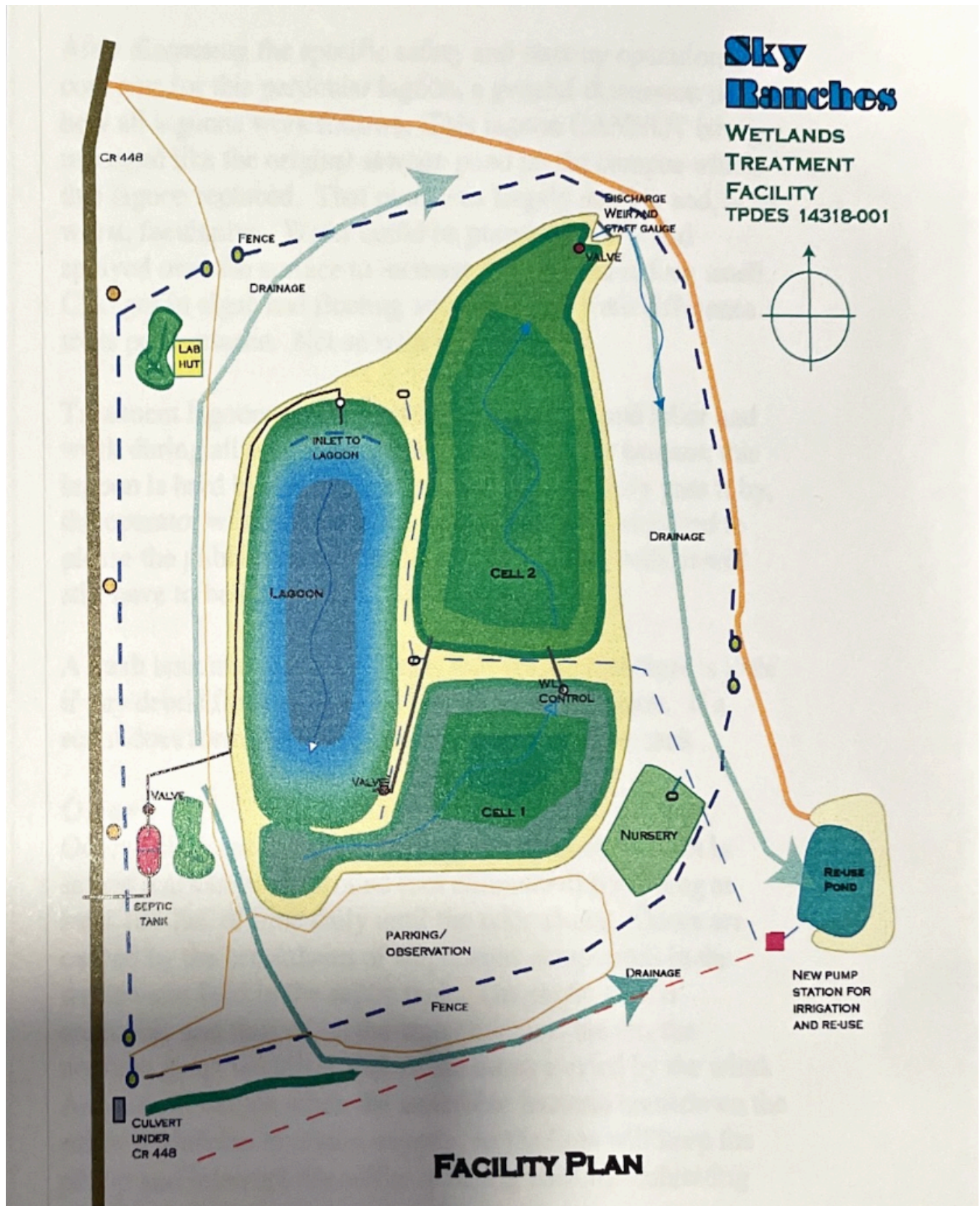


USGS
MAP

Flow Diagram



Site Map



Project
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Printed 11/05/2025
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SKYR-A

Sky Ranches, Inc.
Andrew Neill
24657 CR 448
Van, TX 75790-

TABLE OF CONTENTS

This report consists of this Table of Contents and the following pages:

<u>Report Name</u>	<u>Description</u>	<u>Pages</u>
1166612_r02_01_ProjectSamples	SPL Kilgore Project P:1166612 C:SKYR Project Sample Cross Reference t:304	1
1166612_r03_03_ProjectResults	SPL Kilgore Project P:1166612 C:SKYR Project Results t:304 PO: 14418	5
1166612_r10_05_ProjectQC	SPL Kilgore Project P:1166612 C:SKYR Project Quality Control Groups	8
1166612_r99_09_CoC_1_of_1	SPL Kilgore CoC SKYR 1166612_1_of_1	5
Total Pages:		19

Email: Kilgore.ProjectManagement@spllabs.com

Survey: How are we doing?



SAMPLE CROSS REFERENCE

Project

1166612

Sky Ranches, Inc.
 Andrew Neill
 24657 CR 448
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11/5/2025

Page 1 of 1

WW PERMIT Sampling/Transport

Sample	Sample ID	Taken	Time	Received
2458223	WW Permit	10/23/2025	08:50:00	10/23/2025

Bottle 01 Polyethylene 1/2 gal (White), C
 Bottle 02 Polyethylene Quart, Q
 Bottle 03 H2SO4 to pH <2 Glass Qt w/Teflon lined lid, Q
 Bottle 04 H2SO4 to pH <2 Glass Qt w/Teflon lined lid, Q
 Bottle 05 16 oz HNO3 Metals Plastic, C
 Bottle 06 H2SO4 to pH <2 Amber Glass 250 mL w/Teflon lined lid, Q
 Bottle 07 Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized, I
 Bottle 08 BOD Titration Beaker A (Batch 1202247) Volume: 100.00000 mL <== Derived from 01 (100 ml)
 Bottle 09 BOD Analytical Beaker B (Batch 1202247) Volume: 100.00000 mL <== Derived from 01 (100 ml)
 Bottle 10 Prepared Bottle: NH3N TRAACS Autosampler Vial (Batch 1202313) Volume: 6.00000 mL <== Derived from 06 (6 ml)
 Bottle 11 Prepared Bottle: ICP Preparation for Metals (Batch 1202372) Volume: 50.00000 mL <== Derived from 05 (50 ml)
 Bottle 12 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1202558) Volume: 20.00000 mL <== Derived from 06 (20 ml)

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 300.0 2.1	02	1202639	10/24/2025	1202639	10/24/2025
EPA 200.7 4.4	11	1202372	10/24/2025	1202432	10/24/2025
SM 2320 B-2011	02	1203911	11/04/2025	1203911	11/04/2025
SM 5210 B-2016 (TCMP Inhibitor)	01	1202247	10/29/2025	1202247	10/29/2025
SM 2510 B-2011	01	1203708	11/03/2025	1203708	11/03/2025
SM 4500-Cl G-2011		1202153	10/23/2025	1202153	10/23/2025
SM 4500-O G-2016		1202154	10/23/2025	1202154	10/23/2025
EPA 1664B (HEM)	03	1202993	10/28/2025	1202993	10/28/2025
SM 9223 B (Colilert-18 QT)-2016	07	1202221	10/24/2025	1202221	10/24/2025
SM 9223 B (Colilert-18 QT)-2016	07	1202220	10/24/2025	1202220	10/24/2025
EPA 350.1 2	10	1202313	10/24/2025	1202475	10/26/2025
SM 2540 C-2020	01	1203061	10/28/2025	1203061	10/28/2025
EPA 351.2 2	12	1202558	10/27/2025	1202814	10/28/2025
SM 2540 D-2020	01	1202741	10/27/2025	1202741	10/27/2025
SM 4500-H+ B-2011		1202155	10/23/2025	1202155	10/23/2025

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Report Page 2 of 20

SKYR-A

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 Van, TX 75790-

Page 1 of 5

Project
1166612

Printed: 11/05/2025

RESULTS

Sample Results

2458223 WW Permit

Received: 10/23/2025

Non-Potable Water

Collected by: BSD

SPL Kilgore

PO:

14418

Taken: 10/23/2025

08:50:00

EPA 1664B (HEM)

Prepared: 1202993 10/28/2025 14:30:00 Analyzed 1202993 10/28/2025 14:30:00 PMW

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC Oil and Grease (HEM)	<4.44	1.11	mg/L	4.44			03

EPA 200.7 4.4

Prepared: 1202372 10/24/2025 12:15:00 Analyzed 1202432 10/24/2025 17:02:00 MPI

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC Phosphorus	3.96	1.00	mg/L	0.040		7723-14-0	11

EPA 300.0 2.1

Prepared: 1202639 10/24/2025 12:22:00 Analyzed 1202639 10/24/2025 12:22:00 KRA

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC Chloride	100	10.00	mg/L	3.00			02
NELAC Nitrate-Nitrogen Total	<0.1	10.00	mg/L	0.1		14797-55-8	02
NELAC Sulfate	<3.00	10.00	mg/L	3.00			02

EPA 350.1 2

Prepared: 1202313 10/24/2025 10:16:31 Analyzed 1202475 10/26/2025 10:35:00 MEG

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC Ammonia Nitrogen	2.34	1.00	mg/L	0.020			10

EPA 351.2 2

Prepared: 1202558 10/27/2025 11:24:26 Analyzed 1202814 10/28/2025 09:50:00 MEG

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC Total Kjeldahl Nitrogen	5.00	1.00	mg/L	0.050		7727-37-9	12

SM 2320 B-2011

Prepared: 1203911 11/04/2025 12:54:00 Analyzed 1203911 11/04/2025 12:54:00 SAC

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC Total Alkalinity (as CaCO3)	264	1.00	mg/L	1.00			02



Report Page 3 of 20

SKYR-A

Page 2 of 5

Sky Ranches, Inc.
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 Van, TX 75790-

Project

1166612

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2458223 WW Permit

Received: 10/23/2025

Non-Potable Water

Collected by: BSD

SPL Kilgore

PO:

14418

Taken: 10/23/2025

08:50:00

SM 2510 B-2011

Prepared: 1203708 11/03/2025 15:25:00 Analyzed 1203708 11/03/2025 15:25:00 EEB

Parameter Results

DF Units RL

Flags

CAS

Bottle

NELAC Lab Spec. Conductance at 25 C

831

1.00 umhos/cm

01

SM 2540 C-2020

Prepared: 1203061 10/28/2025 08:10:00 Analyzed 1203061 10/28/2025 08:10:00 JMB

Parameter Results

DF Units RL

Flags

CAS

Bottle

NELAC Total Dissolved Solids

680

10.00 mg/L 50.0

01

SM 2540 D-2020

Prepared: 1202741 10/27/2025 12:53:00 Analyzed 1202741 10/27/2025 12:53:00 LSM

Parameter Results

DF Units RL

Flags

CAS

Bottle

NELAC Total Suspended Solids

18.0

2.86 mg/L 5.71

01

SM 4500-Cl G-2011

Prepared: 1202153 10/23/2025 08:58:00 Analyzed 1202153 10/23/2025 08:58:00 BSD

Parameter Results

DF Units RL

Flags

CAS

Bottle

NELAC Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]

0.00

1.00 mg/L 0.05

SM 4500-H+ B-2011

Prepared: 1202155 10/23/2025 08:58:00 Analyzed 1202155 10/23/2025 08:58:00 BSD

Parameter Results

DF Units RL

Flags

CAS

Bottle

NELAC pH (Onsite)

7.5

1.00 SU

SM 4500-O G-2016

Prepared: 1202154 10/23/2025 08:58:00 Analyzed 1202154 10/23/2025 08:58:00 BSD

Parameter Results

DF Units RL

Flags

CAS

Bottle

NELAC Dissolved Oxygen Onsite

3.1

1.00 mg/L 1.0

SM 5210 B-2016 (TCMP Inhibitor)

Prepared: 1202247 10/24/2025 Analyzed 1202247 10/29/2025 13:19:55 ESN

Parameter Results

DF Units RL

Flags

CAS

Bottle

NELAC BOD Carbonaceous

6.76

4.00 mg/L 2.00

01



Report Page 4 of 20

SKYR-A

Page 3 of 5

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Project
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2458223 WW Permit

Received: 10/23/2025

Non-Potable Water

Collected by: BSD

SPL Kilgore

PO:

14418

Taken: 10/23/2025

08:50:00

SM 9223 B (Colilert-18 QT)-2016

Prepared: 1202220 10/24/2025 11:02:00 Analyzed 1202220 10/24/2025 11:02:00 MDM

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC MPN, Total Coliform, Non-Pot	>2419.6	1.00	MPN/100mL	1.00			07

SM 9223 B (Colilert-18 QT)-2016

Prepared: 1202221 10/24/2025 11:02:00 Analyzed 1202221 10/24/2025 11:02:00 MDM

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC MPN, E.coli, Col.-18 - Non-Pot	86.0	1.00	MPN/100mL	1.00			07

2458225 Sampling/Transport

Received: 10/23/2025

Non-Potable Water

Collected by: BSD

SPL Kilgore

PO:

14418

Taken: 10/23/2025

08:50:00

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
z Pickup/Transportation	Verified	1.00					

Sample Preparation

2458223 WW Permit

Received: 10/23/2025

14418

10/23/2025

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
z Enviro Fee (per Sampling Group)	Verified						



Report Page 5 of 20

SKYR-A

Sky Ranches, Inc.
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24657 CR 448
Van, TX 75790-

Page 4 of 5

Project
1166612

Printed: 11/05/2025

2458223 WW Permit

Received: 10/23/2025

14418

10/23/2025

EPA 1664B (HEM)

Prepared: 1202846 10/28/2025 14:30:00 Analyzed 1202846 10/28/2025 14:30:00 PMW

NELAC O&G HEM Started

Started

EPA 200.2 2.8

Prepared: 1202372 10/24/2025 12:15:00 Analyzed 1202372 10/24/2025 12:15:00 TES

z Liquid Metals Digestion

50/50

ml

05

EPA 350.1, Rev. 2.0

Prepared: 1202313 10/24/2025 10:16:31 Analyzed 1202313 10/24/2025 10:16:31 CMS

NELAC Ammonia Distillation

6/6

ml

06

EPA 351.2, Rev 2.0

Prepared: 1202558 10/27/2025 11:24:26 Analyzed 1202558 10/27/2025 11:24:26 CMS

NELAC TKN Block Digestion

20/20

ml

06

SM 2540 C-2015

Prepared: 1202696 10/28/2025 08:10:00 Analyzed 1202696 10/28/2025 08:10:00 JMB

NELAC Total Dissolved Solids Started

Started

SM 2540 D-2011

Prepared: 1202038 10/27/2025 12:53:00 Analyzed 1202038 10/27/2025 12:53:00 LSM

NELAC TSS Set Started

Started

SM 5210 B-2016 (TCMP Inhibitor)

Prepared: 1202247 10/24/2025 Analyzed 1202247 10/24/2025 06:54:15 ESN

NELAC BODc Set Started

Started



Report Page 6 of 20

SKYR-A

Page 5 of 5

Sky Ranches, Inc.
Andrew Neill
24657 CR 448
Van, TX 75790-

Project

1166612

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2458223 WW Permit

Received: 10/23/2025

14418

10/23/2025

SM 9223 B (Colilert-18 QT)-2016

Prepared: 1202218 10/23/2025 16:08:00 Analyzed 1202218 10/23/2025 16:08:00 CPI

NELAC MPN (Colilert-18) Start Non-Pot

STARTED

07

Qualifiers:

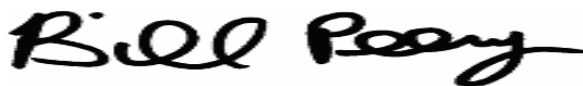
We report results on an As Received (or Wet) basis unless marked Dry Weight.

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

(N)ELAC - Covered in our NELAC scope of accreditation
z -- Not covered by our NELAC scope of accreditation

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

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



Bill Peery, MS, Senior Director, Environmental Technology



QUALITY CONTROL



SKYR-A

Sky Ranches, Inc.
Andrew Neill
24657 CR 448
Van, TX 75790-

Page 1 of 8

Project
1166612

Printed 11/05/2025

Analytical Set 1202220

SM 9223 B (Colilert-18 QT)-2016

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
MPN, Total Coliform, Non-Pot	1202220	<1.0	1.00	1.00	MPN/100mL	128234865

Micro Dup

Parameter	Sample	Type	Result	Unknown	Unit	Range	Criterion
MPN, Total Coliform, Non-Pot	2458194	Duplicate	>2419.6	>2419.6	MPN/100mL		0.7825

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
P. aeruginosa	1202218	<1.0	<1.0	MPN/100mL	-	-	128234862
Standard E. coli	1202218	>2419.6	>2419.6	MPN/100mL	-	-	128234864
Standard K.varicola	1202218	>2419.6	>2419.6	MPN/100mL	-	-	128234863

Analytical Set 1202221

SM 9223 B (Colilert-18 QT)-2016

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
MPN, E.coli, Col.-18 - Non-Pot	1202221	<1.0	1.00	1.00	MPN/100mL	128234885

Micro Dup

Parameter	Sample	Type	Result	Unknown	Unit	Range	Criterion
MPN, E.coli, Col.-18 - Non-Pot	2458194	Duplicate	2.0	2.0	MPN/100mL	0	0.7825

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
P. aeruginosa	1202218	<1.0	<1.0	MPN/100mL	-	-	128234882
Standard E. coli	1202218	>2419.6	>2419.6	MPN/100mL	-	-	128234884
Standard K.varicola	1202218	<1.0	<1.0	MPN/100mL	-	-	128234883

Analytical Set 1202247

SM 5210 B-2016 (TCMP Inhibitor)

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
BOD Carbonaceous	1202247	0.09	0.200	0.500	mg/L	128236784
BOD Carbonaceous	1202247	0.2	0.200	0.500	mg/L	128236834
BOD Carbonaceous	1202247	0.1	0.200	0.500	mg/L	128236886

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
BOD Carbonaceous	2457911	2.61	2.41	mg/L	7.97	30.0
BOD Carbonaceous	2458053	83.5	92.5	mg/L	10.2	30.0
BOD Carbonaceous	2458203	2.12	ND	mg/L	200	30.0
BOD Carbonaceous	2458237	ND	ND	mg/L	*	30.0
BOD Carbonaceous	2458352	3.39	3.55	mg/L	4.61	30.0

Seed Drop

Parameter	PrepSet	Reading	MDL	MQL	Units	File
BOD Carbonaceous	1202247	0.457	0.200	0.500	mg/L	128236786

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Report Page 8 of 20

QUALITY CONTROL



SKYR-A

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Andrew Neill
24657 CR 448
Van, TX 75790-

Page 2 of 8

Project
1166612

Printed 11/05/2025

Seed Drop

Parameter	PrepSet	Reading	MDL	MQL	Units	File
BOD Carbonaceous	1202247	0.790	0.200	0.500	mg/L	128236836
BOD Carbonaceous	1202247	0.563	0.200	0.500	mg/L	128236888

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
BOD Carbonaceous		228	198	mg/L	115	83.7 - 116	128236787
BOD Carbonaceous		194	198	mg/L	98.0	83.7 - 116	128236837
BOD Carbonaceous		206	198	mg/L	104	83.7 - 116	128236889

Analytical Set

1202475

EPA 350.1 2

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Ammonia Nitrogen	1202313	ND	0.00336	0.020	mg/L	128241676

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Ammonia Nitrogen	2.15	2.00	mg/L	108	90.0 - 110	128241674
Ammonia Nitrogen	2.20	2.00	mg/L	110	90.0 - 110	128241678
Ammonia Nitrogen	2.10	2.00	mg/L	105	90.0 - 110	128241688
Ammonia Nitrogen	2.03	2.00	mg/L	102	90.0 - 110	128241693
Ammonia Nitrogen	2.08	2.00	mg/L	104	90.0 - 110	128241703
Ammonia Nitrogen	2.14	2.00	mg/L	107	90.0 - 110	128241711
Ammonia Nitrogen	2.08	2.00	mg/L	104	90.0 - 110	128241718
Ammonia Nitrogen	2.17	2.00	mg/L	108	90.0 - 110	128241727
Ammonia Nitrogen	2.03	2.00	mg/L	102	90.0 - 110	128241734
Ammonia Nitrogen	2.09	2.00	mg/L	104	90.0 - 110	128241739

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Ammonia Nitrogen	2458207	ND	ND	mg/L		20.0
Ammonia Nitrogen	2458208	ND	0.028	mg/L	200 *	20.0

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Ammonia Nitrogen	2.02	2.00	mg/L	101	90.0 - 110	128241673

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Ammonia Nitrogen	1202313	2.11	2.02	2.00	90.0 - 110	106	101	mg/L	4.36	20.0

Mat. Spike

Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File
Ammonia Nitrogen	2458207	2.33	ND	2.00	mg/L	116	80.0 - 120	128241683
Ammonia Nitrogen	2458208	1.82	0.028	2.00	mg/L	89.6	80.0 - 120	128241685

Analytical Set

1202814

EPA 351.2 2

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Report Page 9 of 20

QUALITY CONTROL

SKYR-A

Sky Ranches, Inc.
Andrew Neill
24657 CR 448
Van, TX 75790-

Page 3 of 8

Project
1166612

Printed 11/05/2025

AWRL/LOQ C

<u>Parameter</u>	<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recover%</u>	<u>Limits%</u>	<u>File</u>
Total Kjeldahl Nitrogen	0.038	0.050	mg/L	76.0	75.0 - 125	128249766
Total Kjeldahl Nitrogen	0.039	0.050	mg/L	78.0	75.0 - 125	128249776
Total Kjeldahl Nitrogen	0.055	0.050	mg/L	110	75.0 - 125	128249840

Blank

<u>Parameter</u>	<u>PrepSet</u>	<u>Reading</u>	<u>MDL</u>	<u>MDL</u>	<u>Units</u>	<u>File</u>
Total Kjeldahl Nitrogen	1202558	ND	0.00712	0.050	mg/L	128249804

CCB

<u>Parameter</u>	<u>PrepSet</u>	<u>Reading</u>	<u>MDL</u>	<u>MDL</u>	<u>Units</u>	<u>File</u>
Total Kjeldahl Nitrogen	1202558	ND	0.00712	0.050	mg/L	128249808
Total Kjeldahl Nitrogen	1202558	ND	0.00712	0.050	mg/L	128249820
Total Kjeldahl Nitrogen	1202558	ND	0.00712	0.050	mg/L	128249832
Total Kjeldahl Nitrogen	1202814	0.014	0.00712	0.050	mg/L	128249848

CCV

<u>Parameter</u>	<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recover%</u>	<u>Limits%</u>	<u>File</u>
Total Kjeldahl Nitrogen	5.28	5.00	mg/L	106	90.0 - 110	128249761
Total Kjeldahl Nitrogen	5.33	5.00	mg/L	107	90.0 - 110	128249771
Total Kjeldahl Nitrogen	5.24	5.00	mg/L	105	90.0 - 110	128249782
Total Kjeldahl Nitrogen	5.41	5.00	mg/L	108	90.0 - 110	128249793
Total Kjeldahl Nitrogen	5.22	5.00	mg/L	104	90.0 - 110	128249802
Total Kjeldahl Nitrogen	5.48	5.00	mg/L	110	90.0 - 110	128249813
Total Kjeldahl Nitrogen	5.36	5.00	mg/L	107	90.0 - 110	128249824
Total Kjeldahl Nitrogen	5.45	5.00	mg/L	109	90.0 - 110	128249835
Total Kjeldahl Nitrogen	5.30	5.00	mg/L	106	90.0 - 110	128249846
Total Kjeldahl Nitrogen	5.40	5.00	mg/L	108	90.0 - 110	128249849

Duplicate

<u>Parameter</u>	<u>Sample</u>	<u>Result</u>	<u>Unknown</u>	<u>Unit</u>	<u>RPD</u>	<u>Limit%</u>
Total Kjeldahl Nitrogen	2458330	2.04	1.43	mg/L	35.2 *	20.0
Total Kjeldahl Nitrogen	2458331	0.765	0.987	mg/L	25.3 *	20.0

ICV

<u>Parameter</u>	<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recover%</u>	<u>Limits%</u>	<u>File</u>
Total Kjeldahl Nitrogen	5.29	5.00	mg/L	106	90.0 - 110	128249760

LCS Dup

<u>Parameter</u>	<u>PrepSet</u>	<u>LCS</u>	<u>LCSD</u>	<u>Known</u>	<u>Limits%</u>	<u>LCS%</u>	<u>LCSD%</u>	<u>Units</u>	<u>RPD</u>	<u>Limit%</u>
Total Kjeldahl Nitrogen	1202558	4.63	4.54	5.00	90.0 - 110	92.6	90.8	mg/L	1.96	20.0

Mat. Spike

<u>Parameter</u>	<u>Sample</u>	<u>Spike</u>	<u>Unknown</u>	<u>Known</u>	<u>Units</u>	<u>Recovery %</u>	<u>Limits %</u>	<u>File</u>
Total Kjeldahl Nitrogen	2458330	3.01	1.43	5.00	mg/L	31.6	80.0 - 120	128249810
Total Kjeldahl Nitrogen	2458331	4.71	0.987	5.00	mg/L	74.5	80.0 - 120	128249814

Analytical Set

1202153

SM 4500-CI G-2011

Email: Kilgore.ProjectManagement@spllabs.com



Report Page 10 of 20

QUALITY CONTROL



SKYR-A

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Andrew Neill
24657 CR 448
Van, TX 75790-

Page 4 of 8

Project
1166612

Printed 11/05/2025

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	0.170	0.220	mg/L	77.3	90 - 110	

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	2458223	0.00	0.00	mg/L		20

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	1202153	0.800	0.900	mg/L	88.9	90 - 110	
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	1202153	1.45	1.59	mg/L	91.2	90 - 110	

Analytical Set 1202154

SM 4500-O G-2016

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Dissolved Oxygen Onsite	2458223	3.0	3.1	mg/L	3.3	20

Analytical Set 1202155

SM 4500-H+ B-2011

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
pH (Onsite)	6.0	6.0	SU	100	90 - 110	
pH (Onsite)	6.0	6.0	SU	100	90 - 110	

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
pH (Onsite)	2458223	7.6	7.5	SU	1.3	20

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
pH (Onsite)	1202155	8.0	8.0	SU	100	90 - 110	
pH (Onsite)	1202155	7.9	8.0	SU	98.8	90 - 110	

Analytical Set 1202741

SM 2540 D-2020

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Suspended Solids	1202741	ND	2	2	mg/L	128248530

ControlBlk

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Suspended Solids	1202741	0			grams	128248529

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Suspended Solids	2458244	27.5	27.8	mg/L	1.08	20.0
Total Suspended Solids	2458338	145	105	mg/L	32.0 *	20.0

Email: Kilgore.ProjectManagement@spllabs.com



Report Page 11 of 20

QUALITY CONTROL



Page 5 of 8

SKYR-A

Sky Ranches, Inc.
Andrew Neill
24657 CR 448
Van, TX 75790-

Project
1166612

Printed 11/05/2025

Duplicate						
Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Suspended Solids	2458544	45.5	47.2	mg/L	3.67	20.0

LCS						
Parameter	PrepSet	Reading	Known	Units	Recover%	File
Total Suspended Solids	1202741	49.0	50.0	mg/L	98.0	128248563

Standard						
Parameter	Sample	Reading	Known	Units	Recover%	File
Total Suspended Solids		96.0	100	mg/L	96.0	128248562

Analytical Set 1202993 EPA 1664B (HEM)

Blank						
Parameter	PrepSet	Reading	MDL	MQL	Units	File
Oil and Grease (HEM)	1202993	ND	0.804	4.00	mg/L	128254422

ControlBlk						
Parameter	PrepSet	Reading	MDL	MQL	Units	File
Oil and Grease (HEM)	1202993	0			grams	128254421
Oil and Grease (HEM)	1202993	-0.0003			grams	128254446

LCS						
Parameter	PrepSet	Reading	Known	Units	Recover%	File
Oil and Grease (HEM)	1202993	33.7	40.0	mg/L	84.2	128254423

MS										
Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD
Oil and Grease (HEM)	2457751	29.4	0	ND	40.0	78.0 - 114	73.5 *		mg/L	20.0

Analytical Set 1203061 SM 2540 C-2020

Blank						
Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Dissolved Solids	1203061	ND	5.00	5.00	mg/L	128255775

ControlBlk						
Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Dissolved Solids	1203061	-0.0001			grams	128255762

Duplicate						
Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Dissolved Solids	2458201	564	556	mg/L	1.43	20.0

LCS						
Parameter	PrepSet	Reading	Known	Units	Recover%	File
Total Dissolved Solids	1203061	206	200	mg/L	103	128255763

Analytical Set 1202639 EPA 300.0 2.1

Email: Kilgore.ProjectManagement@spllabs.com



Report Page 12 of 20

QUALITY CONTROL



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Page 6 of 8

SKYR-A

Sky Ranches, Inc.
Andrew Neill
24657 CR 448
Van, TX 75790-

Project
1166612

Printed 11/05/2025

AWRL/LOQ C

<u>Parameter</u>	<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recover%</u>	<u>Limits%</u>	<u>File</u>
Nitrate-Nitrogen Total	0.0244	0.0226	mg/L	108	70.0 - 130	128245590

Blank

<u>Parameter</u>	<u>PrepSet</u>	<u>Reading</u>	<u>MDL</u>	<u>MDL</u>	<u>Units</u>	<u>File</u>
Chloride	1202639	0.139	0.0163	0.300	mg/L	128245591
Nitrate-Nitrogen Total	1202639	0.0104	0.00128	0.0226	mg/L	128245591
Sulfate	1202639	ND	0.123	0.300	mg/L	128245591

CCB

<u>Parameter</u>	<u>PrepSet</u>	<u>Reading</u>	<u>MDL</u>	<u>MDL</u>	<u>Units</u>	<u>File</u>
Chloride	1202639	0.045	0.0163	0.300	mg/L	128245587
Chloride	1202639	0.192	0.0163	0.300	mg/L	128245601
Chloride	1202639	0.038	0.0163	0.300	mg/L	128245617
Nitrate-Nitrogen Total	1202639	0	0.00128	0.0226	mg/L	128245587
Nitrate-Nitrogen Total	1202639	0.0122	0.00128	0.0226	mg/L	128245601
Nitrate-Nitrogen Total	1202639	0	0.00128	0.0226	mg/L	128245617
Sulfate	1202639	0	0.123	0.300	mg/L	128245587
Sulfate	1202639	0	0.123	0.300	mg/L	128245601
Sulfate	1202639	0	0.123	0.300	mg/L	128245617

CCV

<u>Parameter</u>	<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recover%</u>	<u>Limits%</u>	<u>File</u>
Chloride	9.54	10.0	mg/L	95.4	90.0 - 110	128245586
Chloride	9.54	10.0	mg/L	95.4	90.0 - 110	128245600
Chloride	9.42	10.0	mg/L	94.2	90.0 - 110	128245616
Nitrate-Nitrogen Total	2.17	2.26	mg/L	96.0	90.0 - 110	128245586
Nitrate-Nitrogen Total	2.17	2.26	mg/L	96.0	90.0 - 110	128245600
Nitrate-Nitrogen Total	2.11	2.26	mg/L	93.4	90.0 - 110	128245616
Sulfate	9.31	10.0	mg/L	93.1	90.0 - 110	128245586
Sulfate	9.26	10.0	mg/L	92.6	90.0 - 110	128245600
Sulfate	9.14	10.0	mg/L	91.4	90.0 - 110	128245616

LCS Dup

<u>Parameter</u>	<u>PrepSet</u>	<u>LCS</u>	<u>LCSD</u>	<u>Known</u>	<u>Limits%</u>	<u>LCS%</u>	<u>LCSD%</u>	<u>Units</u>	<u>RPD</u>	<u>Limit%</u>
Chloride	1202639	4.75	4.78	5.00	85.0 - 115	95.0	95.6	mg/L	0.630	20.0
Nitrate-Nitrogen Total	1202639	1.12	1.15	1.13	86.3 - 117	99.1	102	mg/L	2.64	20.0
Sulfate	1202639	4.71	4.82	5.00	85.4 - 124	94.2	96.4	mg/L	2.31	20.0

MSD

<u>Parameter</u>	<u>Sample</u>	<u>MS</u>	<u>MSD</u>	<u>UNK</u>	<u>Known</u>	<u>Limits</u>	<u>MS%</u>	<u>MSD%</u>	<u>Units</u>	<u>RPD</u>	<u>Limit%</u>
Chloride	2458180	141	146	138	20.0	80.0 - 120	15.0 *	40.0 *	mg/L	90.9 *	20.0
Nitrate-Nitrogen Total	2458180	4.52	4.47	ND	4.52	80.0 - 120	100	98.9	mg/L	1.11	20.0
Sulfate	2458180	108	114	101	20.0	80.0 - 120	35.0 *	65.0 *	mg/L	60.0 *	20.0
Chloride	2458184	136	136	132	20.0	80.0 - 120	20.0 *	20.0 *	mg/L	0	20.0
Nitrate-Nitrogen Total	2458184	27.6	27.0	25.3	4.52	80.0 - 120	50.9 *	37.6 *	mg/L	30.0 *	20.0
Sulfate	2458184	122	119	111	20.0	80.0 - 120	55.0 *	40.0 *	mg/L	31.6 *	20.0

Email: Kilgore.ProjectManagement@spllabs.com



Report Page 13 of 20

QUALITY CONTROL



Page 7 of 8

SKYR-A

Sky Ranches, Inc.
Andrew Neill
24657 CR 448
Van, TX 75790-

Project
1166612

Printed 11/05/2025

Analytical Set 1202432

EPA 200.7 4.4

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Phosphorus	1202372	ND	0.0353	0.040	mg/L	128240575

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Phosphorus	1.02	1.00	mg/L	102	90.0 - 110	128240573
Phosphorus	0.999	1.00	mg/L	99.9	90.0 - 110	128240574
Phosphorus	1.03	1.00	mg/L	103	90.0 - 110	128240585

ICL

Parameter	Reading	Known	Units	Recover%	Limits%	File
Phosphorus	25.0	25.0	mg/L	100	95.0 - 105	128240571

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Phosphorus	1.01	1.00	mg/L	101	90.0 - 110	128240572

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Phosphorus	1202372	4.16	4.14	4.00	85.0 - 115	104	104	mg/L	0.482	25.0

MSD

Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Phosphorus	2458219	5.29	5.22	1.16	4.00	75.0 - 125	103	102	mg/L	1.71	25.0

Analytical Set 1203708

SM 2510 B-2011

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Lab Spec. Conductance at 25 C	1203708	0.291			umhos/cm	128271082

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Lab Spec. Conductance at 25 C	2458090	1350	1340	umhos/cm	0.743	20.0
Lab Spec. Conductance at 25 C	2458100	5880	5860	umhos/cm	0.341	20.0

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Lab Spec. Conductance at 25 C	13000	12900	umhos/cm	101	90.0 - 110	128271085

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
Lab Spec. Conductance at 25 C	1203708	1420	1410	umhos/cm	101	90.0 - 110	128271083
Lab Spec. Conductance at 25 C	1203708	101	100	umhos/cm	101	90.0 - 110	128271084
Lab Spec. Conductance at 25 C	1203708	1420	1410	umhos/cm	101	90.0 - 110	128271097
Lab Spec. Conductance at 25 C	1203708	1420	1410	umhos/cm	101	90.0 - 110	128271109

Analytical Set 1203911

SM 2320 B-2011

Email: Kilgore.ProjectManagement@spllabs.com



Report Page 14 of 20

QUALITY CONTROL



Page 8 of 8

SKYR-A

Sky Ranches, Inc.
Andrew Neill
24657 CR 448
Van, TX 75790-

Project
1166612

Printed 11/05/2025

Blank						
Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Alkalinity (as CaCO3)	1203911	ND	1.00	1.00	mg/L	128276578
CCV						
Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Alkalinity (as CaCO3)	25.8	25.0	mg/L	103	90.0 - 110	128276577
Total Alkalinity (as CaCO3)	25.7	25.0	mg/L	103	90.0 - 110	128276591
Total Alkalinity (as CaCO3)	26.0	25.0	mg/L	104	90.0 - 110	128276604
Duplicate						
Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Alkalinity (as CaCO3)	2458223	260	264	mg/L	1.53	20.0
Total Alkalinity (as CaCO3)	2458876	244	231	mg/L	5.47	20.0
ICV						
Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Alkalinity (as CaCO3)	27.3	25.0	mg/L	109	90.0 - 110	128276576

* Out RPD is Relative Percent Difference: $\text{abs}(r_1 - r_2) / \text{mean}(r_1, r_2) * 100\%$

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

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

Email: Kilgore.ProjectManagement@spllabs.com



Report Page 15 of 20

1166612 CoC Print Group 001 of 001

2600 Dudley Rd., Kilgore, Texas 75662
Office: 903-984-0551 * Fax: 903-984-5914



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Printed 10/10/2025 Page 1 of 3

CHAIN OF CUSTODY

Sky Ranches, Inc.
Andrew Neill
24657 CR 448
Van, TX 75790-

SKYR-A
126

Lab Number 2458773
PO Number Mandatory 14418
Phone 903/266-3300

WW Permit

☐ Hand Delivered by Client to Region or LAB

Matrix: Non-Potable Water

Sample Collection Start

Date: 10-23-25 Time: 0850

Sampler Printed Name: Barry Dagnel

Sampler Affiliation: SPL

Sampler Signature: Barry Dagnel

Samples Radioactive? ☐

Samples Contains Dioxin? ☐

Samples Biological Hazard? ☐

☐ On Site Testing

NELAC

Cl2O

Cl2 Res., Total(Onsite)Spec Mid [RL 0.05 mg/L] SM 4500-Cl G-2011

Cl2 Res., Total(Onsite)Spec Mid [RL 0.05 mg/L]

Collected By BSD Date 10-23-25 Time 0850 Analyzed By BSD Date 10-23-25 Time 0858

Results 0.00 Units mg/L Temp. 15.8 C Duplicate 0.00 Units mg/L Temp. 15.7 C

R1 0.00 R2 —

QC R1 0.00 QC R2 —

NELAC Short Hold

DO

Dissolved Oxygen Onsite

SM 4500-O G-2016 (0.0104 days)

Dissolved Oxygen Onsite

Collected By BSD Date 10-23-25 Time 0850 Analyzed By BSD Date 10-23-25 Time 0858

Results 3.09 Units mg/L Temp. 16.4 C Duplicate 3.02 Units mg/L Temp. 15.8 C

NELAC Short Hold

pH

pH (Onsite)

SM 4500-H+ B-2011 (0.0104 days)



Corporate - Kilgore: 2600 Dudley Road Kilgore, TX 75662

3.25.10.8

Form rptcoc:ISPL1 Created 12/13/2019 v1.6

1166612 CoC Print Group 001 of 001

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Office: 903-984-0551 * Fax: 903-984-5914



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Page 2 of 3

CHAIN OF CUSTODY

Sky Ranches, Inc.
Andrew Neill
24657 CR 448
Van, TX 75790

SKYR-A
126

pH (Onsite)

Collected By BSD Date 10-23-25 Time 0850 Analyzed By BSD Date 10-23-25 Time 0858

Results 7.49 Units SV Temp. 15.8 C Duplicate 7.57 Units SV Temp. 15.7 C

1 Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized, I

NELAC Short Hold MPNW MPN, E.coli, Col.-18 - Non-Pot SM 9223 B (Colilert-18 QT)-2016 (0.333 days)

2 H2SO4 to pH <2 GIQt w/Tef-lined lid, Q

NELAC HEM Oil and Grease (HEM) EPA 1664B (HEM) (28.0 days)

1 Polyethylene 1/2 gal (White), Q

NELAC Short Hold BODc BOD Carbonaceous SM 5210 B-2016 (TCMP Inhibitor) (2.04 days)

NELAC TSS Total Suspended Solids SM 2540 D-2020 (7.00 days)

1 HNO3 to pH <2 Polyethylene 500 mL for Metals, Q

NELAC *PI Phosphorus EPA 200.7 4.4 CAS:7723-14-0 (28.0 days)

301L Liquid Metals Digestion EPA 200.2 2.8 (180 days)

1 H2SO4 to pH <2 250 ml Polyethylene, Q

NELAC NHaN Ammonia Nitrogen EPA 350.1 2 (28.0 days)

NELAC TKN Total Kjeldahl Nitrogen EPA 351.2 2 CAS:7727-37-9 (28.0 days)

1 Polyethylene Quart, Q

NELAC ICIL Chloride EPA 300.0 2.1 (28.0 days)

NELAC Short Hold IN3L Nitrate-Nitrogen Total EPA 300.0 2.1 CAS:14797-55-8 (2.00 days)

NELAC IS4L Sulfate EPA 300.0 2.1 (28.0 days)

NELAC AlkT Total Alkalinity (as CaCO3) SM 2320 B-2011 (14.0 days)

NELAC CONL Lab Spec. Conductance at 25 C SM 2510 B-2011 (28.0 days)

NELAC TDS Total Dissolved Solids SM 2540 C-2020 (7.00 days)



Corporate - Kilgore: 2600 Dudley Road Kilgore, TX 75662

Report Page 17 of 20

1166612 CoC Print Group 001 of 001

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Printed 10/10/2025

Page 3 of 3

CHAIN OF CUSTODY

Sky Ranches, Inc.
Andrew Neill
24657 CR 448
Van, TX 75790-

SKYR-A
126

Ambient Conditions/Comments

Date	Time	Relinquished		Received	
10/23/25	1515	Printed Name: <i>Benny Dagnel</i>	Affiliation: <i>SPL</i>	Printed Name: McCabe Wheeler SPL, Inc.	Affiliation:
		Signature: <i>Benny Dagnel</i>		Signature: <i>MC</i>	
		Printed Name:	Affiliation:	Printed Name:	Affiliation:
		Signature:		Signature:	
		Printed Name:	Affiliation:	Printed Name:	Affiliation:
		Signature:		Signature:	
		Printed Name:	Affiliation:	Printed Name:	Affiliation:
		Signature:		Signature:	

Sample Received on Ice?

☒ Yes☐ No

Cooler/Sample Secure?

☒ Yes☐ No

If Shipped: Tracking Number & Temp - See Attached

The accredited column designates accreditation by A - A2LA, N - NELAP, or Z - not listed under scope of accreditation. Unless otherwise specified, SPL shall provide these ordered services pursuant to our Standard Terms & Conditions Agreement. SPL personnel collect samples as specified by SPL SOP #000323.

Comments



1166612 CoC Print Group 001 of 001

2600 Dudley Rd. Kilgore, Texas 75662
Office: 903-984-0551 * Fax: 903-984-5914



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Printed 10/22/2025 Page 1 of 1

CHAIN OF CUSTODY

Sky Ranches, Inc.
Andrew Neill
24657 CR 448
Van, TX 75790-

SKYR-A
114

Lab Number 2158225
PO Number _____ Mandatory 14418
Phone _____ 903/266-3300

Sampling/Transport

☐ Hand Delivered by Client to Region or LAB

Matrix: Non-Potable Water

Sample Collection Start

Date: 10-23-25 Time: 0850
Sampler Printed Name: Benny Dagnel
Sampler Affiliation: SPL
Sampler Signature: Benny Dagnel

Samples Radioactive? ☐ Samples Contains Dioxin? ☐ Samples Biological Hazard? ☐

☒ Z -- No bottle required

PU65 Pickup/Transportation

Ambient Conditions/Comments

Date	Time	Relinquished	Received
10/23/25	1515	Printed Name: <u>Benny Dagnel</u> Affiliation: <u>SPL</u>	Printed Name: _____ Affiliation: _____
		Signature: <u>Benny Dagnel</u>	Signature: _____
		Printed Name: _____ Affiliation: _____	Printed Name: _____ Affiliation: _____
		Signature: _____	Signature: _____
		Printed Name: _____ Affiliation: _____	Printed Name: _____ Affiliation: _____
		Signature: _____	Signature: _____
		Printed Name: _____ Affiliation: _____	Printed Name: _____ Affiliation: _____
		Signature: _____	Signature: _____

Sample Received on Ice? ☐ Yes ☐ No

Cooler/Sample Secure? ☐ Yes ☐ No If Shipped: Tracking Number & Temp - See Attached

The accredited column designates accreditation by A - A2LA, N - NELAP, or Z - not listed under scope of accreditation. Unless otherwise specified, SPL shall provide these ordered services pursuant to our Standard Terms & Conditions Agreement. SPL personnel collect samples as specified by SPL SOP #000323.

Comments





COOLER CHECKIN

Region/Driver/Client

BSD

Date / Time:

10/23/25 / 1515

Cooler:

of

Shipping Company:

SPL

Temp Label:

10/23/25 1515			mm	
Date	Time	Tech		
Temp:	3.012.9			C
Therm#: 6205 Corr Fact: -0.1 C				



December 4, 2025

VIA EMAIL

Ms. Rainee Treviño
Applications Review and Processing Team (MC-148)
Water Quality Division
Texas Commission on Environmental Quality

RE: Response to Notice of Deficiency
Application to Renew Permit No. WQ0014318001 (EPA I.D. No. TX0124681)
Applicant: Sky Ranches, Inc.
Site: Sky Ranches Wetlands Wastewater Treatment Facility (RN102816741)
Date of TCEQ Letter: December 3, 2025

Dear Ms. Treviño,

Thank you for your letter dated December 3, 2025. Below are the responses and corrections to each item requested. All revised pages and documents are attached for your review.

1. Administrative Report 1.0 – Section 3 and Section 14

The name discrepancy between Section 3 and the signature page has been corrected.
A revised Section 3 is attached.

2. Core Data Form – Section II, Item 7

The Texas Secretary of State Filing Number has been updated and verified.
A revised Section II is attached.

3. Administrative Report 1.0 – Section 8, Item D

The public viewing address has been corrected to match the information listed on the Smith County website.
A revised Section 8 is attached.

4. USGS Topographic Map

An updated USGS map is attached with the wastewater treatment facility boundary clearly labeled.
The revised map is attached.

5. Plain Language Summary (English and Spanish)

Both summaries have been corrected to reflect that the flow is a daily average, not annual. Updated summaries are attached.

6. Review of NORI Excerpt

The NORI text provided in your letter has been reviewed. We confirm it contains no errors or omissions.

7. Spanish Translation of the NORI

Following the provided template, the first and last paragraphs have been translated into Spanish. The Spanish NORI is attached in Microsoft Word format.

All requested items have been completed, and the updated documents are attached for your review. If you need any additional information or clarification, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Natalia Rodríguez', with a stylized, cursive script.

Natalia Rodríguez

Consultant

ECG, LLC

4015 Cherrywood Road

Austin, Texas 78722

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

- | | |
|---|---|
| <input type="checkbox"/> New | |
| <input type="checkbox"/> Major Amendment <u>with</u> Renewal | <input type="checkbox"/> Minor Amendment <u>with</u> Renewal |
| <input type="checkbox"/> Major Amendment <u>without</u> Renewal | <input type="checkbox"/> Minor Amendment <u>without</u> Renewal |
| <input checked="" type="checkbox"/> Renewal without changes | <input type="checkbox"/> Minor Modification of permit |

e. For amendments or modifications, describe the proposed changes: [Click to enter text.](#)

f. For existing permits:

Permit Number: WQ00 14318001

EPA I.D. (TPDES only): TX 0124681

Expiration Date: May 23, 2026

Section 3. Facility Owner (Applicant) and Co-Applcant 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?

Sky Ranches, Inc.

(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: 600646715

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: Wendl , Bill

Title: Camp Director

Credential: _

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.)

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: Mr.

Last Name, First Name: Holloway, Trey

Title: Senior Facility Manager Credential: [Click to enter text.](#)

Organization Name: Senior Facility Manager

Mailing Address: 24657 County Road 448 City, State, Zip Code: Van, Texas 75790

Phone No.: 903-266-3394

E-mail Address: treyh@skyranch.org

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: Smith County Courthouse

Location within the building: Main Desk

Physical Address of Building: 200 E. Ferguson St.

City: Tyler

County: Smith

Contact (Last Name, First Name): [Click to enter text.](#)

Phone No.: 903-590-2600 Ext.: [Click to enter text.](#)

E. Bilingual Notice Requirements

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

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

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

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

☒ Yes

☐ No

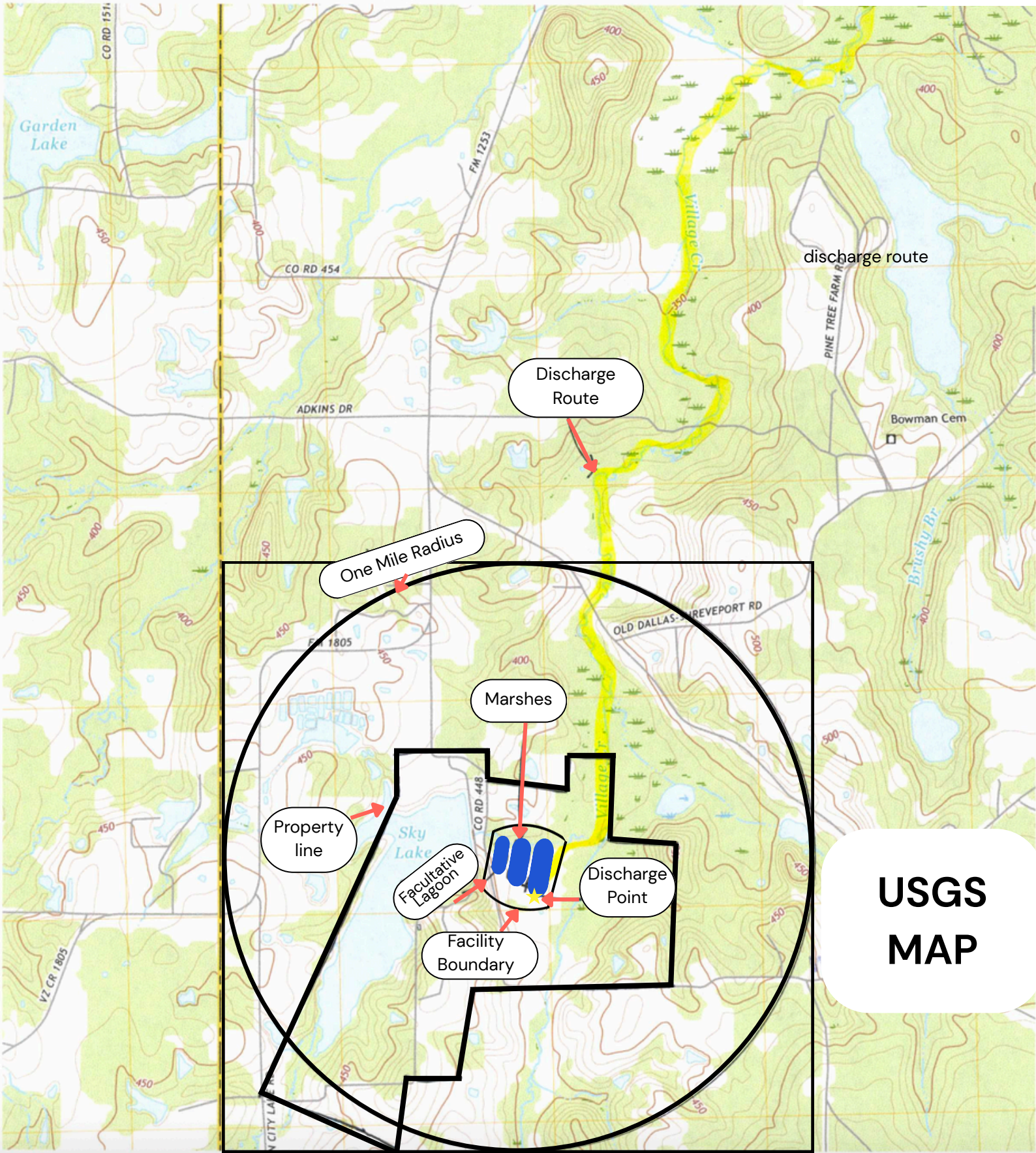
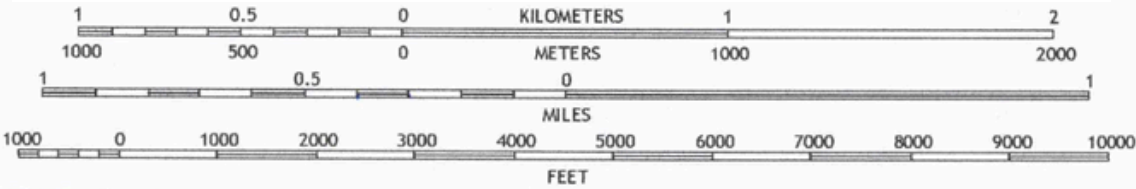
If **no**, publication of an alternative language notice is not required; **skip to** Section 9 below.

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

☐ Yes

☒ No

SCALE 1:24000



USGS
MAP

English

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

Sky Ranches, Inc. (CN600646715) operates the Sky Ranches Wastewater Treatment Facility (RN102816741), an extended aeration activated sludge process plant. The facility is located at 24657 County Road 448, near the City of Van, Smith County, Texas 75790.

This application is for a renewal to discharge at a daily average flow of effluent shall not exceed 0.0495 million gallons per day (MGD) day of treated domestic wastewater via Outfall 001.

Discharges from the facility are expected to contain five-day biochemical oxygen demand (BOD5), total suspended solids (TSS), Escherichia coli, pH, and dissolved oxygen. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater is treated by an extended aeration activated sludge process plant and the treatment units include aeration basins, clarifiers, sludge digesters, chlorination and dechlorination chambers, and supporting units to ensure effluent compliance.

Español

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

Sky Ranches, Inc. (CN600646715) opera la Planta de Tratamiento de Aguas Residuales de Sky Ranches (RN102816741) una planta de lodos activados en modo de aireación extendida. La instalación se encuentra en 24657 County Road 448, cerca de la ciudad de Van, Condado de Smith, Texas 75790.

Esta solicitud es para una renovación para descargar un caudal promedio diario de efluente que no deberá exceder 0.0495 millones de galones por día (MGD) de aguas residuales domésticas tratadas a través del Desagüe 001.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno a cinco días (DBO5), sólidos suspendidos totales (SST), Escherichia coli, pH y oxígeno disuelto. Contaminantes adicionales potenciales se incluyen en el Informe Técnico de Aguas Domésticas 1.0, Sección 7. Análisis de Contaminantes del Efluente Tratado en el paquete de solicitud de

permiso. Las aguas residuales domésticas se tratan mediante un proceso de lodos activados con aireación extendida y las unidades de tratamiento incluyen tanques de aireación, clarificadores, digestores de lodos, cámaras de cloración y decoloración, y unidades de apoyo para asegurar el cumplimiento del efluente.

Rainee Trevino

From: Natalia Rodriguez Pinilla <natalia@environmentalcgroup.com>
Sent: Friday, December 5, 2025 11:00 AM
To: Rainee Trevino
Cc: treyh@skyranch.org
Subject: Re: Application to Renew Permit No. WQ0014318001- Notice of Deficiency Letter
Attachments: FRANCHISE TAX ACCOUNT STATUS.pdf; Municipal Discharge Renewal Spanish NORI.docx

Categories: NOD Response Review

Hi Rainee,

I am attaching the Core Data Form with the revised number. I'm also attaching the Franchise Tax Account Status so you can verify the number there.

Additionally, I'm including the document with the translated paragraph that was sent previously—please confirm if this is what you needed.

Let me know if you require anything else.

Thank you.

Natalia Rodriguez

Principal
ECG, LLC
+1 832-776-5393
natalia@environmentalcgroup.com
www.environmentalcgroup.com

From: Rainee Trevino <Rainee.Trevino@tceq.texas.gov>
Date: Friday, December 5, 2025 at 8:10 AM
To: Natalia Rodriguez Pinilla <natalia@environmentalcgroup.com>
Cc: treyh@skyranch.org <treyh@skyranch.org>
Subject: RE: Application to Renew Permit No. WQ0014318001- Notice of Deficiency Letter

Good morning, Ms. Rodriguez,

Thank you for the prompt response. Items 1,3,4,5,and 6 of the deficiency letter are complete and sufficient.

There is only one small error with item 2 regarding the SOS filing number. The number provided has too many 0's. Please submit section II of the Core Data Form corrected.

Please use the attached template to complete the Spanish NORI for item 7 .

Please let me know if you have any questions.

Kind Regards,

Rainee Trevino

Water Quality Division | ARP Team

Texas Commission on Environmental Quality

512-239-4324



From: Natalia Rodriguez Pinilla <natalia@environmentalcgroup.com>

Sent: Thursday, December 4, 2025 12:18 PM

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

Cc: treyh@skyranch.org

Subject: Re: Application to Renew Permit No. WQ0014318001- Notice of Deficiency Letter

Dear Ms. Treviño,

Attached please find the response letter addressing all items listed in the Notice of Deficiency dated December 3, 2025, for the renewal of Permit No. WQ0014318001. As requested, I am also including the revised application pages, updated summaries, corrected USGS map, and the Spanish NORI in Word format.

Please let me know if any additional information is needed or if further adjustments are required. I will be happy to assist promptly.

Thank you for your guidance and support through this process.

Kind regards,

Natalia Rodríguez

Consultant, ECG LLC

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

Date: Wednesday, December 3, 2025 at 1:39 PM

To: Natalia Rodriguez Pinilla <natalia@environmentalcgroup.com>

Cc: treyh@skyranch.org <treyh@skyranch.org>

Subject: Application to Renew Permit No. WQ0014318001- Notice of Deficiency Letter

Good afternoon,

The attached Notice of Deficiency letter sent on December 3, 2025, requests additional information needed to declare the application administratively complete. Please send the complete response to my attention by December 17, 2025.

Thank you,

Rainee Trevino

Water Quality Division | ARP Team

Texas Commission on Environmental Quality

512-239-4324



Rainee Trevino

From: Natalia Rodriguez Pinilla <natalia@environmentalcgroup.com>
Sent: Monday, December 8, 2025 11:23 AM
To: Rainee Trevino
Cc: treyh@skyranch.org
Subject: Re: Application to Renew Permit No. WQ0014318001- Notice of Deficiency Letter
Attachments: Core Data Form, Section II, Item 7.pdf; FRANCHISE TAX ACCOUNT STATUS.pdf

Rainee, it is attached.

Natalia Rodriguez

Principal
ECG, LLC
+1 832-776-5393
natalia@environmentalcgroup.com
www.environmentalcgroup.com

From: Rainee Trevino <Rainee.Trevino@tceq.texas.gov>
Date: Monday, December 8, 2025 at 7:58 AM
To: Natalia Rodriguez Pinilla <natalia@environmentalcgroup.com>
Cc: treyh@skyranch.org <treyh@skyranch.org>
Subject: RE: Application to Renew Permit No. WQ0014318001- Notice of Deficiency Letter

Good morning, Natalia,

Item 7 is sufficient. I did not see the updated Core Data Form attached to the email.

Rainee Trevino

Water Quality Division | ARP Team
Texas Commission on Environmental Quality
512-239-4324



From: Natalia Rodriguez Pinilla <natalia@environmentalcgroup.com>
Sent: Friday, December 5, 2025 11:00 AM
To: Rainee Trevino <Rainee.Trevino@tceq.texas.gov>
Cc: treyh@skyranch.org
Subject: Re: Application to Renew Permit No. WQ0014318001- Notice of Deficiency Letter



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 600646715		RN 102816741

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)			
<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>	
Sky Ranches, Inc.				SK	
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	
0012419201		17560044830			
11. Type of Customer:		<input checked="" type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
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		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
12. Number of Employees				13. Independently Owned and Operated?	
<input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input 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:		24657 County Road 448			
City		Van		State TX	
ZIP		75790		ZIP + 4	
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)	
				trejh@skyranch.org	

Rainee Trevino

From: Natalia Rodriguez Pinilla <natalia@environmentalcgroup.com>
Sent: Tuesday, December 9, 2025 6:01 PM
To: Rainee Trevino
Cc: treyh@skyranch.org
Subject: Re: Application to Renew Permit No. WQ0014318001- Notice of Deficiency Letter
Attachments: Municipal Discharge Renewal Spanish NORI[2].docx

Rainee,

Notice has been revised using the exact words that the text suggested. Previous notice said the same, but using different words, or ordering.

Thank you

Natalia Rodriguez

Principal
ECG, LLC
+1 832-776-5393
natalia@environmentalcgroup.com
www.environmentalcgroup.com

From: Rainee Trevino <Rainee.Trevino@tceq.texas.gov>
Date: Tuesday, December 9, 2025 at 3:09 PM
To: Natalia Rodriguez Pinilla <natalia@environmentalcgroup.com>
Cc: treyh@skyranch.org <treyh@skyranch.org>
Subject: RE: Application to Renew Permit No. WQ0014318001- Notice of Deficiency Letter

Thanks Natalia. The language in the Spanish NORI submitted appears to have been changed. Please resubmit the notice but only input the information in the red text. The date of the issuance can be left blank. Please do not change any of the language in the black text. Please let me know if you have any questions.

Kind Regards,

Rainee Trevino

Water Quality Division | ARP Team
Texas Commission on Environmental Quality
512-239-4324



Rainee Trevino

From: Natalia Rodriguez Pinilla <natalia@environmentalcgroup.com>
Sent: Thursday, December 11, 2025 11:22 AM
To: Rainee Trevino
Cc: treyh@skyranch.org
Subject: Re: Application to Renew Permit No. WQ0014318001- Notice of Deficiency Letter

Rainee,

Name should continue as Sky Ranches WWTP

Thanks

Get [Outlook for Mac](#)

N

From: Rainee Trevino <Rainee.Trevino@tceq.texas.gov>
Date: Wednesday, December 10, 2025 at 3:20 PM
To: Natalia Rodriguez Pinilla <natalia@environmentalcgroup.com>
Cc: treyh@skyranch.org <treyh@skyranch.org>
Subject: RE: Application to Renew Permit No. WQ0014318001- Notice of Deficiency Letter

Can you also confirm if the name of the site is changing from Sky Ranches WWTP to Sky Ranches Wetlands WWTP?

Thank you,

Rainee Trevino

Water Quality Division | ARP Team
Texas Commission on Environmental Quality
512-239-4324



From: Rainee Trevino
Sent: Wednesday, December 10, 2025 3:13 PM
To: Natalia Rodriguez Pinilla <natalia@environmentalcgroup.com>
Cc: treyh@skyranch.org
Subject: RE: Application to Renew Permit No. WQ0014318001- Notice of Deficiency Letter

Thank you, received.

Rainee Trevino

From: Natalia Rodriguez Pinilla <natalia@environmentalcgroup.com>
Sent: Thursday, December 11, 2025 1:52 PM
To: Rainee Trevino
Cc: treyh@skyranch.org
Subject: Re: Application to Renew Permit No. WQ0014318001- Notice of Deficiency Letter
Attachments: Core Data Form.pdf; page 8.pdf

Here you go. Than you so much.

Let us now if there is anything else.

Natalia Rodriguez

Principal
ECG, LLC
+1 832-776-5393
natalia@environmentalcgroup.com
www.environmentalcgroup.com

From: Rainee Trevino <Rainee.Trevino@tceq.texas.gov>
Date: Thursday, December 11, 2025 at 1:14 PM
To: Natalia Rodriguez Pinilla <natalia@environmentalcgroup.com>
Cc: treyh@skyranch.org <treyh@skyranch.org>
Subject: RE: Application to Renew Permit No. WQ0014318001- Notice of Deficiency Letter

Thanks for confirming. Section III of the Core Data Form and section 9 of the application both have the site name as "Sky Ranches Wetlands WWTP". This will need to be corrected. Please resubmit section III of the Core Data Form and section 9 of the application with the correct site name. I apologize, I meant to include this in the original NOD letter and forgot to include it.

Thank you,

Rainee Trevino

Water Quality Division | ARP Team
Texas Commission on Environmental Quality
512-239-4324



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? Spanish

F. Summary of Application in Plain Language Template

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

Attachment: Attachment 3

G. Public Involvement Plan Form

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

Attachment: n/a

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 102816741

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):

Sky Ranches Wastewater Treatment Facility

C. Owner of treatment facility: Sky Ranches, Inc

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

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

Prefix: Click to enter text. Last Name, First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Sky Ranches, Inc.

Mailing Address: 24657 County Road 448 City, State, Zip Code: Van, Texas 75790

Phone No.: 903-266-3394 E-mail Address: treyh@skyranch.org

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



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 600646715		RN 102816741

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)			
<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)					
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
Sky Ranches, Inc.				SK	
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	
600646715		17560044830		10. DUNS Number (if applicable)	
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				13. Independently Owned and Operated?	
<input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input 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:		24657 County Road 448			
City		Van	State	TX	ZIP
					75790
ZIP + 4					
16. Country Mailing Information (if outside USA)			17. E-Mail Address (if applicable)		
			trejh@skyranch.org		

18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)
(800) 962-2267		() -

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 checked="" type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information								
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>								
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)								
Sky Ranches Wastewater Treatment Facilities								
23. Street Address of the Regulated Entity: (No PO Boxes)	24657 County Road 448							
	City	Van	State	TX	ZIP	75790	ZIP + 4	
24. County								

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:		32.565893 N			28. Longitude (W) In Decimal:		-95.579644	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
29. Primary SIC Code		30. Secondary SIC Code		31. Primary NAICS Code		32. Secondary NAICS Code		
(4 digits)		(4 digits)		(5 or 6 digits)		(5 or 6 digits)		
7032				721214				
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)								
recreational camp ministry								
34. Mailing Address:	24657 Count Road 448							
	City	Van	State	TX	ZIP	75790	ZIP + 4	
35. E-Mail Address:								
36. Telephone Number			37. Extension or Code			38. Fax Number (if applicable)		
(800) 962-2267						() -		

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:
	WQ0014318001			

SECTION IV: Preparer Information

40. Name:	Natalia Rodriguez		41. Title:	Consultant
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address	
(832) 776-5393		() -	natalia@environmentalcgroup.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:	Sky Ranches, Inc.	Job Title:	Camp Director
Name (In Print):	Bill Wnedy	Phone:	() -
Signature:		Date:	