



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

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

North Hays County Municipal Utility District No. 1 (CN602563561) operates Castletop Capital Hays ABC Wastewater Treatment Plant (RN103930129), a 611,00 gallon-per-day wastewater treatment facility. The facility is located at 330 Dark Horse Lane, in Buda, Hays County, Texas 78610. This application is for a renewal to discharge 611,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain five day-day carbonaceous biochemical oxygen demand (CBOD5) and total dissolved solids (TDS). Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7.. Domestic wastewater is treated by aerobic treatment. The treatment units include 2 Bar Screenings, 3 Tertiary Filters, 2 Clarifiers, 2 Aeration Tanks, 4 Aerobic Digesters, and 2 Chlorine Contact Chambers.

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

AGUAS RESIDUALES DOMÉSTICAS /AGUAS PLUVIALES

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

North Hays County Municipal Utility District No. 1 (CN602563561) opera Castletop Capital Hays ABC Wastewater Treatment Plant RN103930129, una planta de tratamiento de aguas residuales con una capacidad de 611,00 galones por día . La instalación está ubicada en 330 Dark Horse Lane, en Buda, Condado de Hays, Texas 78610. Esta solicitud es para una renovación para descargar 611,000 galones por día de aguas residuales domésticas tratadas. .

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonoso de cinco días (CBOD5) y sólidos disueltos totales (TDS). Posibles contaminantes adicionales se incluyen en el Informe Técnico Nacional 1.0, Sección 7. . Las aguas residuales domésticas. está tratado por tratamiento aeróbico. Las unidades de tratamiento incluyen 2 Cribas de Barra, 3 Filtros Terciarios, 2 Clarificadores, 2 Tanques de Aireación, 4 Digestores Aeróbicos y 2 Cámaras de Contacto de Cloro .

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0014431001

APPLICATION. North Hays County Municipal Utility District No. 1, 901 South Mopac Expressway, Suite 225, Austin, Texas 78746, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0014431001 (EPA I.D. No. TX0128201) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 611,000 gallons per day. The domestic wastewater treatment facility is located at 330 Dark Horse Lane, near the city of Buda, in Hays County, Texas 78610. The discharge route is from the plant site to an unnamed tributary; thence to Brushy Creek; thence to a reservoir; thence to Brushy Creek; thence to Plum Creek. TCEQ received this application on November 18, 2024. The permit application will be available for viewing and copying at Kyle Public Library, 550 Scott Street, in Hays County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.8125,30.0375&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 North Hays County Municipal Utility District No. 1. at the address stated above or by calling Mr. Hank Smith, P.E., Atwell, LLC, at 512-480-0032.

Issuance Date: December 5, 2024

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. WQ0014431001

SOLICITUD. North Hays County Municipal District No. 1, 901 South Mopac Expressway, Suite 225, Austin, Texas 78746 solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0014431001 EPA I.D. No. TX 0128201) 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 611,000 galones por día. La planta está ubicada 330 Dark Horse Lane en el Condado de Hays, Texas. La ruta de descarga es del sitio de la planta a una zona afluente sin nombre: de allí a Brushy Creek; de allí a un embalse; de allí a Brushy Creek; de allí a Plum Creek. La TCEQ recibió esta solicitud el 18 de noviembre de 2024. La solicitud para el permiso estará disponible para leerla y copiarla en Kyle Public Library, 550 Scott Street, en Hays County, Texas antes de la fecha de publicación de este aviso en el periódico. La aplicación incluidas las actualizaciones y los avisos asociados están disponibles electrónicamente en la siguiente pagina 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=-97.8125,30.0375&level=18>

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 de correos siguientes (1) la lista de correo permanente para recibir los avisos de el 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.

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 North Hays County Municipal Utility District No. 1. a la dirección indicada arriba o llamando a Hank Smith al 512-480-0032.

Fecha de emission: 5 de diciembre de 2024



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION
CHECKLIST**

Complete and submit this checklist with the application.

APPLICANT NAME: North Hays County MUD #1

PERMIT NUMBER (If new, leave blank): WQ00 14431-001

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

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

For TCEQ Use Only

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION
ADMINISTRATIVE REPORT 1.0**

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

Section 1. Application Fees (Instructions Page 26)

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

Flow	New/Major Amendment	Renewal
<0.05 MGD	\$350.00 <input type="checkbox"/>	\$315.00 <input type="checkbox"/>
≥0.05 but <0.10 MGD	\$550.00 <input type="checkbox"/>	\$515.00 <input 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 checked="" 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: 1796
Check/Money Order Amount: \$1615.00
Name Printed on Check: No. Hays County Municipal Utility District No. 1

EPAY Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

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

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

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

- ☒ Active ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

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

f. For existing permits:

Permit Number: WQ00 14431-001

EPA I.D. (TPDES only): TX 0128201

Expiration Date: November 1, 2024

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

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

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

North Hays County Municipal Utility District #1

(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: 602563561

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: Hank Smith

Title: District Engineer

Credential: P.E.

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?

Click to enter text.

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

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

CN: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

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

C. Core Data Form

Complete the Core Data Form for each customer and include as an attachment. If the customer type selected on the Core Data Form is **Individual**, complete **Attachment 1** of Administrative Report 1.0. [AR1.0.3.C](#)

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: Mr.

Last Name, First Name: Joey Gallegos

Title: Project Manager

Credential: P.E.

Organization Name: Atwell, LLC

Mailing Address: 1611 West 5th Street, Suite 175 City, State, Zip Code: Austin, TX 78703

Phone No.: 512-584-8705

E-mail Address: jgallegos@atwell.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. 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: 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.

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: Jesi Mann

Title: Assistant Division Manager

Credential: Click to enter text.

Organization Name: Guadalupe-Blanco River Authority

Mailing Address: 1431 Satterwhite Road

City, State, Zip Code: Buda, TX 78610

Phone No.: (512) 757-6524

E-mail Address: jmann@gbra.org

B. Prefix: Mr. Last Name, First Name: Hank Smith
Title: District Engineer Credential: P.E.
Organization Name: Atwell, LLC
Mailing Address: 1611 West 5th Street, Suite 175 City, State, Zip Code: Austin, TX, 78703
Phone No.: 512-904-0505 E-mail Address: hsmith@atwell.com

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mr. Last Name, First Name: Jesi Mann
Title: Water Quality Project Coordinator Credential: Click to enter text.
Organization Name: Guadalupe-Blanco River Authority
Mailing Address: 1431 Satterwhite Road City, State, Zip Code: Buda, TX 78610
Phone No.: (512) 757-6524 E-mail Address: jmann@gbra.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: Jesi Mann
Title: Water Quality Project Coordinator Credential: Click to enter text.
Organization Name: Guadalupe-Blanco River Authority
Mailing Address: 1431 Satterwhite Road City, State, Zip Code: Buda, TX 78610
Phone No.: (512) 757-6524 E-mail Address: jmann@gbra.org

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: Hank Smith
Title: District Engineer Credential: P.E.
Organization Name: Atwell, LLC
Mailing Address: 1611 West 5th Street, Suite 175 City, State, Zip Code: Austin, TX, 78703
Phone No.: 512-904-0505 E-mail Address: hsmith@atwell.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: Hank Smith

Title: District Engineer

Credential: P.E.

Organization Name: Atwell, LLC

Mailing Address: 1611 West 5th Street, Suite 175 City, State, Zip Code: Austin, TX, 78703

Phone No.: 512-904-0505

E-mail Address: hsmith@atwell.com

D. Public Viewing Information

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

Public building name: Click to enter text.

Location within the building: Click to enter text.

Physical Address of Building: Click to enter text.

City: Click to enter text.

County: Click to enter text.

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

Phone No.: Click to enter text. Ext.: Click to enter text.

E. Bilingual Notice Requirements

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

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

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

F. Plain Language Summary Template

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

Attachment: Click to enter text.

G. Public Involvement Plan Form

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

Attachment: Click to enter text.

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 103930129

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):

Castletop Capital Hays ABC Wastewater Treatment Plant

C. Owner of treatment facility: North Hays County Municipal Utility District No. 1

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: North Hays County Municipal Utility

District No. 1

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: North Hays County Municipal Utility District No. 1

Mailing Address: 901 S. Mopac Expy, Ste 225 City, State, Zip Code: Austin, TX 78746

Phone No.: 512-328-2008

E-mail Address: tcorbett@mcleanhowardlaw.com

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

Attachment: Click to enter text.

E. Owner of effluent disposal site:

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

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: [Click to enter text.](#)

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:

From the treatment plant via pipe, to an unnamed tributary; thence to Brushy Creek; thence to a reservoir; thence to Plum Creek in segment No. 1810 of the Guadalupe River Basin.

City nearest the outfall(s): [Click to enter text.](#)

County in which the outfalls(s) is/are located: [Click to enter text.](#)

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

☐

Yes

☒

No

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

- ☐ Authorization granted ☐ Authorization pending

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

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

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☐ No

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

[Click to enter text.](#)

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

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

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

[Click to enter text.](#)

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

[Click to enter text.](#)

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

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

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

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

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

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

Section 13. Attachments (Instructions Page 33)

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

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

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

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

☐ 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: WQ0014431001

Applicant: North Hays County Municipal Utility District No. 1

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): Hank Smith

Signatory title: District Engineer

Signature: _____

(Use blue ink)

Date: _____

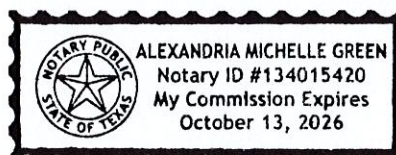
11/18/2024

Subscribed and Sworn to before me by the said HANK SMITH

on this 18th day of NOVEMBER, 2024.

My commission expires on the 13th day of OCTOBER, 2026.

Alexandria Green
Notary Public



[SEAL]

Travis

County, Texas

ATTACHMENT SPIF.1

USGS MAP

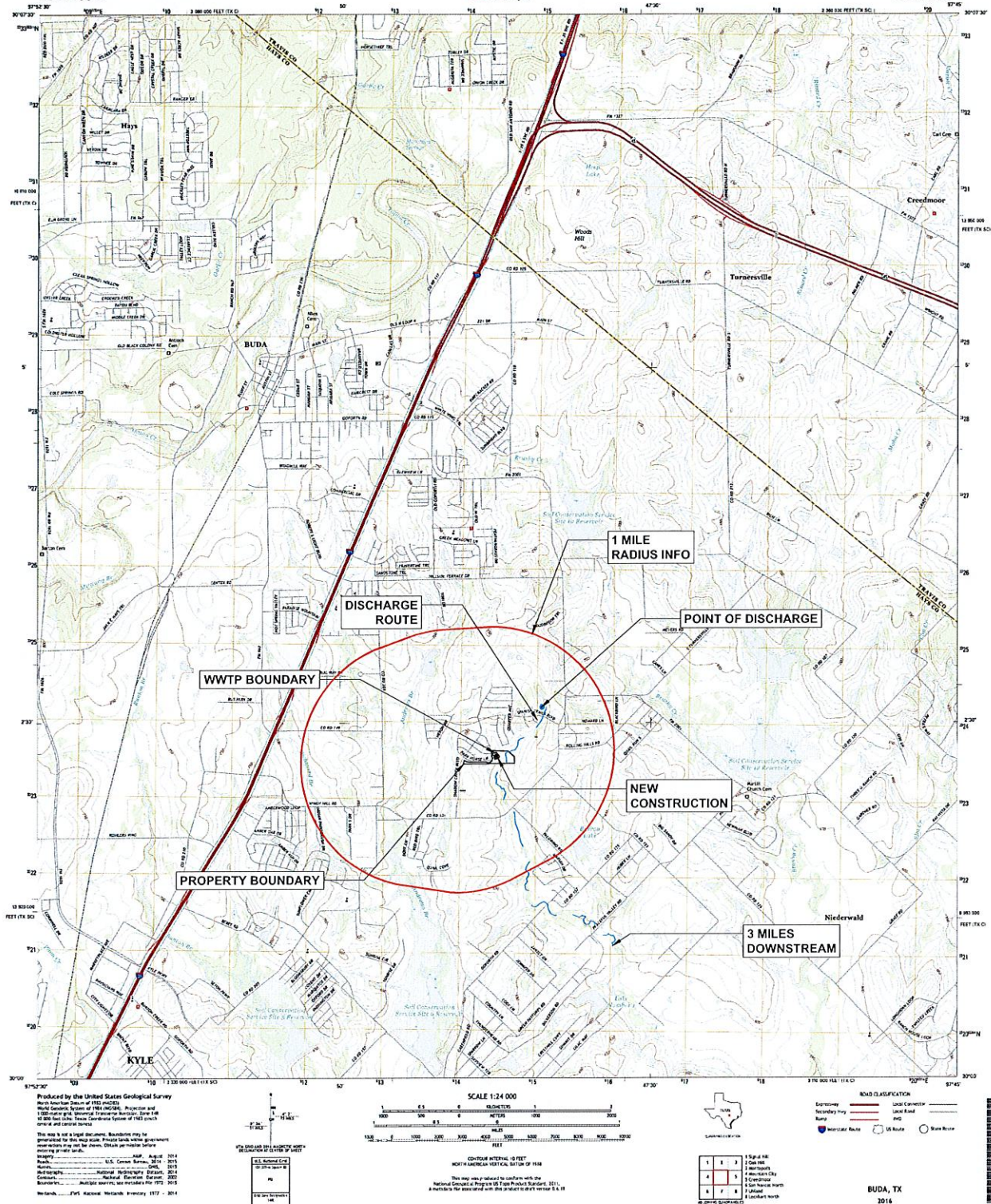
SPIF



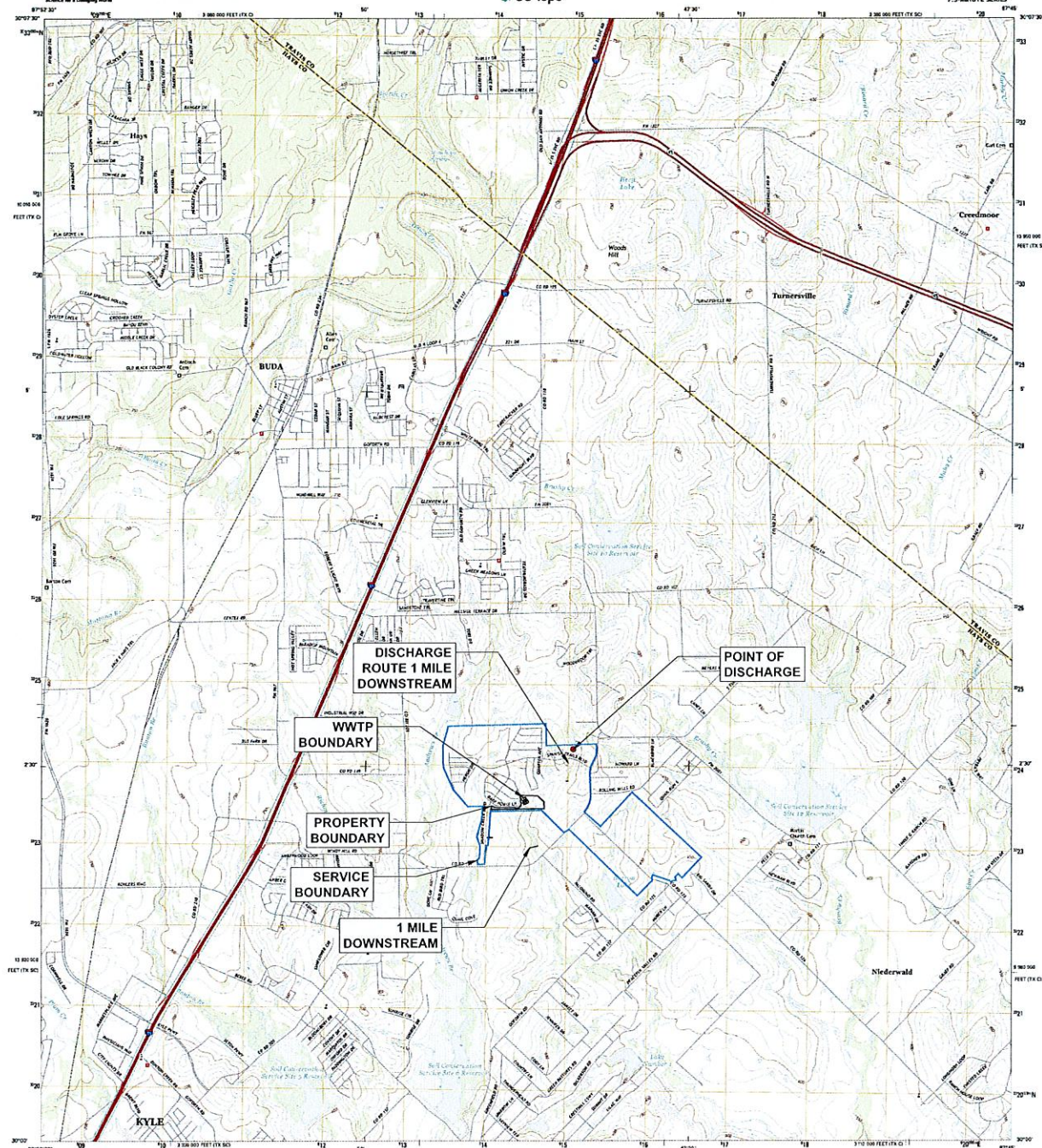
U.S. DEPARTMENT OF THE INTERIOR
U.S. GEOLOGICAL SURVEY



BUDA QUADRANGLE
TEXAS
7.5-MINUTE SERIES



ATTACHMENT AR1.0.13
ORIGINAL FULL-SIZE TOPOGRAPHIC MAP
ADMINISTRATIVE REPORT

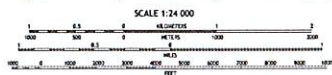


Produced by the United States Geological Survey
North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projected and
100-meter grid. Geographical Township and Range: 14R, 10S
100 000 feet zone. Texas Coordinate System of 1983 (south of
10 000 000 and central zone).

This map is not a legal document. Boundaries may be
generated by this map as such. Private lands within government
reservations may not be shown. Obtain permission before
entering private lands.

Inset: 1987, August 20
Base: U.S. Census Bureau, 20
Names: GNS, 20
Hydrography: International Hydrographic Bureau,
Contours: 1960 and 1960 (Elevation, 2000)
Bounds: 10 000 000 feet zone (see remarks file 107)

Metadata: FWS National Wetlands Inventory 1977



CONTOUR INTERVAL 10 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988



This map was produced to conform with the
National Geospatial Program US Topo Projections Standard, 2011.
A metadata file associated with this product is draft version 2.0.






1	2	3
4	5	6
7	8	9

1 Signal Hill
 2 Oak Hill
 3 Montopoli
 4 Mount Pleasant
 5 Greendale
 6 San Marcos North
 7 Island
 8 Lockport North

ROAD CLASSIFICATION

Expressway		Local Connector	
Secondary Hwy		Local Road	
Link		City	

 Interstate Road  US Route  State Route

BUDA,
2014

ATTACHMENT SPIF.1

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

Use this form to submit the Application Fee, if the mailing the payment.

- Complete items 1 through 5 below.
- Staple the check or money order in the space provided at the bottom of this document.
- **Do Not mail this form with the application form.**
- Do not mail this form to the same address as the application.
- Do not submit a copy of the application with this form as it could cause duplicate permit entries.

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
P.O. Box 13088
Austin, Texas 78711-3088

BY OVERNIGHT/EXPRESS MAIL

Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
12100 Park 35 Circle
Austin, Texas 78753

Fee Code: WQP **Waste Permit No: WQ0014431001**

1. Check or Money Order Number: Click to enter text.
2. Check or Money Order Amount: Click to enter text.
3. Date of Check or Money Order: Click to enter text.
4. Name on Check or Money Order: North Hays County Municipal Utility District No
5. APPLICATION INFORMATION

Name of Project or Site: Castletop Capital Hays ABC Wastewater Treatment Facility

Physical Address of Project or Site: 330 Dark Horse Lane

If the check is for more than one application, attach a list which includes the name of each Project or Site (RE) and Physical Address, exactly as provided on the application.

Staple Check or Money Order in This Space

ATTACHMENT 1

INDIVIDUAL INFORMATION

Section 1. Individual Information (Instructions Page 41)

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

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

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

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

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

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

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

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

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

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

For Commission Use Only:

Customer Number:

Regulated Entity Number:

Permit Number:

ATTACHMENT AR1.0.2

COPY OF CHECK

ADMINISTRATIVE REPORT

ATTACHMENT AR1.0.3.C

CORE DATA FORM

ADMINISTRATIVE REPORT



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 602563561		RN 103930129

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)				If new Customer, enter previous Customer below:	
North Hays County MUD #1					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	
				10. DUNS Number (if applicable)	
11. Type of Customer:		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input checked="" 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 checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
15. Mailing Address:		901 S. Mopac Expy, Ste 225			
City		Austin		State TX	
ZIP		78746		ZIP + 4	
16. Country Mailing Information (if outside USA)			17. E-Mail Address (if applicable)		
			tcorbett@mcleanhowardlaw.com		
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)	

SECTION III: Regulated Entity Information**21. General Regulated Entity Information** (If 'New Regulated Entity' is selected, a new permit application is also required.)☐ New Regulated Entity ☐ Update to Regulated Entity Name ☒ Update to Regulated Entity Information

The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).

22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)

Castleop Capital Hays ABC WWTP

23. Street Address of the Regulated Entity:(No PO Boxes)

330 Dark Horse Lane

City

Buda

State

TX

ZIP

78610

ZIP + 4

7808

24. County

Hays

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

25. Description to**Physical Location:**

330 Dark Horse Lane

26. Nearest City

Buda

State

Tx

Nearest ZIP Code

78610

Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).

27. Latitude (N) In Decimal:

30.0375

28. Longitude (W) In Decimal:

-97.8125

Degrees

Minutes

Seconds

Degrees

Minutes

Seconds

30

2

15

-97

48

45

29. Primary SIC Code

(4 digits)

4952

30. Secondary SIC Code

(4 digits)

31. Primary NAICS Code

(5 or 6 digits)

221320

32. Secondary NAICS Code

(5 or 6 digits)

33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)**34. Mailing****Address:**

330 Dark Horse Lane

City

Buda

State

TX

ZIP

78610

ZIP + 4

7808

35. E-Mail Address:**36. Telephone Number****37. Extension or Code****38. Fax Number** (if applicable)

() -

() -

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

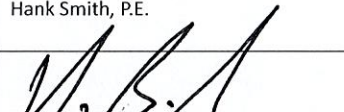
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review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

SECTION IV: Preparer Information

40. Name:	Hank Smith			41. Title:	District Engineer
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(512) 904-0505	4314	(512) 904-0509	hsmith@atwell.com		

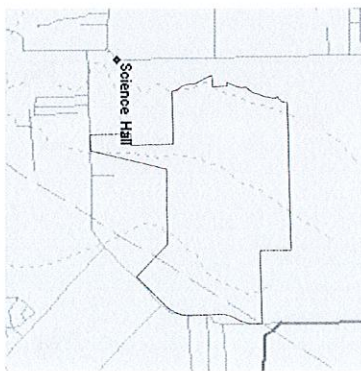
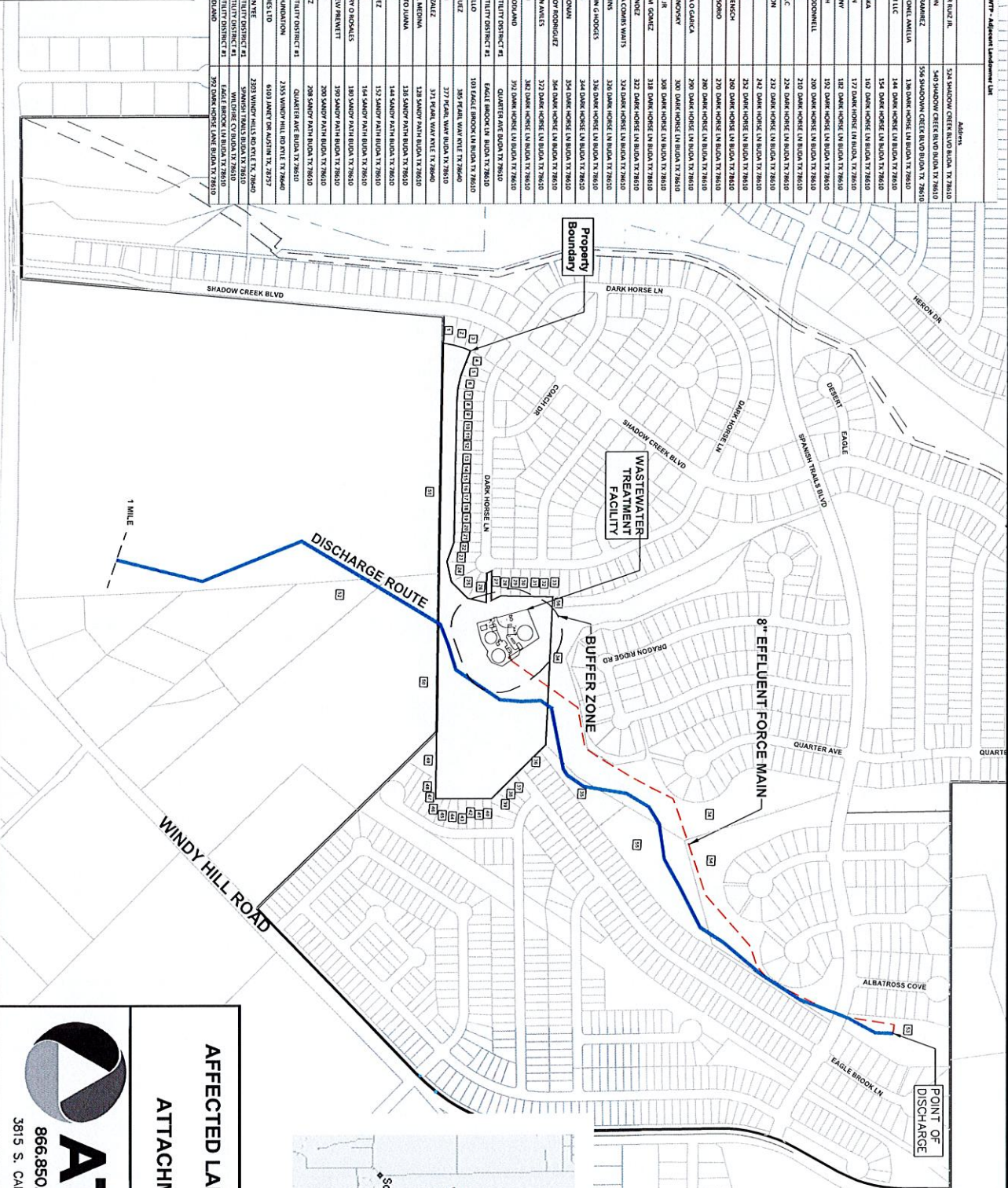
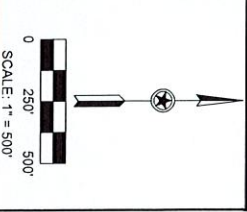
SECTION V: Authorized Signature


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:	Atwell, LLC		Job Title:	Director	
Name (In Print):	Hank Smith, P.E.			Phone:	(512) 904- 0505
Signature:				Date:	10/10/2024

ATTACHMENT AR1.1.1.A
AFFECTED LANDOWNERS MAP
ADMINISTRATIVE REPORT

Landowner ID	Name	Address
1	MELISSA LUTHERY & JAMES BLIZ JR.	524 SHADOW CREEK BLVD BLVD TX 78610
2	LETTI G. INCONCINO	540 SHADOW CREEK BLVD BLVD TX 78610
3	DAVID R AND GARCILIA S RAMIREZ	556 SHADOW CREEK BLVD BLVD TX 78610
4	SALVADOR JUAN GARCILIA S RAMIREZ	130 DARK HORSE LN BLVD TX 78610
5	AMM 201.1 BOROWEN LLC	144 DARK HORSE LN BLVD TX 78610
6	VALTI, CARSON	154 DARK HORSE LN BLVD TX 78610
7	MARISA COTLAROSKA	162 DARK HORSE LN BLVD TX 78610
8	VIRAKA THONGKAM	172 DARK HORSE LN BLVD TX 78610
9	ELIZABETH R. BENTON	182 DARK HORSE LN BLVD TX 78610
10	SCOTT HARRISON	192 DARK HORSE LN BLVD TX 78610
11	BRIAN J AND JACQUELINE S. COONWELL	200 DARK HORSE LN BLVD TX 78610
12	MICHAEL BLITZ	210 DARK HORSE LN BLVD TX 78610
13	SMP 1 PROPERTIES LLC	220 DARK HORSE LN BLVD TX 78610
14	LARINE ANN JOHNSON	232 DARK HORSE LN BLVD TX 78610
15	LISA M BLAND	242 DARK HORSE LN BLVD TX 78610
16	SUSAN A. WILSON	252 DARK HORSE LN BLVD TX 78610
17	STEVEN AND JESSICA BOHNSCH	260 DARK HORSE LN BLVD TX 78610
18	LEONARDO & TERESA S. OSORIO	270 DARK HORSE LN BLVD TX 78610
19	GILBERT PEREZ	280 DARK HORSE LN BLVD TX 78610
20	BARRON P AND ANGELICA G. GARCIA	290 DARK HORSE LN BLVD TX 78610
21	PAUL W AND ELISA MARINOPOY	300 DARK HORSE LN BLVD TX 78610
22	WILLIAM T. REISLER JR.	310 DARK HORSE LN BLVD TX 78610
23	PABLO G AND EDUARDO ALBA GOMEZ	320 DARK HORSE LN BLVD TX 78610
24	VICTOR MORALES REYES	332 DARK HORSE LN BLVD TX 78610
25	MICHAEL WATTS AND SHARONNA COOKS WATTS	342 DARK HORSE LN BLVD TX 78610
26	SHANE E. MARTEL COOKS	350 DARK HORSE LN BLVD TX 78610
27	WILLIAM L. & WOOTEN WILLIAM G. HODGES	360 DARK HORSE LN BLVD TX 78610
28	STEVEN E. FLORES	370 DARK HORSE LN BLVD TX 78610
29	JAMES L. AND CAROL CHRYMAN	384 DARK HORSE LN BLVD TX 78610
30	ARFATES GARCIA & MARVA GORDON REYNOLDS	394 DARK HORSE LN BLVD TX 78610
31	RUBEN CARPENA & LAUREN AYES	402 DARK HORSE LN BLVD TX 78610
32	DANIEL L. WILSON	410 DARK HORSE LN BLVD TX 78610
33	TROY D AND HELEN L. WOODWARD	420 DARK HORSE LN BLVD TX 78610
34	NORTH HAYS COUNTY MUNICIPAL UTILITY DISTRICT #1	QUARTER AVE BLVD TX 78610
35	NORTH HAYS COUNTY MUNICIPAL UTILITY DISTRICT #1	QUARTER AVE BLVD TX 78610
36	JOSE EDUARDO CASTILLO	101 DARK HORSE LN BLVD TX 78610
37	LISA MARQUEZ REYNOLDS	307 DARK HORSE LN BLVD TX 78610
38	CATHERINE CHEN	317 DARK HORSE LN BLVD TX 78610
39	MATT AND EMILY COGNOLIZ	327 DARK HORSE LN BLVD TX 78610
40	JONEL AND MERCEDES JAIL MEDINA	337 DARK HORSE LN BLVD TX 78610
41	GILBERTO GARCIA AND SOTO JAYMA	347 DARK HORSE LN BLVD TX 78610
42	TAMARA LEE LLC	357 DARK HORSE LN BLVD TX 78610
43	EMIL GARCIA CHAVEZ	367 DARK HORSE LN BLVD TX 78610
44	JONAS SWENSON	377 DARK HORSE LN BLVD TX 78610
45	EDUARDO VICENTE JR. & JULIA O. BOSQUES	387 DARK HORSE LN BLVD TX 78610
46	SCOTT CAMPBELL AND MARLYN FRIEDEL	397 DARK HORSE LN BLVD TX 78610
47	DOUGLAS ALVES	407 DARK HORSE LN BLVD TX 78610
48	JORDAN VILLI MAZET	417 DARK HORSE LN BLVD TX 78610
49	NORTH HAYS COUNTY MUNICIPAL UTILITY DISTRICT #1	QUARTER AVE BLVD TX 78610
50	VALON TEXAS EDUCATION FOUNDATION	2355 WINDY HILL RD BLVD TX 78610
51	ADAM WALKER PROPERTIES LTD	4103 WINDY HILL RD BLVD TX 78610
52	RAMON B. AND JOHNNIE L. VIE	2303 WINDY HILL RD BLVD TX 78610
53	NORTH HAYS COUNTY MUNICIPAL UTILITY DISTRICT #1	WINDY HILL RD BLVD TX 78610
54	NORTH HAYS COUNTY MUNICIPAL UTILITY DISTRICT #1	WINDY HILL RD BLVD TX 78610
55	NORTH HAYS COUNTY MUNICIPAL UTILITY DISTRICT #1	WINDY HILL RD BLVD TX 78610
56	THEO D. & NICOLE A. WOODWARD	270 DARK HORSE LN BLVD TX 78610





ATWELL

866.850.4200 www.atwell-group.com
3815 S. CAPITAL OF TEXAS HIGHWAY, SUITE 300
AUSTIN, TX 78704

AFFECTED LANDOWNERS EXHIBIT

ATTACHMENT AR1.1.1.A

ATTACHMENT AR1.1.1.B
AFFECTED LANDOWNERS LIST
ADMINISTRATIVE REPORT

Shadow Creek WWTP - Adjacent Landowner List		
Landowner ID	Name	Address
1	MELISSA JURRENS & JAVIER RUIZ JR.	524 SHADOW CREEK BLVD BUDA TX 78610
2	LETITIA G FINCANNON	540 SHADOW CREEK BLVD BUDA TX 78610
3	DAVID R AND GRACIELA S RAMIREZ	556 SHADOW CREEK BLVD BUDA TX 78610
4	SALAZAR JUAN GERONIMO & VITTONEL AMELIA	136 DARK HORSE LN BUDA TX 78610
5	AMH 201-1 BORROWER LLC	144 DARK HORSE LN BUDA TX 78610
6	VALIY, CASSON	154 DARK HORSE LN BUDA TX 78610
7	NATASHA CVETANOSKA	162 DARK HORSE LN BUDA TX 78610
8	VIRASAK THONGSAN	172 DARK HORSE LN BUDA, TX 78610
9	ELIZABETH R ANTHONY	182 DARK HORSE LN BUDA TX 78610
10	SCOTT HABERBOSCH	192 DARK HORSE LN BUDA TX 78610
11	BRIAN J AND JACQUELYN L ODONNELL	200 DARK HORSE LN BUDA TX 78610
12	MICHAEL BELTZ	210 DARK HORSE LN BUDA TX 78610
13	SBF 1 PROPERTIES LLC	224 DARK HORSE LN BUDA TX 78610
14	LAURIE ANN JOHNSON	232 DARK HORSE LN BUDA TX 78610
15	LISA M BRAVO	242 DARK HORSE LN BUDA TX 78610
16	SUSAN A NUNN	252 DARK HORSE LN BUDA TX 78610
17	STEVEN AND JESILYN ROENSCH	260 DARK HORSE LN BUDA TX 78610
18	LEONARDO & TERESA R OSORIO	270 DARK HORSE LN BUDA TX 78610
19	GUERRY BYERS	280 DARK HORSE LN BUDA TX 78610
20	RAYMOND PJ AND ANGELICA O GARICA	290 DARK HORSE LN BUDA TX 78610
21	PAUL W AND ELISSA MALINOVSKY	300 DARK HORSE LN BUDA TX 78610
22	WILLIAM P KESSLER JR	308 DARK HORSE LN BUDA TX 78610
23	PABLO G AND ESMERALDA M GOMEZ	318 DARK HORSE LN BUDA TX 78610
24	VICENTE MOJICA-RESENDEZ	322 DARK HORSE LN BUDA TX 78610
25	MICHAEL WAITS AND SHANNARA COMBS WAITS	324 DARK HORSE LN BUDA TX 78610
26	SHANE & MIABEL GOINS	326 DARK HORSE LN BUDA TX 78610
27	WILLIAM L & WOOTEN AUTUMN G HODGES	336 DARK HORSE LN BUDA TX 78610
28	STEVEN E FLORES	344 DARK HORSE LN BUDA TX 78610
29	JAMES L AND CAROL CRONAN	354 DARK HORSE LN BUDA TX 78610
30	ANTARES GARCIA & MILVIA GODOY RODRIGUEZ	364 DARK HORSE LN BUDA TX 78610
31	RUBEN CABRERA & LAUREN AVILES	372 DARK HORSE LN BUDA TX 78610
32	DANIEL B WILSON	382 DARK HORSE LN BUDA TX 78610
33	TROY D AND HOLLY B WOODLAND	392 DARK HORSE LN BUDA TX 78610
34	NORTH HAYS COUNTY MUNICIPAL UTILITY DISTRICT #1	QUARTER AVE BUDA TX 78610
35	NORTH HAYS COUNTY MUNICIPAL UTILITY DISTRICT #1	EAGLE BROOK LN BUDA TX 78610
36	JOSE EDUARDO CASTILLO	103 EAGLE BROOK LN BUDA TX 78610
37	LUIS MIGUEL RODRIGUEZ	385 PEARL WAY KYLE TX 78640
38	CATHERINE CHEN	377 PEARL WAY BUDA TX 78610
39	MATT AND EMILY GONZALEZ	371 PEARL WAY KYLE TX 78640
40	JORGE AND MENESES JAEI MEDINA	128 SANDY PATH BUDA TX 78610
41	GILBERTO GARCIA AND SOTO JUANA	136 SANDY PATH BUDA TX 78610
42	TANYA 144 LLC	144 SANDY PATH BUDA TX 78610
43	ERIK J GARCIA CHAVEZ	152 SANDY PATH BUDA TX 78610
44	JOHN SWENSON	164 SANDY PATH BUDA TX 78610
45	EDUARDO VICENTE JR & HILLARY O ROSALES	180 SANDY PATH BUDA TX 78610
46	SCOTT CHAMP & DAVID MATHEW PREWETT	190 SANDY PATH BUDA TX 78610
47	DOUGLAS ALVES	200 SANDY PATH BUDA TX 78610
48	JORDAN NELL MATZ	208 SANDY PATH BUDA TX 78610
49	NORTH HAYS COUNTY MUNICIPAL UTILITY DISTRICT #1	QUARTER AVE BUDA TX 78610
50	VALOR TEXAS EDUCATION FOUNDATION	2355 WINDY HILL RD KYLE TX 78640
51	AGMK WALKER PROPERTIES LTD	6103 JANEY DR AUSTIN TX, 78757
52	KAH FAI & ZHOUYING LIN YEE	2303 WINDY HILLS RD KYLE TX, 78640
53	NORTH HAYS COUNTY MUNICIPAL UTILITY DISTRICT #1	SPANISH TRAILS BUDA TX 78610
54	NORTH HAYS COUNTY MUNICIPAL UTILITY DISTRICT #1	WILDFIRE CV BUDA TX 78610
55	NORTH HAYS COUNTY MUNICIPAL UTILITY DISTRICT #1	EAGLE BROOK LN BUDA TX 78610
56	TROY D & HOLLY B WOODLAND	392 DARK HORSE LANE BUDA TX 78610

ATTACHMENT AR1.1.1.C

LANDOWNER LABELS

ADMINISTRATIVE REPORT

MELISSA JURRENS & JAVIER RUIZ JR. 524 SHADOW CREEK BLVD BUDA TX 78610	RAYMOND PJ AND ANGELICA O GARICA 290 DARK HORSE LN BUDA TX 78610 PAUL W AND ELISSA MALINOVSKY 300 DARK HORSE LN BUDA TX 78610	MATT AND EMILY GONZALEZ 371 PEARL WAY KYLE TX 78640 JORGE AND MENESES JAE MEDINA 128 SANDY PATH BUDA TX 78610 GILBERTO GARCIA AND SOTO JUANA 136 SANDY PATH BUDA TX 78610
LETITIA G FINCANNON 540 SHADOW CREEK BLVD BUDA TX 78610 DAVID R AND GRACIELA S RAMIREZ 556 SHADOWN CREEK BLVD BUDA TX 78610 SALAZAR JUAN GERONIMO & VITTONEL AMELIA 136 DARK HORSE LN BUDA TX 78610 AMH 201-1 BORROWER LLC 144 DARK HORSE LN BUDA TX 78610	WILLIAM P KESSLER JR 308 DARK HORSE LN BUDA TX 78610 PABLO G AND ESMERALDA M GOMEZ 318 DARK HORSE LN BUDA TX 78610 VICENTE MOJICA-RESENDEZ 322 DARK HORSE LN BUDA TX 78610 MICHAEL WAITS AND SHANNARA COMBS WAITS 324 DARK HORSE LN BUDA TX 78610	TANYA 144 LLC 144 SANDY PATH BUDA TX 78610 ERIK J GARCIA CHAVEZ 152 SANDY PATH BUDA TX 78610
VALIYI, CASSON 154 DARK HORSE LN BUDA TX 78610		JOHN SWENSON 164 SANDY PATH BUDA TX 78610 EDUARDO VICENTE JR & HILLARY O ROSALES 180 SANDY PATH BUDA TX 78610
NATASHA CVETANOSKA 162 DARK HORSE LN BUDA TX 78610	SHANE & MIABEL GOINS 326 DARK HORSE LN BUDA TX 78610 WILLIAM L & WOOTEN AUTUMN G HODGES 336 DARK HORSE LN BUDA TX 78610	SCOTT CHAMP & DAVID MATHEW PREWETT 190 SANDY PATH BUDA TX 78610
VIRASAK THONGSAN DARK HORSE LN BUDA, TX 78610 ELIZABETH R ANTHONY 182 DARK HORSE LN BUDA TX 78610	STEVEN E FLORES 344 DARK HORSE LN BUDA TX 78610	DOUGLAS ALVES 200 SANDY PATH BUDA TX 78610

SCOTT HABERBOSCH
192 DARK HORSE LN BUDA TX
78610

BRIAN J AND JACQUELYN L
ODONNELL
200 DARK HORSE LN BUDA TX
78610

MICHAEL BELTZ
210 DARK HORSE LN BUDA TX
78610

SBF 1 PROPERTIES LLC
224 DARK HORSE LN BUDA TX
78610

LAURIE ANN JOHNSON
232 DARK HORSE LN BUDA TX
78610

LISA M BRAVO2
42 DARK HORSE LN BUDA TX
78610

SUSAN A NUNN
252 DARK HORSE LN BUDA TX
78610

STEVEN AND JESILYN ROENSCH
260 DARK HORSE LN BUDA TX
78610

LEONARDO & TERESA R OSORIO
270 DARK HORSE LN BUDA TX
78610

GUERRY BYERS
280 DARK HORSE LN BUDA TX
78610

JAMES L AND CAROL CRONAN
354 DARK HORSE LN BUDA TX
78610

ANTARES GARCIA & MILVIA
GODOY RODRIGUEZ
364 DARK HORSE LN BUDA TX
78610

RUBEN CABRERA & LAUREN
AVILES372 DARK HORSE LN
BUDA TX 78610

DANIEL B WILSON
382 DARK HORSE LN BUDA TX
78610

TROY D AND HOLLY B
WOODLAND392 DARK HORSE LN
BUDA TX 78610

NORTH HAYS COUNTY
MUNICIPAL UTILITY DISTRICT #1
QUARTER AVE BUDA TX 78610
NORTH HAYS COUNTY

MUNICIPAL UTILITY DISTRICT #1
EAGLE BROOK LN BUDA TX
78610

JOSE EDUARDO CASTILLO103
EAGLE BROOK LN BUDA TX
78610

LUIS MIGUEL RODRIGUEZ385
PEARL WAY KYLE TX 78640

CATHERINE CHEN
377 PEARL WAY BUDA TX 78610

JORDAN NELL MATZ
208 SANDY PATH BUDA TX
78610

NORTH HAYS COUNTY
MUNICIPAL UTILITY DISTRICT #1
QUARTER AVE BUDA TX 78610
VALOR TEXAS EDUCATION
FOUNDATION2355 WINDY HILL
RD KYLE TX 78640

AGMK WALKER PROPERTIES
LTD6103 JANEY DR AUSTIN TX,
78757

KAH FAI & ZHOUYING LIN YEE
2303 WINDY HILLS RD KYLE TX,
78640

NORTH HAYS COUNTY
MUNICIPAL UTILITY DISTRICT #1
SPANISH TRAILS BUDA TX 78610

NORTH HAYS COUNTY
MUNICIPAL UTILITY DISTRICT #1
WILDFIRE CV BUDA TX 78610
NORTH HAYS COUNTY

MUNICIPAL UTILITY DISTRICT #1
EAGLE BROOK LN BUDA TX
78610

TROY D & HOLLY B WOODLAND
392 DARK HORSE LANE BUDA TX
78610

ATTACHMENT AR1.1.2
ORIGINAL PHOTOGRAPHS
ADMINISTRATIVE REPORT

T:\Private\Cost\Shadow Creek\North Hays MUD 1\WWTP Permit Amendment 2019\Design\Exhibits\Original Photograph Plot Plan.dwg

DARK HORSE LN

37

36

35

34

33

32

31

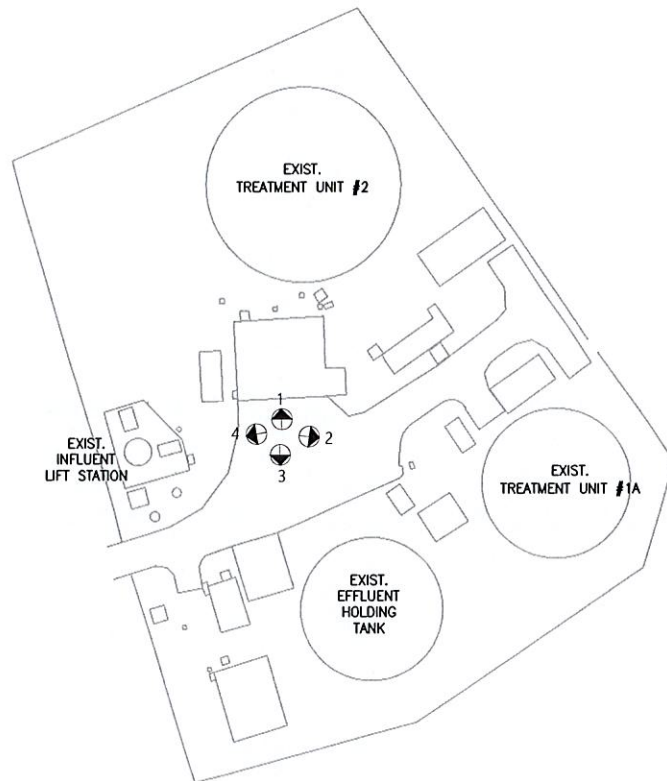
30

29

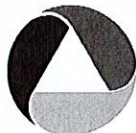
28

27

26



SCALE: 1" = 80'



ATWELL

866.850.4200 www.atwell-group.com

3815 S. CAPITAL OF TEXAS HIGHWAY, SUITE 300
AUSTIN, TX 78704

OWNER/DEVELOPER

HAYS SHADOW CREEK
DEVELOPMENT, INC.
3600 N CAPITAL OF TEXAS
HWY BUILDING B, SUITE 320
AUSTIN, TX 78746
PHONE: 512-329-6600
FAX: 512-329-6462

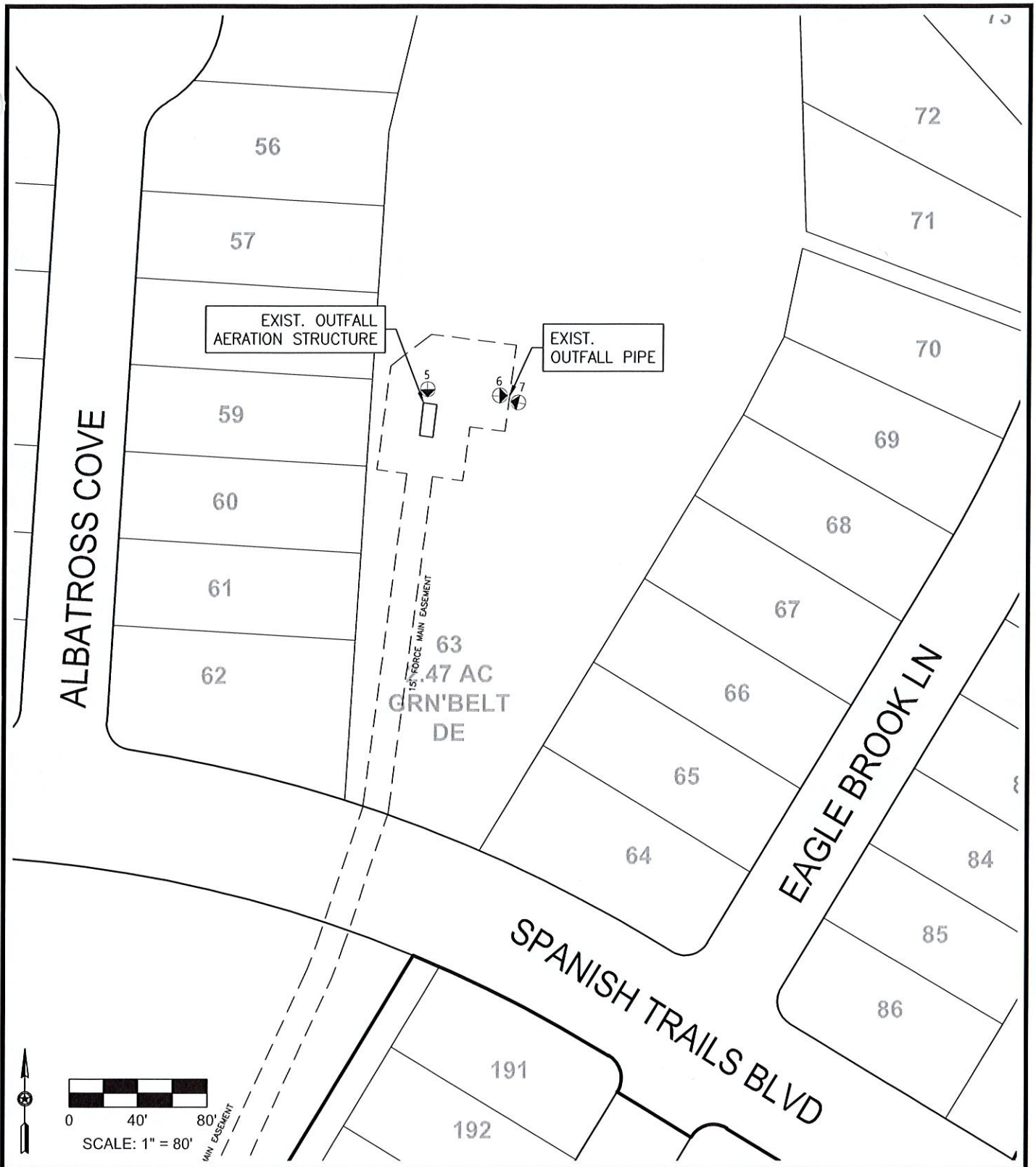
MODIFIED: May 1, 2019
PLOTTED: May 2, 2019
PLOTTED BY: Xavier Garza

**Shadow Creek
Subdivision**

**Photograph Plot
Plan**

**Attachment
AR1.1.2**

Exhibit 1 of 2



ATWELL

866.850.4200 www.atwell-group.com
3815 S. CAPITAL OF TEXAS HIGHWAY, SUITE 300
AUSTIN, TX 78704

OWNER/DEVELOPER

HAYS SHADOW CREEK
DEVELOPMENT, INC.
3600 N CAPITAL OF TEXAS
HWY BUILDING B, SUITE 320
AUSTIN, TX 78746
PHONE: 512-329-6600
FAX: 512-329-6462

MODIFIED: May 1, 2019
PLOTTED: May 2, 2019
PLOTTED BY: Xavier Garza

**Shadow Creek
Subdivision**

**Photograph Plot
Plan**

**Attachment
AR1.1.2**

Exhibit 2 of 2



CONSULTING. ENGINEERING. CONSTRUCTION.

Original Photograph Descriptions

Attachment AR1.1.2



Photo 1: Existing Treatment Unit #2



Photo 2: Existing Treatment Unit #1A – Location of Proposed Improvements



Photo 3: Existing Effluent Holding Tank/Effluent Pump Building



Photo 4: Existing Entrance/ Lift Station



Photo 5: Outfall Aeration Structure



Photo 6: Discharge looking downstream



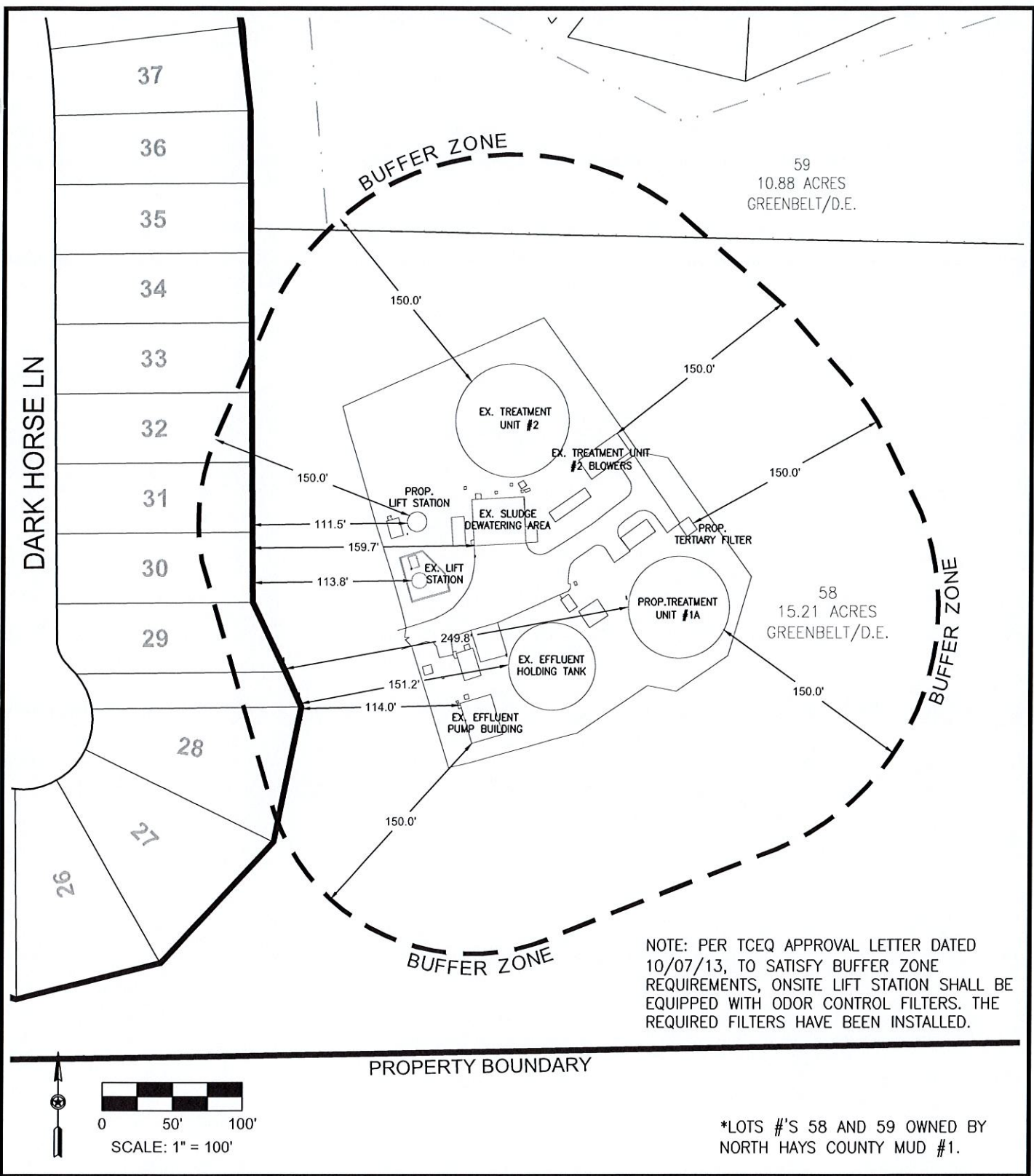
Photo 7: Discharge looking upstream

ATTACHMENT AR1.1.3

BUFFER ZONE MAP

ADMINISTRATIVE REPORT

T:\Private\Cost\Shadow Creek\North Hays MUD 1\WWTP Permit Amendment 2019\Design\Exhibits\Buffer Zone\Exhibit_01.dwg





ATWELL
866.850.4200 www.atwell-group.com
3815 S. CAPITAL OF TEXAS HIGHWAY, SUITE 300
AUSTIN, TX 78704

OWNER/DEVELOPER	
HAYS SHADOW CREEK DEVELOPMENT, INC. 3600 N CAPITAL OF TEXAS HWY BUILDING B, SUITE 320 AUSTIN, TX 78746 PHONE: 512-329-6600 FAX: 512-329-6462	
MODIFIED:	May 1, 2019
PLOTTED:	May 2, 2019
PLOTTED BY:	Xavier Garza

Shadow Creek Subdivision

Wastewater Treatment Plant Buffer Zone Exhibit

ATTACHMENT AR1.1.3

Exhibit 1 of 1



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 0.162

2-Hr Peak Flow (MGD): 0.648

Estimated construction start date: Complete

Estimated waste disposal start date: N/A

B. Interim II Phase

Design Flow (MGD): 0.372

2-Hr Peak Flow (MGD): 1.488

Estimated construction start date: Complete

Estimated waste disposal start date: Ongoing

C. Final Phase

Design Flow (MGD): 0.611

2-Hr Peak Flow (MGD): 2.4420

Estimated construction start date: August 2019

Estimated waste disposal start date: Click to enter text.

D. Current Operating Phase

Provide the startup date of the facility: 10/01/2005

Section 2. Treatment Process (Instructions Page 43)

A. Current Operating Phase

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

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

The lift station receives raw wastewater from the collection system. Raw sewage is pumped from the lift station into a concrete influent box and is split by two channels. The 2'-0" wide channel will be modified to accommodate an automatic bar screen for removing debris and solids. The 1'-4" wide channel will be modified to contain a manually-cleaned bar screen. Screenings are dispensed into a dumpster on the ground level. The screened wastewater is split by the effluent splitter box and discharges to either of the two package treatment plants via gravity flow. The screened wastewater gravity feeds into a new, larger treatment unit. Influent enters the aeration basin where oxygen and mixing is provided to process the wastewater in complete-mix mode. Blowers with diffuser drop assemblies are installed across the aeration basin to distribute air. An aluminum sulfate (alum) feed system injects alum into the wastewater as a coagulating agent. The mixed liquor from the aeration basins enters the clarifier via an 18" submerged pipe. Suspended solids settle to the basin floor for removal. WAS from the biological process is pumped into two (2) digesters using two (2) airlift pumps pulling suction from the clarifier sludge hopper while RAS and scum are returned to the aeration basins. Two (2) sludge transfer airlifts are provided to transfer sludge from one digester to the other. Digester supernatant returns to the aeration basin using an airlift pump while digested sludge is sent to dewatering containers. The digested sludge is injected with a polymer prior to entering the dewatering area. Dewatered stabilized sludge is then disposed via a licensed sludge hauler while a drain recycles water from the dewatering process back to the influent lift station. The clarifier effluent is collected at the surface by circular effluent troughs around the basin perimeter. Clarifier effluent then flows into a modified baffle type chlorine contact basin for disinfection. A sodium hypochlorite solution is injected into the clarifier effluent. The water is disinfected as it flows through the contact chambers and enters the filter inlet. A post aeration system with diffusers is also installed to meet minimum dissolved oxygen requirements. The screened wastewater gravity feeds into a single aeration basin that provides oxygen and mixing to process the wastewater in complete-mix mode. Blowers with diffuser drop assemblies are installed across the aeration basin to distribute air. An aluminum sulfate (alum) feed system injects alum into the wastewater as a coagulating agent. The mixed liquor from the aeration basins enters into the clarifier influent well from a 16" feed pipe located at the end of the aeration basin. Suspended solids settle to the basin floor for removal. WAS from the biological process is pumped into the digester using an airlift pump pulling suction from the clarifier sludge hopper while RAS and scum are returned to the aeration basins. Digester supernatant returns to the aeration basin using an airlift pump while digested sludge is sent to dewatering containers. The digested sludge is injected with a polymer prior to entering the dewatering area. Dewatered stabilized sludge is then disposed via a licensed sludge hauler while a drain recycles water from the dewatering process back to the influent lift station. The clarifier effluent is collected at the surface by circular effluent troughs around the tank perimeter. Clarifier effluent then flows into the chlorine contact basin for disinfection. A sodium hypochlorite solution is injected into the clarifier effluent in the chlorine contact basins. The water is disinfected as it flows through the contact chambers. It then flows to the filter inlet. Effluent from the two treatment units gravity feed into three (3) cloth media filters. The filters are used to remove additional suspended solids to meet the plant's discharge permit requirements. The treated effluent from the filters is then fed to the effluent holding tank. The effluent holding tank has a capacity of 333,000 and supplies treated effluent for the plant NPW system and effluent pumps. There are two (2) skid-mounted NPW pumps that distribute NPW throughout the plant's treatment units. There are three (3) treated effluent pumps that pump plant effluent to an unnamed tributary of Brushy 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)
Headworks (Bar Screening)	2	Automatic Screen Channel 18' x 2' x 4' Manual Screen Bypass Channel 18' x 1.3' x 4'
Tertiary Filter	3	9.5' x 7.7' x 7.5' (3-disk)
<i>Treatment Unit No. 1A-72'</i>		
Clarifier	1	16'-6" x 38' ø
Aeration	1	16'-6" x 17' x 202°
Aerobic Digestion	2	16'-6" x 17' x 66.5° (each)
Chlorine Contact	1	16'-6" x 17' x 25°
<i>Treatment Unit No. 2-77'</i>		
Clarifier	1	16'-6" x 40' ø
Aeration	1	16'-6" x 18'-6" x 266°
Aerobic Digestion	2	16'-6" x 18'-6" x 38° (each)
Chlorine Contact	1	16'-6" x 18'-6" x 18°

C. Process Flow Diagram

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

Attachment: TR1.0.2.C

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

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

- Latitude: Click to enter text.
- Longitude: Click to enter text.

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

- Latitude: Click to enter text.
- Longitude: Click to enter text.

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

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

Attachment: TR1.0.3

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

The current area served by the treatment facility is the North Hays County Municipal District #1. With the renewal application, the service area will be extended to include the Trails and Windy Hills housing development.

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 45)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

The Trails at Windy Hills is a proposed housing development located in Buda, Texas. The nearest wastewater treatment plant to the community is located in the Shadow Creek neighborhood. At full buildout, the Trails at Windy Hill will include 909 units. The existing Shadow Creek WWTP will be expanded to treat the additional flow from the proposed development.

Section 5. Closure Plans (Instructions Page 45)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

Construction Plans for the proposed improvements include demolishing Treatment Unit 1. The construction plans for the Shadow Creek WWTP Final Expansion were reviewed and approved by TCEQ on November 30, 2018.

Section 6. Permit Specific Requirements (Instructions Page 45)

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

A. Summary transmittal

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

☒ Yes ☐ No

If **yes**, provide the date(s) of approval for each phase: [Click to enter text.](#)

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.**

TCEQ Approval Letter for Expansion dated 11/30/2018. See Attachment TR1.o.6.A

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

Buffer Zone requirements have been satisfied by a combination of ownership and nuisance odor control. Per TCEQ Approval Letter dated 10/07/13 (Attachment TR1.o.6.B) – to satisfy buffer zone requirements, the onsite lift station shall be equipped with odor control filters. The required filters have been installed.

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 50)

Is the facility in operation?

☒ Yes ☐ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , mg/l	1	1	1	Grab	8/15/2024 4:02 PM
Total Suspended Solids, mg/l	0.80	0.80	1	Grab	8/16/2024 11:55 AM
Ammonia Nitrogen, mg/l	< 0.10	< 0.10	1	Grab	8/16/2024 3:31 PM
Nitrate Nitrogen, mg/l	16.2	16.2	1	Grab	8/15/2024 7:41 PM
Total Kjeldahl Nitrogen, mg/l	< 0.20	< 0.20	1	Grab	8/22/2024 4:33 PM
Sulfate, mg/l	133	133	1	Grab	8/16/2024 3:18 AM
Chloride, mg/l	237	237	1	Grab	8/16/2024 3:18 AM
Total Phosphorus, mg/l	0.450	0.450	1	Grab	8/22/2024 4:56 PM
pH, standard units	7.3 (Lab) 7.2 (Lab)	7.3 (Lab)	1	Grab	8/15/2024 2:31 PM
Dissolved Oxygen*, mg/l	6.7 (Field)	6.7 (Field)	1	Grab	8/14/2024 11:05 AM
Chlorine Residual, mg/l	0.01 (Field)	0.01 (Field)	1	Grab	8/14/2024 11:05 AM
<i>E.coli</i> (CFU/100ml) freshwater	n/a	n/a	n/a	n/a	n/a
Enterococci (CFU/100ml) saltwater	n/a	n/a	n/a	n/a	n/a
Total Dissolved Solids, mg/l	650	650	1	Grab	8/16/2024 4:33 AM
Electrical Conductivity, μ mohs/cm, †	n/a	n/a	n/a	n/a	n/a
Oil & Grease, mg/l	1.79	1.79	1	Grab	8/24/2024 8:36 AM
Alkalinity (CaCO ₃)*, mg/l	72.9	72.9	1	Grab	8/15/2024 5:34 PM

*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 50)

Facility Operator Name: Jesi R Mann

Facility Operator's License Classification and Level: "B" Wastewater

Facility Operator's License Number: #WW0059108

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

A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

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

B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

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

C. Biosolids Management

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

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
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: [Click to enter text.](#)

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

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 53)

A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☐ No

B. Sludge processing authorization

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

Sludge Composting ☐ Yes ☒ No

Marketing and Distribution of sludge ☐ 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 55)

A. Additional authorizations

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

☐ Yes ☒ No

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

[Click to enter text.](#)

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

[Click to enter text.](#)

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

A. RCRA hazardous wastes

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

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

Section 14. Laboratory Accreditation (Instructions Page 56)

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

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

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

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

CERTIFICATION:

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

Printed Name: Click to enter text.

Title: Click to enter text.

Signature: -----

Date: 11/19/24-----

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

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

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

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

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

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

A. Receiving water outfall

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

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

[Click to enter text.](#)

C. Sea grasses

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

☐ Yes ☐ No

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

[Click to enter text.](#)

Section 3. Classified Segments (Instructions Page 64)

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

☐ Yes ☒ No

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

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

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

Name of the immediate receiving waters: Unnamed tributary, thence to Brushy Creek

A. Receiving water type

Identify the appropriate description of the receiving waters.

☒ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: Click to enter text.

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

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

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: Click to enter text.

B. Flow characteristics

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

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

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

☐ Perennial - normally flowing

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

☐ USGS flow records

☐ Historical observation by adjacent landowners

☒ Personal observation

☐ Other, specify: Click to enter text.

C. Downstream perennial confluences

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

Brushy Creek

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.

The discharge is into a natural stream (Brushy Creek) which flows into an in-line pond formed by a man-made dam, located approximately 1.3 miles downstream of the discharge. The pond then flows back into the natural stream (Brushy Creek).

E. Normal dry weather characteristics

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

Upstream of the discharge, the stream bed is dry and consists of native brush and grasses. Downstream of the discharge the stream bed stays wet due to effluent.

Date and time of observation: 6/7/2024

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

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

A. Upstream influences

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

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

B. Waterbody uses

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

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

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND DISPOSAL OF EFFLUENT

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

Section 1. Type of Disposal System (Instructions Page 68)

Identify the method of land disposal:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Surface application | <input type="checkbox"/> Subsurface application |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Subsurface soils absorption |
| <input type="checkbox"/> Drip irrigation system | <input type="checkbox"/> Subsurface area drip dispersal system |
| <input type="checkbox"/> Evaporation | <input type="checkbox"/> Evapotranspiration beds |
| <input type="checkbox"/> Other (describe in detail): Click to enter text. | |

NOTE: All applicants without authorization or proposing new/amended subsurface disposal MUST complete and submit Worksheet 7.0.

For existing authorizations, provide Registration Number: [Click to enter text.](#)

Section 2. Land Application Site(s) (Instructions Page 68)

In table 3.0(1), provide the requested information for the land application sites. Include the agricultural or cover crop type (wheat, cotton, alfalfa, bermuda grass, native grasses, etc.), land use (golf course, hayland, pastureland, park, row crop, etc.), irrigation area, amount of effluent applied, and whether or not the public has access to the area. Specify the amount of land area and the amount of effluent that will be allotted to each agricultural or cover crop, if more than one crop will be used.

Table 3.0(1) – Land Application Site Crops

Crop Type & Land Use	Irrigation Area (acres)	Effluent Application (GPD)	Public Access? Y/N

Section 3. Storage and Evaporation Lagoons/Ponds (Instructions Page 68)

Table 3.0(2) – Storage and Evaporation Ponds

Pond Number	Surface Area (acres)	Storage Volume (acre-feet)	Dimensions	Liner Type

Attach a copy of a liner certification that was prepared, signed, and sealed by a Texas licensed professional engineer for each pond.

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

Section 4. Flood and Runoff Protection (Instructions Page 68)

Is the land application site within the 100-year frequency flood level?

☐ Yes ☒ No

If yes, describe how the site will be protected from inundation.

[Click to enter text.](#)

Provide the source used to determine the 100-year frequency flood level:

[Click to enter text.](#)

Provide a description of tailwater controls and rainfall run-on controls used for the land application site.

[Click to enter text.](#)

Section 5. Annual Cropping Plan (Instructions Page 68)

Attach an Annual Cropping Plan which includes a discussion of each of the following items. If not applicable, provide a detailed explanation indicating why. **Attachment:** [Click to enter text.](#)

- Soils map with crops
- Cool and warm season plant species
- Crop yield goals
- Crop growing season
- Crop nutrient requirements
- Additional fertilizer requirements
- Minimum/maximum harvest height (for grass crops)
- Supplemental watering requirements
- Crop salt tolerances
- Harvesting method/number of harvests
- Justification for not removing existing vegetation to be irrigated

Section 6. Well and Map Information (Instructions Page 69)

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation indicating why. **Attachment:** [Click to enter text.](#)

- The boundaries of the land application site(s)
- Waste disposal or treatment facility site(s)
- On-site buildings
- Buffer zones
- Effluent storage and tailwater control facilities
- All water wells within 1-mile radius of the disposal site or property boundaries
- All springs and seeps onsite and within 500 feet of the property boundaries
- All surface waters in the state onsite and within 500 feet of the property boundaries
- All faults and sinkholes onsite and within 500 feet of the property

List and cross reference all water wells located within a half-mile radius of the disposal site or property boundaries shown on the USGS map in the following table. Attach additional pages as necessary to include all of the wells.

Table 3.0(3) – Water Well Data

Well ID	Well Use	Producing? Y/N	Open, cased, capped, or plugged?	Proposed Best Management Practice
			Choose an item.	
			Choose an item.	
			Choose an item.	
			Choose an item.	
			Choose an item.	

If water quality data or well log information is available please include the information in an attachment listed by Well ID.

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

Section 7. Groundwater Quality (Instructions Page 69)

Attach a Groundwater Quality Technical Report which assesses the impact of the wastewater disposal system on groundwater. This report shall include an evaluation of the water wells (including the information in the well table provided in Item 6. above), the wastewater application rate, and pond liners. Indicate by a check mark that this report is provided.

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

Are groundwater monitoring wells available onsite? ☐ Yes ☐ No

Do you plan to install ground water monitoring wells or lysimeters around the land application site? ☐ Yes ☐ No

If **yes**, provide the proposed location of the monitoring wells or lysimeters on a site map.

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

Section 8. Soil Map and Soil Analyses (Instructions Page 70)

A. Soil map

Attach a USDA Soil Survey map that shows the area to be used for effluent disposal.

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

B. Soil analyses

Attach the laboratory results sheets from the soil analyses. **Note:** for renewal applications, the current annual soil analyses required by the permit are acceptable as long as the test date is less than one year prior to the submission of the application.

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

List all USDA designated soil series on the proposed land application site. Attach additional pages as necessary.

Table 3.0(4) – Soil Data

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number

Section 9. Effluent Monitoring Data (Instructions Page 71)

Is the facility in operation?

☐ Yes ☐ No

If **no**, this section is not applicable and the worksheet is complete.

If yes, provide the effluent monitoring data for the parameters regulated in the existing permit. If a parameter is not regulated in the existing permit, enter N/A.

Table 3.0(5) – Effluent Monitoring Data

[illegible]

Provide a discussion of all persistent excursions above the permitted limits and any corrective actions taken.

Click to enter text.

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

Section 1. All POTWs (Instructions Page 89)

A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

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

Significant IUs - non-categorical:

Number of IUs: 0

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

Other IUs:

Number of IUs: 0

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

B. Treatment plant interference

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

☐ Yes ☒ No

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

Click to enter text.

C. Treatment plant pass through

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

☐ Yes ☒ No

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

Click to enter text.

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

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

A. Substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

B. Non-substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

C. Effluent parameters above the MAL

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

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. Industrial user interruptions

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

☐ Yes ☐ No

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

Click to enter text.

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

A. General information

Company Name: N/A

SIC Code: Click to enter text.

Contact name: Click to enter text.

Address: Click to enter text.

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

Telephone number: Click to enter text.

Email address: Click to enter text.

B. Process information

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

N/A

C. Product and service information

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

N/A

D. Flow rate information

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

Process Wastewater:

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

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

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

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

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

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

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

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

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

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

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

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

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

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

F. Industrial user interruptions

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

☐ Yes ☒ No

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

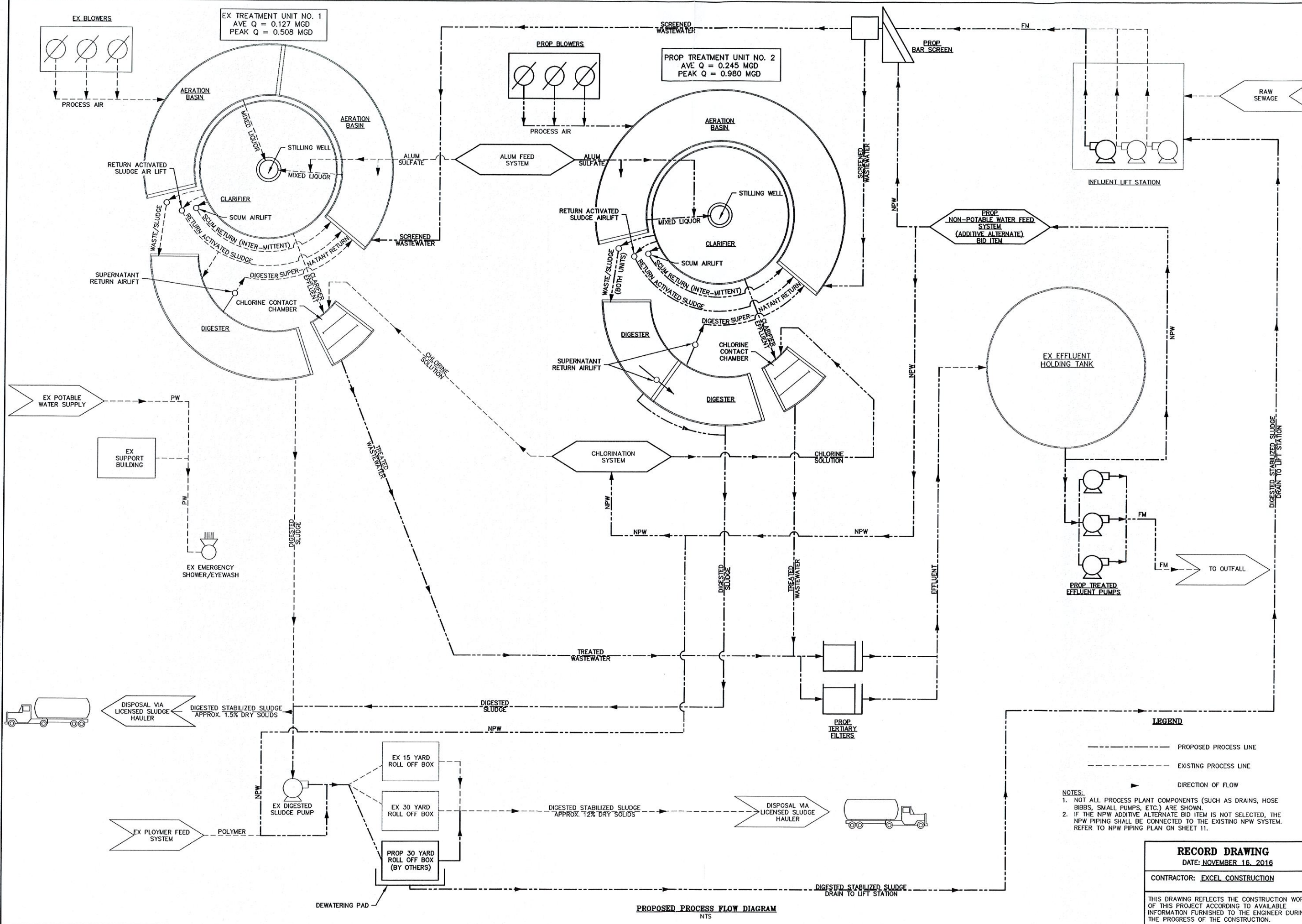
[Click to enter text.](#)

ATTACHMENT TR1.0.2.C

PROCESS FLOW DIAGRAMS

TECHNICAL REPORT

WORK IN PROGRESS: ENGINEERING WORK SHOWN IN THIS DRAWING IS THE PROPERTY OF THE ENGINEER. NO PART OF THIS DRAWING IS TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF THE ENGINEER. DATE: 11/23/16

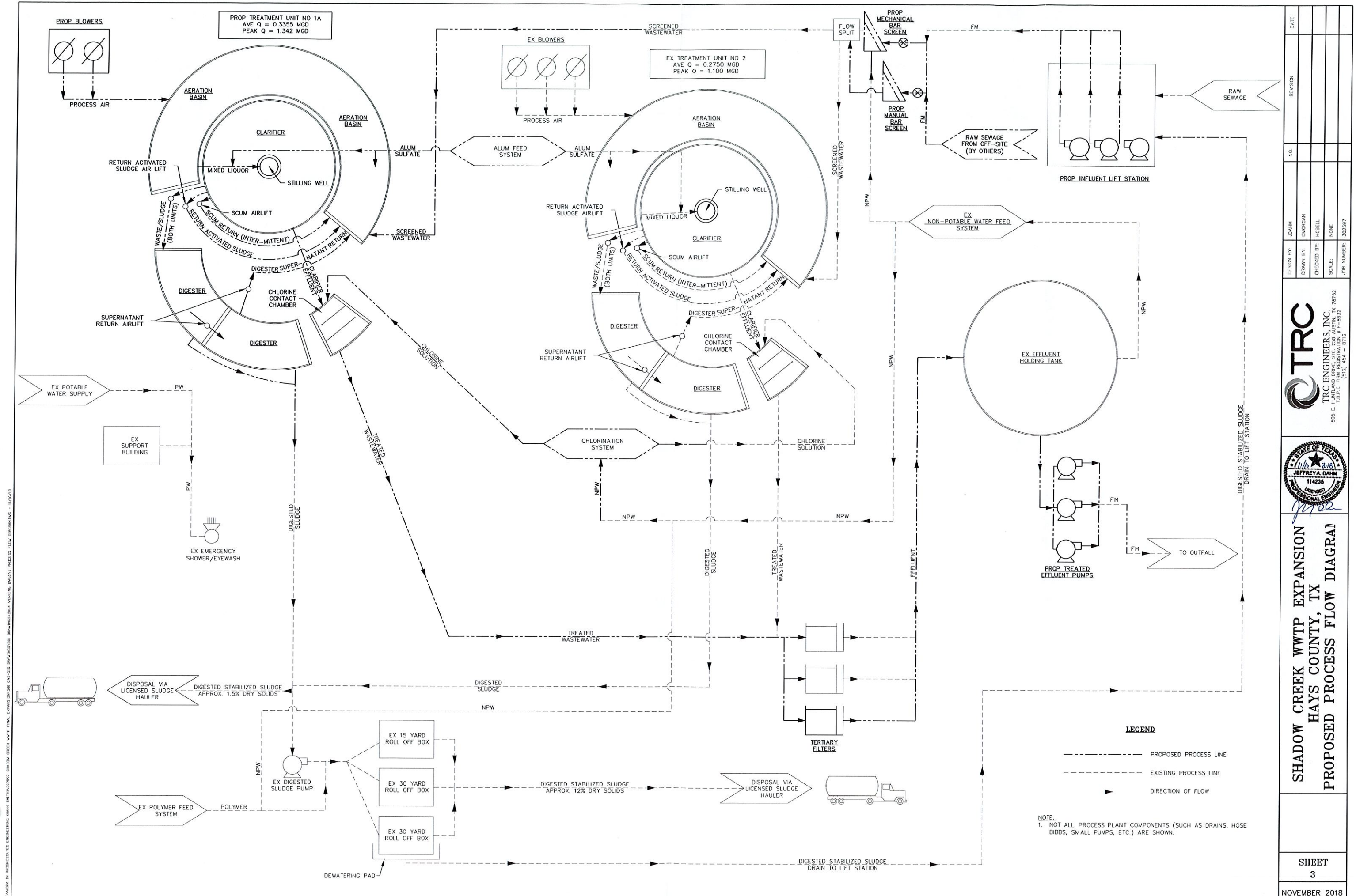


DATE	REVISION	NO.	DESIGN BY	DRAWN BY	CHECKED BY	SCALE	JOB NUMBER
11/16/2016		Δ	JRAMIREZ	BHARPER	BELL	NYS	218379

CTRC
TRC ENGINEERS, INC.
505 E. HUNLAND DRIVE, SUITE 250, AUSTIN, TX 78752
TEL: (512) 454-8716

SHADOW CREEK WTP EXPANSION
BUDA, TEXAS
PROPOSED PROCESS FLOW DIAGRAM

JAVIER RAMIREZ
98714
LICENSED PROFESSIONAL ENGINEER
11/16/16



DATE	
REVISION	
NO.	
DESIGN BY:	JDAHM
DRAWN BY:	DMORGAN
CHECKED BY:	HCHELL
SCALE:	NONE
JOB NUMBER:	302597

TRC ENGINEERS, INC.
505 E. HURLOCK AVE. SUITE 200
AUSTIN, TX 78752
(512) 454-8716

STATE OF TEXAS
JEFFREY A. DAHM
114235
LICENSED PROFESSIONAL ENGINEER

**SHADOW CREEK WTP EXPANSION
HAYS COUNTY, TX
PROPOSED PROCESS FLOW DIAGRAM**

**SHEET
3**

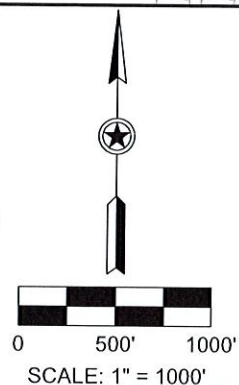
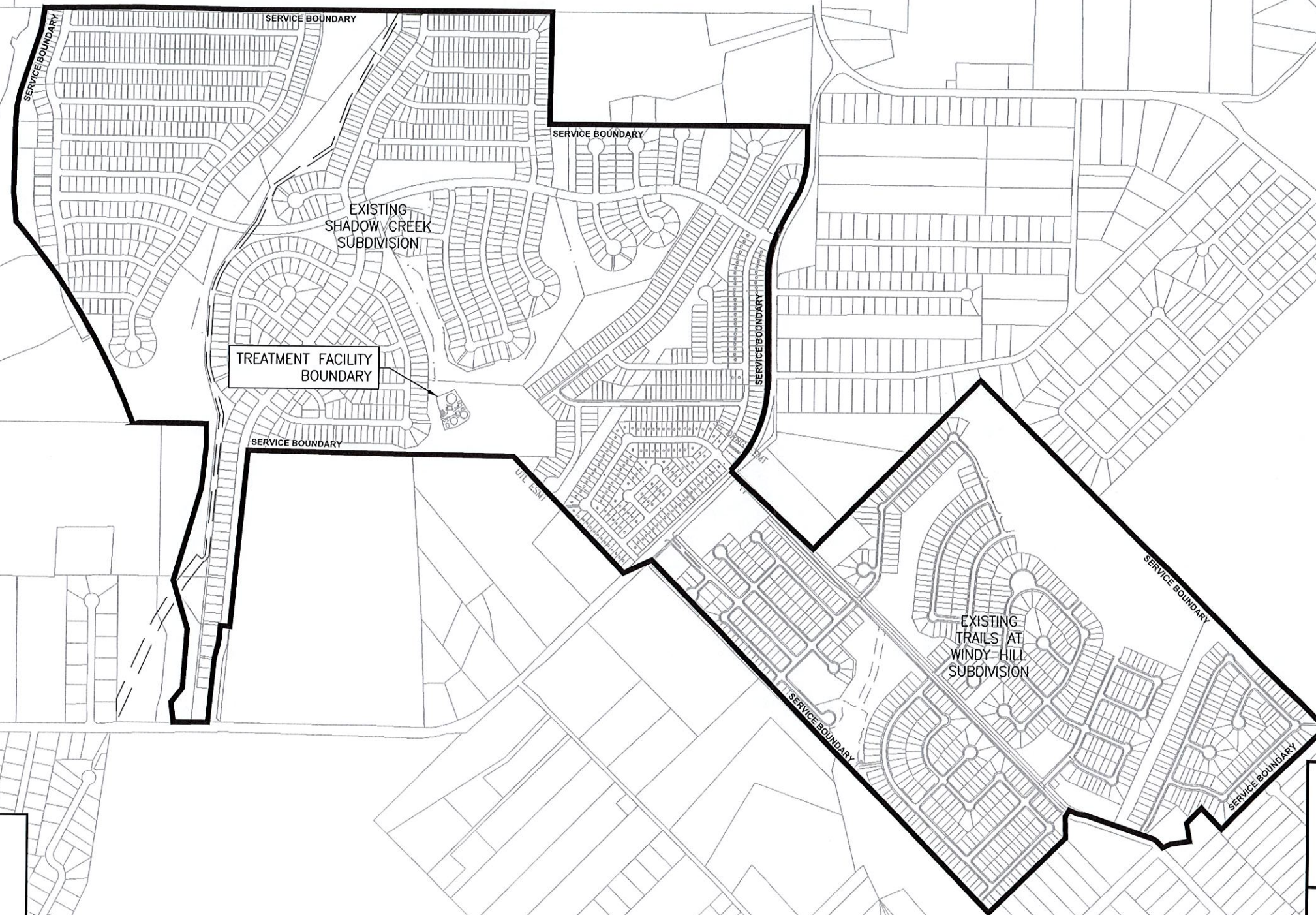
NOVEMBER 2018

ATTACHMENT TR1.0.3

SITE DRAWING

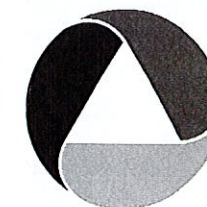
TECHNICAL REPORT

T:\Private\Castletop\Shadow Creek\North Hays MUD 1\WWTP Permit Renewal_2024\Landowner Labels\Exhibits\Site Drawing Exhibit_01.dwg



SITE DRAWING

ATTACHMENT TR1.0.3



ATWELL

866.850.4200 www.atwell-group.com

3815 S. CAPITAL OF TEXAS HIGHWAY, SUITE 300
AUSTIN, TX 78704

ATTACHMENT TR1.0.6.B
BUFFER ZONE CONDITIONS
TECHNICAL REPORT



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

October 7, 2013

Justin D. Lange, P.E.
Texas Engineering Solutions LLC
5000 Bee Caves Road, Suite 206
Austin, Texas 78746

Re: North Hays County MUD NO. 1
Shadow Creek Development - WWTP Odor Control Filter
Permit No. 14431-001
WWPR Log No. 0913/092
CN602819385, RN103930129
hays County

Dear Mr Lange:

We have received the project summary transmittal letter dated August 30, 2013.

The rules which regulate the design, installation and testing of domestic wastewater projects are found in 30 TAC, Chapter 217, of the Texas Commission on Environmental Quality (TCEQ) rules titled, Design Criteria for Wastewater Systems.

Section 217.6(d), relating to case-by-case reviews, states in part that upon submittal of a summary transmittal letter, the executive director may approve of the project without reviewing a complete set of plans and specifications.

Under the authority of §217.6(e) a technical review of complete plans and specifications is not required. **However, the project proposed in the summary transmittal letter is approved for construction. Please note, that this conditional approval does not relieve the applicant of any responsibilities to obtain all other necessary permits or authorizations, such as wastewater treatment permit or other authorization as required by Chapter 26 of the Texas Water Code.** Below are provisions of the Chapter 217 regulations, which must be met as a condition of approval. These items are provided as a reminder. If you have already met these requirements, please disregard this additional notice.

1. You must keep certain materials on file for the life of the project and provide them to TCEQ upon request. These materials include an engineering report, test results, a summary transmittal letter, and the final version of the project plans and specifications. These materials shall be prepared and sealed by a Professional Engineer licensed in the State of Texas and must show substantial compliance with Chapter 217. All plans and specifications must conform to any waste discharge requirements authorized in a permit by the TCEQ. Certain specific items which shall be addressed in the engineering report are discussed in §217.6(c). Additionally, the engineering report

Justin D. Lange, P.E.
Page 2
October 7, 2013

must include all constants, graphs, equations, and calculations needed to show substantial compliance with Chapter 217. The items which shall be included in the summary transmittal letter are addressed in §217.6(c)(1)-(10).

1. Any deviations from Chapter 217 shall be disclosed in the summary transmittal letter and the technical justifications for those deviations shall be provided in the engineering report. Any deviations from Chapter 217 shall be based on the best professional judgement of the licensed professional engineer sealing the materials and the engineer's judgement that the design would not result in a threat to public health or the environment.
2. Any variance from a Chapter 217 requirement disclosed in your summary transmittal letter is approved. If in the future, additional variances from the Chapter 217 requirements are desired for the project, each variance must be requested in writing by the design engineer. Then, the TCEQ will consider granting a written approval to the variance from the rules for the specific project and the specific circumstances.
3. Within 60 days of the completion of construction, an appointed engineer shall notify both the Wastewater Permits Section of the TCEQ and the appropriate Region Office of the date of completion. The engineer shall also provide written certification that all construction, materials, and equipment were substantially in accordance with the approved project, the rules of the TCEQ, and any change orders filed with the TCEQ. All notifications, certifications, and change orders must include the signed and dated seal of a Professional Engineer licensed in the State of Texas.

This approval does not mean that future projects will be approved without a complete plans and specifications review. The TCEQ will provide a notification of intent to review whenever a project is to undergo a complete plans and specifications review. Please be reminded of §217.5 of the rules which states, "Approval given by the executive director...shall not relieve the sewerage system owner or the design engineer of any liabilities or responsibilities with respect to the proper design, construction, or authorized operation of the project in accordance with applicable commission rules."

If you have any questions or if we can be of any further assistance, please call me at (512) 239-4552.

Sincerely,


for Louis C. Herrin, III, P.E.

Wastewater Permits Section (MC 148)
Water Quality Division
Texas Commission on Environmental Quality

LCH/evm

cc: TCEQ, Region 11 Office

ATTACHMENT TR1.0.7

POLLUTANT ANALYSIS

TECHNICAL REPORT



Guadalupe-Blanco River Authority

Report of Analysis

For: 423576 - GBRA-Shadow Creek
933 E Court St
Seguin, TX 78155



Released By: Kylie Gudgell

Title: Lead Technical Manager

I am the laboratory manager, or his/her designee, and I am responsible for the release of this data package. This laboratory data package has been reviewed and is complete and technically compliant with the requirements of the methods used, except where noted. I affirm, to the best of my knowledge that all problems/anomalies observed by this laboratory (and all applicable, any and all laboratories subcontracted through this laboratory) that might affect the quality of the data, have been identified in the report, and that no information or data have been knowingly withheld that would affect the quality of the data.

This Laboratory is NELAP accredited. Scope: Non-potable water, potable water.

Lab Sample ID: 240815.12-01**Site:** Effluent**Collection Date/Time:** 8/14/2024 11:05 AM**Receive Date/Time:** 8/15/2024 12:40 PM**Sample Matrix:** Waste Water**Sample Type:** Grab

Analyte	Method	Sample Result	DF	RPL	Qualifier	Test Date/Time	Analyst	Read Date/Time	Analysis
Ammonia as N	EPA 350.1 Rev. 2	< 0.10 mg/L	1	0.1		8/16/2024 03:31 PM	MW		
Total Kjeldahl Nitrogen (TKN)	EPA 351.2 Rev. 2	< 0.20 mg/L	1	0.2	J3,J4	8/22/2024 04:33 PM	MW		
Total Phosphorus	EPA 365.3	0.450 mg/L	2	0.04		8/20/2024 04:56 PM	MW		

NA = not analyzed

933 East Court Street
Seguin, TX 78155
(830)379-5822 ext 256

This report cannot be reproduced, except in full, without prior written permission of the GBRA Laboratory. Results shown relate only to the items tested. Samples are assumed to be in acceptable condition unless otherwise noted.

1 Parameter not available for NELAP accreditation at the GBRA
2 Parameter is approved under TCEQ Drinking Water Program

Work Order: 240815.12

Amended Report

This report replaces all previous versions of this Work Order: 240815.12

Lab Sample ID: 240815.12-02

Site: Effluent

Collection Date/Time: 8/14/2024 11:00 AM

Receive Date/Time: 8/15/2024 12:40 PM

Publish Date/Time: 9/5/24

4:18 PM

Sample Matrix: Waste Water

Sample Type: Grab

Analyte	Method	Sample Result	DE	RPL	Qualifier	Test Date/Time	Analyst	Read Date/Time	Analy
Total Dissolved Solids	SM 2540 C	650 mg/L	1	10		8/16/2024 04:33 PM	MLH		
Total Suspended Solids	SM 2540 D	0.80 mg/L	1	0.5		8/16/2024 11:55 AM	MD		
¹ pH (Lab)	SM 4500 H+B	7.3 SU	1	1	Q	8/15/2024 02:31 PM	CS		
Carbonaceous Biochemical Oxygen Demand (CBOD)	SM 5210 B	1 mg/L	1	1	B	8/15/2024 04:02 PM	CS	8/20/2024 11:20 AM	MT

NA = not analyzed

933 East Court Street
Seguin, TX 78155
(830)379-5822 ext 256

This report cannot be reproduced, except in full, without prior written permission of the GBRA Laboratory. Results shown relate only to the items tested. Samples are assumed to be in acceptable condition unless otherwise noted.

¹ Parameter not available for NELAP accreditation at the GBRA
² Parameter is approved under TCEQ Drinking Water Program

Work Order: 240815.12

Amended Report This report replaces all previous versions of this Work Order: 240815.12

Lab Sample ID: 240815.12-03

Site: Effluent

Collection Date/Time: 8/14/2024 11:00 AM

Receive Date/Time: 8/15/2024 12:40 PM

Sample Matrix: Waste Water

Sample Type: Grab

Analyte	Method	Sample Result	DF	RPL	Qualifier	Test Date/Time	Analyst	Recd Date/Time	Analy
Anions - Chloride	EPA 300.0 Rev. 2.1	237 mg/L	4	4		8/16/2024 03:18 AM	MHS		
Anions - Nitrate	EPA 300.0 Rev. 2.1	16.2 mg/L	20	1		8/15/2024 07:41 PM	MLH		
Anions - Sulfate	EPA 300.0 Rev. 2.1	133 mg/L	4	4		8/16/2024 03:18 AM	MHS		
1 Chlorine Residual (field)	Hach 8167/ SM 4500-Cl G	0.01 mg/L	1			8/14/2024 11:05 AM			
Data submitted by customer. Collected by Jesse Galvan.									
Total Alkalinity	SM 2320 B	72.9 mg CaCO3/L	1	20	J3	8/15/2024 05:34 PM	MHS		
1 pH (T.Alkalinity)	SM 2320 B	4.5 SU	1	1		8/15/2024 05:34 PM	MHS		
1 pH (Field)	SWQM Procedures Volume 1	7.2 SU	1			8/14/2024 11:05 AM			
Data submitted by customer. Collected by Jesse Galvan.									
1 Dissolved Oxygen (Field)	SWQM Procedures Volume 1	6.7 mg/L	1			8/14/2024 11:05 AM			
Data submitted by customer. Collected by Jesse Galvan.									

NA = not analyzed

1 Parameter not available for NELAP accreditation at the GBR.
2 Parameter is approved under TCEQ Drinking Water Program933 East Court Street
Seguin, TX 78155
(830)379-5822 ext 256

This report cannot be reproduced, except in full, without prior written permission of the GBR Laboratory. Results shown relate only to the items tested. Samples are assumed to be in acceptable condition unless otherwise noted.

Work Order: 240815.12

Amended Report

This report replaces all previous versions of this Work Order: 240815.12
1 Temperature (Field) SWQM Procedures 29.1 °C
Volume 1
Data submitted by customer. Collected by Jesse Galvan.

Publish Date/Time: 9/5/24 4:18 PM

8/14/2024 11:05 AM

Lab Sample ID: 240815.12-04

Site: Effluent

Collection Date/Time: 8/14/2024 11:05 AM

Receive Date/Time: 8/15/2024 12:40 PM

Sample Matrix: Waste Water
Sample Type: Grab

Analyte	Method	Sample Result	DF	RPL	Qualifier	Test Date/Time	Analyst	Read Date/Time	Analysis
1 Oil and Grease	Subcontract	See mg/L Attached Report	1			8/24/2024 08:36 AM			

Subcontract methods are tested by an external laboratory. See subcontracted report for further details.

NA = not analyzed

933 East Court Street
Seguin, TX 78155
(830)379-5822 ext 256

This report cannot be reproduced, except in full, without prior written permission of the GBRA Laboratory. Results shown relate only to the items tested. Samples are assumed to be in acceptable condition unless otherwise noted.

1 Parameter not available for NELAP accreditation at the GBRA
2 Parameter is approved under TCEQ Drinking Water Program

Work Order: 240815.12

LABORATORY TERM AND QUALIFIER DEFINITION REPORT

General Term Definition			
%REC	Percent Recovery	LOQ	Limit of Quantitation
%RPD	Relative Percent Difference	LR	Low Range
CCB	Continuing Calibration Verification	MBLK	Method Blank
CCV	Continuing Calibration Verification	MDL	Method Detection Limit
D.F.	Dilution Factor	MS	Matrix Spike
HR	High Range	MSD	Matrix Spike Duplicate
ICB	Initial Calibration Blank	ND	Not Detected
ICV	Initial Calibration Verification	QC	Quality Control
LCS	Laboratory Control Spike	RPL	Reporting Limit
LCSD	Laboratory Control Spike Duplicate		

Qualifier Definition	
B	Blank contamination; Analyte detected above the method reporting limit in an associated blank
J3	Reported value is estimated; The value failed to meet QC criteria for either precision or accuracy
J4	Reported value is estimated; Potential sample matrix interference
Q	Sample held beyond the accepted holding time

Order Comments	
240815.12	N/A

QC Results

QC Batch ID	QC ID	Parameter	% Recovery / RPD	Control Limits
QC240815.005	240815.12-03: MS 1	Total Alkalinity	182.75	75 - 125

NA = not analyzed

933 East Court Street
Seguin, TX 78155
(830)379-5822 ext 256

This report cannot be reproduced, except in full, without prior written permission of the GBRA Laboratory. Results shown relate only to the items tested. Samples are assumed to be in acceptable condition unless otherwise noted.

1 Parameter not available for NELAP accreditation at the GBRA
2 Parameter is approved under TCEQ Drinking Water Program

Work Order: 240815.12

Amended Report

This report replaces all previous versions of this Work Order: 240815.12

QC240816.001	240815.12-03: MSD 1	Total Alkalinity	1.17	0 - 15.4
	LCS 1	Total Alkalinity	96.12	80 - 120
	LCSD 1	Total Alkalinity	1.86	0 - 15.4
	MBLK 1	pH (T.Alkalinity)	4.5	
	MBLK 1	Phenolphthalein Alkalinity	0.0	
QC240816.002	240815.12-02: Duplicate 1	Total Alkalinity	4.54	0 - 20
	LCS 1	Total Dissolved Solids	1.22	0 - 10
	MBLK 1	Total Dissolved Solids	96.16	75 - 125
	240813.02-02: MS 1	Total Dissolved Solids	0.0	0 - 10
	240813.02-02: MS 1	Anions - Chloride	114.59	80 - 120
QC240816.008	240813.02-02: MSD 1	Anions - Sulfate	101.77	80 - 120
	240813.02-02: MSD 1	Anions - Chloride	0.51	0 - 20
	240813.02-02: MSD 1	Anions - Sulfate	0.15	0 - 20
	240813.02-03: MS 2	Anions - Chloride	110.6	80 - 120
	240813.02-03: MS 2	Anions - Sulfate	101.71	80 - 120
	240813.02-03: MSD 2	Anions - Chloride	0.31	0 - 20
	240813.02-03: MSD 2	Anions - Sulfate	0.32	0 - 20
	LCS 1	Anions - Chloride	98.57	90 - 110
	LCS 1	Anions - Sulfate	102.62	90 - 110
	LCS 2	Anions - Chloride	99.32	90 - 110
	LCS 2	Anions - Sulfate	103.61	90 - 110
	LCSD 1	Anions - Chloride	3.5	0 - 20
	LCSD 1	Anions - Sulfate	3.64	0 - 20
	LCSD 2	Anions - Chloride	2.83	0 - 20
	LCSD 2	Anions - Sulfate	2.88	0 - 20
	LOQ 1	Anions - Chloride	98.78	70 - 130
	LOQ 1	Anions - Sulfate	98.42	70 - 130
	LOQ 2	Anions - Chloride	99.01	70 - 130
	LOQ 2	Anions - Sulfate	99.64	70 - 130
	MBLK 1	Anions - Chloride	0.06	0 - 1
	MBLK 1	Anions - Sulfate	0.0	
	MBLK 2	Anions - Chloride	0.07	0 - 1
	MBLK 2	Anions - Sulfate	0.0	
	240813.01-06: Duplicate 4	pH (Lab)	0.0	

NA = not analyzed

1 Parameter not available for NELAP accreditation at the GBRA Laboratory.

2 Parameter is approved under TCEQ Drinking Water Program

Amended Report

This report replaces all previous versions of this Work Order: 240815.12

QC240816.010	240815.08-01: Duplicate 2	pH (Lab)	0.39	
	240815.10-02: Duplicate 3	pH (Lab)	0.0	
	240815.11-01: Duplicate 1	pH (Lab)	0.4	
	CCV 1	pH (Lab)	101.0	
	ICV 1	pH (Lab)	100.71	
	240813.01-02: MS 1	Anions - Nitrate	108.46	80 - 120
	240813.01-02: MSD 1	Anions - Nitrate	1.06	0 - 20
	240813.01-06: MS 2	Anions - Nitrate	97.3	80 - 120
	240813.01-06: MSD 2	Anions - Nitrate	0.57	0 - 20
	LCS 1	Anions - Nitrate	102.05	90 - 110
	LCS 2	Anions - Nitrate	101.46	90 - 110
	LCSD 1	Anions - Nitrate	1.04	0 - 20
	LCSD 2	Anions - Nitrate	1.88	0 - 20
	LOQ 1	Anions - Nitrate	104.2	70 - 130
	LOQ 2	Anions - Nitrate	98.4	70 - 130
QC240816.014	MBLK 1	Anions - Nitrate	0.0	
	MBLK 2	Anions - Nitrate	0.0	
	240815.06-02: Duplicate 3	Carbonaceous Biochemical Oxygen Demand (CBOD)	0.66	
	240815.07-02: Duplicate 2	Carbonaceous Biochemical Oxygen Demand (CBOD)	5.68	
	240815.08-02: Duplicate 1	Carbonaceous Biochemical Oxygen Demand (CBOD)	1.95	
	CBOD GGA 1	Carbonaceous Biochemical Oxygen Demand (CBOD)	88.89	
	Dilution Blank 1	Carbonaceous Biochemical Oxygen Demand (CBOD)	0.0	
	240813.02-02: MS 1	Ammonia as N	104.92	90 - 110
	240813.02-02: MSD 1	Ammonia as N	11.07	0 - 15
	240813.02-03: MS 2	Ammonia as N	96.35	90 - 110
	240813.02-03: MSD 2	Ammonia as N	10.5	0 - 15
	240813.13-01: MS 3	Ammonia as N	106.31	90 - 110
	240813.13-01: MSD 3	Ammonia as N	1.78	0 - 15
	240815.03-01: MS 4	Ammonia as N	104.79	90 - 110
	240815.03-01: MSD 4	Ammonia as N	0.96	0 - 15

NA = not analyzed

1 Parameter not available for NELAP accreditation at the GBRA Laboratory.

2 Parameter is approved under TCEQ Drinking Water Program

Amended Report This report replaces all previous versions of this Work Order: 240815.12

240815.11-01: MS 5	Ammonia as N	107.09	90 - 110
240815.11-01: MSD 5	Ammonia as N	3.54	0 - 15
LCS 1	Ammonia as N	106.17	90 - 110
LCS 2	Ammonia as N	100.33	90 - 110
LCS 3	Ammonia as N	103.1	90 - 110
LCS 4	Ammonia as N	106.37	90 - 110
LCS 5	Ammonia as N	103.9	90 - 110
LCSD 1	Ammonia as N	4.83	0 - 15
LCSD 2	Ammonia as N	1.15	0 - 15
LCSD 3	Ammonia as N	0.06	0 - 15
LCSD 4	Ammonia as N	3.45	0 - 15
LCSD 5	Ammonia as N	3.0	0 - 15
LOQ 1	Ammonia as N	97.0	70 - 130
LOQ 2	Ammonia as N	96.06	70 - 130
MBLK 1	Ammonia as N	-0.01	0 - 0.1
MBLK 2	Ammonia as N	-0.01	0 - 0.1
MBLK 3	Ammonia as N	-0.02	0 - 0.1
MBLK 4	Ammonia as N	-0.01	0 - 0.1
MBLK 5	Ammonia as N	-0.01	0 - 0.1
QC240820.004	Total Suspended Solids	0.69	0 - 15
240814.04-02: Duplicate 1	Total Suspended Solids	4.05	0 - 15
240815.04-01: Duplicate 2	Total Suspended Solids	2.63	0 - 15
240815.04-02: Duplicate 3	Total Suspended Solids	1.55	0 - 15
240815.05-02: Duplicate 4	Total Suspended Solids	110.0	75 - 125
LCS 1	Total Suspended Solids	100.0	75 - 125
LCS 2	Total Suspended Solids	95.2	75 - 125
LCS 3	Total Suspended Solids	98.8	75 - 125
LCS 4	Total Suspended Solids	0.0	0 - 0.5
MBLK 1	Total Suspended Solids	0.0	0 - 0.5
MBLK 2	Total Suspended Solids	0.0	0 - 0.5
MBLK 3	Total Suspended Solids	0.0	0 - 0.5
MBLK 4	Total Suspended Solids	0.0	0 - 0.5
QC240822.002	Total Phosphorus	114.36	80 - 120
240807.18-03: MS 1	Total Phosphorus	3.55	0 - 15
240807.18-03: MSD 1	Total Phosphorus	114.52	80 - 120
240813.02-02: MS 2	Total Phosphorus		

NA = not analyzed

1 Parameter not available for NELAP accreditation at the GBRA Laboratory.

2 Parameter is approved under TCEQ Drinking Water Program

Amended Report This report replaces all previous versions of this Work Order: 240815.12

240813.02-02: MSD 2	Total Phosphorus	0.0	0 - 15
240813.13-01: MS 3	Total Phosphorus	113.67	80 - 120
240813.13-01: MSD 3	Total Phosphorus	0.26	0 - 15
240815.03-01: MS 4	Total Phosphorus	117.93	80 - 120
240815.03-01: MSD 4	Total Phosphorus	0.71	0 - 15
LCS 1	Total Phosphorus	110.53	75 - 125
LCS 2	Total Phosphorus	112.2	75 - 125
LCS 3	Total Phosphorus	109.91	75 - 125
LCS 4	Total Phosphorus	109.65	75 - 125
LCSD 1	Total Phosphorus	2.64	0 - 15
LCSD 2	Total Phosphorus	4.54	0 - 15
LCSD 3	Total Phosphorus	1.56	0 - 15
LCSD 4	Total Phosphorus	2.73	0 - 15
LOQ 1	Total Phosphorus	112.2	75 - 125
LOQ 2	Total Phosphorus	113.7	75 - 125
MBLK 1	Total Phosphorus	-0.01	
MBLK 2	Total Phosphorus	-0.01	
MBLK 3	Total Phosphorus	-0.01	
MBLK 4	Total Phosphorus	-0.01	
QC240823.012	Total Kjeldahl Nitrogen (TKN)	11.97	90 - 110
240813.02-02: MS 2	Total Kjeldahl Nitrogen (TKN)	122.31	0 - 15
240813.02-02: MSD 2	Total Kjeldahl Nitrogen (TKN)	2.94	90 - 110
240815.12-01: MS 1	Total Kjeldahl Nitrogen (TKN)	913.81	0 - 15
240815.12-01: MSD 1	Total Kjeldahl Nitrogen (TKN)	103.63	90 - 110
LCS 1	Total Kjeldahl Nitrogen (TKN)	108.97	90 - 110
LCS 2	Total Kjeldahl Nitrogen (TKN)	4.73	0 - 15
LCSD 1	Total Kjeldahl Nitrogen (TKN)	1.9	0 - 15
LCSD 2	Total Kjeldahl Nitrogen (TKN)	106.26	70 - 130
LOQ 1	Total Kjeldahl Nitrogen (TKN)	101.05	70 - 130
LOQ 2	Total Kjeldahl Nitrogen (TKN)	-0.07	
MBLK 1	Total Kjeldahl Nitrogen (TKN)	-0.05	
MBLK 2	Total Kjeldahl Nitrogen (TKN)		

NA = not analyzed

1 Parameter not available for NELAP accreditation at the GBRA Laboratory.
2 Parameter is approved under TCEQ Drinking Water Program

933 East Court Street
Seguin, TX 78155
(830)379-5822 ext 256

This report cannot be reproduced, except in full, without prior written permission of the GBRA Laboratory. Results shown relate only to the items tested. Samples are assumed to be in acceptable condition unless otherwise noted.

Work Order: 240815.12



GBRL-C

GBRA/Seguin
Miliana Hernandez
Regional Laboratory
933 E. Court St
Seguin, TX 78155-5819

Printed 08/29/2024
12:08

Project
1115031

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>
1115031_r02_01_ProjectSamples	SPL Kilgore Project P:1115031 C:GBRL Project Sample Cross Reference t:304	1
1115031_r03_03_ProjectResults	SPL Kilgore Project P:1115031 C:GBRL Project Results t:304 PO: acc dept= LabInvoices@gbra.org	2
1115031_r10_05_ProjectQC	SPL Kilgore Project P:1115031 C:GBRL Project Quality Control Groups	1
1115031_r99_09_CoC__1_of_1	SPL Kilgore CoC GBRL 1115031_1_of_1	3
Total Pages:		7

Email: Kilgore.ProjectManagement@spllabs.com



Report Page 1 of 8

SAMPLE CROSS REFERENCE

Project
1115031

GBRA/Seguin
Miliana Hernandez
Regional Laboratory
933 E. Court St
Seguin, TX 78155-5819

Printed 8/29/2024 Page 1 of 1
ww

Sample	Sample ID	Taken	Time	Received
2326916	240815.12-04	08/14/2024	11:05:00	08/20/2024

Bottle 01 H2SO4 to pH <2 Glass Qt w/Teflon lined lid

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 1664B (HEM)	01	1135780	08/28/2024	1135780	08/28/2024

Email: Kilgore.ProjectManagement@spllabs.com



GBRL-C

Page 1 of 2

GBRA/Seguin
Miliana Hernandez
Regional Laboratory
933 E. Court St
Seguin, TX 78155-5819

Project

1115031

Printed: 08/29/2024

RESULTS

Sample Results

2326916 240815.12-04

Received: 08/20/2024

Non-Potable Water

Collected by: Client

GBRA/Seguin

PO: dept= LabInvoices@gbra.org

Taken: 08/14/2024

11:05:00

TIME AND DATE TAKEN FROM BOTTLE

EPA 1664B (HEM)

Prepared: 1135780 08/28/2024 08:36:00 Analyzed 1135780 08/28/2024 08:36:00 MAX

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Oil and Grease (HEM)	1.79	mg/L	4.21	J		01

Sample Preparation

2326916 240815.12-04

Received: 08/20/2024

dept= LabInvoices@gbra.org

08/14/2024

Prepared: 08/20/2024 15:55:39 Calculated 08/20/2024 15:55:39 CAL

z Environmental Fee (per Project)

Verified

Prepared: 08/29/2024 11:57:00 Analyzed 08/29/2024 11:57:00 WJP

z Level IV Data Review

Completed

Cooler Return

Prepared: 08/22/2024 17:00:00 Analyzed 08/22/2024 17:00:00 DRS

z Return Cooler/No bottles Require

sent

EPA 1664B (HEM)

Prepared: 1135600 08/28/2024 08:36:00 Analyzed 1135600 08/28/2024 08:36:00 MAX

NELAC O&G HEM Started

Started



Report Page 3 of 8



Project
1115031

Printed: 08/29/2024

GBRL-C

GBRA/Seguin
Miliana Hernandez
Regional Laboratory
933 E. Court St
Seguin, TX 78155-5819

Qualifiers:

J - Analyte detected below quantitation limit

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

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

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

z -- Not covered by our NELAC scope of accreditation

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

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

Bill Peery, MS, VP Technical Services



Report Page 4 of 8

GBRL-C

Page 1 of 1

GBRA/Seguin
Miliana Hernandez
Regional Laboratory
933 E. Court St
Seguin, TX 78155-5819

Project
1115031

Printed 08/29/2024

Analytical Set 1135780

EPA 1664B (HEM)

Blank

<u>Parameter</u>	<u>PrepSet</u>	<u>Reading</u>	<u>MDL</u>	<u>MQL</u>	<u>Units</u>	<u>File</u>
Oil and Grease (HEM)	1135780	1.10	0.804	4.00	mg/L	126713286

ControlBlk

<u>Parameter</u>	<u>PrepSet</u>	<u>Reading</u>	<u>MDL</u>	<u>MQL</u>	<u>Units</u>	<u>File</u>
Oil and Grease (HEM)	1135780	0.0003			grams	126713285
Oil and Grease (HEM)	1135780	0.0004			grams	126713310

LCS

<u>Parameter</u>	<u>PrepSet</u>	<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recover%</u>	<u>Limits</u>	<u>File</u>
Oil and Grease (HEM)	1135780	34.0	40.0	mg/L	85.0	78.0 - 114	126713287

MS

<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>
Oil and Grease (HEM)	2326837	43.0	0	9.62	40.0	78.0 - 114	83.4		mg/L		20.0

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

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

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); 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 5 of 8

1115031 CoC Print Group 001 of 001

ORIGIN ID: NIRA (830) 379-5822
JENNIFER SANCHEZ
GUADALUPE-BLANCO RIVER AUTHORITY
933 E COURT ST

SEGUIN, TX 78155
UNITED STATES US

SHIP DATE: 19AUG24
ACTWGT: 20.00 LB
CAD: 104384799/NET4730
DIMS: 16x14x14 IN

BILL SENDER

TO SPL KILGORE

ANA-LAB COR

2600 DUDLEY

8/20 1030 AMV
Date Time Tech
Temp: 03 07 C

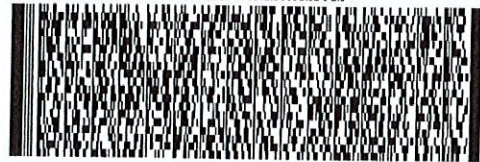
KILGORE TX 7 Therm#: 6443 Corr Fact: -0.2 C

(903) 984-0551

INV

PO

DEPT.



TUE - 20 AUG 5:00P

TRK# 7780 1613 2460

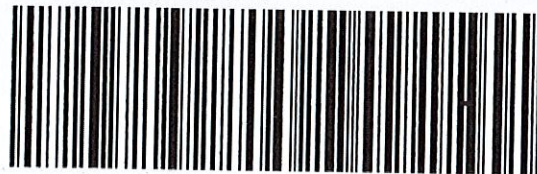
0201

STANDARD OVERNIGHT

AH GGGA

75662

TX-US SHV



GBRA COC Form

GBRA Laboratory



Chain-Of-Custody Record

[illegible]

Status: Published
Issue Date: 12/11/2023 Revision: 3

Page 1 of 1

Qualtrax ID: 17988

GBRA Laboratory

GBRA COC Form

Qualtrax ID: 17988



Chain-Of-Custody Record

[illegible]

ATTACHMENT TR1.0.9
SLUDGE ACCEPTANCE LETTER
TECHNICAL REPORT



Your Trusted
Water Resource



Dan Slovak,

Sales Consultant

Texas Disposal Systems

RE: GBRA Bid 2024-005 GBRA Biosolids Disposal

Mr. Slovak,

The Guadalupe-Blanco River Authority (GBRA) has reviewed the proposal submitted by your firm for the above referenced project. You are hereby notified that your proposal has been accepted for Texas Disposal Systems for the above referenced project.

You are required to return an acknowledged copy of Award to GBRA

Dated 5/17/24
By Dan Slovak Dan Slovak
Title Sales Consultant

Texas Disposal Systems

Sincerely,



Victor Castillo

Purchasing Manager
GUADALUPE-BLANCO RIVER AUTHORITY

AGREEMENT FOR SERVICES

This Agreement is entered into between the **Guadalupe-Blanco River Authority** (the "Owner") and **Texas Disposal Systems, Inc.** (the "Contractor") acting by and through their duly authorized representatives, to be effective as of the ____ day of _____, 2024.

WHEREAS, the Owner desires to employ the Contractor to provide biosolids disposal services in connection with the pick-up and disposal service of liquid or dewatered biosolids from CBRA facilities (the "Project")

NOW, THEREFORE, for and in consideration of the mutual agreements, promises and undertakings herein set forth, the parties hereby agree as follows:

1. Contractual Relationship

- 1.1 The Owner agrees to employ the Contractor, and the Contractor agrees to perform, as an independent contractor, certain services as specified herein in connection with the Project (the "Services"), and for having rendered such Services, the Owner shall pay the Contractor compensation as stated in the sections to follow.
- 1.2 The relationship of the Owner and the Contractor under this Agreement and otherwise shall be that of independent contractors. The Contractor is not, by the terms of this Agreement or otherwise, an agent, employee, or representative of the Owner. Any direction or instruction by the Owner or any of its authorized representatives in respect to the Services provided by the Contractor shall relate to the results the Owner desires to obtain from the Services, and the Contractor shall be solely responsible for determining how the work shall be performed.
- 1.3 The Contractor agrees to satisfy all claims for services, labor, material, and equipment employed or used in anyway in connection with the Services, and not to permit any claims to be levied or fixed upon or against work product, information, or data developed for the Project of the Owner by any third parties, or subcontractors and agrees to indemnify, protect, and save the Owner harmless from and against all such claims and liens.

2. The Contractor's Obligations

- 2.1 The Contractor shall provide to the Owner the Services and equipment need to perform the tasks specified in Exhibit A, attached hereto and made a part of hereto.
- 2.2 By its execution of this Agreement below, the Owner hereby authorizes the Contractor to proceed with the performance of the Services pursuant to the terms of this Agreement.
- 2.3 The Contractor agrees they are experienced and fully qualified to perform the Services contemplated by this Agreement.

- 2.4 The Contractor shall comply with current interpretations of all applicable laws, rules and regulations.
- 2.5 The Contractor shall perform the Services in a timely fashion so as to comply with the Owner's requirements and in accordance with the schedule as defined in Exhibit A.
- 2.6 The Owner shall at all times have reasonable access to the files and personnel of the Contractor relating to the Project in order to answer any questions the Owner may have relating to the Contractor's performance on the Project.

3. The Owner's Responsibilities

- 3.1 The Owner shall provide to the Contractor all of its available criteria and requirements for the Project and all available information pertinent to the Project.
- 3.2 The Owner, with the assistance of the Contractor, shall arrange for access to and make all provisions for the Contractor to enter upon public and private property as required for the Contractor to perform Services under this Agreement.
- 3.3 The Owner shall give prompt written notice to the Contractor whenever the Owner becomes aware of any development that affects the scope or timing of the Contractor's Services, or of any defect or nonconformance in the Services of the Contractor.

4. Contractor's Compensation

- 4.1 As compensation for all of the Services, the Owner shall pay to the Contractor compensation as described on Exhibit A.
- 4.2 Invoices for Services performed and expenses incurred will be submitted to the Owner by the Contractor (monthly if the project exceeds one month). The Contractor shall submit invoices utilizing the Invoice and Payment Summary template to be agreed upon by the Contractor and the Owner. Each invoice shall constitute a representation of the Contractor to the Owner made under this Agreement that the proportion of the Services has been fully performed in accordance with this Agreement, that the expenses have been properly incurred and that payment of the indicated amount has been earned by, and is properly due and payable to, the Contractor in accordance with this Agreement. Notwithstanding the presentation of any invoice to the Owner, the amount reflected thereon shall be due and payable to the Contractor only to the extent earned by the Contractor in accordance with the terms of this Agreement.

- 4.3 Payment conditions, conditions for the dispute of payment and remedies in the event of late payment shall be governed by Texas Government Code § 2251.001, et seq., relating to Payment for Goods and Services by state and local governmental entities.
- 4.4 The Owner will exercise reasonableness in contesting any billing or portion thereof. Notwithstanding anything contained in this Agreement to the contrary, the Owner shall not be obligated to make any payment to the Contractor if any one or more of the following conditions exist: (a) the Contractor is in default of any one or more of its obligations in this agreement or otherwise in default under this Agreement; (b) any part of such payment is attributable to services which are not performed in accordance with this Agreement; provided, however, that payment shall be made as part thereof attributable to services which were performed in accordance with this Agreement; or (c) the Contractor has failed to make payments promptly to contractors or other third parties used in connection with the Services for which the Owner has made payment to the Contractor where the Contractor has no good faith reason to withhold such funds. No partial or final payment by the Owner to the Contractor is to be treated as a waiver of any of the Owner's rights, nor is the acceptance of any partial payment or final payment by the Contractor from the Owner a waiver of any of the Contractor's rights.
- 4.5 The Owner may make changes to the Scope of Work to be provided by Contractor pursuant to the terms of this Agreement.

5. Indemnification

- 5.1 With respect to claims brought by third parties against either the Contractor or the Owner based upon Contractor's negligent performance under this Agreement, the Contractor and the Owner agree the Contractor will indemnify and hold harmless the Owner, its directors, officers, agents and employees against all claims, demands or causes of action; and all costs, administrative costs, judgments and settlements, losses, liabilities, expenses, settlements, interest and judgments incurred in connection therewith, including attorneys' fees and court costs, brought by any of the Contractor's employees or representatives, by any governmental entity or by any other third party, except to the extent of the limitations expressed in Texas Local Government Code Section 271.904, as amended.
- 5.2 It is a condition precedent to the Contractor's contractual obligation of indemnification under this Agreement that the Owner, when seeking indemnity, shall provide written notice of a third party claim, demand or cause of action within 30 days after such third party claim, demand or cause of action is received by the party seeking indemnity. In addition, the terms and provisions of Section 6.1 and this Section 6.2 shall survive the expiration or earlier termination of this Agreement.

6. Insurance

- 6.1** The Contractor shall obtain and maintain, throughout the term of the Agreement, insurance of the types and in the minimum amounts set forth below.
- 6.2** The Contractor shall, upon its execution of this Agreement, furnish certificates of insurance to the Owner evidencing compliance with the insurance requirements hereof. Certificates shall indicate name of the Contractor, name of insurance company, policy number, terms of coverage and limits of coverage. When any required insurance, due to the attainment of a normal expiration date or renewal date, shall expire, the Contractor will supply the Owner with certificates of insurance and, if applicable, amendatory riders or endorsements that clearly evidence the continuation of all coverage in substantially the same manner, limits of protection and scope of coverage as was provided by the previous policy. The Contractor shall cause its insurance companies to provide the Owner with at least 30 days' prior written notice of any reduction in the limit of liability by endorsement of the policy, cancellation or non-renewal of the insurance coverage required under this Agreement. The Contractor shall obtain such insurance from such companies having a Best's rating of A-/VI or better, licensed or approved to transact business in the state in which the Services shall be performed, and shall obtain such insurance of the following types and minimum limits:
- a.** Workers' Compensation insurance in accordance with the laws of the State of Texas, or state of hire/location of Services, and Employer's Liability coverage with a limit of not less than \$1,000,000 each employee for Occupational Disease; \$1,000,000 policy limit for Occupational Disease; and Employer's Liability of \$1,000,000 each accident.
 - b.** Commercial General Liability insurance including coverage for Products/Completed Operations, Blanket Contractual, Contractors' Protective Liability, Broad Form Property Damage, Personal Injury/Advertising Liability, and Bodily Injury and Property Damage with limits of not less than:
 - \$2,000,000 General Aggregate Limit
 - \$1,000,000 Each Occurrence, combined single limit
 - \$1,000,000 Aggregate Products, combined single limit
 - \$1,000,000 Aggregate Personal Injury/Advertising Liability
 - c.** Business Automobile Liability coverage applying to owned, non-owned and hired automobiles with limits not less than \$1,000,000 each occurrence combined single limit for Bodily Injury and Property Damage combined.
- 6.3** The Owner and the Owner's agents, directors, officers and employees shall be added as additional insureds to all coverages required above, except for those requirements in

paragraph "a". All policies written on behalf of the Contractor shall contain a waiver of subrogation in favor of the Owner and the Owner's agents and employees.

- 6.4 If the Contractor fails to furnish and maintain the insurance required by this Agreement, the Owner may purchase such insurance on behalf of the Contractor, and the Contractor shall pay the cost thereof to the Owner upon demand and shall furnish to the Owner any information needed to obtain such insurance. Contractor shall within ten (10) days notify Owner of any change in the insurance coverage amounts or the insurance companies used by Contractor in conjunction with this Agreement.

7. **Term and Termination**

- 7.1 The term of the agreement(s) shall be for two (2) years with up to three (3) one (1) year renewals.
- 7.2 This Agreement may be terminated by Owner for convenience upon 30 days' written notice to Contractor. Contractor may terminate the Agreement for breach of the Agreement after giving Owner thirty (30) days' notice to cure any breach.
- 7.3 Upon delivery of such notice the Contractor shall, unless the notice states otherwise, immediately discontinue all Services, proceed to cancel promptly but in no event later than 5 business days all existing orders and contracts insofar as such orders or contracts are chargeable to the Services. Upon termination, the Owner will owe the Contractor only for all compensation earned under this Agreement to date of termination.

8. **Waiver**

No consent or waiver, express or implied, by either party to this Agreement, to or of any breach or default by the other in the performance of any obligations under this Agreement shall be deemed or construed to be a consent or waiver to or of any other or future breach or default by such party. Failure on the part of any party to this Agreement to complain of any act or failure to act of the other party or to declare the other party in default hereunder, irrespective of how long such failure continues, shall not constitute a waiver of the rights of such party hereunder.

9. **Limitations and Rights and Remedies**

- 9.1 Force Majeure: The obligations of either party to perform under this Agreement will be excused during each period of delay caused by acts of God, pandemic, widespread illness, quarantine restriction or other declaration of public health emergency war or terrorism, or by shortages of power or materials or government orders which are beyond the reasonable control of the party obligated to perform and prevents the party from being able to perform ("Force Majeure Event"). In the event that either party ceases to perform its obligations under this Agreement due to the occurrence of a Force Majeure Event, such party shall:
- (a) promptly notify the other party in writing of such Force Majeure Event and its expected

duration; and (b) take all reasonable steps to recommence performance of its obligations under this Agreement as soon as possible.

- 9.2 The Contractor and the Owner agree that neither of them shall be entitled to recover from the other for any indirect, special or consequential damages, injuries or losses sustained as a result of the others' negligent actions, inactions or omissions under this Agreement or otherwise including, but not limited to, lost profits, lost opportunities, and/or delay damages.

10. No Third Party Rights

The Services to be performed by the Contractor under this Agreement are solely for the benefit of the Owner. This Agreement shall not be construed as creating any contractual relationship of any kind between the Contractor and any third party. It is the intent of the Contractor that there are no third party beneficiaries of this Agreement.

11. Miscellaneous

- 11.1 This Agreement shall be effective upon its execution by the Contractor and the Owner, and shall remain in force until all obligations under this Agreement have been fulfilled, unless sooner terminated as provided herein. Where this Agreement is entered into subsequent to the Contractor's beginning performance of Services for the Project, the parties acknowledge and agree that this Agreement is intended to and shall govern all services provided by the Contractor for the Project, whether initiated or performed prior or subsequent to the execution of this Agreement, that the effective date of this Agreement shall be deemed to be the first date when any such services were so provided by the Contractor and that this Agreement is intended to and shall supersede and replace any and all prior agreements whether written or oral.
- 11.2 This Agreement shall be construed and enforced for all purposes pursuant to the laws of the State of Texas.
- 11.3 Contractor shall not assign this Agreement without the prior written consent of Owner. The obligations of the Contractor hereunder are joint and several.
- 11.4 This Agreement (including all documents incorporated by reference or attached as exhibits hereto) represents the entire agreement between the Contractor and the Owner with respect to the subject matter hereof and supersedes and merges all prior negotiations, representations, discussions or agreements, either written or oral, with respect to the subject matter hereof.
- 11.5 This Agreement may be amended only by written instrument signed by duly authorized representatives of both the Contractor and the Owner.

11.6 If a provision of this Agreement, or the application thereof to any person or circumstances, is rendered or declared illegal for any reason or shall be invalid or unenforceable, the remainder of this Agreement and the application of such provision to other persons or circumstances shall be not affected thereby, but shall be enforced to the greatest extent permitted by applicable law. The parties agree to negotiate in good faith for a proper amendment to this Agreement in the event any provision hereof is declared illegal, invalid or unenforceable.

11.7 All notices required or permitted hereunder shall be in writing and shall be deemed delivered 3 days after deposit with the United States Postal Service (certified mail, return receipt requested), addressed to the respective other party at the addresses shown below:

If to Contractor: Contractor: Texas Disposal Systems, Inc.
Address: P.O. Box 17126
Austin, Tx. 78760
ATTN: Dan Slovak

If to Owner: Guadalupe-Blanco River Authority
2225 E. Common St.
New Braunfels, TX 78130
ATTN: General Manager/CEO

11.8 Time is of the essence of the performance of the parties' obligations pursuant to this Agreement.

11.9 In the event there is a conflict between any of the provisions hereof and any proposals, or other agreements which may have been executed by the parties hereto in connection with the subject matter hereof, it is understood and agreed that the provisions hereof shall be controlling. The parties acknowledge and represent that this Agreement has been jointly drafted by the parties and that each of them has read, understood, and approved the language and terms set forth herein. This Agreement may be executed in multiple counterparts, each of which shall constitute but one agreement.

11.10 The Contractor expressly waives any right to payment for any Reimbursable Expenses incurred if not billed within ninety (90) calendar days following the date such expenses were incurred.

11.11 Contractor acknowledges that for contracts needing board of directors approval, Owner may not accept or enter into a contract until they have received a completed and signed TEC Form 1295 complete with a certificate number assigned by the Texas Ethics Commission ("TEC") from Contractor, pursuant to Texas Government Code § 2252.908. Contractor understands that failure to provide said form complete with a certificate number

assigned by the TEC may prohibit the remainder of the parties hereto from entering into this Agreement. Pursuant to the rules prescribed by the TEC, the TEC Form 1295 must be completed online through the TEC's website, assigned a certificate number, printed, signed and provided to Owner.

- 11.12 Statutory Verifications. The signatory executing this contract on behalf of Texas Disposal Systems, Inc. (Contractor), complies with the statutory provisions under Texas Government Code Chapters 809, 2274 et. al., 2155, 2252, and 2270 that it:
- a. Texas Government Code 2270 - Subchapter D. General Provisions Relating To Investments In Certain Foreign Terrorist Organizations: Engineer acknowledges they are not listed by the Comptroller of the State of Texas as one of the companies that have ties to the Government of Sudan, the Government of Iraq, ties with foreign terrorist organizations, or a foreign terrorist organization.
 - b. Texas Government Code Chapter 2271 - Anti-Boycott Israel Verification: In accordance with Chapter 2271, Texas Government Code, a governmental entity may not enter into a contract with a company for goods or services unless the contract contains a written verification from the firm that it: (1) does not boycott Israel; and (2) will not boycott Israel during the term of the contract. The signatory executing this document on behalf of the firm verifies that the firm does not boycott Israel and will not boycott Israel during the term of the contract.
 - c. Texas Government Code Chapter 2274 - Prohibition On Contracts With Companies That Discriminate Against Firearm And Ammunition Industries: The Engineer verifies that it does not have practice, policy, guidance, or directive against a firearm entity or firearm trade association and will not discriminate during the term of this contract against a firearm entity or trade association as defined and provided in Texas Government Code Chapter 2274.
 - d. Texas Government Code Chapter 2275 - Prohibited Contracts With Certain Foreign-Owned Companies In Connection With Critical Infrastructure: The Engineer verifies that its company is not owned by or the majority of its stock or other ownership interest is held by individuals who are citizens of China, Iran, North Korea, Russia, or a country designated under Texas Government Code Chapter 2275; NOR is its company or entity owned or directly controlled by the government of China, Iran, North Korea, Russia, or is headquartered in any of the aforementioned four countries or a country designated under such chapter.
- 11.13 Confidentiality Any provision in the contract that attempts to prevent or limit GBRA's disclosure of information that is subject to public disclosure under federal or Texas law or regulation, including without limitation the Texas Public Information Act (Chapter 552, Texas Government Code), or court or administrative decision or ruling, subject to disclosure pursuant to a discovery request arising from a judicial or administrative proceeding or subpoena from any other governmental or regulatory authority, is invalid.

11.14 Each person who signs this Agreement states that he has the express authority to sign this Agreement and to bind the entity he represents to all of the terms and conditions stated herein.

IN WITNESS WHEREOF, this Agreement is hereby executed as of the date first above set forth.

CONTRACTOR

Texas Disposal Systems, Inc.

By: Dan Shank

Title: Sales Consultant

OWNER: GBRA

Darrell Nichols

By: Darrell Nichols

Title: General Manager /CEO

Exhibit A

Scope of Work

SCOPE of WORK

This scope outlines the requirements for pick-up and disposal service of liquid or dewatered biosolids from GBRA facilities at an approved TCEQ WWTP, registered land application site or composting facility.

Landfill Disposal of Biosolids

If a landfill site is being utilized for biosolids disposal, then use the following procedure:

1. Complete only those items in the manifest that are required by the Texas Commission on Environmental Quality ("TCEQ"). Be advised that GBRA requires a monthly and annual report regardless of requirements of the TCEQ. (Liquid and cake haul of biosolids; rented equipment and box rental items utilized must be completed).
2. If utilizing landfill disposal the Contractor shall provide GBRA with a notarized statement of your intent to use a landfill site for biosolids disposal.
3. Provide a copy of an agreement between the Contractor and the solid waste landfill operator to accept dry biosolids from GBRA as well as a landfill permit number.

Requirements

Biosolids meeting Class B standards shall be removed from the listed sites and transported to and disposed of on a TCEQ registered land application site or composting facility in a beneficial and environmentally sound manner or disposed of in a properly registered solid waste landfill site. The Contractor shall provide personnel and equipment to perform the pick-up and disposal of biosolids in a timely, professional, and safe manner. A work schedule shall be coordinated with and approved by GBRA. Contractor shall provide the service of pick-up and disposal of biosolids during plant normal working hours, unless dictated otherwise by GBRA.

The Contractor shall be capable of removing biosolids from the listed facilities in adverse weather conditions, the exceptions being hurricanes and tornadoes as reported by the National Weather Service. In the event of precipitation (rain, sleet, snow, hail etc.) the Contractor shall have the means to store biosolids at their facility to prevent upsets to the plant's performance due to stockpiled biosolids as well as prevent the facility to be in non-compliance with state and federal biosolids disposal regulations.

Neither the Contractor nor its employees engaged in providing the services of pick-up and disposal of biosolids shall be considered employees of GBRA and the method and manner of the performance of such undertaking shall be under the exclusive control of the Contractor's service personnel.

At its sole discretion, GBRA may add additional wastewater and water treatment facilities to this service contract at a unit cost acceptable to both parties, provided these facilities produce similar biosolids and are located in Hays, Caldwell, Comal, Kendall, or Guadalupe Counties.

Biosolids Characterization

GBRA shall perform, if required, the following analysis on biosolids material as required by State and Federal Rules:

1. TCLP (determines the biosolids is non-hazardous)
2. Metals & Nutrients Analysis (Cu, Cd, Pb, Ni, Se, Cr, As, Mo, Hg, Total N, Ammonia N, Nitrate N, P, K)
3. Class B Determination (Fecal Coliform and S.O.U.R. Test)
4. PCB Test (Performed on 2 samples to show PCB's <50 mg/kg)
5. Paint filter test as required for landfill disposal

Biosolids Records

The Contractor shall provide TCEQ and EPA required reports dealing with biosolids activity no later than the start of the third week of August of each year. This yearly report shall be submitted to GBRA detailing quantity, type, and date of biosolids hauled from each facility to each disposal site.

The Contractor shall also provide a monthly report, including sludge disposal manifests for each trip, which includes the following information required by TCEQ for beneficial land application.

1. Amount of biosolids disposal weight (lbs. / acre) at each disposal site
2. Dates of disposal
3. Identity of hauler(s)
4. Location of site(s)
5. Method of final disposal
6. Owner of disposal site
7. Texas Commission on Environmental Quality Control Registration number, if applicable

All reports shall be segregated by facility site and mailed or emailed separately to each respective location, with the exceptions of the Shadow Creek and Sunfield wastewater plant reports, which shall be mailed to the Buda Wastewater Treatment Facility.

Inspections

Under the terms of this service contract, records for all GBRA biosolids and for the land application and/or disposal sites will be available to GBRA representatives for review. At its sole discretion, GBRA shall have the right to inspect all work being performed at any site used by the Contractor. Contractor shall be responsible for obtaining a right for GBRA to access any properties not owned by Contractor or GBRA.

Method of Disposal

Contractor shall indicate on their invoice their method of disposal as well as container size. GBRA locations can accommodate containers up to 40 yards. It is the Contractor's

responsibility to determine any and all equipment needed to complete each load and minimize any impact to GBRA's operations.

Annual Rate Adjustments

The annual rate adjustment will be a year-over-year percentage increase based on the most recently published data from CPI index CUUR0000SEHQ02, applied to the then-current rate. The calculated adjustment shall not be less than 0.00%, and shall be rounded to two decimal places. Rate adjustments will be applied each year on the anniversary of the Effective Date of this agreement.

	Castletop Capital Hays ABC Wastewater Treatment Facility	Johnson Ranch Wastewater Treatment Facility	4-S Ranch Wastewater Treatment Facility	Park Village Wastewater Treatment Facility	Singing Hills Wastewater Treatment Facility
Texas Disposal Systems, INC.	\$ 44.95	\$ 33.90	\$ 39.20	\$ 53.25	\$ 49.15

Commercial Collection Guidelines

The GBRA acknowledges that it shall have responsibility for the proper care, custody, control, safekeeping and use of the Equipment provided to the GBRA by Contractor under this agreement while the Equipment is in the GBRA's care, custody and control on the GBRA premises, and the GBRA shall use the Equipment solely for the deposit of Proper Waste Materials.

"Proper Waste Material" means any solid waste material or substance which the Contractor can handle and transport without the requirement of a hazardous or toxic license or permit which does not contain Hazardous Materials, and which allows the Contractor safely to handle and transport the waste without incurring any damage or injury to its employees, to the Contractor's Equipment, or vehicles, or to any third party.

"Hazardous Materials" shall mean any substance that is toxic, ignitable, reactive, corrosive, acidic, radioactive, volatile, highly flammable or explosive and that is regulated by any local government, state government or United States government, and includes any and all materials or substances that are defined as "hazardous waste", "extremely hazardous waste", or a "hazardous substance" pursuant to local, state or federal law or regulation. Hazardous materials include but are not restricted to asbestos, polychlorobiphenyls ("PCBs") and petroleum.

The GBRA shall not overload the Equipment in either weight or volume of Proper Waste Materials as defined by federal, state or local law, regulations or ordinance. The GBRA shall make no alteration or changes to the Equipment.

The GBRA shall provide and hereby grants the Contractor complete and adequate access and right-of-way to the Equipment on GBRA premises, which access and right-of-way shall bear the weight and operation of the Company's vehicles, machinery and other equipment.

Contractor will not be held responsible for damage in said right-of-way resulting from the normal operation of its vehicles or Equipment. On collection day, the GBRA shall provide unobstructed access to the Equipment.

Title to all Proper Waste Materials, including recyclable materials, shall transfer to the Contractor when such waste is loaded into or on to the truck. Title to materials deposited in the Equipment other than Proper Waste Materials shall remain at all times with the GBRA.

Locations

The Contractor to provide biosolids disposal services in connection with the pick-up and disposal service of liquid or dewatered biosolids from GBRA facilities:

Castletop Capital Hays ABC Wastewater Treatment Facility
TPDES WQ0014431001
(Shadow Creek WWTP)
330 Dark Horse Lane
Buda, TX 78610

Local Contact - Jesi Mann, Wastewater Manager
512-757-6524
jmann@gbra.org

An estimated 2,000 cu. yds. of biosolids per year meeting Class B requirements. Biosolids are dewatered using GBRA supplied drying boxes to approximately 10% total solid.

Contractor will transport a GBRA supplied 30 cu. yd. drying box to the disposal site(s), wash the filter fabric, and return the box to the facility. Contractor will be liable for damages to or loss of the drying box at all times during transport of the box. The box includes, but is not limited to, the drying filter fabric, door seals, tarp and tarp supporting bows, scraper, and other appurtenances associated with the box.

Unit cost per cubic yard \$44.95

Johnson Ranch Wastewater Treatment Facility
TPDES WQ0014975001
(Johnson Ranch WWTP)
30673 Horseshoe Path
Bulverde, TX 78163
Local Contact - Cecil Holliday, Division Manager
830-560-0446
cholliday@gbra.org

An estimated 500 cubic yards (processed) of biosolids per year meeting Class B requirements. Biosolids are dewatered through a sludge press to approximately 20% solid.

Contractor shall supply a minimum 20 cu. yd. capacity container suitable for containing and transporting biosolids on public roadways of the State of Texas.

Unit cost per cubic yard \$33.90

4-S Ranch Wastewater Treatment Facility
TPDES WQ0015095001
(4-S Ranch WWTP)
5804 Mustang Vista
Bulverde, TX 78163

Local Contact - Cecil Holliday, Division Manager
830-560-0446
cholliday@gbra.org

An estimated 500 cu. yds. (processed) of biosolids per year meeting Class B requirements.
Biosolids are dewatered using GBRA supplied drying boxes to approximately 20% solid.

Contractor shall supply a minimum 20 cu. yd. capacity container suitable for containing and transporting biosolids on public roadways of the State of Texas.

Unit cost per cubic yard \$39.20

Park Village Wastewater Treatment Facility
TPDES WQ0014959001
(Park Village WWTP)
35090 Blanco Road
Bulverde, TX 78163

Local Contact - Cecil Holliday, Division Manager
830-560-0446
cholliday@gbra.org

An estimated 750 cu. yds. (processed) of biosolids per year meeting Class B requirements.
Biosolids are dewatered using GBRA supplied drying boxes to approximately 10% solid.

Contractor will transport a GBRA supplied 30 cu. yd. drying box to the disposal site(s), wash the filter fabric, and return the box to the Facility. Contractor will be liable for damages to or loss of the drying box at all times during transport of the box. The box includes, but is not limited to, the drying filter fabric, door seals, tarp and tarp supporting bows, scraper, and other appurtenances associated with the box.

Unit cost per cubic yard \$53.25

Singing Hills Wastewater Treatment Facility
TPDES WQ0015038001
(Singing Hills WWTP)
356 Harmony Hills

Spring Branch, TX 78070

Local Contact - Cecil Holliday, Division Manager
830-560-0446
cholliday@gbra.org

An estimated 1,000 cu. yds. (processed) of biosolids per year meeting Class B requirements. Biosolids are dewatered using GBRA supplied drying boxes to approximately 10% solid.

Contractor will transport a GBRA supplied 30 cu. yd. drying box to the disposal site(s), wash the filter fabric, and return the box to the Facility. Contractor will be liable for damages to or loss of the drying box at all times during transport of the box. The box includes, but is not limited to, the drying filter fabric, door seals, tarp and tarp supporting bows, scraper, and other appurtenances associated with the box.

Unit cost per cubic yard \$49.15

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line, do not leave this line blank.

Texas Disposal Systems, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☒ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) _____

4 Exemptions (codes apply only to certain entities, not individuals, see instructions on page 3)

Exempt payee code (if any) 6

Exemption from FATCA reporting code (if any) _____

Payee is a return preparer under the U.S.I.

5 Address (number, street, and apt. or suite no.) See instructions.

PO Box 17126

Remit To: **PO Box 674090**

6 City, state, and ZIP code

Austin, TX 78760-7126

Dallas, TX 75267-4090

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

7 5 - 1 5 7 8 7 1

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions for Part I, later.

Sign Here

Signature of U.S. person

Emeralda Guajardo

Date

01/02/2024

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (dividends, including those from stocks or mutual funds)

- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1099 (mortgage interest), 1099-E (student loan interest), 1099-T (dividend)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is Backup Withholding, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/18/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Arthur J. Gallagher Risk Management Services, LLC
1800 West Loop South
Suite 1800
Houston TX 77027

CONTACT
NAME: Ashley Brunner
PHONE: 713-836-8811
FAX: [blank]
EMAIL: Ashley.Brunner@ajg.com

INSURED
Texas Disposal Systems, Inc.
12200 Carl Rd
Cresskirk TX 76610

ITXAINS-01

INSURER(S) AFFORDED COVERAGE		NAIC #
INSURER A: Allstate Insurance Company		19399
INSURER B: Lexington Insurance Company		19437
INSURER C: Westchester Fire Insurance Company		10030
INSURER D: National Union Fire Insurance Company of Pittsburgh		19445
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 1400707838

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COV. LTR	TYPE OF INSURANCE	START DATE (MM/DD/YYYY)	END DATE (MM/DD/YYYY)	POLICY NO. (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	UNITS
1	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			054/037	2/1/2024 2/1/2025	EACH OCCURRENCE DAMAGE TO RENTED EQUIPMENT (per occurrence) MED EXP (any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMMODITY AGG \$ 1,000,000 \$ 100,000 \$ 500,000 \$ 1,000,000 \$ 2,500,000 \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			0390177	2/1/2024 2/1/2025	COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per occurrence) PROPERTY DAMAGE (Per occurrence) \$ 3,000,000 \$ \$ \$
2	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$			011170360 G72900303004	2/1/2024 2/1/2025	EACH OCCURRENCE AGGREGATE \$ 5,000,000 \$ 5,000,000 \$
3	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER/CLAIMED? (Mandatory in MN) If yes, describe under DESCRIPTION OF OPERATIONS below			063790876	2/1/2024 2/1/2025	<input checked="" type="checkbox"/> STATUTE <input type="checkbox"/> OTHER LL EACH ACCIDENT EL DISEASE - EA EMPLOYER EL DISEASE - POLICY LIMIT \$ 1,000,000 \$ 1,000,000 \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if extra space is required)

Endorsements available if applicable

General Liability

CG 20 01 12 19: PRIMARY AND NONCONTRIBUTORY OTHER INSURANCE CONDITION

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance, and
See Attached.

CERTIFICATE HOLDER

Guadalupe Blanco River Authority
2225 E. Common St
New Braunfels TX 78130

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Arthur J. Gallagher Risk Management Services, LLC		NAMED INSURED Texas Disposal Systems, Inc 12200 Carl Rd Creedmoor TX 78810	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.
 (CG 20 10 12 10)- ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION
 - A. Section II Who Is An Insured
 - 2 If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
 (CG 20371219)- Additional Insured - Owners, Lessees or Contractors - Completed Equipment
 (CG24041219) - Waiver of Transfer of Rights of Recovery Against Others

Auto Liability:
 (879300914)- Additional Insured - Where required under Contract
 (CA04481116)- Primary and Noncontributory - Other Insurance Condition
 (828970695)- Waiver of Transfer of Rights of Recovery Against Others
 Includes Comprehensive and Collision Coverage

Workers Compensation:
 (WC990045 07/03)- Notice of Cancellation and Nonrenewal to Certificate Holder
 (WC420304B 08/14)- Texas Waiver of Our Right to Recover from Others Endorsement
 (WC000301)- Alternate Employer Endorsement

Policy Additional Named Insureds
 -Texas Disposal Systems, Inc.
 -TDS Land Management, LP
 -Texas Disposal Systems Landfill, Inc.
 -Texas Landfill Management, LLC
 -Texas Landfill Management, LLC dba Garden-Villa
 -TDS Excavation Services, LLC
 -Austin Savanna, LLC
 -Tualloy, Inc. DBA Acme Iron & Metal Co.
 -Tualloy, Inc. DBA San Angelo Iron & Metal Co.
 -Tualloy, Inc. DBA Texas Alloy
 -BGICO, LLC
 -TLM Leasing, LLC
 -TDS Leasing, LLC
 -Okapi Leasing, LLC
 -Tualloy Leasing, Inc.
 -Creedmoor Pipeline, LLC
 RE: GRRA BID #2024 006

Guadalupe-Blanco River Authority and its agents, directors, officers and employees are Certificate Holder is an Additional Insured as respects to the General Liability, Automobile Liability, and Umbrella Liability policies, pursuant to and subject to the policy's terms, definitions, conditions and exclusions.
 Waiver of Subrogation applies to certificate holder, as respects to the General Liability and Worker's Compensation policies, pursuant to and subject to the policy's terms, definitions, conditions and exclusions.

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective 12:01 AM 02/01/2024 forms a part of Policy No. WC 062-79-0876

Issued to TEXAS DISPOSAL SYSTEMS, INC.

By A I U INSURANCE COMPANY

This endorsement applies only to the insurance provided by the policy because Texas is shown in Item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the Schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

1. ☐ Specific Waiver

Name of person or organization

☒ Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

2. Operations: ALL TEXAS OPERATIONS

3. Premium:

The premium charge for this endorsement shall be 2.0 percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium: INCLUDED

WC 42 03 04 B
(Ed. 8-14)

Counterigned by _____


Authorized Representative

ENDORSEMENT

This endorsement, effective 12:01 A.M. 02/01/2024

forms a part of Policy No. 689-01-77

Issued to TEXAS DISPOSAL SYSTEMS, INC.

by NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

SCHEDULE

ADDITIONAL INSURED.

ANY PERSON OR ORGANIZATION FOR WHOM YOU ARE CONTRACTUALLY BOUND TO PROVIDE ADDITIONAL INSURED STATUS BUT ONLY TO THE EXTENT OF SUCH PERSON'S OR ORGANIZATION'S LIABILITY ARISING OUT OF THE USE OF A COVERED "AUTO".

I. SECTION II - COVERED AUTOS LIABILITY COVERAGE, A. Coverage, 1. - Who is insured, is amended to add:

d. Any person or organization, shown in the schedule above, to whom you become obligated to include as an additional insured under this policy, as a result of any contract or agreement you enter into which requires you to furnish insurance to that person or organization of the type provided by this policy, but only with respect to liability arising out of use of a covered "auto". However, the insurance provided will not exceed the lesser of:

(1) The coverage and/or limits of this policy, or

(2) The coverage and/or limits required by said contract or agreement.



AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PRIMARY AND NONCONTRIBUTORY -
OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

**AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

- A. The following is added to the Other Insurance Condition in the Business Auto Coverage Form and the Other Insurance - Primary And Excess Insurance Provisions in the Motor Carrier Coverage Form and supersedes any provision to the contrary:

This Coverage Form's Covered Autos Liability Coverage is primary to and will not seek contribution from any other insurance available to an "insured" under your policy provided that:

1. Such "insured" is a Named Insured under such other insurance; and
2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to such "insured".

- B. The following is added to the Other Insurance Condition in the Auto Dealers Coverage Form and supersedes any provision to the contrary:

This Coverage Form's Covered Autos Liability Coverage and General Liability Coverages are primary to and will not seek contribution from any other insurance available to an "insured" under your policy provided that:

1. Such "insured" is a Named Insured under such other insurance; and
2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to such "insured".

POLICY NUMBER: 654-70-37

COMMERCIAL GENERAL LIABILITY
CG 20 01 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PRIMARY AND NONCONTRIBUTORY -
OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the Other Insurance Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

ENDORSEMENT

This endorsement, effective 12:01 A.M. 02/01/2024

forms a part of Policy No. 689-01-77

issued to TEXAS DISPOSAL SYSTEMS, INC.

by NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

LIMITED ADVICE OF CANCELLATION TO SCHEDULED ENTITIES

SCHEDULE

NAME OF PERSON OR ORGANIZATION

E-MAIL OR U.S. POSTAL SERVICE ADDRESS

PER SCHEDULE ON FILE WITH COMPANY

This policy is amended as follows:

In the event that the Insurer cancels this policy for any reason other than non-payment of premium, and

1. the cancellation effective date is prior to this policy's expiration date;
2. the First Named Insured is under an existing contractual obligation to notify a certificate(s) holder(s) when this policy is canceled (hereinafter, the "Certificate Holder(s)") and has provided the Insurer, either directly or through its broker of record, either:
 - (a) the name of the entity shown on the certificate, a contact name at such entity and the U.S. Postal Service mailing address of each such entity; or
 - (b) the email address of a contact at each such entity; and
3. prior to the effective date of cancellation, the First Named Insured confirms to the Insurer, either directly or through its broker of record, that the persons or organizations set forth in the Schedule above, as well as their respective addresses listed, should continue to be a part of the Schedule and, if not, the names of the persons or organizations that should be deleted,

the Insurer will provide advice of cancellation (the "Advice") to each such Certificate Holder(s) confirmed by the First Named Insured in writing to be correctly a part of the Schedule within 30 days after the First Named Insured confirms the accuracy of the Schedule above with the Insurer; provided, however, that if a specific number of days is not stated above, then the Advice will be provided to such Certificate Holder(s) as soon as reasonably practicable after the First Named Insured confirms the accuracy of the Schedule above with the Insurer.

Proof of the Insurer emailing the Advice, using the information provided and subsequently confirmed by the First Named Insured in writing, will serve as proof that the Insurer has fully satisfied its obligations under this endorsement.

This endorsement does not affect, in any way, coverage provided under this policy or the cancellation of this policy or the effective date thereof, nor shall this endorsement invest any rights in any entity not insured under this policy.

The following Definitions apply to this endorsement:

1. First Named Insured means the Named Insured shown on the Declarations Page of this policy.
2. Insurer means the insurance company shown in the header on the Declarations Page of this policy.

All other terms, conditions and exclusions shall remain the same.



Authorized Representative

**NOTICE OF CANCELLATION AND NON-RENEWAL TO
CERTIFICATE HOLDER**

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy)

This endorsement, effective 12:01 AM 02/01/2024 forms a part of Policy No. WC 062-79-0876

Issued to TEXAS DISPOSAL SYSTEMS, INC.

By A I U INSURANCE COMPANY

This endorsement, modifies Insurance provided under the following:

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

We shall provide written notice in accordance with state law in the event this policy is cancelled or nonrenewed, for any reason other than non payment of premium, to those entities set out in the schedule below.

Schedule

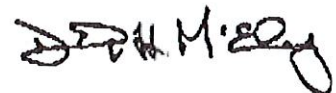
Notice will be mailed to: PER SCHEDULE ON FILE WITH COMPANY

To the attention of:

Contract, Permit or Job
Number:

WC 99 00 45
(Ed. 07/03)

Countersigned by _____



Authorized Representative

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
ELECTRONIC DATA LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES
POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

SCHEDULE

Name Of Person(s) Or Organization(s):

PURSUANT TO APPLICABLE WRITTEN CONTRACT OR AGREEMENT YOU ENTER INTO.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV - Conditions:

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage Part. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.

ALTERNATE EMPLOYER ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy)

This endorsement, effective 12:01 AM 02/01/2024

forms a part of Policy No. WC 062-79-0876

Issued to TEXAS DISPOSAL SYSTEMS, INC.

By A I U INSURANCE COMPANY

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in the schedule. Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the alternate employer is insured.

Under Part One (Workers Compensation Insurance) we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the alternate employer's duty to secure its obligations under the workers compensation law. We

will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share with us a loss covered by this endorsement.

Premium will be charged for your employees while in the course of special or temporary employment by the alternate employer.

The policy may be cancelled according to its terms without sending notice to the alternate employer.

Part Four (Your Duties if Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Parts One and Two and our right to inspect under Part Six.

Schedule

Alternate Employer

Address

State of Special
or Temporary
Employment

ANY ALTERNATE EMPLOYER OF YOUR EMPLOYEES.

TK

ENDORSEMENT

This endorsement, effective 12:01 A.M. 02/01/2024

forms a part of Policy No. 689-01-77

issued to TEXAS DISPOSAL SYSTEMS, INC.

by NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

Section IV - Business Auto Conditions, A - Loss Conditions, 5. - Transfer of Rights of Recovery Against Others to Us, is amended to add:

However, we will waive any right of recovery we have against any person or organization with whom you have entered into a contract or agreement because of payments we make under this Coverage Form arising out of an "accident" or "loss" if:

- (1) The "accident" or "loss" is due to operations undertaken in accordance with the contract existing between you and such person or organization; and
- (2) The contract or agreement was entered into prior to any "accident" or "loss".

No waiver of the right of recovery will directly or indirectly apply to your employees or employees of the person or organization, and we reserve our rights or lien to be reimbursed from any recovery funds obtained by any injured employee.



AUTHORIZED REPRESENTATIVE

ENDORSEMENT

This endorsement, effective 12:01 A.M. 02/01/2024

forms a part of Policy No. 654-70-37

issued to TEXAS DISPOSAL SYSTEMS, INC.

by NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

LIMITED ADVICE OF CANCELLATION TO SCHEDULED ENTITIES

SCHEDULE

NAME OF PERSON OR ORGANIZATION

E-MAIL OR U.S. POSTAL SERVICE ADDRESS

PER SCHEDULE ON FILE WITH COMPANY

PER SCHEDULE ON FILE WITH COMPANY

This policy is amended as follows:

In the event that the Insurer cancels this policy for any reason other than non-payment of premium, and

1. the cancellation effective date is prior to this policy's expiration date,
2. the First Named Insured is under an existing contractual obligation to notify a certificate(s) holder(s) when this policy is canceled (hereinafter, the "Certificate Holder(s)") and has provided the Insurer, either directly or through its broker of record, either:
 - (a) the name of the entity shown on the certificate, a contact name at such entity and the U.S. Postal Service mailing address of each such entity; or
 - (b) the email address of a contact at each such entity; and
3. prior to the effective date of cancellation, the First Named Insured confirms to the Insurer, either directly or through its broker of record, that the persons or organizations set forth in the Schedule above, as well as their respective addresses listed, should continue to be a part of the Schedule and, if not, the names of the persons or organizations that should be deleted,

the Insurer will provide advice of cancellation (the "Advice") to each such Certificate Holder(s) confirmed by the First Named Insured in writing to be correctly a part of the Schedule within 30 days after the First Named Insured confirms the accuracy of the Schedule above with the Insurer; provided, however, that if a specific number of days is not stated above, then the Advice will be provided to such Certificate Holder(s) as soon as reasonably practicable after the First Named Insured confirms the accuracy of the Schedule above with the Insurer.

Proof of the Insurer emailing the Advice, using the information provided and subsequently confirmed by the First Named Insured in writing, will serve as proof that the Insurer has fully satisfied its obligations under this endorsement.

This endorsement does not affect, in any way, coverage provided under this policy or the cancellation of this policy or the effective date thereof, nor shall this endorsement invest any rights in any entity not insured under this policy.

The following Definitions apply to this endorsement:

1. First Named Insured means the Named Insured shown on the Declarations Page of this policy.
2. Insurer means the insurance company shown in the header on the Declarations Page of this policy.

All other terms, conditions and exclusions shall remain the same.



Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations PER THE CONTRACT OR AGREEMENT
ANY PERSON OR ORGANIZATION WHOM YOU BECOME OBLIGATED TO INCLUDE AS AN ADDITIONAL INSURED AS A RESULT OF ANY CONTRACT OR AGREEMENT YOU HAVE ENTERED INTO.	

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

ENDORSEMENT

This endorsement, effective 12:01 A.M. 02/01/2024
forms a part of Policy No. 654-70-37
issued to TEXAS DISPOSAL SYSTEMS, INC.
by NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT (Primary Coverage)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

ADDITIONAL INSURED:

ANY PERSON OR ORGANIZATION WHOM YOU BECOME OBLIGATED TO INCLUDE AS AN
ADDITIONAL INSURED AS A RESULT OF ANY WRITTEN CONTRACT OR AGREEMENT YOU
HAVE ENTERED INTO THAT REQUIRES SUCH ADDITIONAL INSURED COVERAGE.

SECTION II - WHO IS AN INSURED, 1. , is amended to add:

Any person or organization shown in the schedule above you become obligated to include as an additional insured under this policy as a result of any contract or agreement you enter into which requires you to furnish insurance of the type provided by this policy for that person or organization, but only with respect to liability arising out of your operations or premises owned by or rented to you. However, the insurance provided will not exceed the lesser of:

- The coverage and/or limits of this policy, or
- The coverage and/or limits required by said contract or agreement.

For the purposes of SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 4. Other Insurance a. Primary Insurance, any other insurance available to any Additional Insured shown in the schedule above will not be deemed primary.

All other terms and conditions remain the same.



Authorized Representative or
Countersignature (in States Where
Applicable)

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

Texas Disposal Systems, Inc.

2 ☐ Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

N/A

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

N/A

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

☐ Yes

☐ No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes

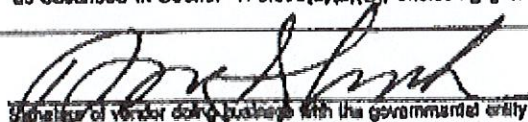
☐ No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

N/A

6 ☐ Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7


Signature of vendor doing business with the governmental entity

6/17/2024

Date

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
2024-1144778

Date Filed:
04/10/2024

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Texas Disposal Systems, Inc
Creedmoor, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Guadalupe-Blanco River Authority

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

2024-005
Wastewater Disposal

4	Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
			Controlling	Intermediary
	Gregory, Bobby	Creedmoor, TX United States	X	

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

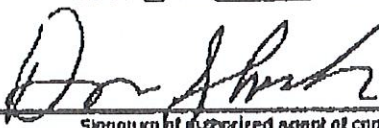
My name is Don Stoval

and my date of birth is 3/26/1965

My address is 12205 Carl Road Creedmoor TX 78610 USA
(city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct

Executed in Travis County, State of Texas, on the 10 day of April, 2024
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5 and 6 if there are no interested parties.

**OFFICE USE ONLY
CERTIFICATION OF FILING**

Certificate Number:
2024-1144779

Date Filed:
04/10/2024

Date Acknowledged:
06/25/2024

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Texas Disposal Systems, Inc.
Creedmoor, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed

Guadalupe-Blanco River Authority

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

2024-005
Basold's Disposal

4	Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
			Controlling	Intermediary
	Gregory, Bobby	Creedmoor, TX United States	X	

5 Check only if there is NO interested Party.



6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ County, State of _____, on the _____ day of _____, 20____
(month) (year)

Signature of authorized agent of contracting business entity
(date)

SB 252

CHAPTER 2252 CERTIFICATION

I, Victor Castillo, the Purchasing Manager of Guadalupe-Blanco River Authority, being an adult over the age of eighteen (18) years of age, pursuant to Texas Government Code, Chapter 2252, Section 2252.152 and Section 2252.153, certify that the company named below is not listed on the website of the Comptroller of the State of Texas concerning the listing of companies that are identified under Section 2270.0201 or Section 2252.153.

Texas Disposal Systems, Inc.

Name of company

GBRA Biosolids Disposal

Bid name and reference number

Victor Castillo

Digitally signed by Victor Castillo
Date: 2024.06.24 07:47:21 -05'00

Signature of GBRA Purchasing Manager

Date: **June 24, 2024**

ATTACHMENT TR1.1.3

NEARBY WWTPS

TECHNICAL REPORT



Wastewater Outfalls

version 3.0

Texas Commission on Environmental Quality • User Guide

Find address or place



Address Buffer Analysis

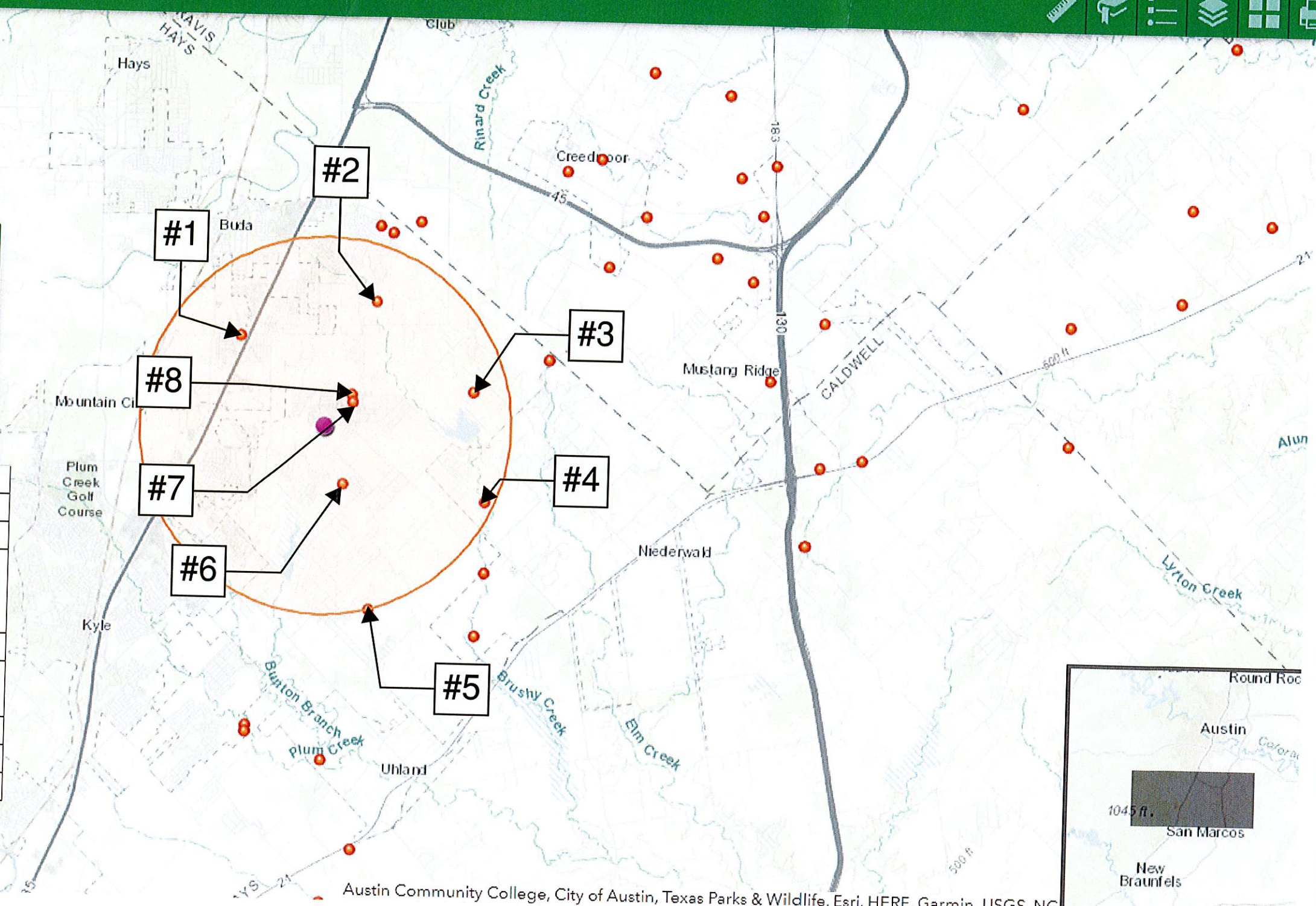
Search for an address or locate on map

330 Dark Horse Ln, Buda, TX, 78610, USA

Show results within 3 Miles



ID	Permittee's Name	Permit Number
1	CITY OF BUDA AND GBRA	11060-001
2	GUADALUPE-BLANCO RIVER AUTHORITY	14377-001
3	CONTINENTAL HOMES OF TEXAS LP AND KY TEX PROPERTIES LLC	15940-001
4	STUDIO ESTATES LLC	15933-001
5	SPANISH TRAIL UTILITY COMPANY LLC	14060-001
6	AQUA TEXAS INC	13293-001
7	NORTH HAYS COUNTY MUD 1	14431-001
8	WINDY HILL UTILITY CO LLC	15478-001



Austin Community College, City of Austin, Texas Parks & Wildlife, Esri, HERE, Garmin, USGS, NG

ATTACHMENT TR1.1.4
DESIGN CALCULATIONS
TECHNICAL REPORT

Average Monthly Influent Reported Lab Results					
Date	BOD (mg/L)	TSS (mg/L)	Ammonia (mg/L)	Phosphorus (mg/L)	Flow (MGD)
12/18	216	153	34.7	6.9	0.169
11/18	287	219	62.9	8.2	0.171
10/18	186	172	36.1	5.9	0.194
9/18	200	165	33.3	5.5	0.155
8/18	260	209	44.8	8.3	0.154
7/18	323	200	47.8	8.4	0.155
6/18	222	180	46.6	6.5	0.150
5/18	219	175	36.7	5.8	0.147
4/18	223	191	34.4	6.8	0.143
3/18	196	125	42.6	7.3	0.147
2/18	252	173	31.1	6.4	0.179
1/18	318	210	37.9	7.5	0.196
12/17	298	186	34.6	6.3	0.202
11/17	278	201	48.2	7.2	0.188
10/17	221	162	34.4	20.6	0.187
9/17	272	208	43.8	7.7	0.183
8/17	270	224	56.4	9.0	0.226
7/17	228	170	38.5	7.0	0.174
6/17	325	357	47.0	7.4	0.173
5/17	213	192	39.5	7.0	0.170
4/17	149	234	36.2	6.8	0.169
3/17	301	208	31.3	6.0	0.168
2/17	440	366	45.2	8.2	0.172
1/17	211	192	42.1	8.0	0.183
	BOD (mg/L)	TSS (mg/L)	Ammonia (mg/L)	Phosphorus (mg/L)	Flow (MGD)
Avg	254	203	41.1	7.7	0.173
Avg Loading (lbs/day)	367	293	59.3	11.1	

ENGINEERING DESIGN SUMMARY
FOR
SHADOW CREEK WWTP

PURPOSE The purpose of this report is to present the basis of design and summary of unit sizing and hydraulic calculations for the 0.611 MGD Expansion of the Shadow Creek Wastewater Treatment Plant.

INFLUENT QUALITY CHARACTERISTICS The influent wastewater quality characteristics used for design are estimates based on State Design Criteria and are as follows:

PARAMETER	INTERIM CONCENTRATION	FINAL CONCENTRATION
BOD ₅	256 mg/l	300 mg/l
TSS	256 mg/l	300 mg/l
NH ₃	50 mg/l	50 mg/l

INFLUENT FLOW CHARACTERISTICS

The plant process and hydraulic design are based on the following flows:

Interim Phase

Average Daily Flow (Qav)		372,000 GPD	258 GPM
Peak 2-Hr. Flow (Qpk)	4	1,488,000 GPD	1033 GPM

Final Phase

Average Daily Flow (Qav)		611,000 GPD	424 GPM
Peak 2-Hr. Flow (Qpk)	4	2,444,000 GPD	1696 GPM

EFFLUENT QUALITY CHARACTERISTICS The design is of the activated sludge type based on Single Stage Nitrification to produce the following effluent quality characteristics:

PARAMETER	CONCENTRATION
BOD ₅	10 mg/l
TSS	15 mg/l
NH ₃	2 mg/l

The chlorine residual shall be 1-4 mg/l.

Effluent characteristics are prior to filtration.

Interim Phase Design Report

Influent Conditions		Existing Treatment Unit No. 2		Existing Treatment Unit No. 1	
		GPD	GPM	GPD	GPM
1	Average Daily Flow @ Qav	245,000	170	127,000	88
2	2 hr. Peak Flow (Qpk)	980,000	680	508,000	353
3	Average Flow (Qav) cf/sec	0.379	cf/s	0.196	cf/s
4	2 hr. Peak Flow (Qpk) cf/sec	1.516	cf/s	0.786	cf/s
5	BOD ₅ (lbs/day)	523	lbs/day	271	lbs/day
6	TSS (lbs/day)	523	lbs/day	271	lbs/day
7	NH ₃ (lbs/day)	102	lbs/day	52	lbs/day

Aeration

1	Aeration Volume Required	35,015	cf	18,151	cf
2	Total Aeration Volume Available	37,206	cf	18,578	cf
3	Organic Loading (lbs/day/1000cf)	14.2	lbs	14.6	lbs
4	TCEQ Maximum Organic Loading (lbs/day/1000cf)	15	lbs	15	lbs
5	Aeration Zones	Existing Unit No. 2 - (1) Zone @ 37,206 cf; Existing Unit No. 1 - (2) Zones @ 18,578 cf			

Clarifiers

1	Clarifier Area Required	1,225	sf	635	sf
2	Diameter	40	ft	29	ft
3	Area	1,257	sf	660.5	sf
4	TCEQ Maximum Surface Loading	800	GPD/sf	800	GPD/sf
5	Surface Loading @ Qpk	780	GPD/sf	769	GPD/sf
6	Sidewater Depth	12.5	ft	12.5	ft
7	Detention Time at Qpk (minimum 2.2 hours; TCEQ 217.154.c.1)	2.9	hrs	2.9	hrs
8	Clarifiers	Existing Unit No. 2- (1) Clarifier @ 1,257 sf; Existing Unit No. 1- (1) Clarifier @ 660.5 sf.			

Clarifier Weirs

1	Clarifier Wall to Weir Length	12	in	12	in
2	Weir Diameter	38	ft	27	ft
3	Weir Length	119.38	ft	84.82	ft
4	Maximum Weir loading at Qpk	20,000	GPD/ft	20,000	GPD/ft
5	Weir Loading at Qpk	8,209	GPD/ft	5,989	GPD/ft

Disinfection Chambers

1	Disinfection Volume Required	1,823 cf	943 cf
2	Volume Available (c.f.)	2,120 cf	1,367 cf
3	Minimum TCEQ Detention Time	20 min	20 min
4	Actual Detention Time @ Qpk	23.2 min	28.9 min
5	Disinfection Chambers	Existing Unit No. 2 - (1) Chamber @ 2,120 cf; Existing Unit No. 1 - (1) Chamber @ 1,367 cf.	

Digesters

1	Volume Required for 28 Days SRT at Solids Concentration of 2.0%	10,551 cf	5,469 cf
2	Volume Required for Maximum Loading 20 cf/lbs of BOD ₅ /day	10,504 cf	5,420 cf
3	Total Volume Available	11,126 cf	5,640 cf
4	Digester Loadings	21.27 cf/lb	10.78 cf/lb
5	Digesters	Existing Unit No. 2 – (2) Digesters @ 5,563 cf each; Existing Unit No. 1 –(1) Digester @ 5,640	

Treatment Units

Treatment Plant No. 2 is 77'ø with a 40'ø clarifier. The walls are 16'6" tall. The aeration wall is at 266°, the digesters at 38° each, and the disinfection at 18°.

Treatment Plant No.1 is 55'ø with a 29'ø clarifier. The walls are 16'6" tall. The aeration walls are at 131.7° each, the digester at 79° , and the disinfection at 18°.

Air Requirements		
Air Requirements	Treatment Unit No. 2	Treatment Unit No. 1
Process: 3200 scfm/day/lb. BOD5	1,167	605
Digester: 30 scfm per 1,000 cf	334	169
Disinfection: 20 scfm/ 1,000 cf	42	27
Total Air Lifts & Initial Mixing	150	78
Total Air Required	1,684	873
Capacity of Blowers	1,686	924
	(2 units-largest out-of-service)	(3 units-largest out-of-service)

Note: The process calculation is based on a clean water oxygen transfer efficiency of 0.85% per foot of submergence. The submergence is 13'3" foot.

Final Phase Design Report

Influent Conditions		Treatment Unit No. 2		Proposed Treatment Unit No. 1A	
		GPD	GPM	GPD	GPM
1	Average Daily Flow @ Qav	275,000	191	335,500	233
2	2 hr. Peak Flow (Qpk)	1,100,000	764	1,342,000	932
3	Average Flow (Qav) cf/sec	0.426	cf/s	0.519	cf/s
4	2 hr. Peak Flow (Qpk) cf/sec	1.702	cf/s	2.077	cf/s
5	BOD ₅ (lbs/day)	688	lbs/day	839	lbs/day
6	TSS (lbs/day)	688	lbs/day	839	lbs/day
7	NH ₃ (lbs/day)	115	lbs/day	140	lbs/day

Aeration

1	Aeration Volume Required	19,659	cf	23,983	cf
2	Total Aeration Volume Available	37,206	cf	24,426	cf
3	Organic Loading (lbs/day/1000cf)	18.5	lbs	34.4	lbs
4	TCEQ Maximum Organic Loading (lbs/day/1000cf)	35	lbs	35	lbs
5	Aeration Zones	Existing Unit No. 2 - (1) Zone @ 37,206 cf; Proposed Unit No. 1A - (1) Zone @ 24,426 cf			

Clarifiers

1	Clarifier Area Required	917	sf	1,118	sf
2	Diameter	40	ft	38	ft
3	Area	1,257	sf	1,134	sf
4	TCEQ Maximum Surface Loading	1,200	GPD/sf	1,200	GPD/sf
5	Surface Loading @ Qpk	875	GPD/sf	1,183	GPD/sf
6	Stilling Well Diameter	6	ft	7	ft
7	Stilling Well Area	28.27	sf	38.48	sf
8	Stilling Well Velocity	0.092	ft/sec	0.076	ft/sec
9	Sidewater Depth	12.13	ft	12.22	ft
10	Detention Time at Qpk (minimum 1.8 hours; TCEQ 217.154.c.1)	2.49	hrs	1.85	hrs
11	Clarifiers	Existing Unit No. 2- (1) Clarifier @ 1,257 sf; Proposed Unit No. 1A- (1) Clarifier @ 1,134 sf.			

Clarifier Weirs

1	Clarifier Wall to Weir Length	12	in	12	in
2	Weir Diameter	38	ft	36	ft
3	Weir Length	119.38	ft	113.10	ft
4	Maximum Weir loading at Qpk	20,000	GPD/ft	20,000	GPD/ft
5	Weir Loading at Qpk	9,214	GPD/ft	11,866	GPD/ft
6	Clarifier Wall to Weir Area	123	sf	116	sf
7	Maximum Upflow Velocity	0.10	ft/sec	0.10	ft/sec
8	Upflow Velocity @ Qpk	0.0139	ft/sec	0.0179	ft/sec

Disinfection Chambers

1	Disinfection Volume Required	2,042 cf	2,492 cf
2	Volume Available (c.f.)	2,120 cf	2,627 cf
3	Minimum TCEQ Detention Time	20 min	20 min
4	Actual Detention Time @ Qpk	20.76 min	21.08 min
5	Disinfection Chambers	Existing Unit No. 2 - (1) Chamber @ 2,120 cf; Proposed Unit No. 1A - (1) Chamber @ 2,627 cf.	

Digesters

1	Volume Required for 40 Days SRT at Solids Concentration of 1.5%	8,104 cf	10,066 cf
2	Total Volume Available	11,126 cf	16,820 cf
3	Digester Loadings	16.17 cf/lb	20.04 cf/lb
6	Digesters	Existing Unit No. 2 - 2 Digesters @ 5,563 cf each; Proposed Unit No. 1A - 2 Digesters @ 8,410 cf each.	

Treatment Units

Treatment Plant No. 2 is 77'ø with a 40'ø clarifier. The walls are 16'6" tall. The aeration wall is at 266°, the digesters at 38° each, and the disinfection at 18°.

Treatment Plant No.1A is 72'ø with a 38'ø clarifier. The walls are 16'6" tall. The aeration wall is at 202°, the digesters at 66.5° each, and the disinfection at 25°.

Air Requirements							
		Treatment Unit No. 2			Treatment Unit No. 1A		
Air Lifts		GPM	SCFM	DIA	GPM	SCFM	DIA
1	Return Activated Sludge (RAS)	349.07	75	8 in	315.03	70	8 in
2	(2) Waste Activated Sludge (WAS)	174.53	60	6 in	157.52	56	6 in
3	Scum	82.80	15	4 in	74.23	13	4 in
4	Total Air Lifts		150	scfm		139	scfm

Air Requirements		Treatment Unit No.2	Treatment Unit No. 1A
1	Process: 3200 scfm/day per lb. BOD ₅	884 scfm	1078 scfm
2	Digester 30 scfm per 1,000 cf	334 scfm	505 scfm
3	Total Air Lifts	150 scfm	139 scfm
4	Initial Mixing	30 scfm	35 scfm
5	Post Aeration 20 scfm per 1,000 cf	42 scfm	53 scfm
6	Total Air Required	1440 scfm	1809 scfm
7	Blower Capacity	1686 scfm (3 units- largest out-of-service)	1809 scfm (2 units- largest out-of-service)

Note: The process calculations are based on a clean water oxygen transfer efficiency of 0.85% per foot of submergence. The submergence is 13'3" and the correction factor is 0.96.

Other Air Lifts		Treatment Unit No. 2	Treatment Unit No.1A
1	Two 3" Digester Decant Airlifts Per Phase @ 75 GPM Each	40 scfm	40 scfm
2	One 4" Sludge Transfer Airlifts Per Phase @ 100 GPM Each	20 scfm	20 scfm

Note: Decanting and sludge transfer does not occur as air is used in the digesters, so these air numbers are not included in the total air required. One sludge transfer airlift will be used at a time for each phase.

Hydraulic Calculations
Treatment Unit No. 2

I. FLOW

Qavg = 191 GPM 275,000 GPD 0.426 CFS
Qpk = 764 GPM 1,100,000 GPD 1.702 CFS

II.

DISINFECTION CHAMBER

90 ° "V" Notch

H_{avg} = 0.491 ft

H_{pk} = 0.859 ft

Depth of "V" notch weir = 18 inches

Static Elevation in Disinfection Chamber = 13.00 ft

W.S. Elevation @ Qavg = 13.49 ft
W.S. Elevation @ Qpk = 13.86 ft

III.

CLARIFIER

Weir diameter = 38 ft

Weir Length = 119 ft

Use two (2) 90° "V" notches per foot of weir = 239 notches

1 Elevation @ Qavg

Flow per Notch = 0.00178 CFS

H_{avg} = 0.054 ft

2 Elevation @ Qpk

Flow per Notch = 0.00713 CFS

H_{pk} = 0.095 ft

3 Minimum Depth of Wide Launder @ Qpk

Launder splits flow = $Q_{pk} \div 2 =$ 382 GPM

Launder Width = 18 inches

Depth = $0.65(GPM \div width)^{2/3} =$ 4.99 inches

IV.

AERATION ZONE

Combined Flow Mix Liq. Transfer to Centerwell at Qpk

Return Activated Sludge RAS = 315 GPM

SCUM = 83 GPM

Qpk + RAS + SCUM = 1162 GPM

Select pipe size to provide less than 2.5 ft/sec velocity: 16 "

NOTE: With 16" Vpk = 1.976 ft/sec, total transfer pipe losses = 0.128 ft
Between aeration basins, total pipe losses = 0.000 ft
Δ Total = 0.128 ft

V.

SUMMARY OF ELEVATIONS (in feet)

Structure Dimensions

Foundation of Disinfection	0.00
Top of Disinfection	16.50
Foundation of Clarifier	0.00
Top of Clarifier Wall	16.50
Foundation of Aeration	0.00
Top of Aeration Wall	16.50
Foundation of Digester	0.00
Top of Digester Wall	16.50

Water Elevations in Tanks

	<u>STATIC</u>	<u>AVG</u>	<u>MAX</u>
Disinfection	13.00	13.49	13.86
Clarifier	14.75	14.80	14.84
Aeration	14.75	14.81	14.97
Digester	Varies from 12.50 to 15.50		

Notes

Elevation in 14" Clarifier Effluent Pipe @ Qpk	13.95
Bottom of Troughs Elevation	14.00
Clarifier Sidewater Depth @ Qpk	12.13

The sump is 3' in diameter, 14" tall, and in the clarifier.

Hydraulic Calculations
Treatment Unit No. 1A

I. FLOW

Qavg =	233 GPM	335,500 GPD	0.519 CFS
Qpk =	932 GPM	1,342,000 GPD	2.077 CFS

II. DISINFECTION CHAMBER 90 °"V" Notch

$H_{avg} = 0.532 \text{ ft}$

$H_{pk} = 0.931 \text{ ft}$

Depth of "V" notch weir = 18 inches

Static Elevation in Disinfection Chamber = 13.00 ft

W.S. Elevation @ Qavg = 13.53 ft

W.S. Elevation @ Qpk = 13.93 ft

III. CLARIFIER

Weir Diameter = 36 ft

Weir Length = 113 ft

Use two (2) 90° "V" notches per foot of weir = 226 notches

1 Elevation @ Qavg

Flow per Notch = 0.00230 CFS

$H_{avg} = 0.060 \text{ ft}$

2 Elevation @ Qpk

Flow per Notch = 0.00918 CFS

$H_{pk} = 0.105 \text{ ft}$

3 Minimum Depth of Wide Launder @ Qpk

Launder splits flow = $Qpk \div 2 = 466 \text{ GPM}$

Launder Width = 18 inches

Depth = $0.65(GPM \div width)^{2/3} = 5.69 \text{ inches}$

IV. **AERATION ZONE**

Combined Flow Mix Liq. Transfer to Centerwell at Qpk

Return Activated Sludge RAS = 315 GPM

SCUM = 74 GPM

Qpk + RAS + SCUM = 1321 GPM

Select pipe size to provide less than 2.5 ft/sec velocity: 18 "

NOTE: With 18", Vpk = 1.762 ft/sec, total transfer pipe losses = 0.100 ft
Between aeration basins, total pipe losses = 0.000 ft

Δ Total = 0.100 ft

V. **SUMMARY OF ELEVATIONS (in feet)**

Structure Dimensions

Foundation of Disinfection	0.00
Top of Disinfection	16.50
Foundation of Clarifier	0.00
Top of Clarifier Wall	16.50
Foundation of Aeration	0.00
Top of Aeration Wall	16.50
Foundation of Digester	0.00
Top of Digester Wall	16.50

<u>Water Elevations in Tanks</u>	<u>STATIC</u>	<u>AVG</u>	<u>MAX</u>
Disinfection	13.00	13.53	13.93
Clarifier	14.75	14.81	14.85
Aeration	14.75	14.82	14.95

Digester Varies from 12.50 to 15.50

Notes

Elevation in 16" Clarifier Effluent Pipe @ Qpk	14.00
Bottom of Troughs Elevation	14.00
Clarifier Sidewater Depth @ Qpk	12.22

The sump is 3' in diameter, 14" tall, and in the clarifier.

Facility design features

A. Emergency Power Requirements

In accordance with 30 TAC § 217.36, the treatment facility will incorporate two (2) on-site automatically starting generators capable of continuously operating all critical wastewater treatment system units. The fuel tank is sized for a run time greater than the longest power outage in the power records. This generator will provide sufficient power for the following units:

- 1. 3 - Influent Lift Station Pumps
- 2. 1 - Automatic Bar Screen
- 3. Activated Sludge Diffused Aerators (each basin)
- 4. Activated Sludge Airlift Transfer Pumps (each basin)
- 5. 5 - Treatment Unit Blowers
- 6. 2 - Final Clarifier Sludge Scrapers
- 7. 1 - Return Activated Sludge Pump
- 8. Chlorination system
- 9. Aluminum Sulfate System
- 10. Polymer Feed System
- 11. Dechlorination system
- 12. Effluent Metering Station
- 13. 2 – Treated Effluent Lift Station Pumps
- 14. 1 – Non-Potable Water Pump
- 15. Lighting Panels and Control Equipment

An automatic transfer switch will be included to transfer electrical loads to the generator during an outage. In accordance with 30 TAC § 217.37, the disinfection system will automatically restart during a power outage and upon transfer back to the main power source.

B. Alarm Features

The facility will be equipped with a Supervisory Control and Data Acquisition (SCADA) system to monitor the operation of all critical treatment units. The control room will include a computer with graphic display of the treatment units that will indicate status and alarm conditions. The computer system will include an autodialer to alert facility personnel of the following conditions:

- 1. Power Outage
- 2. Influent Lift Station Wet Well High Level
- 3. Bar Screen Channel High Level
- 4. Final Clarifier Torque Overload
- 5. Equipment Failure
- 6. Chlorine Leak Detection
- 7. Sulfur Dioxide Leak Detection

The autodialer will store prerecorded messages concerning each alarm condition and the procedure to be followed and will call up to 8 different phone numbers until the alarm condition is acknowledged. The influent

lift station and final clarifiers will also be equipped with local alarm lights for high level and high torque respectively.

C. Design Features for Reliability and Operating Flexibility

- 1. Influent lift station: The influent lift station will include three submersible pumps sized to meet peak flow pumping capacity with the largest unit out of service. Level switches will automatically start and stop the pumps based on influent flows and rising and falling wet well levels. High wet well level will result in an alarm condition.
- 2. Bar screen: The mechanical bar screen structure will include a bypass channel with a manual screen for use when needed. Slide gates will be used to isolate each channel as required.
- 3. Aeration basins: Each capable of continuous operation. Piping and valves will be included to allow each unit to be individually isolated for draining, cleaning or repairs.

D. Overflow prevention

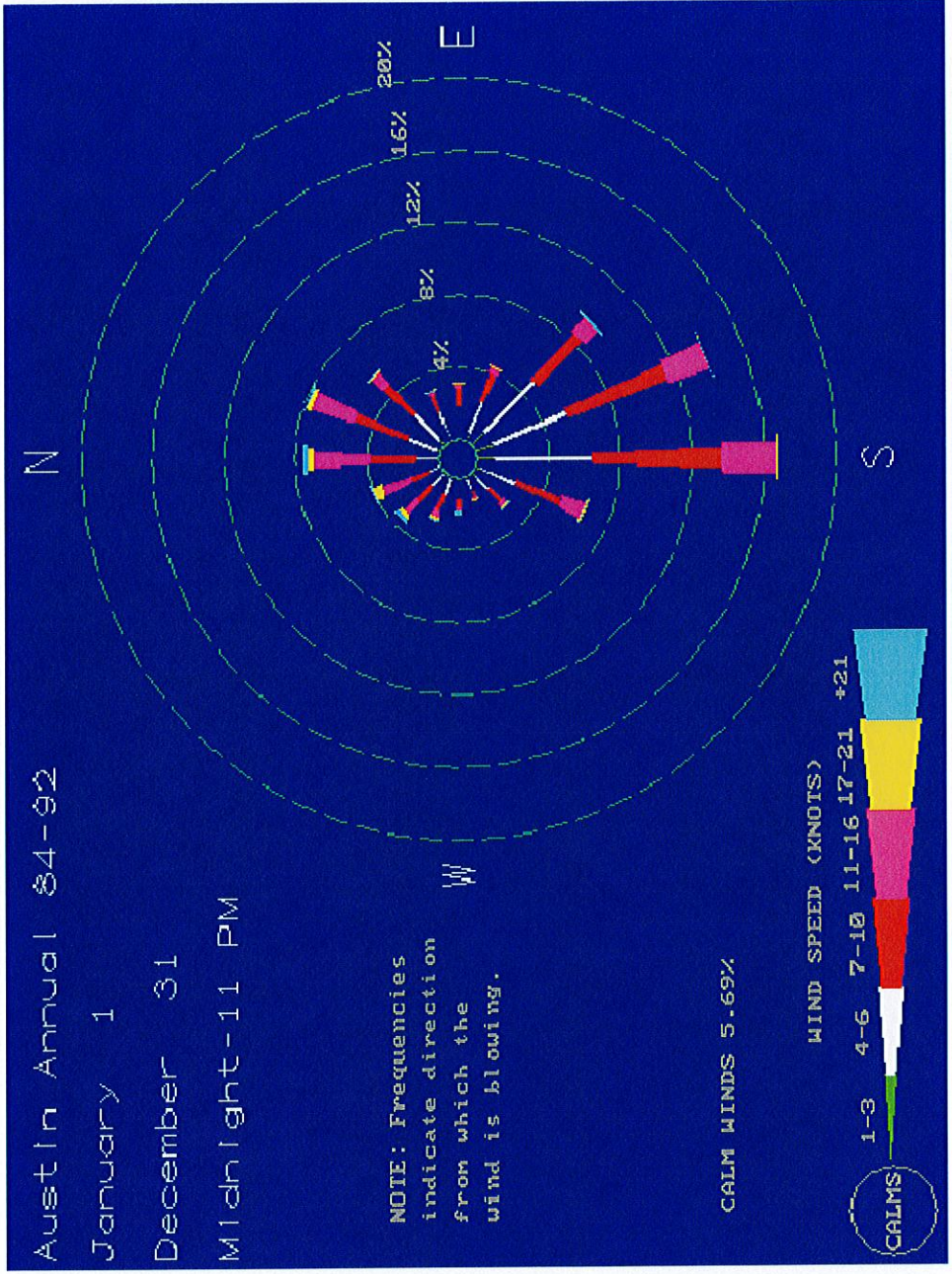
The following design features will be used to prevent the overflow of wastewater from treatment units.

- 1. Based on 5 years of historical flow data, the facility design includes a peaking factor of 4 to insure adequate hydraulic capacity.
- 2. The influent lift station will be designed with the capacity to pump peak flow with a pump out of service.
- 3. The facility hydraulic design, including piping, channels, weirs, troughs, overflow, and other features, will be sized to allow the 2-hour peak flow to pass through the facility without exceeding minimum freeboard requirements with any single treatment unit out of service.

ATTACHMENT TR1.1.5.B

WIND ROSE

TECHNICAL REPORT



ATTACHMENT TR1.1.5.B – WIND ROSE

ATTACHMENT TR1.1.7
SEWAGE SLUDGE SOLIDS MANAGEMENT PLAN
TECHNICAL REPORT

Sludge Management Plan

Influent Design Flow:
Treatment Unit No.2= 0.275 MGD
Treatment Unit No.1A= 0.336 MGD
Total Plant= 0.611 MGD
Influent BOD Concentration = 300 mg/L
Aeration Basin MLSS= 3000 mg/L
RAS= 6000 mg/L
Aerobic Digester Volumes:
Treatment Unit 2: 2 Digestors @ 83,222 gallons total
Treatment Unit 1A: 2 Digestors @ 125,814 gallons total

Sludge Production

Solids Generated	100% flow		75% flow		50% flow		25% flow	
	Unit 2	Unit 1A	Unit 2	Unit 1A	Unit 2	Unit 1A	Unit 2	Unit 1A
Pounds Influent BOD ₅	688	839	516	629	344	420	172	210
Pounds of digested dry sludge produced*	241	294	181	220	120	147	60	74
Pounds of wet sludge produced	12,050	14,683	9,030	11,008	6,020	7,350	3,010	3,675
Gallons of wet sludge produced	1,445	1,760	1,083	1,320	722	881	361	441

***Assuming 0.35 pounds of digested dry sludge produced per pound of influent BOD₅ at average temperatures and 2.0% solids concentration in the digester.**

Sludge will be wasted to the aerobic digester. Sludge solids will be stabilized in the digester; scum and supernatant will be decanted from the digester and returned to the aeration basin for treatment.

Sludge Removal Schedule

Removal Schedule (days)	100% flow	75% flow	50% flow	25% flow
Days between Sludge Removal	7	10	14	30

Liquid digested sludge will be removed from the digester for disposal as required. The calculated mean cell residence time (MCRT) for the digester storage volumes of 46,611 gal and 62,907 gal will be approximately 58 days for Unit 2 and 119 days for Unit 1A at 100% capacity with an annual average digested sludge production of 241 ppd and 176 ppd respectively. The digested sludge will be transported by registered haulers, Sheridan Environmental (semi-solid) and Wastewater Transport Services (as liquid), Registration # 24220 and 2434 respectively. Sludge is hauled to either J.V. Dirt and Loan 5RC Compost Facility (TCEQ Permit #2310), Austin Wastewater Processing Facility (MSW Permit #2384) or Wilbarger Creek WWTP.

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: North Hays County MUD #1

Permit No. WQ00 14431001EPA ID No. TX 0128201

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

330 Dark Horse Lane, Buda, TX 78610, Hays County

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

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

First and Last Name: Jesi Mann

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: Assistant Division Manager

Mailing Address: 1431 Satterwhite Road

City, State, Zip Code: Buda, TX 78610

Phone No.: (512) 757-6524 Ext.: ____ Fax No.: Click here to enter text.

E-mail Address: jmann@gbra.org

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

North Hays County Municipal Utility District No. 1

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

The effluent is discharged to an unnamed tributary; thence to Brushy Creek; then to a reservoir; thence to Brushy Creek; thence to Plum Creek, Segment No. 1810, Guadalupe 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):

Construction of structures for interim and final phases on treatment plant site

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

Ground maintenance; construction of structures for interim and final phases.

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:

[Click here to enter text.](#)

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: North Hays County MUD #1

PERMIT NUMBER (If new, leave blank): WQ00 14431-001

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

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

For TCEQ Use Only

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION
ADMINISTRATIVE REPORT 1.0**

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

Section 1. Application Fees (Instructions Page 26)

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

Flow	New/Major Amendment	Renewal
<0.05 MGD	\$350.00 <input type="checkbox"/>	\$315.00 <input type="checkbox"/>
≥0.05 but <0.10 MGD	\$550.00 <input type="checkbox"/>	\$515.00 <input 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 checked="" 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: 1796
Check/Money Order Amount: \$1615.00
Name Printed on Check: No. Hays County Municipal Utility District No. 1
EPAY Voucher Number: Click to enter text.
Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

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

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

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

- ☒ Active ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

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

f. For existing permits:

Permit Number: WQ00 14431-001

EPA I.D. (TPDES only): TX 0128201

Expiration Date: November 1, 2024

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?

North Hays County Municipal Utility District #1

(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: 602563561

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: Hank Smith

Title: District Engineer

Credential: P.E.

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?

[Click to enter text.](#)

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

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

CN: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

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

C. Core Data Form

Complete the Core Data Form for each customer and include as an attachment. If the customer type selected on the Core Data Form is **Individual**, complete **Attachment 1** of Administrative Report 1.0. AR1.0.3.C

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: Mr.

Last Name, First Name: Joey Gallegos

Title: Project Manager

Credential: P.E.

Organization Name: Atwell, LLC

Mailing Address: 1611 West 5th Street, Suite 175 City, State, Zip Code: Austin, TX 78703

Phone No.: 512-584-8705

E-mail Address: jgallegos@atwell.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. 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: 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.

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: Jesi Mann

Title: Assistant Division Manager

Credential: Click to enter text.

Organization Name: Guadalupe-Blanco River Authority

Mailing Address: 1431 Satterwhite Road

City, State, Zip Code: Buda, TX 78610

Phone No.: (512) 757-6524

E-mail Address: jmann@gbra.org

B. Prefix: Mr. Last Name, First Name: Hank Smith
Title: District Engineer Credential: P.E.
Organization Name: Atwell, LLC
Mailing Address: 1611 West 5th Street, Suite 175 City, State, Zip Code: Austin, TX, 78703
Phone No.: 512-904-0505 E-mail Address: hsmith@atwell.com

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mr. Last Name, First Name: Jesi Mann
Title: Water Quality Project Coordinator Credential: Click to enter text.
Organization Name: Guadalupe-Blanco River Authority
Mailing Address: 1431 Satterwhite Road City, State, Zip Code: Buda, TX 78610
Phone No.: (512) 757-6524 E-mail Address: jmann@gbra.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: Jesi Mann
Title: Water Quality Project Coordinator Credential: Click to enter text.
Organization Name: Guadalupe-Blanco River Authority
Mailing Address: 1431 Satterwhite Road City, State, Zip Code: Buda, TX 78610
Phone No.: (512) 757-6524 E-mail Address: jmann@gbra.org

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: Hank Smith
Title: District Engineer Credential: P.E.
Organization Name: Atwell, LLC
Mailing Address: 1611 West 5th Street, Suite 175 City, State, Zip Code: Austin, TX, 78703
Phone No.: 512-904-0505 E-mail Address: hsmith@atwell.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: Hank Smith

Title: District Engineer

Credential: P.E.

Organization Name: Atwell, LLC

Mailing Address: 1611 West 5th Street, Suite 175 City, State, Zip Code: Austin, TX, 78703

Phone No.: 512-904-0505

E-mail Address: hsmith@atwell.com

D. Public Viewing Information

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

Public building name: Kyle Community Library

Location within the building: Shelf below New Fiction area

Physical Address of Building: 550 Scott Street

City: Kyle

County: Hays

Contact (Last Name, First Name): Scott, Leslie

Phone No.: 512-268-77411 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. Plain Language Summary Template

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

Attachment: Plain Language Summary

G. Public Involvement Plan Form

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

Attachment: Click to enter text.

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 103930129

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):

Castletop Capital Hays ABC Wastewater Treatment Plant

C. Owner of treatment facility: North Hays County Municipal Utility District No. 1

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: North Hays County Municipal Utility District No. 1

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: North Hays County Municipal Utility District No. 1

Mailing Address: 901 S. Mopac Expy, Ste 225 City, State, Zip Code: Austin, TX 78746

Phone No.: 512-328-2008

E-mail Address: tcorbett@mcleanhowardlaw.com

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

Attachment: Click to enter text.

E. Owner of effluent disposal site:

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

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: [Click to enter text.](#)

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:

From the treatment plant via pipe, to an unnamed tributary; thence to Brushy Creek; thence to a reservoir; thence to Plum Creek in segment No. 1810 of the Guadalupe River Basin.

City nearest the outfall(s): Buda

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

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

☐

Yes

☒

No

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

- ☐ Authorization granted ☐ Authorization pending

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

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

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☐ No

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

[Click to enter text.](#)

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

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

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

[Click to enter text.](#)

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

[Click to enter text.](#)

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

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

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

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

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

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

Section 13. Attachments (Instructions Page 33)

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

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

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

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

☐ 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: WQ0014431001

Applicant: North Hays County Municipal Utility District No. 1

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): Hank Smith

Signatory title: District Engineer

Signature: _____ Date: _____

(Use blue ink)

Subscribed and Sworn to before me by the said _____

on this _____ day of _____, 20____.

My commission expires on the _____ day of _____, 20____.

Notary Public

[SEAL]

County, Texas

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

Section 1. Affected Landowner Information (Instructions Page 36)

- A. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:
- ☐ The applicant's property boundaries
 - ☐ The facility site boundaries within the applicant's property boundaries
 - ☐ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
 - ☐ The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
 - ☐ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream
 - ☐ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
 - ☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides
 - ☐ The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property
 - ☐ The property boundaries of all landowners surrounding the effluent disposal site
 - ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
 - ☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located
- B. ☐ Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.
- C. Indicate by a check mark in which format the landowners list is submitted:
- ☐ USB Drive ☐ Four sets of labels
- D. Provide the source of the landowners' names and mailing addresses: Hays County Appraisal District
- E. As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?
- ☐ Yes ☒ No

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

Click to enter text.

Section 2. Original Photographs (Instructions Page 38)

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

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

Section 3. Buffer Zone Map (Instructions Page 38)

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

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

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

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

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

- ☐ Yes ☒ No

DOMESTIC WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: SPIF

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

Use this form to submit the Application Fee, if the mailing the payment.

- Complete items 1 through 5 below.
- Staple the check or money order in the space provided at the bottom of this document.
- **Do Not mail this form with the application form.**
- Do not mail this form to the same address as the application.
- Do not submit a copy of the application with this form as it could cause duplicate permit entries.

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
P.O. Box 13088
Austin, Texas 78711-3088

BY OVERNIGHT/EXPRESS MAIL

Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
12100 Park 35 Circle
Austin, Texas 78753

Fee Code: WQP **Waste Permit No: WQ0014431001**

1. Check or Money Order Number: [Click to enter text.](#)
2. Check or Money Order Amount: [Click to enter text.](#)
3. Date of Check or Money Order: [Click to enter text.](#)
4. Name on Check or Money Order: North Hays County Municipal Utility District No
5. APPLICATION INFORMATION

Name of Project or Site: Castletop Capital Hays ABC Wastewater Treatment Facility

Physical Address of Project or Site: 330 Dark Horse Lane

If the check is for more than one application, attach a list which includes the name of each Project or Site (RE) and Physical Address, exactly as provided on the application.

Staple Check or Money Order in This Space

ATTACHMENT 1

INDIVIDUAL INFORMATION

Section 1. Individual Information (Instructions Page 41)

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

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

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

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

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

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

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

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

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

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

For Commission Use Only:

Customer Number:

Regulated Entity Number:

Permit Number:

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

Things to Know:

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

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

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

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

Plain Language Summary ☐ Yes



12/06/2024

Francesca Findlay
License & Permit Specialist
TCEQ – Water Quality Division
P.O. Box 13087
Austin, Texas 78711-3087

RE: North Hays County MUD No. 1 – 1st Review
Project Number: WQ0014431001

Dear Francesca Findlay,

This letter is in response to your review of the North Hays County MUD No. 1 project. The plans have been revised per the comments in your letter dated 11/21/2024. Below is a list of each comment with our responses in bold.

1. Administrative Report 1.0, Section 2 item C: Please verify that the application is a TLAP, not a TPDES. If it is a TPDES please provide the page with the correct information.

Response: Administrative Report 1.0, Section 2, item C has been updated. This application is a TPDES.

2. Administrative Report 1.0, Section 8, item D: Please provide the Public Viewing Information.

Response: Administrative Report 1.0, Section 8, item D has been updated. The Public Viewing Location is the Kyle Community Library.

3. Administrative Report 1.0, Section 8, item E, number 5: Bilingual Notice Requirements: Please provide which language is required.

Response: Administrative Report 1.0, Section 8, item E, number 5 has been updated. Spanish is required.

4. Administrative Report 1.0, Section 8, item F: Please provide a Plain Language Summary in English and Spanish.

Response: Plain Language Summary has been added to our submission.



5. Administrative Report 1.0, Section 10, item B: Please provide the city and the county nearest the outfall.

Response: Administrative Report 1.0, Section 10, item B has been updated. Kyle and Hays, respectively, have been added.

6. The following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions. The complete notice will be sent to you once the application is declared administratively complete.

Response: The only update is the preferred phone number. Please list 512-480-0032 as the phone number for Hank Smith.

7. The application indicates that public notices in Spanish are required. After confirming the portion of the NORI above does not contain any errors or omissions, please use the attached template to translate the NORI into Spanish. Only the first and last paragraphs are unique to this application and require translation. Please provide the translated Spanish NORI in a Microsoft Word document.

Response: Noted. Attachment is provided.

Please call or email me with any concerns at 210-367-6270 or jgallegos@atwell.com

Sincerely,

Joey, Gallegos PE
Associate Director
512-584-8705 Desk
210-367-6270 Mobile
ATWELL, LLC

Attachments

1. Updated Administrative Report
2. SPIF
3. Plain Language Summary
4. NORI – Spanish Translation

ATWELL, LLC

TCEQ – Water Quality Division | North Hays County MUD No. 1
12/06/2024

CONFIDENTIAL
WQ0014431001



12/06/2024

Francesca Findlay
License & Permit Specialist
TCEQ – Water Quality Division
P.O. Box 13087
Austin, Texas 78711-3087

RE: North Hays County MUD No. 1 – 1st Review
Project Number: WQ0014431001

Dear Francesca Findlay,

This letter is in response to your review of the North Hays County MUD No. 1 project. The plans have been revised per the comments in your letter dated 11/21/2024. Below is a list of each comment with our responses in bold.

1. Administrative Report 1.0, Section 2 item C: Please verify that the application is a TLAP, not a TPDES. If it is a TPDES please provide the page with the correct information.

Response: Administrative Report 1.0, Section 2, item C has been updated. This application is a TPDES.

2. Administrative Report 1.0, Section 8, item D: Please provide the Public Viewing Information.

Response: Administrative Report 1.0, Section 8, item D has been updated. The Public Viewing Location is the Kyle Community Library.

3. Administrative Report 1.0, Section 8, item E, number 5: Bilingual Notice Requirements: Please provide which language is required.

Response: Administrative Report 1.0, Section 8, item E, number 5 has been updated. Spanish is required.

4. Administrative Report 1.0, Section 8, item F: Please provide a Plain Language Summary in English and Spanish.

Response: Plain Language Summary has been added to our submission.



5. Administrative Report 1.0, Section 10, item B: Please provide the city and the county nearest the outfall.

Response: Administrative Report 1.0, Section 10, item B has been updated. Kyle and Hays, respectively, have been added.

6. The following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions. The complete notice will be sent to you once the application is declared administratively complete.

Response: The only update is the preferred phone number. Please list 512-480-0032 as the phone number for Hank Smith.

7. The application indicates that public notices in Spanish are required. After confirming the portion of the NORI above does not contain any errors or omissions, please use the attached template to translate the NORI into Spanish. Only the first and last paragraphs are unique to this application and require translation. Please provide the translated Spanish NORI in a Microsoft Word document.

Response: Noted. Attachment is provided.

Please call or email me with any concerns at 210-367-6270 or jgallegos@atwell.com

Sincerely,

A handwritten signature in black ink, appearing to read "Joey Gallegos".

Joey, Gallegos PE
Associate Director
512-584-8705 Desk
210-367-6270 Mobile

ATWELL, LLC

Attachments

1. Updated Administrative Report
2. SPIF
3. Plain Language Summary
4. NORI – Spanish Translation

ATWELL, LLC

TCEQ – Water Quality Division | North Hays County MUD No. 1
12/06/2024

CONFIDENTIAL

WQ0014431001



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

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

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

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

North Hays County Municipal Utility District No. 1 (CN602563561) operates Castletop Capital Hays ABC Wastewater Treatment Plant (RN103930129), a 611,00 gallon-per-day wastewater treatment facility. The facility is located at 330 Dark Horse Lane, in Buda, Hays County, Texas 78610. This application is for a renewal to discharge 611,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain five day-day carbonaceous biochemical oxygen demand (CBOD5) and total dissolved solids (TDS). Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7.. Domestic wastewater is treated by aerobic treatment. The treatment units include 2 Bar Screenings, 3 Tertiary Filters, 2 Clarifiers, 2 Aeration Tanks, 4 Aerobic Digesters, and 2 Chlorine Contact Chambers.

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

AGUAS RESIDUALES DOMÉSTICAS /AGUAS PLUVIALES

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

North Hays County Municipal Utility District No. 1 (CN602563561) opera Castletop Capital Hays ABC Wastewater Treatment Plant RN103930129, una planta de tratamiento de aguas residuales con una capacidad de 611,00 galones por día . La instalación está ubicada en 330 Dark Horse Lane, en Buda, Condado de Hays, Texas 78610. Esta solicitud es para una renovación para descargar 611,000 galones por día de aguas residuales domésticas tratadas. .

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonoso de cinco días (CBOD5) y sólidos disueltos totales (TDS). Posibles contaminantes adicionales se incluyen en el Informe Técnico Nacional 1.0, Sección 7. . Las aguas residuales domésticas. está tratado por tratamiento aeróbico. Las unidades de tratamiento incluyen 2 Cribas de Barra, 3 Filtros Terciarios, 2 Clarificadores, 2 Tanques de Aireación, 4 Digestores Aeróbicos y 2 Cámaras de Contacto de Cloro .

INSTRUCTIONS

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

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

Example 1: Industrial Wastewater TPDES Application (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 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and are not federal enforceable representations of the permit application.

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

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

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

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

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

Example 2: Domestic Wastewater TPDES Renewal application

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

The City of Texas (CN000000000) operates the City of Texas wastewater treatment plant (RN000000000), an activated sludge process plant operated in the complete mix mode. The facility is located at 123 Texas Street, near the City of More Texas, Texas County, Texas 71234.

This application is for a renewal to discharge at an annual average flow of 1,200,000 gallons per day of treated domestic wastewater via Outfalls 001 and 002.

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

Example 3: Domestic Wastewater TPDES New Application

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

The City of Texas (CN000000000) proposes to operate the City of Texas wastewater treatment plant (RN000000000), an activated sludge process plant operated in the extended aeration mode. The facility will be located at 123 Texas Street, in the City of More Texas, Texas County, Texas 71234.

This application is for a new application to discharge at a daily average flow of 200,000 gallons per day of treated domestic wastewater.

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

Example 4: Domestic Wastewater TLAP Renewal application

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

of the permit application.

The City of Texas (CN000000000) operates the City of Texas wastewater treatment plant (RN000000000), an activated sludge process plant operated in the complete mix mode. The facility is located at 123 Texas Street, near the City of More Texas, Texas County, Texas 71234.

This application is for a renewal to dispose a daily average flow not to exceed 76,500 gallons per day of treated domestic wastewater via public access subsurface drip irrigation system with a minimum area of 32 acres. This permit will not authorize a discharge of pollutants into water in the state.

Land application of domestic wastewater from the facility are expected to contain five-day biochemical oxygen demand (BOD₅), total suspended solids (TSS), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, an equalization basin, an aeration basin, a final clarifier, an aerobic sludge digester, tertiary filters, and a chlorine contact chamber. In addition, the facility includes a temporary storage that equals to at least three days of the daily average flow.

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: North Hays County MUD #1

Permit No. WQ00 14431001EPA ID No. TX 0128201

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

330 Dark Horse Lane, Buda, TX 78610, Hays County

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

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

First and Last Name: Jesi Mann

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

Title: Assistant Division Manager

Mailing Address: 1431 Satterwhite Road

City, State, Zip Code: Buda, TX 78610

Phone No.: (512) 757-6524 Ext.: Fax No.:

E-mail Address: jmann@gbra.org

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

North Hays County Municipal Utility District No. 1

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

The effluent is discharged to an unnamed tributary; thence to Brushy Creek; then to a reservoir; thence to Brushy Creek; thence to Plum Creek, Segment No. 1810, Guadalupe 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):

Construction of structures for interim and final phases on treatment plant site

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

Ground maintenance; construction of structures for interim and final phases.

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:

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

Francesca Findlay

From: Joey Gallegos <jgallegos@atwell.com>
Sent: Tuesday, December 3, 2024 9:58 AM
To: Francesca Findlay
Cc: Elizabeth Koroscik
Subject: RE: WQ0014431001 North Hays County Municipal Utility District No. 1
Attachments: Plain Language Summary - 20972.pdf; SPIF - 20971.pdf; Administrative Report - 10053.pdf; Comment Response.docx; Comment Response.pdf

I guess I did not need to send a link the files were not that big. Does the attached work or should we get the pdfs in word doc as well.

Joey Gallegos

Associate Director
ATWELL, LLC
512-584-8705 Desk
210-367-6270 Mobile

From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Sent: Tuesday, December 3, 2024 9:55 AM
To: Joey Gallegos <jgallegos@atwell.com>
Cc: Elizabeth Koroscik <ekoroscik@atwell.com>
Subject: RE: WQ0014431001 North Hays County Municipal Utility District No. 1

Please email the documents in a word document. I am not able to open the link.

Thank you,

Francesca Findlay
License & Permit Specialist
ARP Team | Water Quality Division
512-239-2441
Texas Commission on Environmental Quality



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

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

From: Joey Gallegos <jgallegos@atwell.com>
Sent: Tuesday, December 3, 2024 9:39 AM
To: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Cc: Elizabeth Koroscik <ekoroscik@atwell.com>
Subject: RE: WQ0014431001 North Hays County Municipal Utility District No. 1

Francesca,

Please see the link below for the comment response and updated items.

<https://atwell-group.sharefile.com/public/share/web-s8841e197bd994743bb1f7577199a1897>

Joey Gallegos

Associate Director

ATWELL, LLC

512-584-8705 Desk

210-367-6270 Mobile

From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>

Sent: Wednesday, November 27, 2024 11:23 AM

To: Joey Gallegos <jgallegos@atwell.com>

Cc: Elizabeth Koroscik <ekoroscik@atwell.com>

Subject: RE: WQ0014431001 North Hays County Municipal Utility District No. 1

Good morning,

You can email the documents to me. Please let me know if you need anything else.

Thank you,

Francesca Findlay

License & Permit Specialist

ARP Team | Water Quality Division

512-239-2441

Texas Commission on Environmental Quality



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

How is our customer service? Fill out our online customer satisfaction survey at

<http://www.tceq.texas.gov/customersurvey>.

From: Joey Gallegos <jgallegos@atwell.com>

Sent: Wednesday, November 27, 2024 10:51 AM

To: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>

Cc: Elizabeth Koroscik <ekoroscik@atwell.com>

Subject: RE: WQ0014431001 North Hays County Municipal Utility District No. 1

Francesca,

Can we submit responses electronically or do you need physical copies? Or do you need both?

Thanks,

Joey Gallegos

Associate Director
ATWELL, LLC
512-584-8705 Desk
210-367-6270 Mobile

From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Sent: Thursday, November 21, 2024 3:09 PM
To: Joey Gallegos <jgallegos@atwell.com>
Subject: FW: WQ0014431001 North Hays County Municipal Utility District No. 1

Dear Mr. Gallegos:

The attached Notice of Deficiency letter sent on November 21, 2024, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention December 6, 2024.

Thank you,

Francesca Findlay
License & Permit Specialist
ARP Team | Water Quality Division
512-239-2441
Texas Commission on Environmental Quality



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

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

Links contained in this email have been replaced. If you click on a link in the email above, the link will be analyzed for known threats. If a known threat is found, you will not be able to proceed to the destination. If suspicious content is detected, you will see a warning.

External Email: Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Confidential Notice: This is a confidential communication. If you received in error, please notify the sender of the delivery error by replying to this message and then delete it from your system. Electronic Data: Since data stored on electronic media can deteriorate, be translated or modified, Atwell, LLC will not be liable for the completeness, correctness or readability of the electronic data, including but not limited to draft, partial, preliminary, or incomplete plans. Any Electronic Data is provided “as-is”. The

electronic data should be checked against the hard copy (paper, mylar, etc.). Hard copies are on file with Atwell and can be provided upon request.

Links contained in this email have been replaced. If you click on a link in the email above, the link will be analyzed for known threats. If a known threat is found, you will not be able to proceed to the destination. If suspicious content is detected, you will see a warning.

External Email: Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Links contained in this email have been replaced. If you click on a link in the email above, the link will be analyzed for known threats. If a known threat is found, you will not be able to proceed to the destination. If suspicious content is detected, you will see a warning.

External Email: Do not click any links or open any attachments unless you trust the sender and know the content is safe.