



# 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

## **City of Brazoria**

**TPDES Permit NO. WQ0014581-001**

### **Exhibit B**

#### **Plain Language Summary**

The City of Brazoria (CN600573414) operates the City of Brazoria Wastewater Treatment Plant (RN101613552), a standard oxidation ditch wastewater treatment plant with a designed treatment capacity of .75 MGD. The facility is located approximately 1 mile west of the intersection of FM 521 and CR 197 and 2.25 miles southwest of the City of Brazoria, Brazoria County, Texas 77422.

This application is for a renewal to discharge 750,000 gallons of treated effluent per day. The discharge point is into an unnamed ditch that then flows into the San Bernard River approximately 550 feet downstream of the outfall.

The discharge of the treated effluent from this facility is subject to permit limitation guidelines. The pollutants expected from this discharge are: CBOD, TSS, Ammonia Nitrogen, Nitrate Nitrogen, Total Kjeldahl Nitrogen, Sulfate, Chloride, Total Phosphorus, pH, Dissolved Oxygen, Chlorine Residual, E.coli, and Total Dissolved Solids.

The influent raw sewage from the collection system enters the treatment plant facility into the wet well of an influent lift station. The influent lift station pumps the raw sewage to a barscreen structure where it is screened through a manual barscreen. Screenings from the barscreen are collected and disposed of in a safe and legal manner. Following screening, the raw sewage then flows into an oxidation ditch where it is retained and aerated with rotors in accordance with the applicable TCEQ regulations.

Following treatment in the oxidation ditch, the mixed liquor flows to one (1) of two (2) final clarifiers where sludge solids settle to the bottom of the basins and settled effluent is discharged over weirs at the top of the basins. The settled effluent goes from the final clarifiers into a discharge pipe before flowing into a chlorine contact chamber for disinfection. Chlorine gas is injected into the settled effluent after it reaches the chlorine contact chamber structure. After entering the chlorine contact chamber, the effluent is retained for a minimum of 20 minutes based on peak hydraulic flow. After disinfection, the treated effluent is measured using an ultrasonic level indicator as the water flows through a Parshall flume. Following measurement, the treated effluent is then discharged through a pipe into an unnamed ditch that flows to the San Bernard River.

The plant is also equipped with a sludge treatment train. Sludge from the bottom of the final clarifiers is either returned to the oxidation ditch for mixing with raw influent or wasted to either sludge drying beds or a sludge drying box for dewatering. After dewatering, the sewage sludge is transported by a registered transporter to a permitted landfill.

## Ciudad de Brazoria

Permiso TPDES N.º WQ0014581-001

### Anexo B

#### Resumen en Lenguaje sencillo

La ciudad de Brazoria (CN600573414) opera la planta de tratamiento de aguas residuales de la ciudad de Brazoria (RN101613552), una planta de tratamiento de aguas residuales con zanja de oxidación estándar con una capacidad de tratamiento diseñada de 0,75 MGD (**millones de galones diarios**). La instalación está ubicada aproximadamente a 1 milla al oeste de la intersección de FM 521 y CR 197 y a 2,25 millas al suroeste de la ciudad de Brazoria, condado de Brazoria, Texas 77422.

Esta solicitud es para una renovación para descargar 750,000 galones de efluente tratado por día. El punto de descarga se encuentra en una zanja sin nombre que luego desemboca en el río San Bernard aproximadamente a 550 pies río abajo del desagüe.

La descarga del efluente tratado de esta instalación está sujeta a las pautas de limitación del permiso. Los contaminantes que se esperan de esta descarga son: CBOD, TSS, nitrógeno amoniacal, nitrógeno nítrico, nitrógeno Kjeldahl total, sulfato, cloruro, fósforo total, pH, oxígeno disuelto, cloro residual, E. coli y sólidos disueltos totales.

Las aguas residuales sin tratar que ingresan desde el sistema de recolección **entran** a la planta de tratamiento en el pozo húmedo de una estación **de bombeo** de aguas residuales. La estación **de bombeo** de aguas residuales bombea las aguas residuales sin tratar a una estructura de rejilla donde se filtran a través de una rejilla manual. Los residuos de la rejilla se recolectan y se eliminan de manera segura y legal. Luego del filtrado, las aguas residuales sin tratar fluyen hacia una zanja de oxidación donde se retienen y se airean con rotores de acuerdo con las regulaciones aplicables de la TCEQ.

Después del tratamiento en la zanja de oxidación, el licor mezclado fluye a uno (1) de los dos (2) clarificadores finales donde los sólidos del lodo se sedimentan **en el fondo** de los estanques y el efluente sedimentado se descarga a través de vertederos en la parte superior de los estanques. El efluente sedimentado va desde los clarificadores finales a una tubería de descarga antes de fluir hacia una cámara de contacto con cloro para su desinfección. Se inyecta gas cloro en el efluente sedimentado después de que llega a la estructura de la cámara de contacto con cloro. Después de entrar en la cámara de contacto con cloro, el efluente se retiene durante un mínimo de 20 minutos según el caudal hidráulico máximo. Después de la desinfección, el efluente tratado se mide utilizando un indicador de nivel ultrasónico a medida que el agua fluye a través de un canal Parshall. Después de **medirse**, el efluente tratado se descarga a través de una tubería hacia una zanja sin nombre que desemboca en el río San Bernard.

La planta también está equipada con un tren de **procedimientos** para el tratamiento de lodos. Los lodos del fondo de los clarificadores finales se devuelven a la zanja de oxidación para mezclarlos con el influente crudo o se desechan en lechos de secado. Los lodos se descargan en los lechos de secado para su deshidratación. Después de la deshidratación, los lodos son transportados por un transportista registrado a un vertedero autorizado.

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0014581001

**APPLICATION.** City of Brazoria, 201 South Main Street, Brazoria, Texas 77422, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0014581001 (EPA I.D. No. TX0025615) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 750,000 gallons per day. The domestic wastewater treatment facility is located one mile west of the intersection of County Road 797 and Farm-to-Market Road 521, near the city of Brazoria, in Brazoria County, Texas 77422. The discharge route is from the plant site to an unnamed ditch; thence to San Bernard River Tidal. TCEQ received this application on August 13, 2024. The permit application will be available for viewing and copying at Brazoria City Hall, 201 South Main Street, Brazoria, in Brazoria 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=-95.585277,29.016666&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](http://www.tceq.texas.gov/goto/cid). Search the database using the permit number for this application, which is provided at the top of this notice.

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

Further information may also be obtained from City of Brazoria at the address stated above or by calling Mr. David Kocurek, City Manager, at 979-798-2489.

Issuance Date: September 18, 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. WQ0014581001**

SOLICITUD. Ciudad de Brazoria, 201 South Main Street, Brazoria, Texas 77422 ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0014581001 (EPA I.D. No. TX 0025615) 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 750,000 galones por día. La planta está ubicada a una milla al oeste de la intersección de County Road 797 y Farm-to-Market Road 521, en la ciudad de Brazoria, en el condado de Brazoria, Texas 77422. La ruta de descarga es del sitio de la planta a una zanja sin nombre; de allí al río San Bernardo. La TCEQ recibió esta solicitud el 13 de Agosto de 2024. La solicitud para el permiso estará disponible para leerla y copiarla en Ayuntamiento de Brazoria, 201 South Main Street, Brazoria, en el condado de Brazoria, Texas 77422 antes de la fecha de publicación de este aviso en el periódico. La solicitud, incluidas las actualizaciones y los avisos asociados, están disponibles electrónicamente en la siguiente página web:

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

Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.585277,29.016666&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 envia 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 de la Ciudad de Brazoria en la dirección indicada arriba o llamando a Mr. David Kocurek, City Manager al (979) 798-2489.

Fecha de emission: 18 de septiembre de 2024



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of Brazoria

PERMIT NUMBER (If new, leave blank): WQ00 0014581-001

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

	Y	N		Y	N
Administrative Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original USGS Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Administrative Report 1.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Affected Landowners Map	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SPIF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landowner Disk or Labels	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Core Data Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Buffer Zone Map	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Public Involvement Plan Form	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flow Diagram	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Technical Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Site Drawing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Technical Report 1.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Original Photographs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Design Calculations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 2.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Solids Management Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 4.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 5.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 6.0	<input 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: 59071  
Check/Money Order Amount: \$1,615.00  
Name Printed on Check: City of Brazoria

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

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

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

f. For existing permits:

Permit Number: WQ00 14581001

EPA I.D. (TPDES only): TX 0025615

Expiration Date: 3/11/2025

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

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

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

City of Brazoria

*(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: 600573414

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: Ray, Phillip

Title: Mayor

Credential: N/A

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

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

N/A

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

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

CN: N/A

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

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

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

### C. Core Data Form

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

## 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: Kocurek, David  
Title: City Manager Credential: N/A  
Organization Name: City of Brazoria  
Mailing Address: 201 S. Main Street City, State, Zip Code: Brazoria, TX 77422  
Phone No.: 979-798-2489 E-mail Address: citymanager@cityofbrazoria.org  
Check one or both: ☒ Administrative Contact ☐ Technical Contact
- B. Prefix: Mr. Last Name, First Name: Brown, DeLane  
Title: Wastewater Operator Credential: N/A  
Organization Name: City of Brazoria  
Mailing Address: 201 S. Main Street City, State, Zip Code: Brazoria, TX 77422  
Phone No.: 979-798-2489 E-mail Address: dbrown@cityofbrazoria.org  
Check one or both: ☐ Administrative Contact ☒ Technical Contact

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

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

- A. Prefix: Mr. Last Name, First Name: Kocurek, David  
Title: City Manager Credential: N/A  
Organization Name: City of Brazoria  
Mailing Address: 201 S. Main Street City, State, Zip Code: Brazoria, TX 77422  
Phone No.: 979-798-2489 E-mail Address: citymanager@cityofbrazoria.org

B. Prefix: Mr. Last Name, First Name: Brown, DeLane  
Title: Wastewater Operator Credential: N/A  
Organization Name: City of Brazoria  
Mailing Address: 201 S. Main Street City, State, Zip Code: Brazoria, TX 77422  
Phone No.: 979-798-2489 E-mail Address: dbrown@cityofbrazoria.org

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

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

Prefix: Ms. Last Name, First Name: Mills, Clissa  
Title: City Secretary Credential: N/A  
Organization Name: City of Brazoria  
Mailing Address: 201 S. Main Street City, State, Zip Code: Brazoria, TX 77422  
Phone No.: 979-798-2489 E-mail Address: citysecretary@cityofbrazoria.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: Brown, DeLane  
Title: Operator Credential: N/A  
Organization Name: City of Brazoria  
Mailing Address: 201 S. Main Street City, State, Zip Code: Brazoria, TX 77422  
Phone No.: 979-798-2489 E-mail Address: dbrown@cityofbrazoria.org

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

### A. Individual Publishing the Notices

Prefix: Ms. Last Name, First Name: Mills, Clissa  
Title: City Secretary Credential: N/A  
Organization Name: City of Brazoria  
Mailing Address: 201 S. Main Street City, State, Zip Code: Brazoria, TX 77422  
Phone No.: 979-798-2489 E-mail Address: citysecretary@cityofbrazoria.org

**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: Kocurek, David

Title: City Manager

Credential: N/A

Organization Name: City of Brazoria

Mailing Address: 201 S. Main Street

City, State, Zip Code: Brazoria, TX 77422

Phone No.: 979-798-2489

E-mail Address: citymanager@cityofbrazoria.org

**D. Public Viewing Information**

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

Public building name: City Hall

Location within the building: N/A

Physical Address of Building: 201 S. Main Street

City: Brazoria

County: Brazoria

Contact (Last Name, First Name): Kocurek, David

Phone No.: 979-798-2489 Ext.: N/A

**E. Bilingual Notice Requirements**

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

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

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

#### F. Plain Language Summary Template

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

**Attachment:** See Exhibit B

#### G. Public Involvement Plan Form

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

N/A

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 101613552

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

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

City of Brazoria WWTP

C. Owner of treatment facility: City of Brazoria

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

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

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: City of Brazoria

Mailing Address: 201 S. Main Street

City, State, Zip Code: Brazoria, TX 77422

Phone No.: 979-798-2489

E-mail Address: citymanager@cityofbrazoria.org

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

**Attachment:** N/A

E. Owner of effluent disposal site:

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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

**Attachment:** N/A

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

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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

**Attachment:** N/A

## Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

N/A

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

☒ Yes ☐ No

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

N/A

City nearest the outfall(s): Brazoria

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

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

☐ Yes ☒ No

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

- ☐ Authorization granted      ☐ Authorization pending

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

**Attachment:** N/A

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

## Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes      ☐ No

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

N/A

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

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

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

N/A

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

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

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

☐ Yes      ☒ No

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

☐ Yes      ☐ No      ☒ Not Applicable

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

N/A

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account number: [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: N/A

Amount past due: N/A

## Section 13. Attachments (Instructions Page 33)

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

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

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

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

☐ Attachment 1 for Individuals as co-applicants

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

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

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

Permit Number: WQ0014581001

Applicant: City of Brazoria

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): Phillip Ray

Signatory title: Mayor

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

*(Handwritten signature)*  
(Use blue ink)

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

8/13/24

Subscribed and Sworn to before me by the said \_\_\_\_\_

Philip Ray

on this 13<sup>th</sup> day of August, 2024.

My commission expires on the 29<sup>th</sup> day of January, 2026.

Clissa Mills

Notary Public

[SEAL]

Brazoria

County, Texas



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

### FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

#### TCEQ USE ONLY:

Application type: \_\_\_\_Renewal \_\_\_\_Major Amendment \_\_\_\_Minor Amendment \_\_\_\_New

County: \_\_\_\_\_ Segment Number: \_\_\_\_\_

Admin Complete Date: \_\_\_\_\_

Agency Receiving SPIF:

\_\_\_\_ Texas Historical Commission

\_\_\_\_ U.S. Fish and Wildlife

\_\_\_\_ Texas Parks and Wildlife Department

\_\_\_\_ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: City of Brazoria

Permit No. WQ00 14581-001

EPA ID No. TX 0025615

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

Dead end of CR 797, City of Brazoria, Brazoria County, Texas

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: Delane Brown

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

Title: Wastewater Operator

Mailing Address: 201 S, Main Street

City, State, Zip Code: Brazoria, TX 77422

Phone No.: 979-798-2489 Ext.:                      Fax No.: 979-798-9144

E-mail Address: dbrown@cityofbrazoria.org

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

N/A

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

To an unnamed ditch; thence to the San Bernard River Tidal in Segment No. 1301 of the Brazos-Colorado Coastal Basin

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

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

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

N/A

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

The site is currently used as a wastewater Treatment facility

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

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

N/A

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

N/A

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# 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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

### A. Existing/Interim I Phase

Design Flow (MGD): 0.75

2-Hr Peak Flow (MGD): 3.0

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

### B. Interim II Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

### C. Final Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

### D. Current Operating Phase

Provide the startup date of the facility: 06/01/1980

## 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.**

**See Exhibit D**

## 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)
Influent Lift Station	1	8' diameter x 24' depth
Manual Bar Screen	1	3' x 4'
Aeration Basin	1	261' length x 51' width x 10' side wall depth
Clarifiers	2	44' diameter x 11' side wall depth
Chlorine Contact Basin	1	6,483 cubic feet
Sludge Drying Beds	6	3,600 square feet

## C. Process Flow Diagram

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

Attachment: **See Exhibit E**

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

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

- Latitude: 29.016666
- Longitude: -95.585277

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

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

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

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

disposal site.

**Attachment: See Exhibit F**

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

**City of Brazoria, See Exhibit F**

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

**Collection System Information**

Collection System Name	Owner Name	Owner Type	Population Served
City of Brazoria	City of Brazoria	<b>Publicly Owned</b>	3,112
		Choose an item.	
		Choose an item.	
		Choose an item.	

**Section 4. Unbuilt Phases (Instructions Page 45)**

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

N/A

**Section 5. Closure Plans (Instructions Page 45)**

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

N/A

## Section 6. Permit Specific Requirements (Instructions Page 45)

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

### A. Summary transmittal

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

☒ Yes ☐ No

If **yes**, provide the date(s) of approval for each phase: 02/25/2011

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.**

A Summary Transmittal Letter for the Chlorine Contact Chamber Expansion was sent to the TCEQ on 2/18/2011. The TCEQ approval letter is dated 2/25/2011.

### B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

N/A

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

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

☐ Yes ☒ No

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

N/A

### D. Grit and grease treatment

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

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

☐ Yes ☒ No

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

#### 2. Grit and grease processing

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

Click to enter text.

#### 3. Grit disposal

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

☐ Yes ☐ No

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

Describe the method of grit disposal.

Click to enter text.

#### 4. Grease and decanted liquid disposal

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

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

Click to enter text.

### E. Stormwater management

#### 1. Applicability

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

#### 2. MSGP coverage

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

#### 3. Conditional exclusion

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

☐ Yes ☐ No

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

Click to enter text.

**4. Existing coverage in individual permit**

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

☐ Yes ☐ No

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

Click to enter text.

**5. Zero stormwater discharge**

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

☐ Yes ☐ No

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

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

[Click to enter text.](#)

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

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

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

[Click to enter text.](#)

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

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

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

☐ Yes ☒ No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the sludge, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

N/A

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

##### 2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If **yes to any of the above**, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the septic waste, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

N/A

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

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

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

☐ Yes ☒ No

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

N/A

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

Is the facility in operation?

☒ Yes ☐ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l	16.3	16.3	1	Grab	7-4-2024 / 0855
Total Suspended Solids, mg/l	20.0	20.0	1	Grab	7-4-2024 / 0855
Ammonia Nitrogen, mg/l	33.5	33.5	1	Grab	7-4-2024 / 0855
Nitrate Nitrogen, mg/l	<0.50	<0.50	1	Grab	7-4-2024 / 0855
Total Kjeldahl Nitrogen, mg/l	36.2	36.1	1	Grab	7-4-2024 / 0855
Sulfate, mg/l	285	285	1	Grab	7-4-2024 / 0855
Chloride, mg/l	140	140	1	Grab	7-4-2024 / 0855
Total Phosphorus, mg/l	4.30	4.30	1	Grab	7-4-2024 / 0855
pH, standard units	7.40	7.40	1	Grab	7-4-2024 / 0855
Dissolved Oxygen*, mg/l	6.84	6.84	1	Grab	7-4-2024 / 0855
Chlorine Residual, mg/l	3.33	3.33	1	Grab	7-4-2024 / 0855
<i>E.coli</i> (CFU/100ml) freshwater	<1	<1	1	Grab	7-4-2024 / 0855
Enterococci (CFU/100ml) saltwater	<1	<1	1	Grab	7-4-2024 / 0855
Total Dissolved Solids, mg/l	548	548	1	Grab	7-4-2024 / 0855
Electrical Conductivity, $\mu$ mohs/cm, †	1150	1150	1	Grab	7-4-2024 / 0855
Oil & Grease, mg/l	<5.0	<5.0	1	Grab	7-4-2024 / 0855
Alkalinity (CaCO <sub>3</sub> )*, mg/l	352	352	1	Grab	7-4-2024 / 0855

\*TPDES permits only

†TLAP permits only

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l	N/A	N/A	N/A	N/A	N/A

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

## Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: DeLane Brown

Facility Operator's License Classification and Level: Wastewater Treatment Operator C

Facility Operator's License Number: WW0071154

## 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
Disposal in Landfill	Off-site Third-Party Handler or Preparer	Not Applicable	Not Applicable No sludge wasted in the past 3 years.	Class B: PSRP Air Drying	Not Applicable
<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>		<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>
<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>		<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>

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: Seabreeze Environmental Landfill

TCEQ permit or registration number: EPA # 1539A

County where disposal site is located: Brazoria

### E. Transportation method

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

Name of the hauler: Bears Inc.

Hauler registration number: EPA # 87179

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  $1 \times 10^{-7}$  cm/sec?

☐ Yes ☐ No

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

[Click to enter text.](#)

### D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

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

### E. Groundwater monitoring

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

☐ Yes ☐ No

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

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

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

### A. Additional authorizations

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

☐ Yes ☒ No

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

N/A

### B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

N/A

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

### A. RCRA hazardous wastes

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

☐ Yes ☒ No

### B. Remediation activity wastewater

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

☐ Yes ☒ No

### C. Details about wastes received

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

**Attachment:** N/A

## Section 14. Laboratory Accreditation (Instructions Page 56)

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

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

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

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

### CERTIFICATION:

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

Printed Name: Phillip Ray

Title: Mayor

Signature: -----

Date: 8-13-24-----

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

#### 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.

San Bernard River

### D. Downstream characteristics

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

☒ Yes ☐ No

If yes, discuss how.

The unnamed ditch flows to the San Bernard River approximately 550 feet downstream of the outfall.

### E. Normal dry weather characteristics

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

Water is clear; vegetation growing along ditch

Date and time of observation: July 11, 2024 @ 11:00 am.

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.

☐ Oil field activities

☐ Urban runoff

☒ Upstream discharges

☒ Agricultural runoff

☐ Septic tanks

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

## B. Waterbody uses

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

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

## C. Waterbody aesthetics

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

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

# 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: 0

Significant IUs - non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

#### B. Treatment plant interference

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

☐ Yes ☒ No

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

N/A

### 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.

N/A

### 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 3.0(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: N/A

Contact name: N/A

Address: N/A

City, State, and Zip Code: N/A

Telephone number: N/A

Email address: N/A

#### 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: N/A

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: N/A

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

**CITY OF BRAZORIA  
WASTEWATER TREATMENT PLANT  
TPDES PERMIT NO. WQ0014581-001**

**EXHIBIT A  
Domestic Administrative Report 1.0, Section 3.C.**

**Core Data Form**



# 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

<b>1. Reason for Submission</b> (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
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 600573414		RN 101613552

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)		08/06/2024	
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership					
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John) <span style="float: right;"><i>If new Customer, enter previous Customer below:</i></span>					
City of Brazoria					
<b>7. TX SOS/CPA Filing Number</b>		<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b> (9 digits)	
				<b>10. DUNS Number</b> (if applicable)	
<b>11. Type of Customer:</b>		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
<b>12. Number of Employees</b>		<b>13. Independently Owned and Operated?</b>			
<input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
<b>15. Mailing Address:</b>					
201 South Main Street					
City: Brazoria State: TX ZIP: 77422 ZIP + 4:					
<b>16. Country Mailing Information</b> (if outside USA)				<b>17. E-Mail Address</b> (if applicable)	
N/A				N/A	
<b>18. Telephone Number</b>		<b>19. Extension or Code</b>		<b>20. Fax Number</b> (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.)

City of Brazoria WWTP

### 23. Street Address of the Regulated Entity:

(No PO Boxes)

201 S. Main Street

City

Brazoria

State

TX

ZIP

77422

ZIP + 4

### 24. County

Brazoria

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

### 25. Description to Physical Location:

APPROX. 1 MILE W. OF INTERSECTION OF FM 521 AND CR 197 AND 2.25 MILES SW OF THE CITY OF BRAZORIA.

### 26. Nearest City

State

Nearest ZIP Code

Brazoria

TX

77422

**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:

29.017062

### 28. Longitude (W) In Decimal:

-95.584569

Degrees

Minutes

Seconds

Degrees

Minutes

Seconds

29

01

01.4

95

35

04.5

### 29. Primary SIC Code

(4 digits)

### 30. Secondary SIC Code

(4 digits)

### 31. Primary NAICS Code

(5 or 6 digits)

### 32. Secondary NAICS Code

(5 or 6 digits)

4952

N/A

221320

N/A

### 33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)

Domestic

### 34. Mailing Address:

201 S. Main Street

City

Brazoria

State

TX

ZIP

77422

ZIP + 4

### 35. E-Mail Address:

N/A

### 36. Telephone Number

### 37. Extension or Code

### 38. Fax Number (if applicable)

( 979 ) 798-4075

( 979 ) 798-9144

**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**

<b>40. Name:</b>	Lynn Short	<b>41. Title:</b>	President / CEO
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 361 ) 212-8243		( ) -	lshort@ispssolutions.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.

<b>Company:</b>	City of Brazoria	<b>Job Title:</b>	Mayor
<b>Name (In Print):</b>	Mr. Phillip Ray	<b>Phone:</b>	( 979 ) 798- 2489
<b>Signature:</b>		<b>Date:</b>	8-13-24

**CITY OF BRAZORIA  
WASTEWATER TREATMENT PLANT  
TPDES PERMIT NO. WQ0014581-001**

**EXHIBIT B  
Domestic Administrative Report 1.0, Section 8.F.**

**Plain Language Summary**

## **City of Brazoria**

**TPDES Permit NO. WQ0014581-001**

### **Exhibit B**

#### **Plain Language Summary**

The City of Brazoria (CN600573414) operates the City of Brazoria Wastewater Treatment Plant (RN101613552), a standard oxidation ditch wastewater treatment plant with a designed treatment capacity of .75 MGD. The facility is located approximately 1 mile west of the intersection of FM 521 and CR 197 and 2.25 miles southwest of the City of Brazoria, Brazoria County, Texas 77422.

This application is for a renewal to discharge 750,000 gallons of treated effluent per day. The discharge point is into an unnamed ditch that then flows into the San Bernard River approximately 550 feet downstream of the outfall.

The discharge of the treated effluent from this facility is subject to permit limitation guidelines. The pollutants expected from this discharge are: CBOD, TSS, Ammonia Nitrogen, Nitrate Nitrogen, Total Kjeldahl Nitrogen, Sulfate, Chloride, Total Phosphorus, pH, Dissolved Oxygen, Chlorine Residual, E.coli, and Total Dissolved Solids.

The influent raw sewage from the collection system enters the treatment plant facility into the wet well of an influent lift station. The influent lift station pumps the raw sewage to a barscreen structure where it is screened through a manual barscreen. Screenings from the barscreen are collected and disposed of in a safe and legal manner. Following screening, the raw sewage then flows into an oxidation ditch where it is retained and aerated with rotors in accordance with the applicable TCEQ regulations.

Following treatment in the oxidation ditch, the mixed liquor flows to one (1) of two (2) final clarifiers where sludge solids settle to the bottom of the basins and settled effluent is discharged over weirs at the top of the basins. The settled effluent goes from the final clarifiers into a discharge pipe before flowing into a chlorine contact chamber for disinfection. Chlorine gas is injected into the settled effluent after it reaches the chlorine contact chamber structure. After entering the chlorine contact chamber, the effluent is retained for a minimum of 20 minutes based on peak hydraulic flow. After disinfection, the treated effluent is measured using an ultrasonic level indicator as the water flows through a Parshall flume. Following measurement, the treated effluent is then discharged through a pipe into an unnamed ditch that flows to the San Bernard River.

The plant is also equipped with a sludge treatment train. Sludge from the bottom of the final clarifiers is either returned to the oxidation ditch for mixing with raw influent or wasted to either sludge drying beds or a sludge drying box for dewatering. After dewatering, the sewage sludge is transported by a registered transporter to a permitted landfill.

**CITY OF BRAZORIA  
WASTEWATER TREATMENT PLANT  
TPDES PERMIT NO. WQ0014581-001**

**EXHIBIT C  
Domestic Administrative Report 1.0, Section 13**

**USGS Map**



LSPS Solutions, LLC  
203 Windwood Lane  
Victoria, Texas 77904

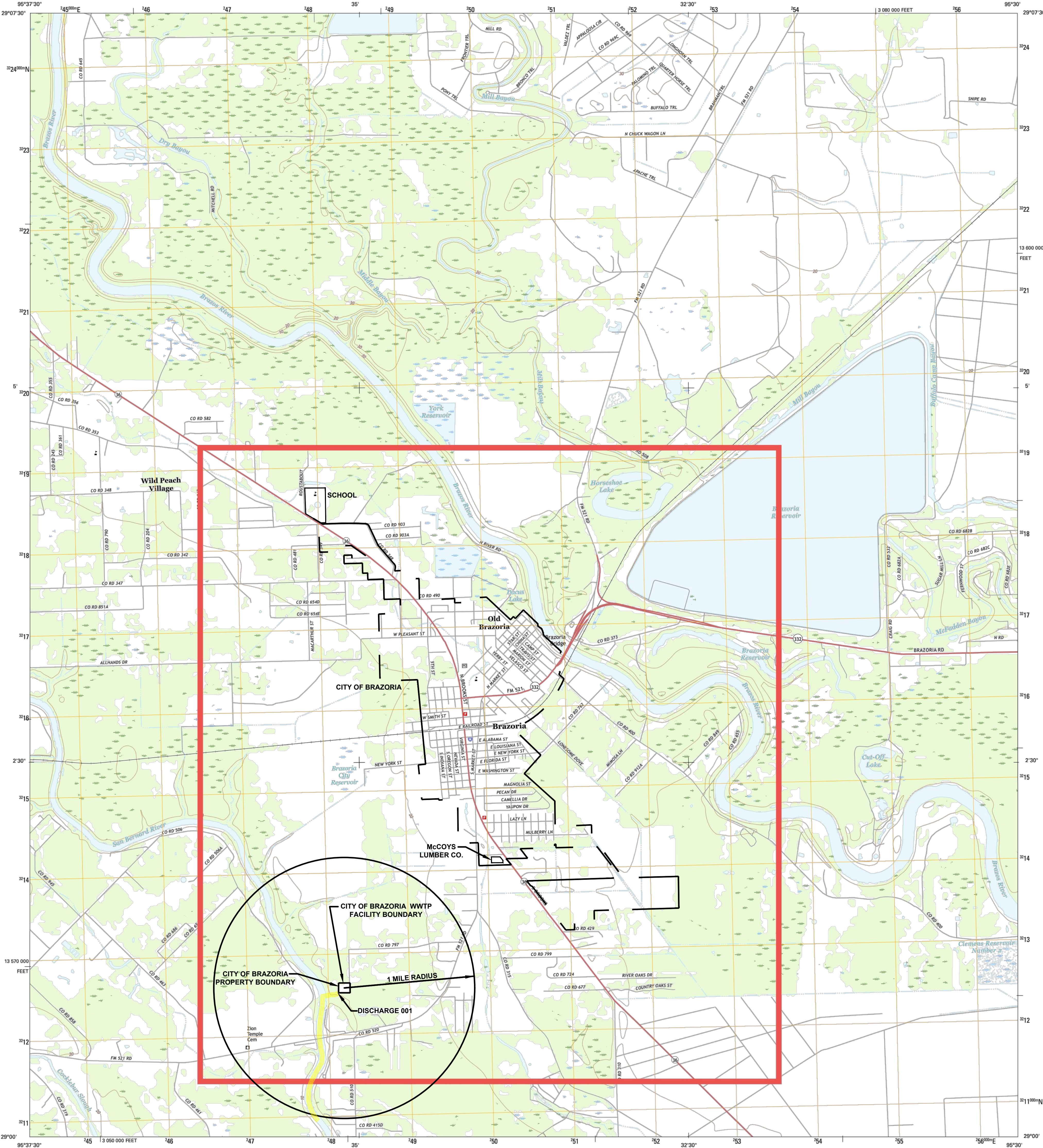


U.S. DEPARTMENT OF THE INTERIOR  
U.S. GEOLOGICAL SURVEY

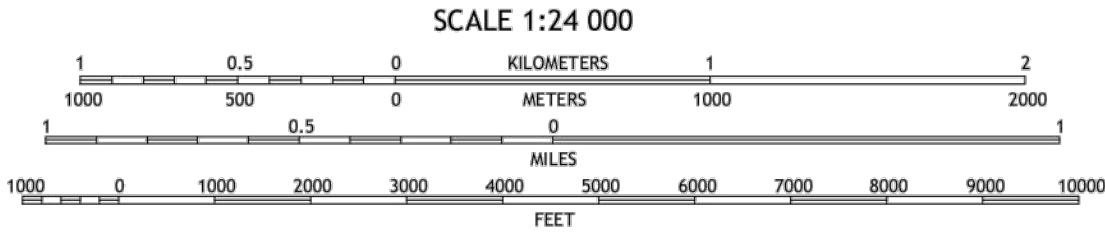
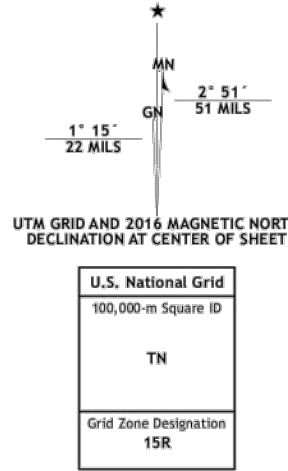
Exhibit C



BRAZORIA QUADRANGLE  
TEXAS-BRAZORIA CO.  
7.5-MINUTE SERIES



Produced by the United States Geological Survey  
North American Datum of 1983 (NAD83).  
World Geodetic System of 1984 (WGS84). Projection and  
1 000-meter grid: Universal Transverse Mercator, Zone 15R  
10 000-foot ticks: Texas Coordinate System of 1983 (south  
central zone)  
This map is not a legal document. Boundaries may be  
generalized for this map scale. Private lands within government  
reservations may not be shown. Obtain permission before  
entering private lands.  
Imagery.....N.A.P., October 2014  
Roads.....U.S. Census Bureau, 2014 - 2015  
Names.....National Hydrography Dataset, 2015  
Contours.....National Elevation Dataset, 2008  
Boundaries.....Multiple sources; see metadata file 1972 - 2015  
Wetlands.....FWS National Wetlands Inventory 1977 - 2014



CONTOUR INTERVAL 10 FEET  
NORTH AMERICAN VERTICAL DATUM OF 1988  
This map was produced to conform with the  
National Geospatial Program US Topo Product Standard, 2011.  
A metadata file associated with this product is draft version 0.6.19



1	2	3	1 West Columbia
4	5	2 East Columbia	3 Angleton
6	7	8	4 Sweeny
			5 Lake Jackson
			6 Cedar Lane
			7 Cedar Lane NE
			8 Jones Creek

ROAD CLASSIFICATION  
Expressway  
Secondary Hwy  
Ramp  
Interstate Route  
Local Connector  
Local Road  
4WD  
US Route  
State Route  
DOMESTIC ADMINISTRATIVE REPORT 1.0,  
SECTION 13 - USGS MAP  
BRAZORIA WWTP  
TPDES NO. WQ0014581-001  
BRAZORIA, TX

**CITY OF BRAZORIA  
WASTEWATER TREATMENT PLANT  
TPDES PERMIT NO. WQ0014581-001**

**EXHIBIT D  
Domestic Technical Report 1.0, Section 2.A**

**Description of Treatment Process**

**CITY OF BRAZORIA**  
**TPDES PERMIT NO. WQ0014581-001**

**EXHIBIT D**  
**Domestic Technical Report 1.0, Section 2.A.**

**Description of Treatment Process**

The treatment plant is a standard oxidation ditch that utilizes the extended aeration mode of the activated sludge process. As required by regulations, the oxidation ditch plant is equipped with final clarification and return sludge capabilities.

The influent raw sewage from the collection system enters the treatment plant facility into the wet well of an influent lift station. The influent lift station pumps the raw sewage to a barscreen structure where it is screened through a manual barscreen. Screenings from the barscreen are collected and disposed of in a safe and legal manner. Following screening, the raw sewage then flows into an oxidation ditch where it is retained and aerated with rotors in accordance with the applicable TCEQ regulations.

Following treatment in the oxidation ditch, the mixed liquor flows to one (1) of two (2) final clarifiers where sludge solids settle to the bottom of the basins and settled effluent is discharged over weirs at the top of the basins. The settled effluent goes from the final clarifiers into a discharge pipe before flowing into a chlorine contact chamber for disinfection. Chlorine gas is injected into the settled effluent after it reaches the chlorine contact chamber structure. After entering the chlorine contact chamber, the effluent is retained for a minimum of 20 minutes based on peak hydraulic flow. After disinfection, the treated effluent is measured using an ultrasonic level indicator as the water flows through a Parshall flume. Following measurement, the treated effluent is then discharged through a pipe into an unnamed ditch that flows to the San Bernard River.

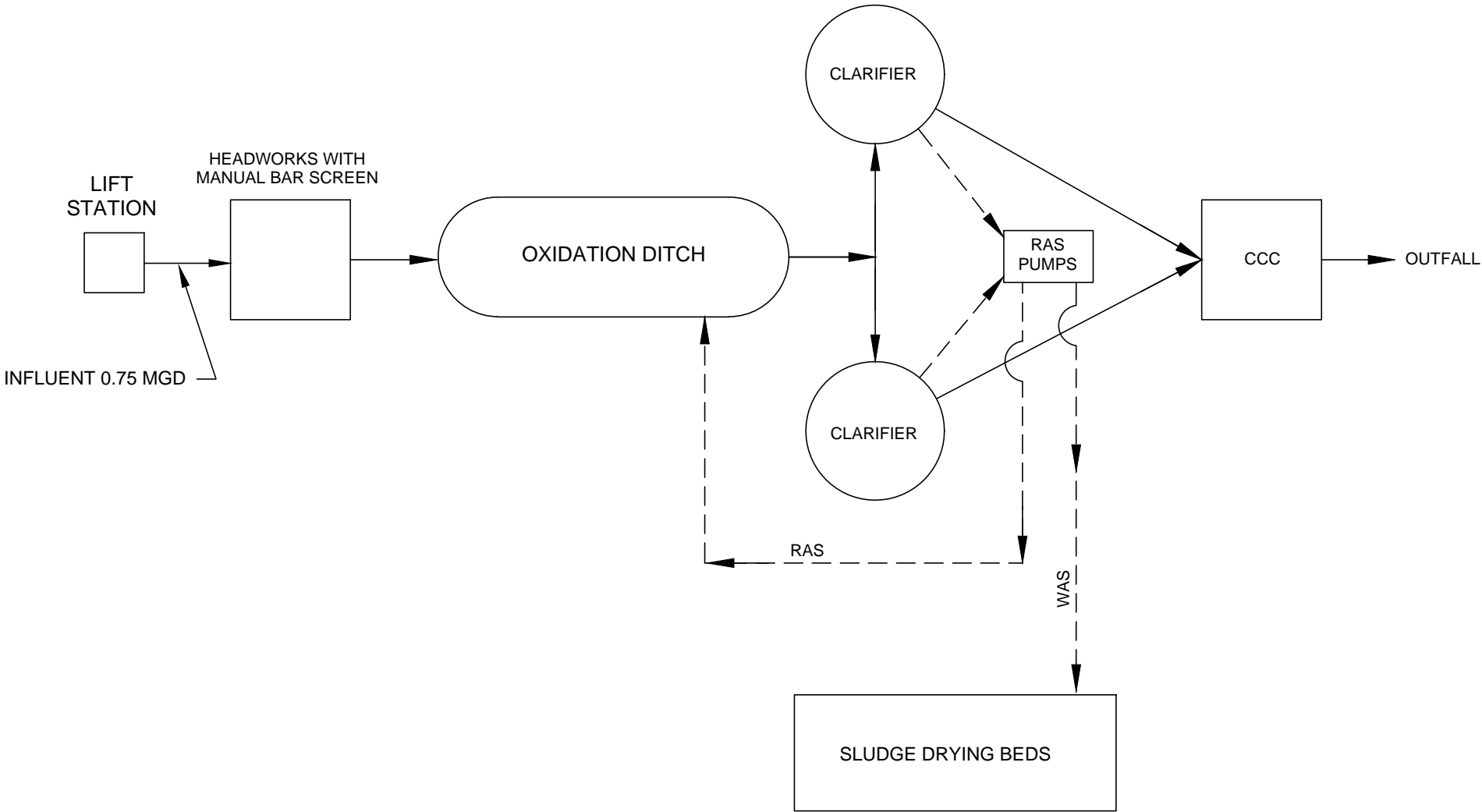
The plant is also equipped with a sludge treatment train. Sludge from the bottom of the final clarifiers is either returned to the oxidation ditch for mixing with raw influent or wasted to either sludge drying beds or a sludge drying box for dewatering. After dewatering, the sewage sludge is transported by a registered transporter to a permitted landfill.

**CITY OF BRAZORIA  
WASTEWATER TREATMENT PLANT  
TPDES PERMIT NO. WQ0014581-001**

**EXHIBIT E  
Domestic Technical Report 1.0, Section 2.C.**

**Process Flow Diagram**

Exhibit E



LSPS Solutions, LLC  
203 Windwood Lane  
Victoria, Texas 77904



PROCESS FLOW DIAGRAM  
CITY OF BRAZORIA  
TPDES WQ0014581-001

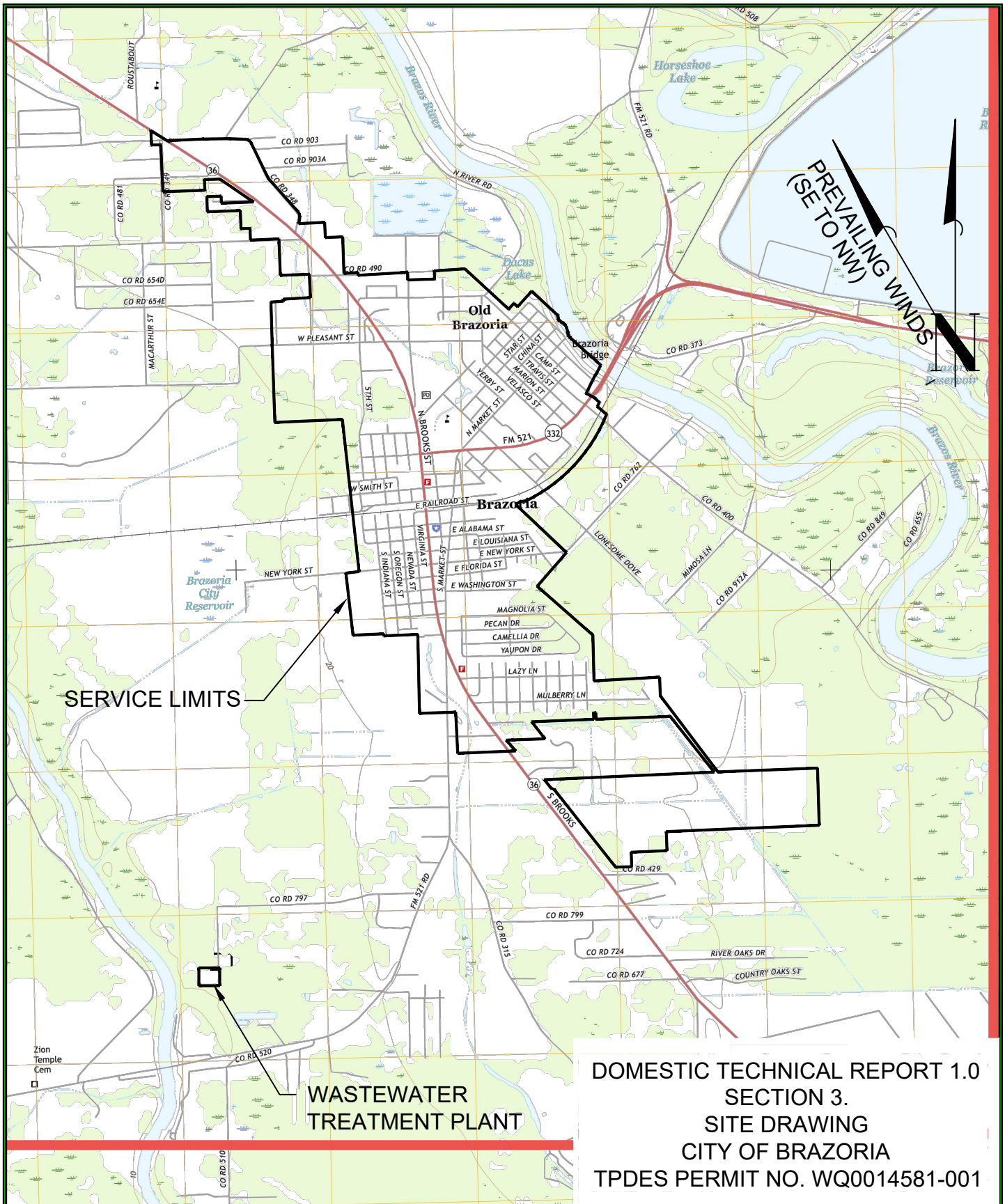
Scale: NTS
Drawn By: MLS Date: 07/01/24
Sheet No. 1 ....Of.... 1

**CITY OF BRAZORIA  
WASTEWATER TREATMENT PLANT  
TPDES PERMIT NO. WQ0014581-001**

**EXHIBIT F  
Domestic Technical Report 1.0, Section 3.**

**Site Drawing**

# Exhibit F



**LSPS Solutions, LLC**  
203 Windwood Lane  
Victoria, Texas 77904



Scale: 1"=3000'

Drawn By: **MLS** Date: **07/01/24**

Revised:

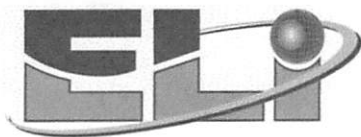
Sheet Number: **1** ....Of.... **1**

**CITY OF BRAZORIA  
WASTEWATER TREATMENT PLANT  
TPDES PERMIT NO. WQ0014581-001**

**EXHIBIT G  
Domestic Technical Report 1.0, Section 7.**

**Laboratory Results**

## Exhibit G



Envirodyne Laboratories, Inc  
11011 Brooklet Dr., # 230  
Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

26 July 2024

Brazoria, City of  
Darrell Travis  
201 S. Main  
Brazoria, TX 77422

### **Brazoria, City of WWTP (Permit Renewal)**

Enclosed are the results of analyses for samples received by the laboratory on 04-Jul-24 13:55. The analytical data provided relates only to the samples as received in this laboratory report.

ELI certifies that all results are NELAP compliant and performed in accordance with the referenced method except as noted in the Case Narrative or as noted with a qualifier. Any reproductions of this laboratory report should be in full and only with the written authorization from the client.

The total number of pages in this report is 10

Thank you for selecting ELI for your analytical needs. If you have any questions regarding this report, please contact us.

Sincerely,

A handwritten signature in cursive script that reads 'Laura Bonjonia'.

Laura Bonjonia  
Administrator



Certificate No: T104704265-22-20



Envirodyne Laboratories, Inc  
11011 Brooklet Dr., # 230  
Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

**Client:** Brazoria, City of  
**Project:** Brazoria, City of WWTP (Permit Renewal)  
**Work Order:** 24G0968

**Reported:**  
26-Jul-24 14:31

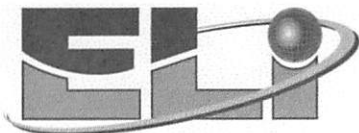
#### ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
Effluent	24G0968-01	Water	04-Jul-24 08:55	04-Jul-24 13:55

Envirodyne Laboratories, Inc.

Laura Bonjonia, Administrator

*The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.*



Envirodyne Laboratories, Inc  
11011 Brooklet Dr., # 230  
Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

Client: Brazoria, City of  
Project: Brazoria, City of WWTP (Permit Renewal)  
Work Order: 24G0968

Reported:  
26-Jul-24 14:31

### Effluent

24G0968-01 (Water) Sampled: 04-Jul-24 08:55

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Analyst	Notes
---------	--------	-----------------	-------	----------	-------	----------	----------	--------	---------	-------

### Envirodyne Laboratories, Inc.

#### Field Analysis

Chlorine Residual, Total	3.33	0.01	mg/L	1	B4G5106	04-Jul-24	04-Jul-24 08:55	SM 4500-Cl G	SNC	a
Dissolved Oxygen (DO)	6.84		mg/L	1	B4G5106	04-Jul-24	04-Jul-24 08:55	SM4500-O C	SNC	a
pH	7.40		SU	1	B4G5106	04-Jul-24	04-Jul-24 08:55	SM4500H+ B	SNC	a

#### Microbiology

E.coli	<1	1	MPN/100 mL	1	B4G3915	04-Jul-24	04-Jul-24 14:15	SM9223 B	LTB	
Enterococci	<1	1	MPN/100 mL	1	B4G3903	04-Jul-24	04-Jul-24 14:20	Enterolert	LN	

#### Wet Chemistry

Alkalinity (Total) as CaCO <sub>3</sub>	352	20.0	mg/L	1	B4G4017	10-Jul-24	10-Jul-24 09:15	EPA 310.2	SSJ	
Ammonia-N (NH <sub>3</sub> -N)	33.5	10.0	mg/L	50	B4G4407	12-Jul-24	12-Jul-24 11:40	EPA 350.1	SSJ	
CBOD-5	16.3	2.0	mg/L	1	B4G4342	05-Jul-24	05-Jul-24 08:15	SM5210 B	TEB	I
Chloride	140	12.0	mg/L	4	B4G3919	09-Jul-24	09-Jul-24 13:32	SM4500 Cl-B	BRC	
Conductivity at 25 C	1150	30	umho/cm	1	B4G3905	09-Jul-24	09-Jul-24 11:59	SM2510 B	BRC	
Nitrate-N	<0.50	0.50	mg/L	1	B4G3851	05-Jul-24	05-Jul-24 15:30	EPA 353.1	SSJ	
Oil & Grease	<5.0	5.0	mg/L	1	B4G5188	24-Jul-24	24-Jul-24 07:45	EPA 1664 A	BRC	
Phosphorus, Total	4.30	0.50	mg/L	5	B4G4232	12-Jul-24	12-Jul-24 13:27	SM4500-P E	BRC	
Sulfate	285	20.0	mg/L	10	B4G4377	15-Jul-24	15-Jul-24 09:30	EPA 375.4	SSJ	
TDS	548	50.0	mg/L	1	B4G4013	09-Jul-24	09-Jul-24 09:47	SM2540 C	SKP	
TKN-N	36.2	0.50	mg/L	1	B4G5637	12-Jul-24	12-Jul-24 11:40	SM 4500-NH <sub>3</sub> D	SSJ	
TSS	20.0	2.0	mg/L	1	B4G4003	10-Jul-24	10-Jul-24 10:22	SM2540 D	JH	Q

Envirodyne Laboratories, Inc.

*Laura Bonjonia*

Laura Bonjonia, Administrator

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



Envirodyne Laboratories, Inc  
11011 Brooklet Dr., # 230  
Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

**Client:** Brazoria, City of  
**Project:** Brazoria, City of WWTP (Permit Renewal)  
**Work Order:** 24G0968

**Reported:**  
26-Jul-24 14:31

**Microbiology - Quality Control**  
**Envirodyne Laboratories, Inc.**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B4G3903 - Microbiology</b>										
<b>Blank (B4G3903-BLK1)</b>					Prepared & Analyzed: 04-Jul-24					
Enterococci	<1	1	MPN/100 mL							
<b>Duplicate (B4G3903-DUP1)</b>					Source: 24G0383-02 Prepared & Analyzed: 04-Jul-24					
Enterococci	26.0	2	MPN/100 mL		24.0			.0348	0.5366	
<b>Batch B4G3915 - Microbiology</b>										
<b>Blank (B4G3915-BLK1)</b>					Prepared & Analyzed: 04-Jul-24					
E.coli	<1	1	MPN/100 mL							
<b>Duplicate (B4G3915-DUP1)</b>					Source: 24G0067-01 Prepared & Analyzed: 04-Jul-24					
E.coli	<2	2	MPN/100 mL		<2			0	0.402	

Envirodyne Laboratories, Inc.

Laura Bonjonia, Administrator

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11011 Brooklet Dr., # 230  
Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

**Client:** Brazoria, City of  
**Project:** Brazoria, City of WWTP (Permit Renewal)  
**Work Order:** 24G0968

**Reported:**  
26-Jul-24 14:31

**Wet Chemistry - Quality Control**  
**Envirodyne Laboratories, Inc.**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B4G3851 - Inorganics</b>										
<b>Blank (B4G3851-BLK1)</b>				Prepared & Analyzed: 05-Jul-24						
Nitrate-N	<0.50	0.50	mg/L							
<b>LCS (B4G3851-BS1)</b>				Prepared & Analyzed: 05-Jul-24						
Nitrate-N	2.85		mg/L	3.00		95.0	90-110			
<b>Matrix Spike (B4G3851-MS1)</b>				Source: 24G0968-01 Prepared & Analyzed: 05-Jul-24						
Nitrate-N	3.07	0.50	mg/L	3.00	ND	102	80-120			
<b>Matrix Spike Dup (B4G3851-MSD1)</b>				Source: 24G0968-01 Prepared & Analyzed: 05-Jul-24						
Nitrate-N	3.10	0.50	mg/L	3.00	ND	103	80-120	0.972	20	
<b>Batch B4G3905 - Inorganics</b>										
<b>Blank (B4G3905-BLK1)</b>				Prepared & Analyzed: 09-Jul-24						
Conductivity at 25 C	<30	30	umho/cm							
<b>Duplicate (B4G3905-DUP1)</b>				Source: 24G0209-03 Prepared & Analyzed: 09-Jul-24						
Conductivity at 25 C	804	30	umho/cm		804			0.0373	20	
<b>Reference (B4G3905-SRM1)</b>				Prepared & Analyzed: 09-Jul-24						
Conductivity at 25 C	182		umho/cm	180		101	90-110			
<b>Batch B4G3919 - Inorganics</b>										
<b>Blank (B4G3919-BLK1)</b>				Prepared & Analyzed: 09-Jul-24						
Chloride	<3.0	3.0	mg/L							

Envirodyne Laboratories, Inc.

*Laura Bonjonia*

Laura Bonjonia, Administrator

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Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

**Client:** Brazoria, City of  
**Project:** Brazoria, City of WWTP (Permit Renewal)  
**Work Order:** 24G0968

**Reported:**  
26-Jul-24 14:31

**Wet Chemistry - Quality Control**  
**Envirodyne Laboratories, Inc.**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
---------	--------	--------------------	-------	----------------	------------------	------	----------------	-----	--------------	-------

**Batch B4G3919 - Inorganics**

**LCS (B4G3919-BS1)**

Prepared & Analyzed: 09-Jul-24

Chloride	100		mg/L	100		100	90-110			
----------	-----	--	------	-----	--	-----	--------	--	--	--

**Matrix Spike (B4G3919-MS1)**

**Source: 24G0209-03**

Prepared & Analyzed: 09-Jul-24

Chloride	136	12.0	mg/L	20.0	116	100	80-120			
----------	-----	------	------	------	-----	-----	--------	--	--	--

**Matrix Spike Dup (B4G3919-MSD1)**

**Source: 24G0209-03**

Prepared & Analyzed: 09-Jul-24

Chloride	134	12.0	mg/L	20.0	116	90.0	80-120	1.48	20	
----------	-----	------	------	------	-----	------	--------	------	----	--

**Batch B4G4003 - Inorganics**

**Blank (B4G4003-BLK1)**

Prepared & Analyzed: 10-Jul-24

TSS	<2.0	2.0	mg/L							Q
-----	------	-----	------	--	--	--	--	--	--	---

**LCS (B4G4003-BS1)**

Prepared & Analyzed: 10-Jul-24

TSS	124		mg/L	100		124	80-120			Q
-----	-----	--	------	-----	--	-----	--------	--	--	---

**Duplicate (B4G4003-DUP1)**

**Source: 24G0086-01**

Prepared & Analyzed: 10-Jul-24

TSS	<2.0	2.0	mg/L		<2.0			18.2	20	Q
-----	------	-----	------	--	------	--	--	------	----	---

**Batch B4G4013 - Inorganics**

**Blank (B4G4013-BLK1)**

Prepared & Analyzed: 09-Jul-24

TDS	<50.0	50.0	mg/L							
-----	-------	------	------	--	--	--	--	--	--	--

**LCS (B4G4013-BS1)**

Prepared & Analyzed: 09-Jul-24

TDS	484		mg/L	500		96.8	0-200			
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Envirodyne Laboratories, Inc.

Laura Bonjonia, Administrator

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Envirodyne Laboratories, Inc  
11011 Brooklet Dr., # 230  
Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

**Client:** Brazoria, City of  
**Project:** Brazoria, City of WWTP (Permit Renewal)  
**Work Order:** 24G0968

**Reported:**  
26-Jul-24 14:31

**Wet Chemistry - Quality Control**  
**Envirodyne Laboratories, Inc.**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B4G4013 - Inorganics</b>										
<b>Duplicate (B4G4013-DUP1)</b>		<b>Source: 24G0656-01</b>		<b>Prepared &amp; Analyzed: 09-Jul-24</b>						
TDS	210	50.0	mg/L		212			0.948	20	
<b>Batch B4G4017 - Inorganics</b>										
<b>Blank (B4G4017-BLK1)</b>		<b>Prepared &amp; Analyzed: 10-Jul-24</b>								
Alkalinity (Total) as CaCO <sub>3</sub>	<20.0	20.0	mg/L							
<b>LCS (B4G4017-BS1)</b>		<b>Prepared &amp; Analyzed: 10-Jul-24</b>								
Alkalinity (Total) as CaCO <sub>3</sub>	98.6		mg/L	100		98.6	90-110			
<b>Duplicate (B4G4017-DUP1)</b>		<b>Source: 24G0322-03</b>		<b>Prepared &amp; Analyzed: 10-Jul-24</b>						
Alkalinity (Total) as CaCO <sub>3</sub>	342	20.0	mg/L		341			0.501	20	
<b>Batch B4G4232 - Inorganics</b>										
<b>Blank (B4G4232-BLK1)</b>		<b>Prepared &amp; Analyzed: 12-Jul-24</b>								
Phosphorus, Total	<0.10	0.10	mg/L							
<b>LCS (B4G4232-BS1)</b>		<b>Prepared &amp; Analyzed: 12-Jul-24</b>								
Phosphorus, Total	0.930		mg/L	1.00		93.0	80-120			
<b>Matrix Spike (B4G4232-MS1)</b>		<b>Source: 24G0711-01</b>		<b>Prepared &amp; Analyzed: 12-Jul-24</b>						
Phosphorus, Total	1.03	0.10	mg/L	1.00	ND	103	80-120			
<b>Matrix Spike Dup (B4G4232-MSD1)</b>		<b>Source: 24G0711-01</b>		<b>Prepared &amp; Analyzed: 12-Jul-24</b>						
Phosphorus, Total	1.03	0.10	mg/L	1.00	ND	103	80-120	0.00	20	

Envirodyne Laboratories, Inc.

Laura Bonjonia, Administrator

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**Project:** Brazoria, City of WWTP (Permit Renewal)  
**Work Order:** 24G0968

**Reported:**  
26-Jul-24 14:31

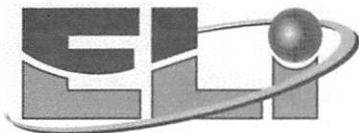
**Wet Chemistry - Quality Control**  
**Envirodyne Laboratories, Inc.**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B4G4342 - Inorganics</b>										
<b>Blank (B4G4342-BLK1)</b>				Prepared & Analyzed: 05-Jul-24						
CBOD-5	<2.0	2.0	mg/L							
<b>LCS (B4G4342-BS1)</b>				Prepared & Analyzed: 05-Jul-24						
CBOD-5	196		mg/L	198		99.0	84.6-115.4			
<b>Duplicate (B4G4342-DUP1)</b>				<b>Source: 24G0939-01</b>		Prepared & Analyzed: 05-Jul-24				
CBOD-5	<2.0	2.0	mg/L		<2.0			0	20	
<b>Batch B4G4377 - Inorganics</b>										
<b>Blank (B4G4377-BLK1)</b>				Prepared & Analyzed: 15-Jul-24						
Sulfate	<2.00	2.00	mg/L							
<b>LCS (B4G4377-BS1)</b>				Prepared & Analyzed: 15-Jul-24						
Sulfate	21.3		mg/L	20.0		107	90-110			
<b>Matrix Spike (B4G4377-MS1)</b>				<b>Source: 24G0846-03</b>		Prepared & Analyzed: 15-Jul-24				
Sulfate	433	40.0	mg/L	400	35.4	99.3	80-120			
<b>Matrix Spike Dup (B4G4377-MSD1)</b>				<b>Source: 24G0846-03</b>		Prepared & Analyzed: 15-Jul-24				
Sulfate	435	40.0	mg/L	400	35.4	99.8	80-120	0.461	20	
<b>Batch B4G4407 - Inorganics</b>										
<b>Blank (B4G4407-BLK1)</b>				Prepared & Analyzed: 12-Jul-24						
Ammonia-N (NH3-N)	<0.20	0.20	mg/L							

Envirodyne Laboratories, Inc.

Laura Bonjonia, Administrator

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Client: Brazoria, City of  
Project: Brazoria, City of WWTP (Permit Renewal)  
Work Order: 24G0968

Reported:  
26-Jul-24 14:31

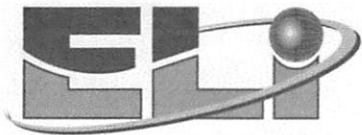
**Wet Chemistry - Quality Control**  
**Envirodyne Laboratories, Inc.**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B4G4407 - Inorganics</b>										
<b>LCS (B4G4407-BS1)</b>				Prepared & Analyzed: 12-Jul-24						
Ammonia-N (NH3-N)	1.04		mg/L	1.00		104	90-110			
<b>Matrix Spike (B4G4407-MS1)</b>				Source: 24G0281-01 Prepared & Analyzed: 12-Jul-24						
Ammonia-N (NH3-N)	1.09	0.20	mg/L	1.00	ND	109	90-110			
<b>Matrix Spike Dup (B4G4407-MSD1)</b>				Source: 24G0281-01 Prepared & Analyzed: 12-Jul-24						
Ammonia-N (NH3-N)	1.10	0.20	mg/L	1.00	ND	110	90-110	0.913	20	
<b>Batch B4G5188 - Inorganics</b>										
<b>Blank (B4G5188-BLK1)</b>				Prepared & Analyzed: 24-Jul-24						
Oil & Grease	<5.0	5.0	mg/L							
<b>LCS (B4G5188-BS1)</b>				Prepared & Analyzed: 24-Jul-24						
Oil & Grease	38.1		mg/L	40.0		95.3	78-114			
<b>LCS Dup (B4G5188-BSD1)</b>				Prepared & Analyzed: 24-Jul-24						
Oil & Grease	39.0		mg/L	40.0		97.4	78-114	2.26	18	

Envirodyne Laboratories, Inc.

Laura Bonjonia, Administrator

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11011 Brooklet Dr., # 230  
Houston, TX 77099  
281.568.7880 Phone  
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**Client:** Brazoria, City of  
**Project:** Brazoria, City of WWTP (Permit Renewal)  
**Work Order:** 24G0968

**Reported:**  
26-Jul-24 14:31

#### Notes and Definitions

Q QC did not meet ELI acceptance criteria  
I Greater than 30% difference between highest and lowest values  
ND Analyte NOT DETECTED at or above the reporting limit  
< Result is less than the RL  
a Analyte not available for TNI/NELAP accreditation  
n Not accredited

Envirodyne Laboratories, Inc.

A handwritten signature in cursive script, reading 'Laura Bonjonia', is written over a horizontal line.

Laura Bonjonia, Administrator

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Envirodyne Laboratories, Inc.  
11011 Brooklet, Ste. 230  
Houston, Texas 77099-3543  
Phone (281)568-7880 - Fax (281)568-



TCEQ Certification # T104704265

Name: City of Brazoria  
Address: 201 S. Main  
City: Brazoria, TX 77422  
Contact: Delane Brown

Analy

Phone: 979-319-1884

Email:

Project No.

Client/Project

City of Brazoria

Lab ID No.	Field Sample No./ Identification	Date & Time	Grab	Comp	Sample Container (Size/Mat'l)	Sample Type (Liquid, Sludge, etc.)	Preservative	ANALYSIS REQUESTED	pH	D.O.	Temp.	Analysis Time
	Effluent	7-4-24 8:55	/		NA	Liquid	NA	pH, DO, Cl2,	7.40	6.84	23	256
	Effluent	7/3/24 8:05- 16:00	/		1 gal P	Liquid	Ice	CBOD, TSS, SO4, Cl, TDS, Cond, Alk				
	Effluent	7/3/24 6:05- 14:00	/		500 ml P	Liquid	Ice, H2SO4	NH3-N, TKN-N, T. PO4, NO3-N				
	Effluent	7/4/24 8:55	/		120 IDEXX	Liquid	Ice, Sod Thio	E.coli				
	Effluent	7/4/24 8:55	/		1 L glass	Liquid	Ice, HCl	Oil & Grease				
	Effluent	7/4/24 8:55	/		120 IDEXX	Liquid	Ice, Sod Thio	Enterococci				
Samplers: (Signature) <i>Delane Brown</i>		Relinquished by: (Signature) <i>Delane Brown</i>		Date: 7/4/24 Time: 9:00		Received by: (Signature) <i>A. MS</i>		Date: 7/4/24 Time: 11:14		Seal Intact?		
Affiliation		Relinquished by: (Signature)		Date: Time:		Received by: (Signature)		Date: Time:		Seal Intact?		
		Relinquished by: (Signature) <i>A. MS</i>		Date: 7-4-24 Time: 1355		Received by Lab: (Signature) <i>M. Seg</i>		Date: 7/4/24 Time: 1355		Seal Intact?		
Remarks:		FLOW: <i>AV9 - 0.19</i> Meter Reading: _____ Cl <sub>2</sub> Residual: _____ Mn Correction: _____ Cl <sub>2</sub> Corrected <i>AV9 - 3.33</i>		Arrival Temp.  <i>3.4/3.4</i> <i>1 RTH</i>		Data Results To: 1. Site Representative:		Date: Time:		Laboratory No.		

**CITY OF BRAZORIA  
WASTEWATER TREATMENT PLANT  
TPDES PERMIT NO. WQ0014581-001**

**EXHIBIT H  
Supplemental Permit Information Form (SPIF), Item 5.**

**Additional USGS Map**



LSPS Solutions, LLC  
203 Windwood Lane  
Victoria, Texas 77904

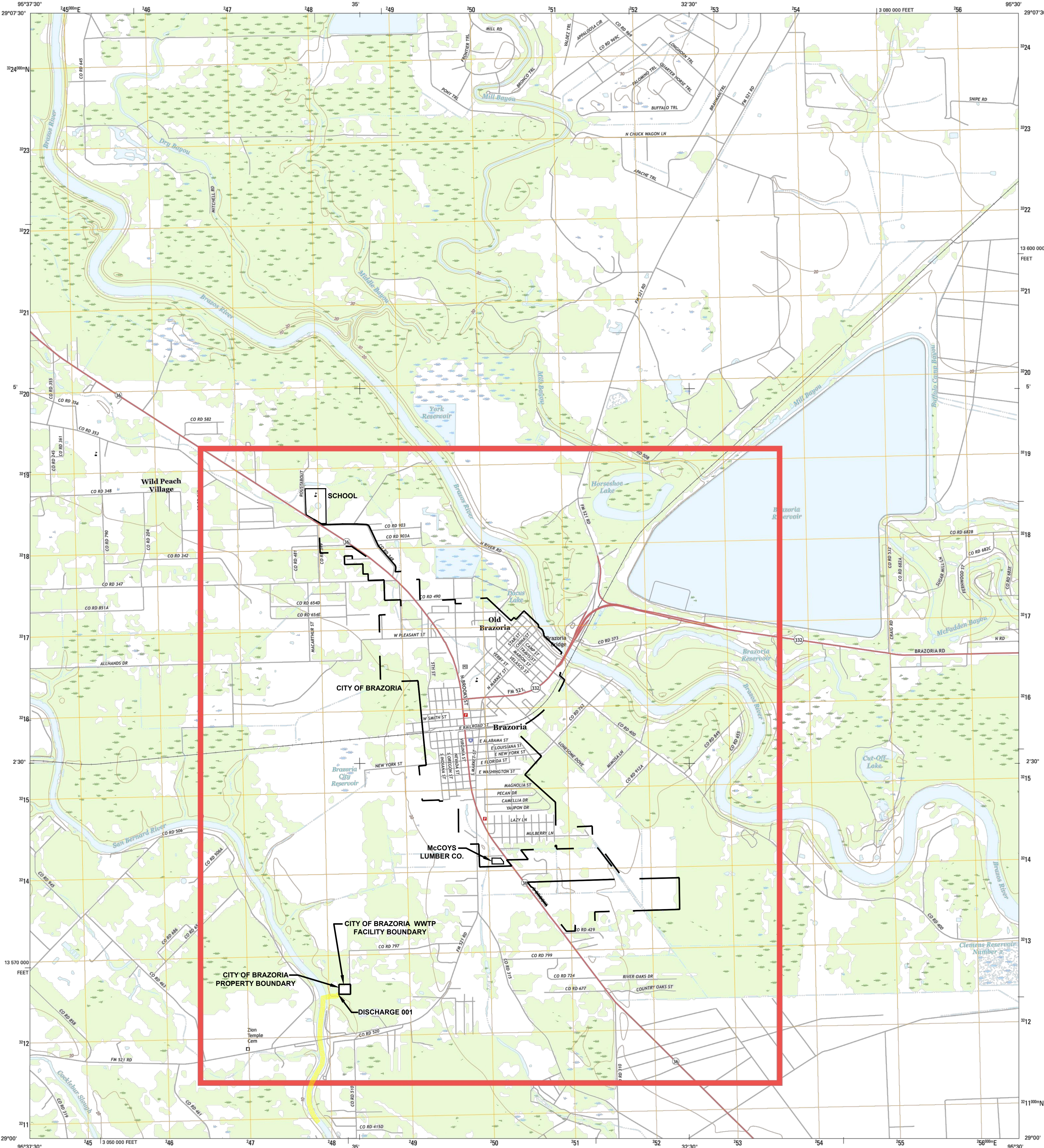


U.S. DEPARTMENT OF THE INTERIOR  
U.S. GEOLOGICAL SURVEY

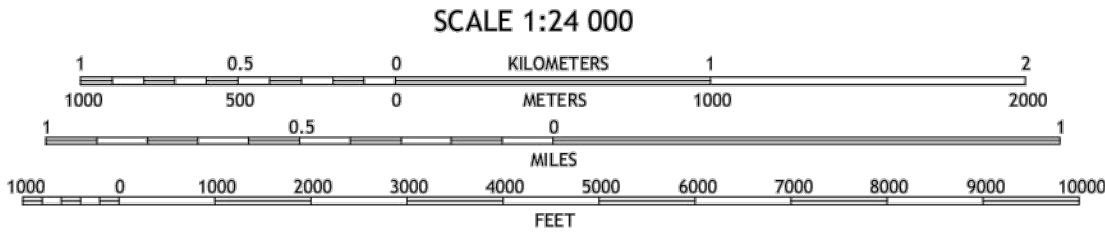
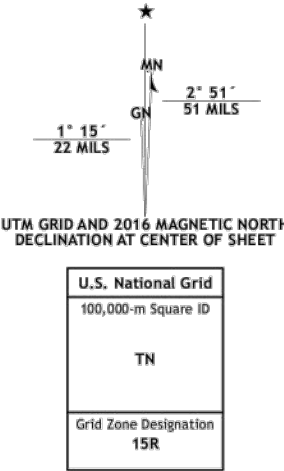
Exhibit H



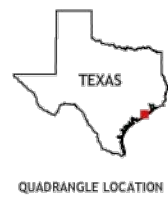
BRAZORIA QUADRANGLE  
TEXAS-BRAZORIA CO.  
7.5-MINUTE SERIES



Produced by the United States Geological Survey  
North American Datum of 1983 (NAD83)  
World Geodetic System of 1984 (WGS84). Projection and  
1 000-meter grid: Universal Transverse Mercator, Zone 15R  
10 000-foot ticks: Texas Coordinate System of 1983 (south  
central zone)  
This map is not a legal document. Boundaries may be  
generalized for this map scale. Private lands within government  
reservations may not be shown. Obtain permission before  
entering private lands.  
Imagery.....N.A.I.P., October 2014  
Roads.....U.S. Census Bureau, 2014 - 2015  
Names.....National Hydrography Dataset, 2014  
Contours.....National Elevation Dataset, 2008  
Boundaries.....Multiple sources; see metadata file 1972 - 2015  
Wetlands.....FWS National Wetlands Inventory 1977 - 2014



This map was produced to conform with the  
National Geospatial Program US Topo Product Standard, 2011.  
A metadata file associated with this product is draft version 0.6.19



1	2	3	1 West Columbia
4	5	2 East Columbia	3 Angleton
6	7	4 Sweeny	5 Lake Jackson
	8	6 Cedar Lane	7 Cedar Lane NE
			8 Jones Creek

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF),  
ITEM 5. - ADDITIONAL USGS MAP  
BRAZORIA WWTP  
TPDES NO. WQ0014581-001  
BRAZORIA, TX



# 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

<b>1. Reason for Submission</b> (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
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 600573414		RN 101613552

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)		???
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership				
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)				
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>				
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John) <span style="float: right;"><i>If new Customer, enter previous Customer below:</i></span>				
City of Brazoria				
<b>7. TX SOS/CPA Filing Number</b>		<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b> (9 digits)
				<b>10. DUNS Number</b> (if applicable)
<b>11. Type of Customer:</b>		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited		
<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual		
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:		
<b>12. Number of Employees</b>		<b>13. Independently Owned and Operated?</b>		
<input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following				
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:				
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant				
<b>15. Mailing Address:</b>	201 South Main Street			
	City	Brazoria	State	TX
			ZIP	77422
			ZIP + 4	
<b>16. Country Mailing Information</b> (if outside USA)			<b>17. E-Mail Address</b> (if applicable)	
N/A			citymanager@cityofbrazoria.org	
<b>18. Telephone Number</b>		<b>19. Extension or Code</b>		<b>20. Fax Number</b> (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.)

City of Brazoria WWTP

### 23. Street Address of the Regulated Entity:

(No PO Boxes)

City

State

ZIP

ZIP + 4

### 24. County

Brazoria

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

### 25. Description to Physical Location:

APPROX. 1 MILE W. OF INTERSECTION OF FM 521 AND CR 197 AND 2.25 MILES SW OF THE CITY OF BRAZORIA.

### 26. Nearest City

State

Nearest ZIP Code

Brazoria

TX

77422

*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:

29.017062

### 28. Longitude (W) In Decimal:

-95.584569

Degrees

Minutes

Seconds

Degrees

Minutes

Seconds

29

01

01.4

95

35

04.5

### 29. Primary SIC Code

(4 digits)

### 30. Secondary SIC Code

(4 digits)

### 31. Primary NAICS Code

(5 or 6 digits)

### 32. Secondary NAICS Code

(5 or 6 digits)

4952

N/A

221320

N/A

### 33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)

Domestic

### 34. Mailing Address:

201 S. Main Street

City

Brazoria

State

TX

ZIP

77422

ZIP + 4

### 35. E-Mail Address:

N/A

### 36. Telephone Number

### 37. Extension or Code

### 38. Fax Number (if applicable)

( 979 ) 798-4075

( 979 ) 798-9144

**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**

<b>40. Name:</b>	Lynn Short	<b>41. Title:</b>	President / CEO
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 361 ) 212-8243		(   ) -	lshort@lspssolutions.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.

<b>Company:</b>	City of Brazoria	<b>Job Title:</b>	Mayor
<b>Name (In Print):</b>	Mr. Roger Shugart	<b>Phone:</b>	( 979 ) 798- 2489
<b>Signature:</b>		<b>Date:</b>	

## Francesca Findlay

---

**From:** Donald Reese <dreese@lspssolutions.com>  
**Sent:** Monday, August 26, 2024 10:18 AM  
**To:** Francesca Findlay  
**Cc:** Lynn Short  
**Subject:** Response to Request - City of Brazoria  
**Attachments:** wq0014581001-nod1.pdf; Core Data - Form 10400 - Exhibit A.pdf; Copia de Plain Language Summary - Exhibit B - Spanish Version.pdf; Copia de Municipal Discharge Renewal NORI - Spanish.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Good Morning Francesca,

Thank you for speaking with me last week and helping to clarify the items that are needed to complete the City of Brazoria's TPDES Permit Renewal. In response to your letter to Mr. David Kocurek, dated August 16, 2024 (attached), I am submitting the following responses and attached documents on his behalf.

1. Core Data Form, Section II, item 17: Please provide the email address. – [citymanager@cityofbrazoria.org](mailto:citymanager@cityofbrazoria.org) (An updated Core Data Form has been attached to this email for your use.)
2. Core Data Form, Section III, Item 25: Please provide one physical address or location. – The location is "Approx. 1 mile W. of intersection of FM 521 and CR 197 and 2.25 miles SW of the City of Brazoria. (An updated Core Data Form has been attached to this email for your use.)
3. Please provide the Plain Language Summary in Spanish. – Attached.
4. I have reviewed the NORI language that you submitted and to the best of my knowledge it is accurate, and I do not find any errors or omissions.
5. Spanish version of the NORI. – Attached.

Please feel free to contact me if you have any questions or need anything additional.

Thanks,

*Donald C. Reese*

Donald C. Reese  
LSPS Solutions, Regional Sales Manager  
1506 Gun and Rod Road  
Brenham TX 77833

(361) 550-1339  
[dreese@lspssolutions.com](mailto:dreese@lspssolutions.com)



[www.lspssolutions.com](http://www.lspssolutions.com)