Administrative Package Cover Page

This file contains the following documents:

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

Attachment-II

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUMMARY OF APPLICATION IN PLAIN LANGUAGE FOR TPDES OR TLAP PERMIT APPLICATIONS

Summary of Application (in plain language) Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS
Enter 'INDUSTRIAL' or 'DOMESTIC' here WASTEWATER/STORMWATER
The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and is not a federal enforceable representation of the permit application.

Texas Department of Transportation (CN600803456) operates Bell County Safety Rest Area Wastewater Treatment Facility (RN104760582), a wastewater treatment facility designed to process human waste from a public rest area includes two septic tanks, two lift stations, one aeration tank, a clarifier, a chlorinator, a chlorine contact chamber, and four evaporation ponds with a necessary discharge provision. The facility is located at 17871 Interstate Highway 35 northbound lane, Salado, Bell County, Texas 76571. This application seeks a renewal of the Texas Pollutant Discharge Elimination System (TPDES) for the TxDOT Bell Safety Rest Area Wastewater Treatment Facility, under Permit No. WQ0014647001 (EPA I.D. No. TX0139718). The facility is permitted to discharge treated wastewater at a maximum daily average flow of 22,500 gallons as needed, and it also includes provisions for treating effluent through evaporation.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($cBOD_5$), total suspended solids (TSS), ammonia nitrogen, and *Escherichia coli*. The wastewater primarily consists of human solids, and urine are treated by two septic tanks and an aerobic tank are part of the wastewater treatment train. The aerobic tank receives influent from the septic tanks located at both the southbound and northbound rest areas through lift stations. Gravity then directs the influent to the chlorine contact chamber, which discharges it into four series-connected evaporative ponds. A 4-inch pipe discharges the treated effluent from the wastewater treatment plant (WWTP) to adjacent ponds. A metered pipe releases the treated effluent from the final evaporative pond into a natural drainage ditch as needed. From that ditch, the effluent flows into an unnamed tributary of Salado Creek and subsequently into Salado Creek in Segment No. 1243 of Brazos River Basin.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PERMIT NO. WQ0014647001

APPLICATION. Texas Department of Transporation, 6230 East Stassney Lane, Austin, Texas 78744, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0014647001 (EPA I.D. No. TX0139718) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 22,500 gallons per day with provisions to dispose of treated effluent via evaporation. The domestic wastewater treatment facility is located at 17871 North Interstate Highway 35, near the city of Salado, in Bell County, Texas 76571. The discharge route is from the plant site to a natural drainage ditch, thence to an unnamed tributary of Salado Creek, thence to Salado Creek. TCEQ received this application on July 10, 2025. The permit application will be available for viewing and copying at Texas Department of Transporation Belton Area Engineer and Maintenance Facility, Front Entrance Reception Desk, 410 West Loop 121, Belton, in Bell County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application. https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.559444,30.900833&level=18

ADDITIONAL NOTICE. TCEQ's Executive Director has determined the application is administratively complete and will conduct a technical review of the application. After technical review of the application is complete, the Executive Director may prepare a draft permit and will issue a preliminary decision on the application. **Notice of the Application and Preliminary Decision will be published and mailed to those who are on the county-wide mailing list and to those who are on the mailing list for this application. That notice will contain the deadline for submitting public comments.**

PUBLIC COMMENT / PUBLIC MEETING. You may submit public comments or request a public meeting on this application. The purpose of a public meeting is to provide the opportunity to submit comments or to ask questions about the application. TCEQ will hold a public meeting if the Executive Director determines that there is a significant degree of public interest in the application or if requested by a local legislator. A public meeting is not a contested case hearing.

OPPORTUNITY FOR A CONTESTED CASE HEARING. After the deadline for submitting public comments, the Executive Director will consider all timely comments and prepare a response to all relevant and material, or significant public comments. **Unless the application is directly referred for a contested case hearing, the response to comments, and the Executive Director's decision on the application, will be mailed to everyone who submitted public comments and to those persons who are on the mailing list for this application. If comments are received, the mailing will also provide instructions for requesting reconsideration of the Executive Director's decision and for requesting a contested case hearing.** A contested case hearing is a legal proceeding similar to a civil trial in state district court.

TO REQUEST A CONTESTED CASE HEARING, YOU MUST INCLUDE THE FOLLOWING ITEMS IN YOUR REQUEST: your name, address, phone number; applicant's name and proposed permit number; the location and distance of your property/activities relative to the proposed facility; a specific description of how you would be adversely affected by the facility in a way not common to the general public; a list of all disputed issues of fact that you submit during the comment period and, the statement "[I/we] request a contested case hearing." If the request for contested case hearing is filed on behalf of a group or association, the request must designate the group's representative for receiving future correspondence; identify by name and physical address an individual member of the group who would be adversely affected by the proposed facility or activity; provide the information discussed above regarding the affected member's location and distance from the facility or activity; explain how and why the member would be affected; and explain how the interests the group seeks to protect are relevant to the group's purpose.

Following the close of all applicable comment and request periods, the Executive Director will forward the application and any requests for reconsideration or for a contested case hearing to the TCEQ Commissioners for their consideration at a scheduled Commission meeting.

The Commission may only grant a request for a contested case hearing on issues the requestor submitted in their timely comments that were not subsequently withdrawn. **If a hearing is granted, the subject of a hearing will be limited to disputed issues of fact or mixed questions of fact and law relating to relevant and material water quality concerns submitted during the comment period.**

TCEQ may act on an application to renew a permit for discharge of wastewater without providing an opportunity for a contested case hearing if certain criteria are met.

MAILING LIST. If you submit public comments, a request for a contested case hearing or a reconsideration of the Executive Director's decision, you will be added to the mailing list for this specific application to receive future public notices mailed by the Office of the Chief Clerk. In addition, you may request to be placed on: (1) the permanent mailing list for a specific applicant name and permit number; and/or (2) the mailing list for a specific county. If you wish to be placed on the permanent and/or the county mailing list, clearly specify which list(s) and send your request to TCEQ Office of the Chief Clerk at the address below.

INFORMATION AVAILABLE ONLINE. For details about the status of the application, visit the Commissioners' Integrated Database at www.tceq.texas.gov/goto/cid. Search the database using the permit number for this application, which is provided at the top of this notice.

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

Further information may also be obtained from Texas Department of Transporation at the address stated above or by calling Mr. Md Borhan, Ph.D., Environmental Specialist, at 737-270-2822.

Issuance Date: August 6, 2025

Texas Department of Transportation

6230 E. STASSNEY LANE, AUSTIN, TX 78744

January 10, 2025

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

Re: Application to Renew Permit No. WQ0014647001
Texas Department of Transportation (CN600803456)
Regulated Entity: TxDOT Live Oak County Safety Rest Area - Northbound (RN104760582)

Dear Review Team:

Please find enclosed an original and two (2) copies of the TCEQ Water Quality Permit Renewal Application forms 10053, 10054, and 10400, along with the necessary attachments for the facility referenced above. The facility is situated on the right-of-way of the IH-35 northbound TxDOT Bell County Safety Rest Area, approximately 8 miles southwest of the City of Salado.

Currently, the Safety Rest Area wastewater treatment facility has permission to discharge domestic wastewater effluent at a daily flow of no more than 0.0225 MGD. To consider the application complete, we also uploaded an electronic copy via TCEQ's FTP server.

Please initiate an Interagency Voucher (ITV) for the application fee. The TxDOT contact is Bryce Bayles, Finance Division, Email: Bryce.Bayles@txdot.gov. Phone: 512-486-5647.

Please contact me if you have any questions or require further information.

Sincerely,

Md Saidul Borhan, PhD.
Environmental Specialist
Texas Department of Transportation
Maintenance Division, TxDOT
6230 E. Stassney Lane, Austin, TX 78744
Tel: 737-270-2822
Email: Md.Borhan@txdot.gov

Enclosures: TCEQ Forms 10053, 10054, 10400, and attachments.

cc: Brent Johnson, P.E., TxDOT Maintenance Division Section Director.
Justin Obinna, P.E., TxDOT Safety Rest Area Program Team Lead

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Texas Department of Transportation

6230 EAST STASSNEY LANE, AUSTIN, TX 78744

TxDOT Bell County Safety Rest Area Wastewater Treatment Facility

TPDES DISCHARGE PERMIT APPLICATION (RENEWAL)

TPDES Permit No. WQ 0014647001

July 09, 2025

Prepared by:

Md Saidul Borhan, PhD.
Environmental Specialist
Texas Department of Transportation
Maintenance Division, TxDOT
6230 E. Stassney Lane, Austin, TX 78744
Tel: 737-270-2822
Email: Md.Borhan@txdot.gov

Table of Contents

APPLICATION DOCUMENTS

Domestic Administrative Report (10053)

Domestic Technical Report (10054)

ATTACHMENTS

Attachment No. ***Description***

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: **Texas Department of Transportation**

PERMIT NUMBER (If new, leave blank): WQ00**14647001**

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

	Y	N		Y	N
Administrative Report 1.0	☒	☐	Original USGS Map	☒	☐
Administrative Report 1.1	☐	☒	Affected Landowners Map	☐	☒
SPIF	☒	☐	Landowner Disk or Labels	☐	☒
Core Data Form	☒	☐	Buffer Zone Map	☐	☒
Summary of Application (PLS)	☒	☐	Flow Diagram	☒	☐
Public Involvement Plan Form	☐	☒	Site Drawing	☒	☐
Technical Report 1.0	☒	☐	Original Photographs	☐	☒
Technical Report 1.1	☐	☒	Design Calculations	☐	☒
Worksheet 2.0	☒	☐	Solids Management Plan	☐	☒
Worksheet 2.1	☐	☒	Water Balance	☐	☒
Worksheet 3.0	☒	☐			
Worksheet 3.1	☐	☒			
Worksheet 3.2	☐	☒			
Worksheet 3.3	☐	☒			
Worksheet 4.0	☐	☒			
Worksheet 5.0	☐	☒			
Worksheet 6.0	☒	☐			
Worksheet 7.0	☐	☒			

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 ☐	$315.00 ☒
≥0.05 but <0.10 MGD	$550.00 ☐	$515.00 ☐
≥0.10 but <0.25 MGD	$850.00 ☐	$815.00 ☐
≥0.25 but <0.50 MGD	$1,250.00 ☐	$1,215.00 ☐
≥0.50 but <1.0 MGD	$1,650.00 ☐	$1,615.00 ☐
≥1.0 MGD	$2,050.00 ☐	$2,015.00 ☐

Minor Amendment (for any flow) $150.00 ☐

Payment Information:

Mailed — Check/Money Order Number: **Will be paid by interagency transfer voucher**

Check/Money Order Amount: Click to enter text.

Name Printed on Check: Click to enter text.

EPAY — Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

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

☒ Publicly Owned Domestic Wastewater

☐ Privately-Owned Domestic Wastewater

☐ Conventional Water Treatment

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

☒ Active ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

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

f. **For existing permits:**

Permit Number: WQ00 **14647001**

EPA I.D. (TPDES only): TX **TX0139718**

Expiration Date: **01/15/2026**

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

Texas Department of Transportation

(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: **600803456**

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: **Henry Chris**

Title: **Deputy Director, Maintenance Division** Credential: **P.E.**

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

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

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: Click to enter text.

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

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

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

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

C. Core Data Form

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

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: **Md Borhan**

Title: **Environmental Specialist** Credential: **Ph.D.**

Organization Name: **Texas Department of Transportation**

Mailing Address: **6230 East Stassney Lane** City, State, Zip Code: **TX 78744**

Phone No.: **737-270-2822** E-mail Address: **md.borhan@txdot.gov**

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix: **Mr.** Last Name, First Name: **Justin Obinna**

Title: **Safety Rest Area Program Team Lead** Credential: **P.E.**

Organization Name: **Texas Department of Transportation**

Mailing Address: **6230 East Stassney Lane** City, State, Zip Code: **TX 78744**

Phone No.: **737-465-2751** E-mail Address: **justin.obinna@txdot.gov**

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: **Borhan Md**

Title: **Environmental Specialist** Credential: **Ph.D.**

Organization Name: **Texas Department of Transportation**

Mailing Address: **6230 East Stassney Lane** City, State, Zip Code: **TX 78744**

Phone No.: **737-270-2822** E-mail Address: **md.borhan@txdot.gov**

B. Prefix: **Mr.** Last Name, First Name: **Obinna Justin**

Title: **Safety Rest Area Program Team Lead** Credential: **P.E.**

Organization Name: **Texas Department of Transportation**

Mailing Address: **6230 East Stassney Lane** City, State, Zip Code: **TX 78744**

Phone No.: **737-465-2751** E-mail Address: **justin.obinna@txdot.gov**

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: **Kaderka Sandra**

Title: **Contract Specialist** Credential: Click to enter text.

Organization Name: **Texas Department of Transportation**

Mailing Address: **6230 East Stassney Lane** City, State, Zip Code: **TX 78744**

Phone No.: **512-803-8750** E-mail Address: **Sandra.kaderka@txdot.gov**

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: **Borhan Md**

Title: **Environmental Specialist** Credential: **Ph.D.**

Organization Name: **Texas Department of Transportation**

Mailing Address: **6230 East Stassney Lane** City, State, Zip Code: **TX 78744**

Phone No.: **737 270 2822** E-mail Address: **Md.Borhan@txdot.gov**

Section 8. Public Notice Information (Instructions Page 27)

A. **Individual Publishing the Notices**

Prefix: **Mr.** Last Name, First Name: **Borhan Md**

Title: **Environmental Specialist** Credential: **Ph.D.**

Organization Name: **Texas Department of Transportation**

Mailing Address: **6230 East Stassney Lane** City, State, Zip Code: **TX 78744**

Phone No.: **737 270 2822** E-mail Address: **Md.Borhan@txdot.gov**

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: **Borhan Md**

Title: **Environmental Specialist** Credential: **Ph.D**

Organization Name: **Texas Department of Transportation**

Mailing Address: **6230 East Stassney Lane** City, State, Zip Code: **TX 78744**

Phone No.: **737 270 2822** E-mail Address: **Md.Borhan@txdot.gov**

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: **TxDOT Belton Area Engineer & Maintenance Office**

Location within the building: **Front entrance reception desk**

Physical Address of Building: **410 W Loop 121**

City: **Belton** County: **Bell**

Contact (Last Name, First Name): **Jerrod Swift, Maintenance Supervisor**

Phone No.: **254 939 3691** Ext.: Click to enter text.

E. Bilingual Notice Requirements

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

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

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

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

   ☐ Yes ☒ No

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

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

   ☐ Yes ☐ No

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

   ☐ Yes ☐ No

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

   ☐ Yes ☐ No

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

F. Summary of Application in Plain Language Template

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

Attachment: II: Plain Language Summary

G. Public Involvement Plan Form

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

Attachment: 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 104760582**

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):

Bell County Safety Rest Area Wastewater Treatment Facility

C. Owner of treatment facility: **Texas Department of Transportation**

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: Click to enter text.

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

Organization Name: **Texas Department of Transportation**

Mailing Address: **125 E 11th Street** City, State, Zip Code: **TX78701**

Phone No.: **737 270 2822** E-mail Address: **md.borhan@txdot.gov**

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

Attachment: Click to enter text.

E. Owner of effluent disposal site:

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

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

Organization Name: **Texas Department of Transportation**

Mailing Address: **125 E 11th Street** City, State, Zip Code: **TX78701**

Phone No.: **737 270 2822** E-mail Address: **md.borhan@txdot.gov**

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

Attachment: Click to enter text.

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

Prefix: **N/A** Last Name, First Name: **N/A**

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

Organization Name: Click to enter text.

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

Phone No.: Click to enter text. E-mail Address: Click to enter text.

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

Attachment: Click to enter text.

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

Click to enter text.

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

☒ Yes ☐ No

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

The effluent will be discharged (as needed) from the last evaporative pond through a metered pipe (outfall 001) to a natural drainage ditch. From there the effluent will be flowing to an unnamed tributary to Salado Creek (Segment #1243).

City nearest the outfall(s): **Salado**

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

C. Is or will the treated wastewater discharge to a city, county, or state highway right-of-way, or

a flood control district drainage ditch?

☐ Yes ☒ No

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

☐ Authorization granted ☐ Authorization pending

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

Attachment: Click to enter text.

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☒ Yes ☐ No

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

Click to enter text.

B. City nearest the disposal site: **Salado**

C. County in which the disposal site is located: **Bell**

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

The treated effluent from the treatment facility is discharged through a 4-inch gravity pipe immediately adjacent to a series of four ponds designated for aeration and evaporation. When necessary, the effluent will be discharged from the final evaporative pond through metered pipe into an unnamed tributary of Salado Creek (Segment #1243 of the Brazos River Basin).

E. For **TLAPs**, please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: **An unnamed tributary of Salado Creek.**

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

Click to enter text.

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If **yes**, provide the following information:

Account number: Click to enter text.

Amount past due: Click to enter text.

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If **yes**, please provide the following information:

Enforcement order number: Click to enter text.

Amount past due: Click to enter text.

Section 13. Attachments (Instructions Page 33)

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

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

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

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

☐ Attachment 1 for Individuals as co-applicants

☐ Other Attachments. Please specify: Click to enter text.

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: **WQ0014647001**

Applicant: **Texas Department of Transportation**

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): **Chris C. Henry, P.E.**

Signatory title: **Deputy Director, TxDOT Maintenance Division**

Signature: Signed by: Chris Henry EA4BAF256C91403... Date: 7/10/2025

(Use blue ink)

Subscribed and Sworn to before me by the said Chris Henry

on this 10th day of July, 20 25.

My commission expires on the 17th day of May, 20 26.

Signed by: Tina Dukes 533CB3013B5B4D5...

Notary Public

[SEAL]

TINA CARICE DUKES
NOTARY PUBLIC
STATE OF TEXAS
Commission #131575044
My Comm. Expires May 17, 2026

Bexar

County, Texas

DOMESTIC WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: **III: SPIF (TCEQ FORM 20971)**

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

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

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

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

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

BY OVERNIGHT/EXPRESS MAIL

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

Fee Code: WQP **Waste Permit No: WQ0014647001**

1. Check or Money Order Number: **Will be paid by interagency transfer voucher (see below)**
2. Check or Money Order Amount: Click to enter text.
3. Date of Check or Money Order: Click to enter text.
4. Name on Check or Money Order: Click to enter text.
5. APPLICATION INFORMATION

   Name of Project or Site: **TxDOT Bell County Safety Rest Area WWTF**

   Physical Address of Project or Site: **17871 IH-35 Northbound, Salado, TX76571**

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

Staple Check or Money Order in This Space

Please initiate and Interagency Transfer Voucher (ITV) for the application fee. The TxDOT contact is Bryce Bayles, Finance Division, Bryce.Bayles@txdot.gov. Ph.: 512-486-5647.

ATTACHMENT 1

INDIVIDUAL INFORMATION

Section 1. Individual Information (Instructions Page 41)

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

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

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

Driver's License or State Identification Number: Click to enter text.

Date of Birth: Click to enter text.

Mailing Address: Click to enter text.

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

Phone Number: Click to enter text. Fax Number: Click to enter text.

E-mail Address: Click to enter text.

CN: Click to enter text.

For Commission Use Only:
Customer Number:
Regulated Entity Number:
Permit Number:

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

Things to Know:

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

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

Electronic Application Submittal ☒ Yes
(See application submittal requirements on page 23 of the instructions.)

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)

Summary of Application (in Plain Language) ☒ Yes

This page is blank

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): **0.0225**

2-Hr Peak Flow (MGD): **0.0225**

Estimated construction start date: **N/A**

Estimated waste disposal start date: **N/A**

B. Interim II Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

C. Final Phase

Design Flow (MGD): **0.0225**

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: **Operating.**

Section 2. Treatment Process (Instructions Page 42)

A. Current Operating Phase

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

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

An aerobic tank within the wastewater treatment train receives influent from the septic tanks at both the southbound and northbound rest areas via lift stations. The influent then from aeration tank flows by gravity to the chlorine contact chamber before being discharged into the evaporative ponds. The treated effluent from the final evaporative pond is discharged, as needed, into a natural drainage ditch through a metered pipe. From there, the effluent flows into an unnamed tributary of Salado Creek and subsequently into Salado Creek in Segment No. 1243.of the Brazos River Basin.

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)
Septic Tanks-2 at each side	4	25'×9.25'×8' each
Aeration Basin	1	8'×5'×8'
Chlorine Contact Chamber	1	8'×5'×6'
Evaporation Ponds	4	Total surface area: 5.001 acres. Total Volume: 16.898 acre-feet.

C. Process Flow Diagram

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

Attachment: V: Process Flow Diagram

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

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

- Latitude: **30.904464**
- Longitude: **-97.556441**

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

- Latitude: **30.900833**
- Longitude: **-97.559444**

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: VI: Site Plan

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

TxDOT Bell County Safety Rest Area North bound and South Bound

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

Collection System Information

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

Section 4. Unbuilt Phases (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

Section 5. Closure Plans (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

Section 6. Permit Specific Requirements (Instructions Page 44)

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

A. Summary transmittal

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

☒ Yes ☐ No

If yes, provide the date(s) of approval for each phase: **02/10/2006**

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

Click to enter text.

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

Click to enter text.

C. Other actions required by the current permit

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

☐ Yes ☒ No

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

Click to enter text.

D. Grit and grease treatment

1. *Acceptance of grit and grease waste*

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

☐ Yes ☒ No

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

2. *Grit and grease processing*

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

Click to enter text.

3. *Grit disposal*

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

☐ Yes ☐ No

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

Describe the method of grit disposal.

Click to enter text.

4. ***Grease and decanted liquid disposal***

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

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

Click to enter text.

E. Stormwater management

1. ***Applicability***

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

2. ***MSGP coverage***

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

3. ***Conditional exclusion***

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

☐ Yes ☐ No

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

Click to enter text.

4. ***Existing coverage in individual permit***

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

☐ Yes ☐ No

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

Click to enter text.

5. ***Zero stormwater discharge***

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

☐ Yes ☐ No

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

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

Click to enter text.

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

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

1. *Acceptance of sludge from other WWTPs*

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

☐ Yes ☒ No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD_5 concentration of the sludge, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

2. *Acceptance of septic waste*

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

If yes to any of the above, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD_5 concentration of the septic waste, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

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

Is the facility in operation?

☒ Yes ☐ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
$CBOD_5$, mg/l	21	-	1	GRAB	6/4/2025 8:28
Total Suspended Solids, mg/l	21	-	1	GRAB	6/4/2025 8:28
Ammonia Nitrogen, mg/l	75.8	-	1	GRAB	6/4/2025 8:28
Nitrate Nitrogen, mg/l	4.87	-	1	GRAB	6/4/2025 8:28
Total Kjeldahl Nitrogen, mg/l	851	-	1	GRAB	6/4/2025 8:28
Sulfate, mg/l	46.9	-	1	GRAB	6/4/2025 8:28
Chloride, mg/l	137	-	1	GRAB	6/4/2025 8:28
Total Phosphorus, mg/l	17.4	-	1	GRAB	6/4/2025 8:28
pH, standard units	7.8	-	1	GRAB	6/4/2025 8:28
Dissolved Oxygen*, mg/l	3.1	-	1	GRAB	6/4/2025 8:28
Chlorine Residual, mg/l	3.9	-	1	GRAB	6/4/2025 8:28
E.coli (CFU/100ml) freshwater	49	-	1	GRAB	6/4/2025 8:28
Entercocci (CFU/100ml) saltwater	-	-	1	GRAB	6/4/2025 8:28
Total Dissolved Solids, mg/l	682	-	1	GRAB	6/4/2025 8:28
Electrical Conductivity, µmohs/cm, †	1660	-	1	GRAB	6/4/2025 8:28
Oil & Grease, mg/l	< 7	-	1	GRAB	6/4/2025 8:28
Alkalinity ($CaCO_3$)*, mg/l	380	-	1	GRAB	6/4/2025 8:28

*TPDES permits only
†TLAP permits only

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l					
Total Dissolved Solids, mg/l					
pH, standard units					
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity ($CaCO_3$), mg/l					

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: **Marcos Basabe**

Facility Operator's License Classification and Level: **Wastewater Operator Class C**

Facility Operator's License Number: **WW0066448**

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

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

Check all that apply. See instructions for guidance

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

B. WWTP's Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

- ☐ Aerobic Digestion
- ☐ Air Drying (or sludge drying beds)
- ☐ Lower Temperature Composting
- ☐ Lime Stabilization
- ☐ Higher Temperature Composting
- ☐ Heat Drying
- ☐ Thermophilic Aerobic Digestion
- ☐ Beta Ray Irradiation
- ☐ Gamma Ray Irradiation
- ☐ Pasteurization
- ☐ Preliminary Operation (e.g. grinding, de-gritting, blending)
- ☐ Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)
- ☐ Sludge Lagoon
- ☐ Temporary Storage (< 2 years)
- ☐ Long Term Storage (>= 2 years)
- ☐ Methane or Biogas Recovery
- ☐ Other Treatment Process: Click to enter text.

C. Sewage Sludge or Biosolids Management

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

permit will authorize all sewage sludge or biosolids management practices listed in the instructions. Rather indicate the management practice the facility plans to use.

Biosolids Management

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

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

D. Disposal site

Disposal site name: **WACO METROPOLITAN AREA REGIONAL SEWAGE SYSTEM.**

TCEQ permit or registration number: **WQ0011071001/TX0026506**

County where disposal site is located: **Bell**

E. Transportation method

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

Name of the hauler: **ON OUR OWN SERVICE**

Hauler registration number: **26072**

Sludge is transported as a:

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

Section 10. Permit Authorization for Sewage Sludge Disposal (Instructions Page 52)

A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

B. Sludge processing authorization

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

Sludge Composting	☐ Yes	☒ No
Marketing and Distribution of Biosolids	☐ Yes	☒ No
Sludge Surface Disposal or Sludge Monofill	☐ Yes	☒ No
Temporary storage in sludge lagoons	☐ Yes	☒ No

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

A. Location information

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

- Original General Highway (County) Map:

  Attachment: Click to enter text.
- USDA Natural Resources Conservation Service Soil Map:

  Attachment: Click to enter text.
- Federal Emergency Management Map:

  Attachment: Click to enter text.
- Site map:

  Attachment: Click to enter text.

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

☐ Overlap a designated 100-year frequency flood plain

☐ Soils with flooding classification

☐ Overlap an unstable area

☐ Wetlands

☐ Located less than 60 meters from a fault

☐ None of the above

Attachment: Click to enter text.

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

Click to enter text.

B. Temporary storage information

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

Nitrate Nitrogen, mg/kg: Click to enter text.

Total Kjeldahl Nitrogen, mg/kg: Click to enter text.

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

Phosphorus, mg/kg: Click to enter text.

Potassium, mg/kg: Click to enter text.

pH, standard units: Click to enter text.

Ammonia Nitrogen mg/kg: Click to enter text.

Arsenic: Click to enter text.

Cadmium: Click to enter text.

Chromium: Click to enter text.

Copper: Click to enter text.

Lead: Click to enter text.

Mercury: Click to enter text.

Molybdenum: Click to enter text.

Nickel: Click to enter text.

Selenium: Click to enter text.

Zinc: Click to enter text.

Total PCBs: Click to enter text.

Provide the following information:

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

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

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

C. Liner information

Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity of $1x10^{-7}$ cm/sec?

☐ Yes ☐ No

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

Click to enter text.

D. Site development plan

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

Click to enter text.

Attach the following documents to the application.

- Plan view and cross-section of the sludge lagoon(s)

  Attachment: Click to enter text.
- Copy of the closure plan

  Attachment: Click to enter text.
- Copy of deed recordation for the site

  Attachment: Click to enter text.
- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons

  Attachment: Click to enter text.
- Description of the method of controlling infiltration of groundwater and surface water from entering the site

  Attachment: Click to enter text.
- Procedures to prevent the occurrence of nuisance conditions

  Attachment: Click to enter text.

E. Groundwater monitoring

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

☐ Yes ☐ No

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

Attachment: Click to enter text.

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

A. Additional authorizations

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

☐ Yes ☒ No

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

Click to enter text.

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Click to enter text.

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

A. RCRA hazardous wastes

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

Attachment: Click to enter text.

Section 14. Laboratory Accreditation (Instructions Page 55)

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

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

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

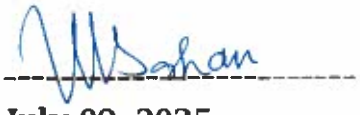
The following certification statement shall be signed and submitted with every application. See the Signature Page section in the Instructions, for a list of designated representatives who may sign the certification.

CERTIFICATION:

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

Printed Name: **Md Saidul Borhan, Ph.D.**

Title: **Environmental Specialist**

Signature: 

Date: **July 09, 2025**

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

Owner of the drinking water supply: Click to enter text.

Distance and direction to the intake: Click to enter text.

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

Attachment: Click to enter text.

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

A. Receiving water outfall

Width of the receiving water at the outfall, in feet: **5 feet**

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☒ No

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

Click to enter text.

C. Sea grasses

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

☐ Yes ☒ No

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

Click to enter text.

Section 3. Classified Segments (Instructions Page 63)

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

☐ Yes ☒ No

If yes, this Worksheet is complete.

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

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

Name of the immediate receiving waters: **Unnamed tributary of Salado Creek**

A. Receiving water type

Identify the appropriate description of the receiving waters.

☐ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: Click to enter text.

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

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

☒ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: Click to enter text.

B. Flow characteristics

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

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

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

☐ Perennial - normally flowing

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

☐ USGS flow records

☒ Historical observation by adjacent landowners

☐ Personal observation

☐ Other, specify: Click to enter text.

C. Downstream perennial confluences

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

The discharge from outfall 001 flows into a man-made drainage ditch, then to an unnamed tributary of Salado Creek, and finally to Salado Creek in Segment 1243 of the Brazos River Basin.

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.

Click to enter text.

E. Normal dry weather characteristics

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

Completely Dry

Date and time of observation: **09/16/2024; 1:30 pm**

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

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

A. Upstream influences

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

☐ Oil field activities
☐ Upstream discharges
☐ Septic tanks
☐ Urban runoff
☒ Agricultural runoff
☐ Other(s), specify: Click to enter text.

B. Waterbody uses

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

- ☒ Livestock watering
- ☐ Irrigation withdrawal
- ☐ Fishing
- ☐ Domestic water supply
- ☐ Park activities
- ☐ Contact recreation
- ☐ Non-contact recreation
- ☐ Navigation
- ☐ Industrial water supply
- ☐ Other(s), specify: Click to enter text.

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND DISPOSAL OF EFFLUENT

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

Section 1. Type of Disposal System (Instructions Page 67)

Identify the method of land disposal:

- ☐ Surface application
- ☐ Irrigation
- ☐ Drip irrigation system
- ☒ Evaporation
- ☐ Subsurface application
- ☐ Subsurface soils absorption
- ☐ Subsurface area drip dispersal system
- ☐ Evapotranspiration beds
- ☒ Other (describe in detail): **Treated effluent will be discharges (as needed) to the nearby unmanned tributary to the Salado Creek.**

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

For existing authorizations, provide Registration Number: Click to enter text.

Section 2. Land Application Site(s) (Instructions Page 67)

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

Table 3.0(1) – Land Application Site Crops

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

Section 3. Storage and Evaporation Lagoons/Ponds (Instructions Page 67)

Table 3.0(2) – Storage and Evaporation Ponds

Pond Number	Surface Area (acres)	Storage Volume (acre-feet)	Dimensions	Liner Type
1, 2, 3, 4	Total 5.001	Total 16.898		Clay

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

Attachment: VII: Clay Liner certification

Section 4. Flood and Runoff Protection (Instructions Page 67)

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

☐ Yes ☒ No

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

Click to enter text.

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

FEMA FIRM Panel 345 of 415, Bell COUNTY, TX 480706 0345B

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

Click to enter text.

Section 5. Annual Cropping Plan (Instructions Page 67)

Attach an Annual Cropping Plan which includes a discussion of each of the following items. If not applicable, provide a detailed explanation indicating why. **Attachment:**

Section 6. Well and Map Information (Instructions Page 68)

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation indicating why. **Attachment: VIII: Well Map**

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

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

Table 3.0(3) – Water Well Data

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

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

Attachment: Click to enter text.

Section 7. Groundwater Quality (Instructions Page 68)

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

Attachment: Click to enter text.

Are groundwater monitoring wells available onsite? ☐ Yes ☐ No

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

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

Attachment: Click to enter text.

Section 8. Soil Map and Soil Analyses (Instructions Page 69)

A. Soil map

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

Attachment: Click to enter text.

B. Soil analyses

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

Attachment: Click to enter text.

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

Table 3.0(4) – Soil Data

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number

Section 9. Effluent Monitoring Data (Instructions Page 70)

Is the facility in operation?

☒ Yes ☐ No

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

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

Table 3.0(5) – Effluent Monitoring Data

Date	30 Day Avg Flow MGD	BOD5 mg/l	TSS mg/l	pH	Chlorine Residual mg/l	Acres irrigated
23-May	0.014	60	51	7.2/7.9	2.43	
23-Jun	0.017	28	20	7.4/7.7	2.49	
23-Jul	0.016	19	160	7.4/7.9	2.32	
23-Aug	0.016	30	23	7.2/7.8	2.55	
23-Sep	0.017	24	18	7.4/7.8	2.42	
23-Oct	0.013	18	26	7.4/7.9	2.72	
23-Nov	0.012	28	51	7.4/7.9	2.82	
23-Dec	0.014	34	70	7.6/8.0	2.58	
24-Jan	0.012	29	28	7.9/8.0	2.95	
24-Feb	0.01	31	37	7.6/8.0	2.74	
24-Mar	0.014	29	31	7.6/8.0	2.51	
24-Apr	0.013	31	53	7.4/8.0	2.12	
24-May	0.014	27	41	7.2/7.8	2.25	
24-Jun	0.021	22	23	6.8/7.8	1.92	
24-Jul	0.022	33	22	7.4/7.8	1.94	
24-Aug	0.02	18	22	7.1/7.3	1.95	
24-Sep	0.017	32	36	6.3/7.6	1.87	
24-Oct	0.017	17	22	7.1/7.4	2.57	
24-Nov	0.016	38	40	7.2/7.8	1.95	
24-Dec	0.014	17	24	7.2/7.8	1.88	
25-Jan	0.008	36	49	7.6/8.0	1.82	
25-Feb	0.007	44	230	7.7/7.9	2.37	
25-Mar	0.008	71	452	7.4/8.0	2.00	
25-Apr	0.008	24	20	7.2/7.9	2.35	

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

Click to enter text.

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following **is required** for **all publicly owned treatment works.**

Section 1. All POTWs (Instructions Page 87)

A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

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

Significant IUs - non-categorical:

Number of IUs: 0

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

Other IUs:

Number of IUs: 0

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

B. Treatment plant interference

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

☐ Yes ☒ No

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

Click to enter text.

C. Treatment plant pass through

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

☐ Yes ☒ No

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

Click to enter text.

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 87)

A. Substantial modifications

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

☐ Yes ☒ No

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

Click to enter text.

B. Non-substantial modifications

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

☐ Yes ☒ No

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

Click to enter text.

C. Effluent parameters above the MAL

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

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. Industrial user interruptions

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

☐ Yes ☒ No

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

Click to enter text.

Section 3. Significant Industrial User (SIU) Information and Categorical Industrial User (CIU) (Instructions Page 88)

A. General information

Company Name: Click to enter text.

SIC Code: Click to enter text.

Contact name: Click to enter text.

Address: Click to enter text.

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

Telephone number: Click to enter text.

Email address: Click to enter text.

B. Process information

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

Click to enter text.

C. Product and service information

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

Click to enter text.

D. Flow rate information

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

Process Wastewater:

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

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

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

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Category: Subcategories: Click to enter text.

Click or tap here to enter text. Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

F. Industrial user interruptions

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

☐ Yes ☐ No

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

Click to enter text.

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(End of 10054 form)

ATTACHMENTS

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TCEQ Use Only

TCEQ Core Data Form

Attachment I

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

SECTION I: General Information

1. Reason for Submission *(If other is checked please describe in space provided.)*

☐ New Permit, Registration or Authorization *(Core Data Form should be submitted with the program application.)*

☒ Renewal *(Core Data Form should be submitted with the renewal form)*

☐ Other

2. Customer Reference Number *(if issued)*	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number *(if issued)*
CN 600803456		RN 104760582

SECTION II: Customer Information

4. General Customer Information | **5. Effective Date for Customer Information Updates** (mm/dd/yyyy)

☐ New Customer ☒ Update to Customer Information ☐ Change in Regulated Entity Ownership
☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)

The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).

6. Customer Legal Name *(If an individual, print last name first: eg: Doe, John)* — *If new Customer, enter previous Customer below:*

Texas Department f Transportation (TxDOT)

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number *(if applicable)*

11. Type of Customer: ☐ Corporation ☐ Individual Partnership: ☐ General ☐ Limited
Government: ☐ City ☐ County ☐ Federal ☐ Local ☒ State ☐ Other ☐ Sole Proprietorship ☐ Other:

12. Number of Employees
☐ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☒ 501 and higher

13. Independently Owned and Operated?
☐ Yes ☒ No

14. Customer Role (Proposed or Actual) – *as it relates to the Regulated Entity listed on this form. Please check one of the following*

☒ Owner ☐ Operator ☐ Owner & Operator ☐ Other:
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant

15. Mailing Address:	TxDOT Maintenance Division							
	6230 East Stassney Lane							
	City	Austin	**State**	TX	**ZIP**	78744	**ZIP + 4**	

16. Country Mailing Information *(if outside USA)*	17. E-Mail Address *(if applicable)*
	md.borhan@txdot.gov

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*

(737) 270-2822		( ) -

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.)*

Bell County Safety Rest Area Wastewater Treatment Facility

23. Street Address of the Regulated Entity: *(No PO Boxes)*		17871 IH-35 Northbound						
	City	Salado	**State**	TX	**ZIP**	76571	**ZIP + 4**	
24. County	Bell							

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

25. Description to Physical Location:	The facility is situated on the right-of-way of IH-35, specifically on the northbound side, approximately 1.3 miles north of the intersection with Hackberry Road in Bell County.

26. Nearest City	**State**	**Nearest ZIP Code**
Salado	TX	76571

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

27. Latitude (N) In Decimal:	30.900833		**28. Longitude (W) In Decimal:**	-97.559444	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

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		22132	

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

Provide travelers with restroom facili.

34. Mailing Address:	**Bell County Safety Rest Area**							
	6230 E. Stassney Lane							
	City	**Austin**	**State**	**TX**	**ZIP**	**78744**	**ZIP + 4**	

35. E-Mail Address:	**md.borhan@txdot.gov**

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(737) 270-2822		( ) -

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.

☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:

SECTION IV: Preparer Information

40. Name:	Md Saidul Borhan, Ph.D.	41. Title:	Environmental Specialist

42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(737) 270-2822		( ) -	md.borhan@txdot.gov

SECTION V: Authorized Signature

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

Company:	Texas Department of Transportation	Job Title:	Deputy Director, TxDOT Maintenance Division
Name *(In Print)*:	Chris C. Henry, P.E.	Phone:	(940) 447- 5093
Signature:	DocuSigned by: Chris C. Henry, P.E. 7AE2ECC9AFE84DD...	Date:	7/9/2025

Attachment-II

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUMMARY OF APPLICATION IN PLAIN LANGUAGE FOR TPDES OR TLAP PERMIT APPLICATIONS

Summary of Application (in plain language) Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS
Enter 'INDUSTRIAL' or 'DOMESTIC' here WASTEWATER/STORMWATER
The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and is not a federal enforceable representation of the permit application.

Texas Department of Transportation (CN600803456) operates Bell County Safety Rest Area Wastewater Treatment Facility (RN104760582), a wastewater treatment facility designed to process human waste from a public rest area includes two septic tanks, two lift stations, one aeration tank, a clarifier, a chlorinator, a chlorine contact chamber, and four evaporation ponds with a necessary discharge provision. The facility is located at at 17871 Interstate Highway 35 along northbound lanes approximately 1.3 miles north of the intersection with Hackberry Road, in Salado, Bell County, Texas 76571. This application seeks a renewal of the Texas Pollutant Discharge Elimination System (TPDES) for the TxDOT Bell Safety Rest Area Wastewater Treatment Facility, under Permit No. WQ0014647001 (EPA I.D. No. TX0139718). The facility is permitted to discharge treated wastewater at a maximum daily average flow of 22,500 gallons as needed, and it also includes provisions for treating effluent through evaporation.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($cBOD_5$), total suspended solids (TSS), ammonia nitrogen, and *Escherichia coli*. The wastewater primarily consists of human solids, and urine are treated by two septic tanks and an aerobic tank are part of the wastewater treatment train. The aerobic tank receives influent from the septic tanks located at both the southbound and northbound rest areas through lift stations. Gravity then directs the influent to the chlorine contact chamber, which discharges it into four series-connected evaporative ponds. A 4-inch pipe discharges the treated effluent from the wastewater treatment plant (WWTP) to adjacent ponds. A metered pipe releases the treated effluent from the final evaporative pond into a natural drainage ditch as needed. From that ditch, the effluent flows into an unnamed tributary of Salado Creek and subsequently into Salado Creek in Segment No. 1243 of Brazos River Basin.

Attachment-III

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: _____Renewal _____Major Amendment ____Minor Amendment _____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

_____ Texas Historical Commission _____ U.S. Fish and Wildlife

_____ Texas Parks and Wildlife Department _____ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: **Texas Department of Transportation**

   Permit No. WQ00 **0014647001** EPA ID No. TX **0139718**

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

   17871 North IH-35, Salado, TX 76571, Bell County

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

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

First and Last Name: **Md Borhan**

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

Title: **Environmental; Specialist**

Mailing Address: **6230 E Stassney Lane**

City, State, Zip Code: **TX 78744**

Phone No.: **737 270 2822** Ext.: Fax No.:

E-mail Address: **md.borhan@txdot.gov**

2. List the county in which the facility is located: **Bell**
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.

Effluent will be discharged through a metered pipe to the unnamed tributary to Salado Creek (Segment # 1243)

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

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

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

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

- ☐ Sealing caves, fractures, sinkholes, other karst features
- ☐ Disturbance of vegetation or wetlands

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

N/A

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

Highway Safety Rest Area

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

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

The rest area and the wastewater treatment facility were constructed in 2006.

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

A pair of safety rest areas were constructed in 2006, one on the northbound and another on the southbound site of IH-35 in Bell County, and they are about 3 miles south of Salado. The wastewater treatment facility was constructed on the northbound side, which serves both sides. The architect was Mr. Paul G. Campbell, R.A., of TxDOT, and the engineer was Mr. Sanford W. Case, P.E., of Huitt-Zollars Inc.

Bell County WWTP USGS Map

2/4/2020 3:24:19 PM

1:36,112

0 0.28 0.55 1.1 mi

0 0.42 0.85 1.7 km

- Override 1
- Override 1
- Local Connecting Roads
- Secondary Highways
- Controlled-access Highways
- Airport Runways

Airports

- International Airport
- Military
- Municipal Airstrip / Airport
- Private Airstrip / Airport
- Regional Airport

USGS The National Map: 3D Elevation Program. Data Refreshed January, 2020., USGS TNM – National Hydrography Dataset. Data Refreshed January, 2020., USGS The National Map: National Boundaries Dataset, 3DEP Elevation Program, Geographic Names Information System, National

USGS

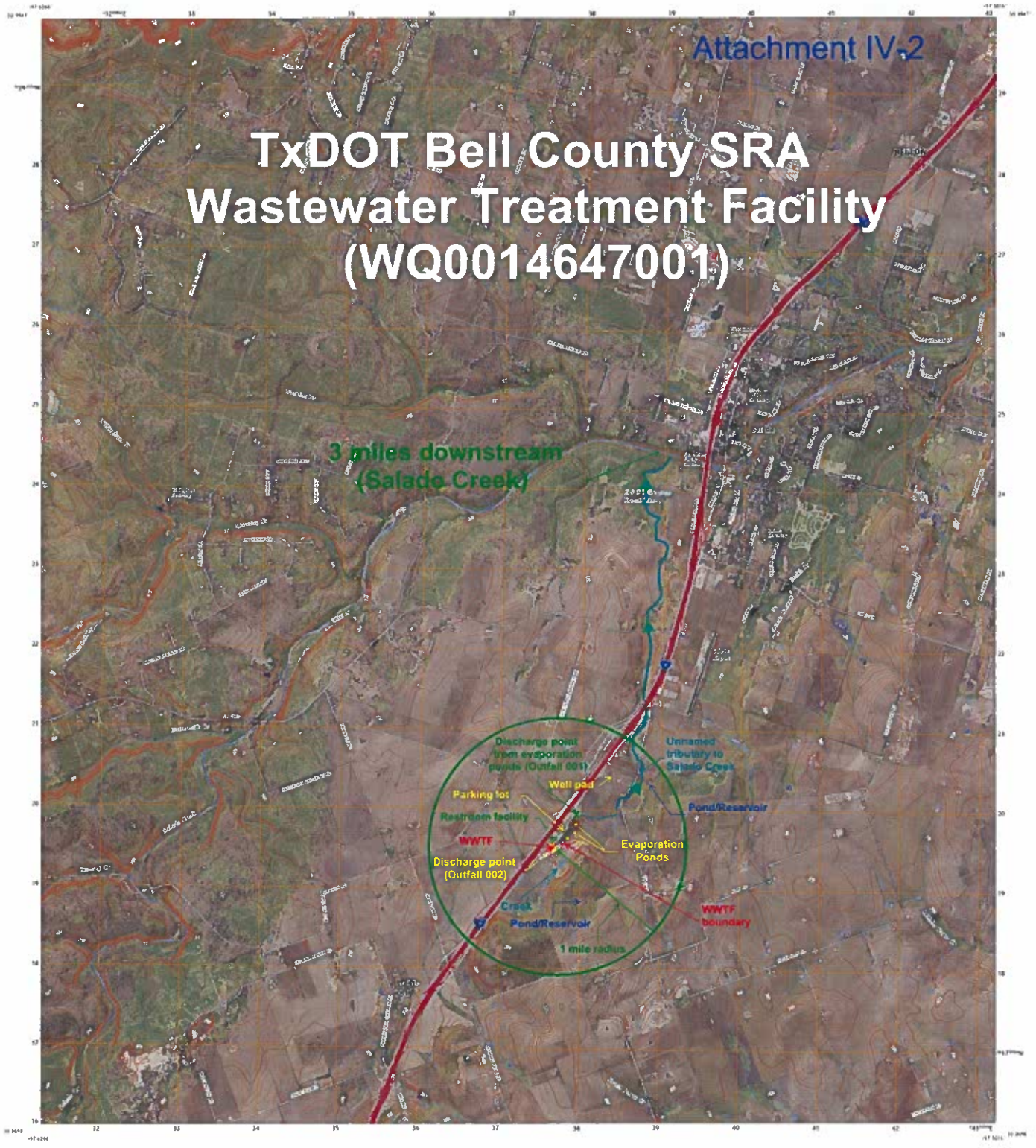
U.S. DEPARTMENT OF THE INTERIOR
U.S. GEOLOGICAL SURVEY

The National Map
OnDemand Topo

7.5-MINUTE TOPO QUADRANGLE
TEXAS - CUSTOM EXTENT
7.5-MINUTE TOPO

Attachment IV-2

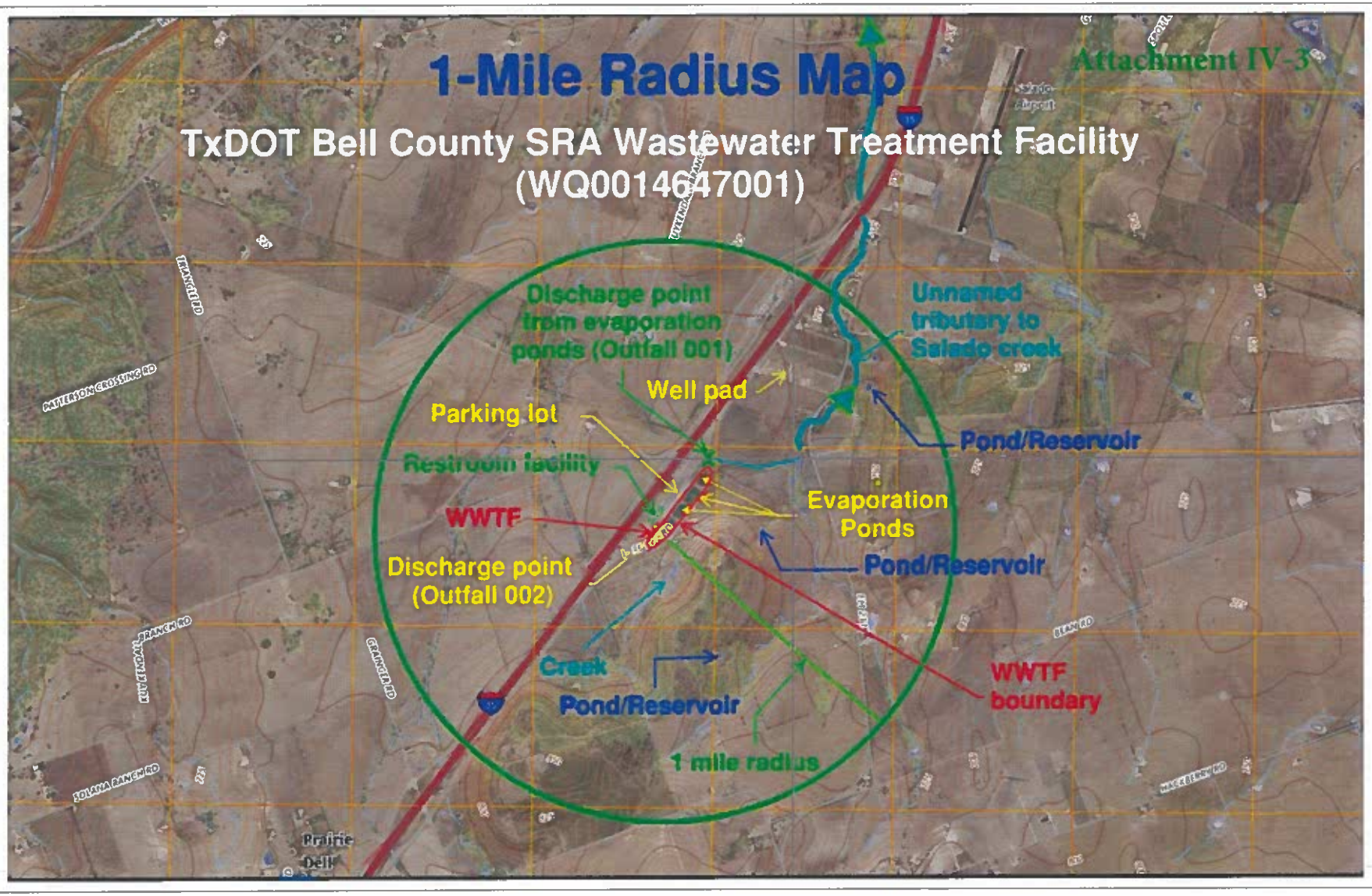
TxDOT Bell County SRA Wastewater Treatment Facility (WQ0014647001)

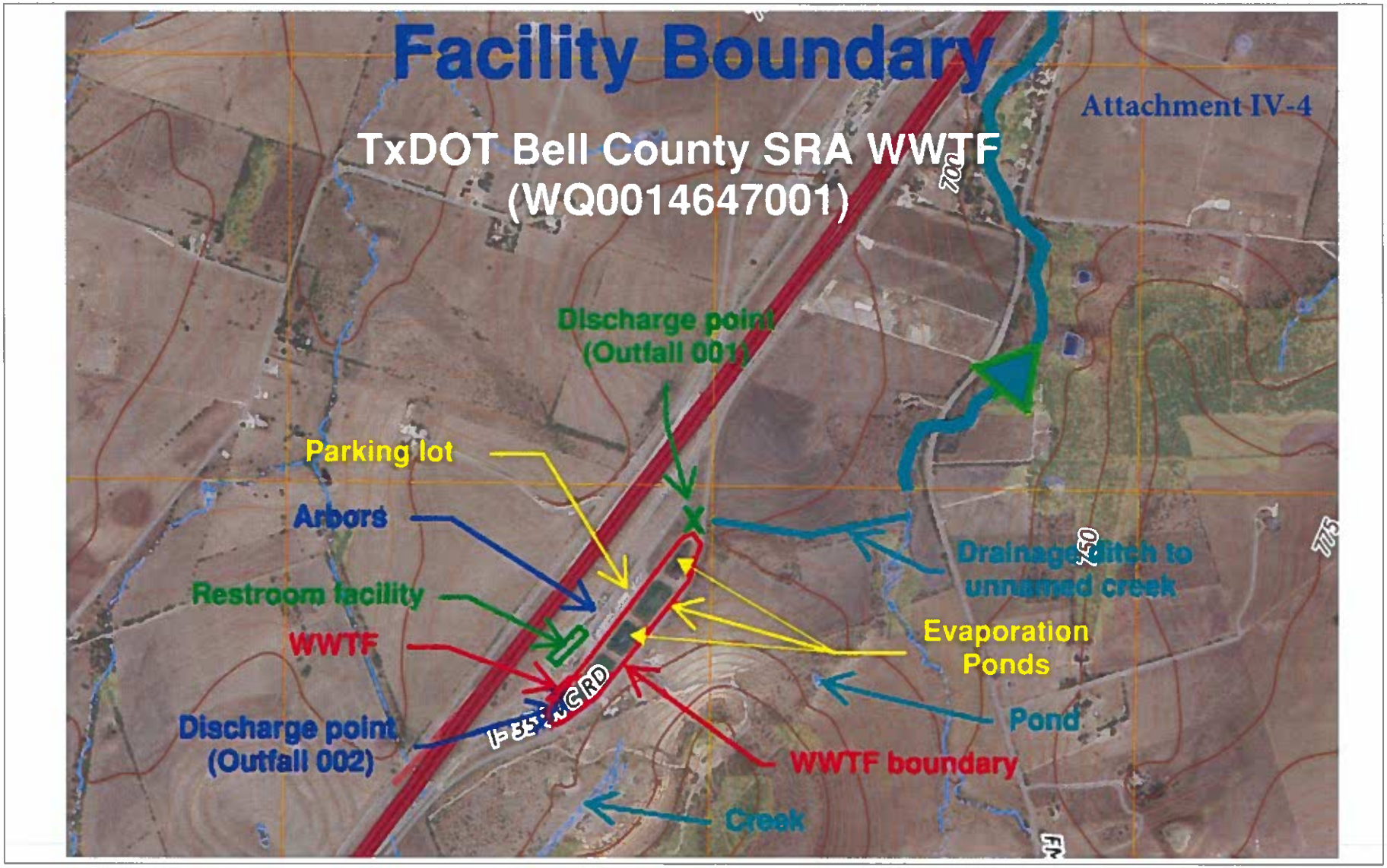


Produced by the United States Geological Survey

SCALE 1:24000

7.5-MINUTE TOPO, TX
2025

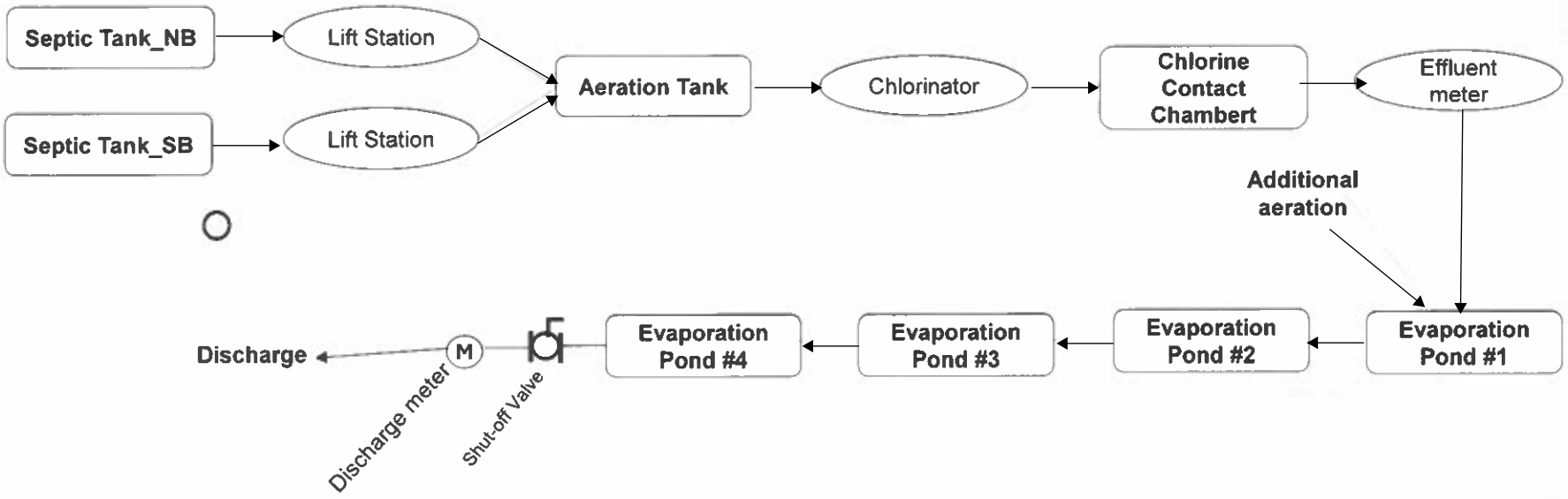

1-Mile Radius Map
Attachment IV-3
TxDOT Bell County SRA Wastewater Treatment Facility
(WQ0014647001)
Discharge point from evaporation ponds (Outfall 001)
Unnamed tributary to Salado creek
Well pad
Parking lot
Pond/Reservoir
Restroom facility
Evaporation Ponds
WWTF
Pond/Reservoir
Discharge point (Outfall 002)
WWTF boundary
Creek
Pond/Reservoir
1 mile radius
PATTERSON CROSSING RD
FRANCHETTA RANCH RD
GRANGER RD
SOLANA RANCH RD
Prairie Dell


Facility Boundary
Attachment IV-4
TxDOT Bell County SRA WWTF
(WQ0014647001)
Discharge point
(Outfall 001)
Parking lot
Arbors
Restroom facility
WWTF
Discharge point
(Outfall 002)
Drainage ditch to
unnamed creek
Evaporation
Ponds
Pond
WWTF boundary
Creek

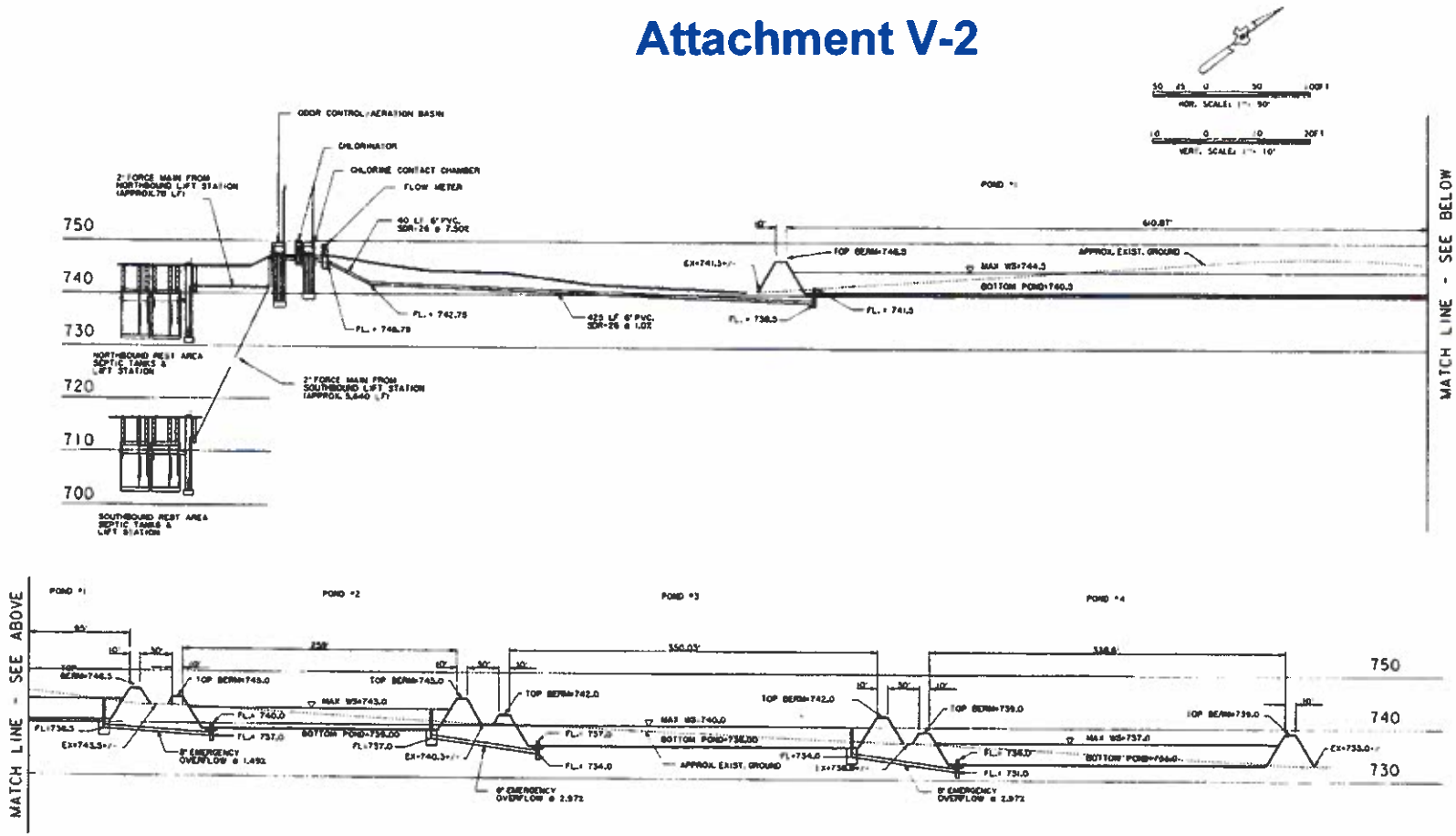
Process Flow Diagram

Attachment V-1

Bell County SRA WWTF
(WQ0014647001)



Attachment V-2



NOTES:

1. PROFILE SHOWS ELEVATIONS OF LOWEST POINTS ON CREST OF POND BERMS.
2. VALVES NOT SHOWN IN PROFILE FOR CLARITY. REFER TO SHT. 1 FOR VALVE LOCATIONS.

12-19-05

HYDRAULIC PROFILE

030867074w2-1.dgn

FLOW DIAGRAM

Texas Department of Transportation
125 E. 11th Street
Austin, Texas 78701-2483
(512) 416-3246

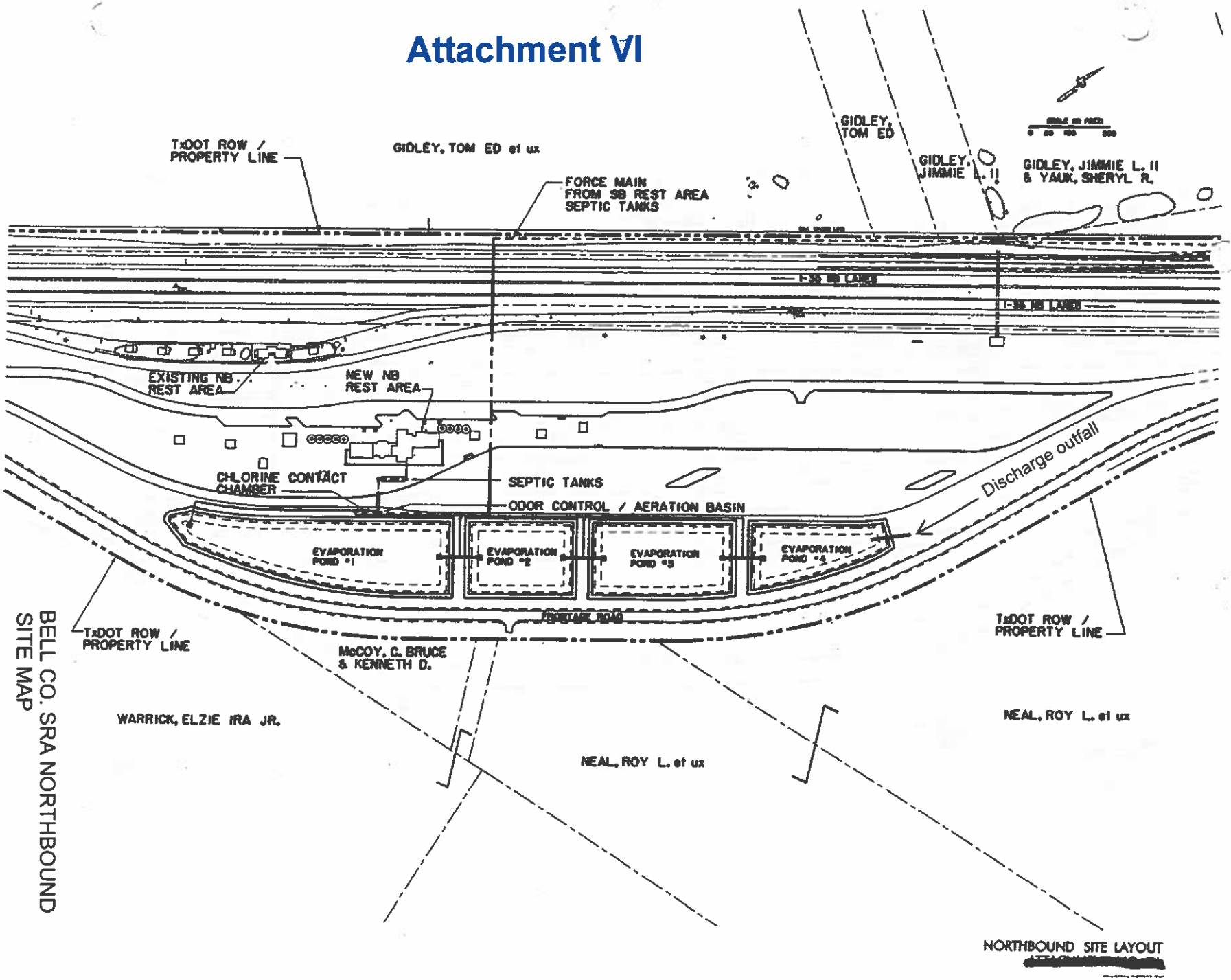
HUITT-ZOLLARS
Huitt-Zollars, Inc.
3131 McKinney Ave. Suite 600
Dallas, Texas 75204-2489
(214) 871-3311 Fax: (214) 871-3357

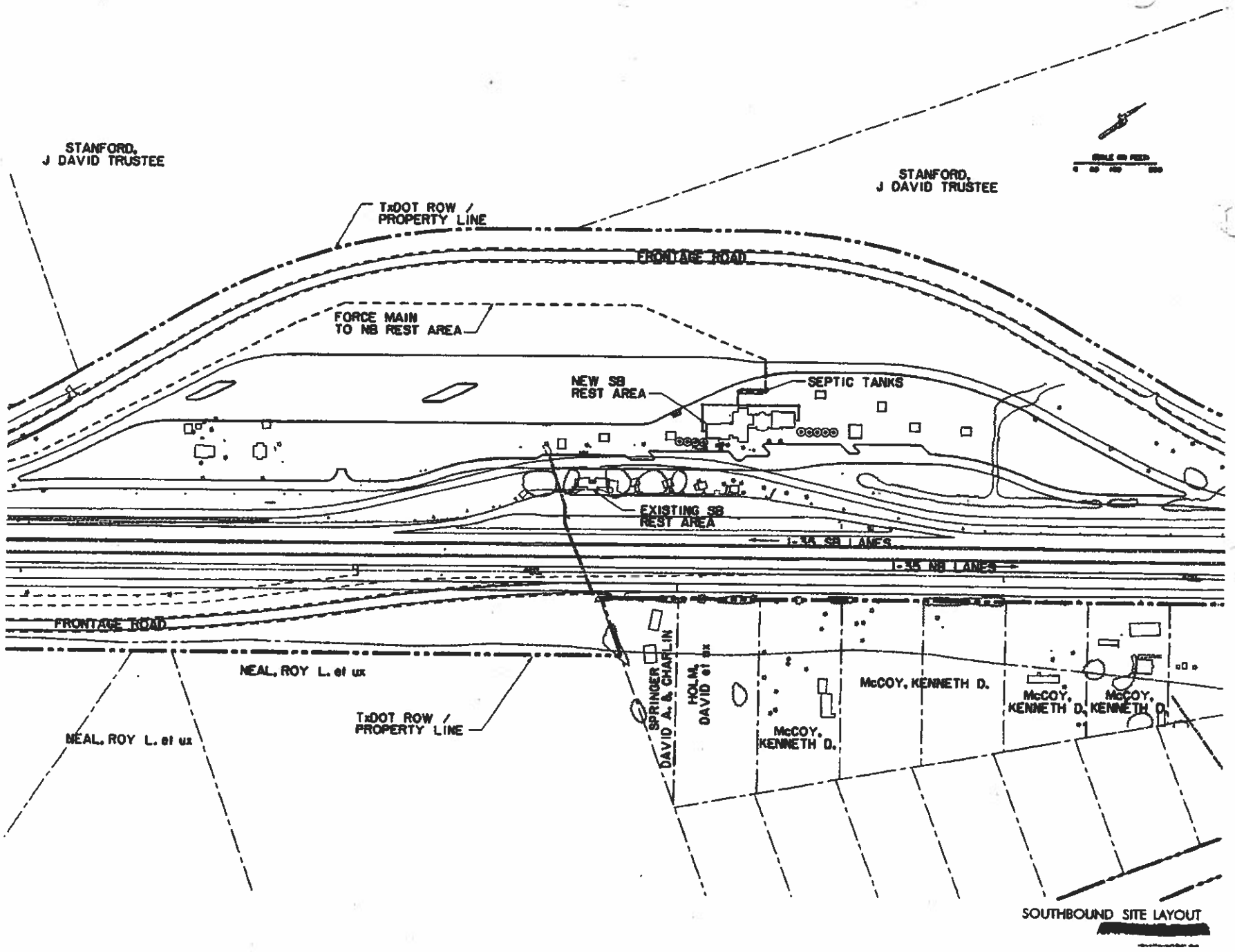
SAFETY REST AREAS RECONSTRUCTION
BELL COUNTY
WACO DISTRICT

Revisions

Drawn by:
HZI
Project No.
HZI 03-0867.04
Date
12/19/05
Sheet No.
5 of 20 sheets

Attachment VI





BELL CO. SRA SOUTHBOUND
SITE MAP

Attachment VII

Texas Department of Transportation

DEWITT C. GREER STATE HIGHWAY BLDG. • 125 E. 11TH STREET • AUSTIN, TEXAS 78701-2483 • (512) 463-8585

January 3, 2008

Texas Commission on Environmental Quality
Compliance Monitoring Section IV (MC 224)
P.O. Box 13087
Austin, TX 78711-3087

Re: TCEQ Permit No. WQ0014647001
Bell County Safety Rest Area

In accordance with the above referenced permit, SPECIAL PROVISIONS: Item 9, the attachment is an Engineer's Certification that the pond lining meets the criteria requirements.

Please contact me if you have any questions or require further information.

Sincerely,

David H. Ham, P.E.
Facilities Management
Maintenance Division
512/416-3256
512/416-3078 Fax
dham@dot.state.tx.us

Attachment: Engineer's Certification

cc: TCEQ Region 9
6801 Sanger Ave., Ste. 2500
Waco, TX 76710-7826

KLEINFELDER

December 19, 2007

Mitchell Enterprises Ltd.
P.O. Box 3109
Sherman, Texas 75091

Attention: Mr. Shane Mitchell

Reference: Permeability Tests on Sewer Lagoon Subgrade (Revised)
IH-35 Rest Area
Salado, Texas
Kleinfelder Project No. 72887

Dear Mr. Mitchell:

Two permeability tests were performed on subgrade materials for the Sewer Lagoons. These samples were obtained from the native subgrade (prior to scarification and compaction operations). The samples were taken on August 2, 2006. Results are listed below.

Sample 1: Dark Gray Clay, sampled from base of Pond No. 1
Permeability: 1.9×10^{-8} cm/s

Sample 2: Gray and Tan Clay, sampled from base of Pond No. 4
Permeability: 4.8×10^{-9} cm/s

This is a revised version of the original letter. The revisions consist strictly of a new date on the letter, and the addition of my engineering seal. I understand that TCEQ requires this letter to be sealed; however, engineering recommendations have not been provided. We appreciate the opportunity to be of service to Mitchell Enterprises on this project. Please call me at 254/754-0369 if you have any questions.

Best Regards,

KLEINFELDER CENTRAL, INC.

Scott M. Langerman, P.E.
Central Texas Area Manager

19 DEC. 2007

KLEINFELDER 326 N. Industrial Drive, Waco, TX 76710 (254) 754-0369 (254) 754-0478 fax

FALLING HEAD, RISING TAILWATER FLEXIBLE WALL PERMEABILITY TEST

Client: Mitchell Construction
Project: IH-35 Rest Area, Salado

Project No. 72887

Tested by: Waco
Report Date: AUG 31 2006

Sample Description: Dark Gray Clay, ST-1, B-1, 0-1.0'

Test Method: ASTM - 5084

Sample: Undisturbed
Permeant: Tap Water

Final Moisture Content From Trimmings

Wt. of Can (gm)	50.88
Wt. of Can and Wet Soil (gm)	423.06
Wt. of Can and Dry Soil (gm)	349.09
Water Content (%)	24.8

Test Conditions

Inflow Pressure (psi)	10.0
Outflow Pressure(psi)	5.0
Cell Pressure (psi)	15.0
Inflow Pipette Area (cm^2)	0.8719
Outflow Pipette Area (cm^2)	0.8719

Sample Characteristics

	Initial	Final		Initial	Final
Total Weight (gm)	351.05	925.00	Volume (cc)	12.02	472.20
Diameter (cm)	2.70	7.19	Moisture Content (%)	9.7	189.2
Height (cm)	2.10	11.63	Void Ratio	-0.90	3.06
			Saturation (%)	-30	170
Specific Gravity		2.75	Total Unit Wt. (pcf)	1821.9	122.2
Dry Weight (gm)		319.89	Dry Unit Wt. (pcf)	1660.2	42.3

Initial						Final						Elapsed Time (s)	Total Inflow (cc)	Total Outflow (cc)	Outflow Inflow O/I	Hydraulic Conductivity (cm/s)
Day	Time	Temp (°C)	Inflow Reading	Outflow Reading	Head (cm)	Day	Time	Temp (°C)	Inflow Reading	Outflow Reading	Head (cm)					
234	05:33	21.0	17.1	14.9	349.2	235	05:30	21.0	18.8	12.8	344.8	86220	1.5	1.8	1.24	2.2E-08
235	05:30	21.0	18.8	12.8	344.8	236	06:00	21.0	20.5	11.2	341.0	88200	1.5	1.4	0.94	1.9E-08
236	06:00	21.0	20.5	11.2	341.0	236	15:00	23.0	21.1	10.6	339.7	32400	0.5	0.5	1.00	1.9E-08
236	15:00	23.0	21.1	10.6	339.7	237	05:30	21.0	22.0	9.7	337.6	52200	0.8	0.8	1.00	1.7E-08

Hydraulic Conductivity at 20 ° C, cm/s (average of the last 4 readings 1.9E-08
Average Hydraulic Gradient 50

a:\tds\sfer\tds-p7

FALLING HEAD, RISING TAILWATER FLEXIBLE WALL PERMEABILITY TEST

Client: Mitchell Construction
Project: IH-35 Rest Area Salado

Project No. 72887

Tested by: Woco
Report Date: AUG 31 2006

Sample Description: Gray/tan Clay W/Cal , ST-1, B-2, 0-1.0'

Test Method: ASTM - 5094

Sample: Undisturbed
Permeant: Tap Water

Final Moisture Content From Trimmings

Wt. of Can (gm)	51.05
Wt. of Can and Wet Soil (gm)	479.57
Wt. of Can and Dry Soil (gm)	396.63
Water Content (%)	24.0

Test Conditions

Inflow Pressure (psi)	10.0
Outflow Pressure(psi)	5.0
Cell Pressure (psi)	15.0
Inflow Pipette Area (cm²)	0.8719
Outflow Pipette Area (cm²)	0.8719

Sample Characteristics

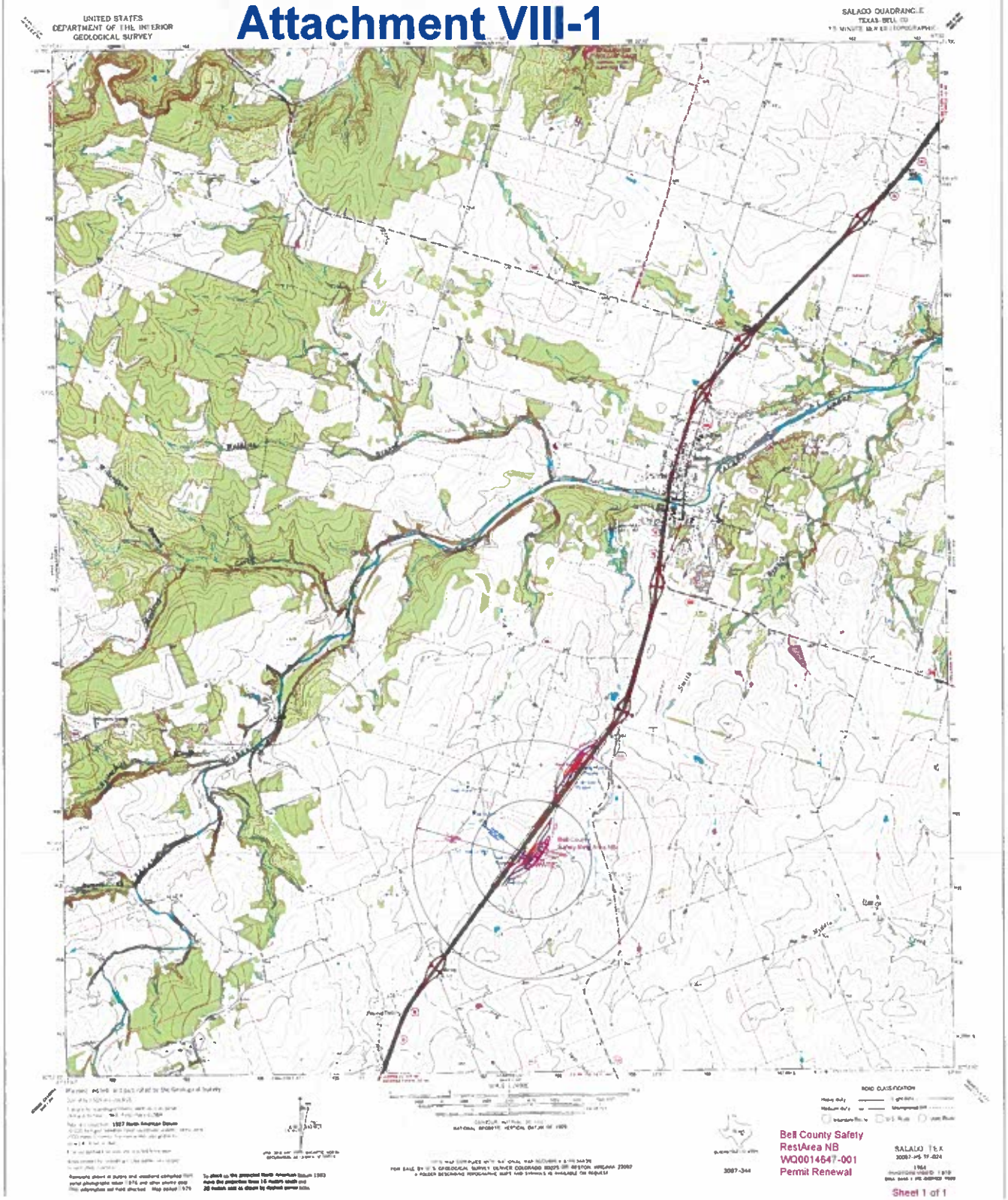
	Initial	Final		Initial	Final
Total Weight (gm)	393.04	925.00	Volume (cc)	11.38	472.20
Diameter (cm)	2.69	7.19	Moisture Content (%)	22.9	189.2
Height (cm)	2.00	11.63	Void Ratio	-0.90	3.06
			Saturation (%)	-70	170
Specific Gravity		2.75	Total Unit Wt. (pcf)	2154.5	122.2
Dry Weight (gm)		319.89	Dry Unit Wt. (pcf)	1753.5	42.3

Initial						Final						Elapsed Time (s)	Total Inflow (cc)	Total Outflow (cc)	Outflow Inflow O/I	Hydraulic Conductivity (cm/s)
Day	Time	Temp (°C)	Inflow Reading	Outflow Reading	Head (cm)	Day	Time	Temp (°C)	Inflow Reading	Outflow Reading	Head (cm)					
237	16:00	23.0	5.0	20.0	368.9	240	05:30	21.0	6.5	19.1	366.2	221400	1.3	0.8	0.60	5.0E-09
240	05:30	21.0	6.5	19.1	366.2	240	17:10	24.0	6.7	18.9	365.7	42000	0.2	0.2	1.00	4.4E-09
240	17:10	24.0	6.7	18.9	365.7	241	05:30	21.0	7.0	18.8	365.2	44400	0.3	0.1	0.33	4.1E-09
241	05:30	21.0	7.0	18.8	365.2	243	05:00	21.0	8.0	17.7	362.8	171000	0.9	1.0	1.10	5.9E-09

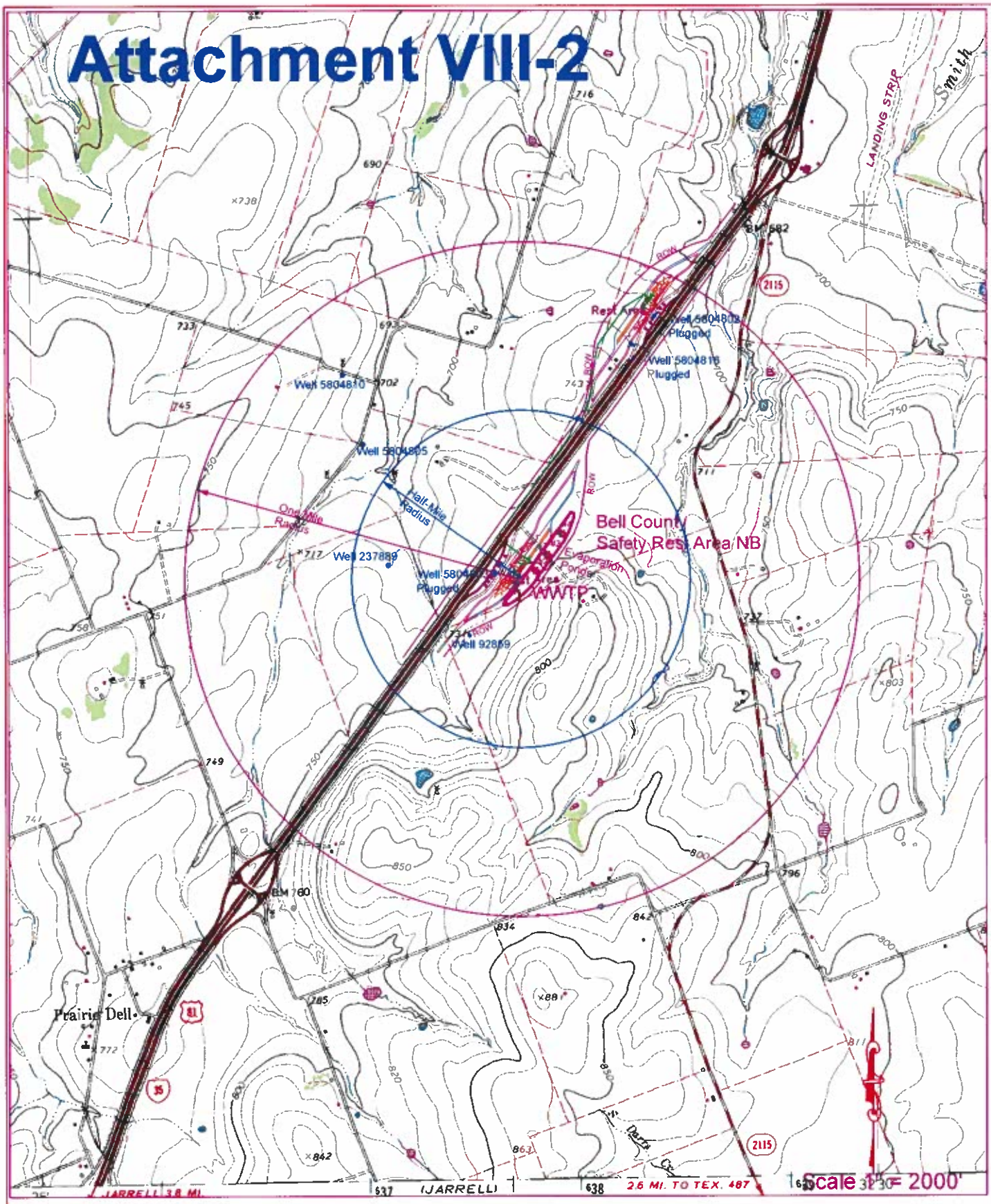
Hydraulic Conductivity at 20 ° C, cm/s (average of the last 4 readings 4.8E-09
Average Hydraulic Gradient 54

a:\lds\slcr\lds-p7

Attachment VIII-1



Attachment VIII-2



TECHNICAL_REPORT_3.0_ITEM_6_USGS_WELL_LOCATIONS

Texas Department of Transportation

WATER_QUALITY_PERMIT_RENEWAL
BELL_COUNTY_SAFETY_REST_AREA
BELL_COUNTY
WACO_DISTRICT

Revisions

Project No.
WQ0014647001
Date
6/20/2011

Sheet No.
1
of x

A: Laboratory Reports Bell County Rest Area Renewal 6/4/25

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_5 concentration of the septic waste, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

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

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

☐ Yes ☐ No

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

Click to enter text.

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

Is the facility in operation?

☐ Yes ☐ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
$CBOD_5$, mg/l	21	-	1	GRAB	6/4/25 8:28
Total Suspended Solids, mg/l	21	-	1	GRAB	6/4/25 8:28
Ammonia Nitrogen, mg/l	75.8	-	1	GRAB	6/4/25 8:28
Nitrate Nitrogen, mg/l	4.87	-	1	GRAB	6/4/25 8:28

Total Kjeldahl Nitrogen, mg/l	851	-	1	GRAB	6/4/25 8:28
Sulfate, mg/l	46.9	-	1	GRAB	6/4/25 8:28
Chloride, mg/l	137	-	1	GRAB	6/4/25 8:28
Total Phosphorus, mg/l	17.4	-	1	GRAB	6/4/25 8:28
pH, standard units	7.8	-	1	GRAB	6/4/25 8:28
Dissolved Oxygen*, mg/l	3.1	-	1	GRAB	6/4/25 8:28
Chlorine Residual, mg/l	3.9	-	1	GRAB	6/4/25 8:28
E.coli (CFU/100ml) freshwater	49	-	1	GRAB	6/4/25 8:28
Entercocci (CFU/100ml) saltwater	-	-	-	-	-
Total Dissolved Solids, mg/l	682	-	1	GRAB	6/4/25 8:28
Electrical Conductivity, µmohs/cm, †	1660	-	1	GRAB	6/4/25 8:28
Oil & Grease, mg/l	<7	-	1	GRAB	6/4/25 8:28
Alkalinity ($CaCO_3$)*, mg/l	380	-	1	GRAB	6/4/25 8:28

*TPDES permits only
†TLAP permits only

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l					
Total Dissolved Solids, mg/l					
pH, standard units					
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity ($CaCO_3$), mg/l					

Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: Click to enter text.

Facility Operator's License Classification and Level: Click to enter text.

Facility Operator's License Number: Click to enter text.

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>= 1 MGD

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: Serissa Beck, EML

Title: General Manager

Signature: _____

Date: 6/11/25

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ENVIRONMENTAL
MONITORING
LABORATORY , L.L.C

P.O. Box 477
6145 State Highway 171
Hillsboro, Texas 76645
Phone: 254-582-2622

BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATION

ANALYTICAL REPORT 25060421

For:

Bell County Rest Area

2310 McAlister
Houston, Texas 77092

Sample Site: Renewal Analysis

Collected Date: 06/04/25

Lab Number: TX01547

Authorized for release by:
10-JUN-25

Lisa Soward, Data Manager

homeoffice@yourwaterlab.com

ENVIRONMENTAL MONITORING LABORATORY , L.L.C

P.O. Box 477
6145 State Highway 171
Hillsboro, Texas 76645
Phone: 254-582-2622

BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATION

ANALYTICAL RESULTS

Analytical Report: 25060421

Lab ID:	25060421-001	Collected Date:	06/04/25 08:28	Matrix:	Waste Water
Client:	Bell County Rest Area	Received Date:	06/04/25 10:20	Temp at Receipt:	22 °C
Sample Site:	Renewal Analysis	Report Date:	06/10/25	Sample Collector:	JS

Analyte	Abbreviation	Method	TNI Cert	Date Analyzed	Result	Units
Ammonia Nitrogen	NH3N	SM 4500-NH3/D	NP	06/05/25 08:31	75.8	mg/L
Carbonaceous BOD	CBOD	SM 5210/B	NP	06/05/25 08:36	21	mg/L
Total Suspended Solids	TSS	SM 2540/D	NP/P	06/05/25 10:02	21	mg/L
pH	SM4500-H	SM4500/H	N	06/04/25 08:28	7.8	SU
Nitrate as N	E300.0	E 300.0	NP/P	06/04/25 12:42	4.87	mg/L
Dissolved Oxygen	DO	SM 4500-O	N	06/04/25 08:28	3.1	mg/L
Total Phosphorus (as P)	T.PHOS.	SM 4500-P/E	NP	06/05/25 10:37	17.4	mg/L
Nitrogen, Total Kjeldahl	TKN	SM 4500-NH3/D	NP	06/05/25 13:43	85.1	mg/L
Total dissolved solids	SM2540C	SM 2540/C	NP/P	06/04/25 15:24	682.0	mg/L
Sulfate	E300.0	E 300.0	NP/P	06/04/25 12:42	46.9	mg/L
Chloride	Cl-	SM 4500-Cl-/B	NP	06/05/25 14:07	137	mg/L
Chlorine	SM4500-CL	SM4500-CL	NP	06/04/25 08:28	3.9	mg/L
n-Hexane Extractable Material (HEM)	O&G	SM 5520/B	NP	06/09/25 09:31	<7.00	mg/L
Alkalinity, Total (CaCO3)	ALK	SM 2320/B	NP	06/09/25 11:10	380	mg/L
Conductivity @ 25C	Cond	SM 2510/B	NP	06/05/25 15:05	1660	umhos/cm
E. coli	*E. coli*	IDEXX Colilert	NP	06/04/25 11:41	49	MPN/100 mL
Flow	MGD	Provisional Instantaneous	N	06/04/25 08:28	0.0011	MGD
Temperature	(water, on site)	(water, on site)	N	06/04/25 08:28	25	°C

ENVIRONMENTAL
MONITORING
LABORATORY , L.L.C

P.O. Box 477
6145 State Highway 171
Hillsboro, Texas 76645
Phone: 254-582-2622

BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATION

P: Potable water NP: Non Potable water N: Not Certified

Control #: 25060421

QUALITY ASSURANCE & QUALITY CONTROL

ANALYTE	ABBR./ ALT.NAME	STANDARD METHOD	UNITS	Quality Control S.D.	CV%	REC.1%	REC.2%	MDL/PQL	Q
Nitrate as N	E300.0	E 300.0	mg/L					0.400 / 0.400	
Sulfate	E300.0	E 300.0	mg/L					1.00 / 1.80	
Alkalinity, Total (CaCO3)	ALK	SM 2320/B	mg/L					1.50 / 5.00	
Chloride	Cl-	SM 4500-Cl-/B	mg/L	1.41	0.28	98.0	96.0	1.00 / 3.00	
Ammonia Nitrogen	NH3N	SM 4500-NH3/D	mg/L	0.01	0.53	102.8	104.3	0.0300 / 0.100	
Nitrogen, Total Kjeldahl	TKN	SM 4500-NH3/D	mg/L	0.21	1.59	109.7	106.7	0.0200 / 0.120	
Total Phosphorus (as P)	T.PHOS.	SM 4500-P/E	mg/L	0.04	0.50	101.6	100.6	.02 / .05	
n-Hexane Extractable Material (HEM)	O&G	SM 5520/B	mg/L	0.21	0.21	99.1	99.8	7.00 / 7.00	
Chemical Oxygen Demand	COD	SM 5220/D	mg/L						
Turbidity	TURB.	SM 2130/B	NTUs						
Total Percent Solids	%d.w	SM 2540/G	%						N

Biochemical Oxygen Demand(BOD) Carbonaceous Biochemical Oxygen Demand(CBOD) Method: SM 5210/B

Results	Units	Description
0.07	mg/L	Blank 1 - CBOD
0.08	mg/L	Blank 2 - CBOD
0.07	mg/L	Blank 3 - CBOD
187	mg/L	G/GA Std 1 - CBOD
186	mg/L	G/GA Std 2 - CBOD
188	mg/L	G/GA Std 3 - CBOD
187	mg/L	**G/GA Average - CBOD**
0.7	mg/L	Seed Corr/mL - CBOD
0.69	mg/L	Seed Corr/mL - CBOD
0.71	mg/L	Seed Corr/mL - CBOD
0.7	mg/L	**Seed Corr Average - CBOD**

Dissolved Oxygen Method: SM 4500-O*/G

Results	Units	Description
8.88	mg/L	Set Up Calibration
8.88	mg/L	Read Off Calibration
20	°C	Set Up Temperature
20	°C	Read Off Temperature
759	mm Hg	Set Up Barometer
759	mm Hg	Read Off Barometer

Fecal Coliform Method: SM9222 /D MF

Results	Units	Description
	CFU/100ml	Pre Blank
	CFU/100ml	Post Blank

TDS by SM2540/C

Results	Units	Description
0	mg/L	Blank

E. coli By IDEXX Colilert (enumeration)

MPN/100 mL

Total Suspended Solids (TSS, MLSS) Method: 2540/D

Results	Units	Description
0	mg/L	Blank 1
0	mg/L	Blank 2
0	mg/L	Blank 3
0.5	mg/L	Blank 4
4.08	%	Relative % Difference
0.7	%	Relative % Difference
1.75	%	Relative % Difference
0.66	%	Relative % Difference
3.25	%	Relative % Difference
0	%	Relative % Difference
0.97	%	Relative % Difference
0	%	Relative % Difference
0.71	%	Relative % Difference

Conductivity @ 25° C Method: SM2510/B

Standards ran for each analytical batch.

Results	Units	Description
	umhos/cm	Conductivity Standard
	umhos/cm	Conductivity Standard
	umhos/cm	Conductivity Standard

Report Out Date: 06/10/2025

Lisa Soward
Data Manager

Final 1.000

QUALITY ASSURANCE & QUALITY CONTROL

Standard Method E 300.0
Matrix Waste Water
Batch Number 81518

Sample ID	Parameter	Result	Ref. Value	Spike Conc.	Per. Rec.	Rec. Limits	RPD	RPD Limits	Flags
81518-1-LCS	Nitrate as N	7.87 mg/L		8.00 mg/L	98%	90-110%		0-20%	
81518-1-LCSD	Nitrate as N	7.87 mg/L		8.00 mg/L	98%	90-110%	0%	0-20%	
81518-1-UNS	Nitrate as N	0.190 mg/L			0%	90-110%		0-20%	
25060395-001 S	Nitrate as N	8.17 mg/L	0.190 mg/L	8.00 mg/L	100 %	80-120%		0-20%	
25060395-001 SD	Nitrate as N	8.19 mg/L	0.190 mg/L	8.00 mg/L	100 %	80-120%	0%	0-20%	

Standard Method E 300.0
Matrix Waste Water
Batch Number 81521

Sample ID	Parameter	Result	Ref. Value	Spike Conc.	Per. Rec.	Rec. Limits	RPD	RPD Limits	Flags
81521-1-LCS	Sulfate	14.4 mg/L		15.0 mg/L	96%	90-110%		0-20%	
81521-1-LCSD	Sulfate	14.3 mg/L		15.0 mg/L	95%	90-110%	1%	0-20%	
81521-1-UNS	Sulfate	6.20 mg/L			0%	90-110%		0-20%	
25060395-001 S	Sulfate	21.2 mg/L	6.20 mg/L	15.0 mg/L	100 %	80-120%		0-20%	
25060395-001 SD	Sulfate	21.2 mg/L	6.20 mg/L	15.0 mg/L	100 %	80-120%	0%	0-20%	

Standard Method SM 2540/C
Matrix Waste Water
Batch Number 81531

Sample ID	Parameter	Result	Ref. Value	Spike Conc.	Per. Rec.	Rec. Limits	RPD	RPD Limits	Flags
81531-1-MB	Total dissolved solids	< mg/L			0%	80-120%		0-10%	

Control #: 25060421

QUALITY ASSURANCE & QUALITY CONTROL

Standard Method SM 2540/D

Matrix Waste Water

Batch Number 81548

Sample ID	Parameter	Result	Ref. Value	Spike Conc.	Per. Rec.	Rec. Limits	RPD	RPD Limits	Flags
81548-1-MB	Total Suspended Solids	<1.000 mg/L			0%	80-120%		0-10%	
81548-2-MB	Total Suspended Solids	<1.000 mg/L			0%	80-120%		0-10%	
81548-3-MB	Total Suspended Solids	<1.000 mg/L			0%	80-120%		0-10%	
81548-4-MB	Total Suspended Solids	0.5000 mg/L			0%	80-120%		0-10%	

Standard Method SM 5210/B

Matrix Waste Water

Batch Number 81556

Sample ID	Parameter	Result	Ref. Value	Spike Conc.	Per. Rec.	Rec. Limits	RPD	RPD Limits	Flags
81556-1-BKS01	Carbonaceous BOD	187 mg/L		198 mg/L	94%	85-115%		0-25%	
81556-2-BKS02	Carbonaceous BOD	186 mg/L		198 mg/L	94%	85-115%		0-25%	
81556-3-BKS03	Carbonaceous BOD	188 mg/L		198 mg/L	95%	85-115%		0-25%	
81556-4-BKS04	Carbonaceous BOD	187 mg/L		198 mg/L	94%	85-115%		0-25%	
81556-1-BLK01	Carbonaceous BOD	0.0700 mg/L			0%	85-115%		0-25%	
81556-2-BLK02	Carbonaceous BOD	0.0800 mg/L			0%	85-115%		0-25%	
81556-3-BLK03	Carbonaceous BOD	0.0700 mg/L			0%	85-115%		0-25%	

Environmental Monitoring Laboratory ◆ P.O. Box 477 / 6145 State Highway 171, Hillsboro, Texas 76645 ◆ Phone: (254) 582-2622

Purchase Order / Chain of Custody

Panhandle Division
13260 South US Hwy 287 Amarillo, Texas 79118
Office: 806-335-9393 Emergency: 806-786-0812

Southwest Division
811 E. Young Street Llano, Texas 78643
Office: 325-247-3295 Emergency: 254-582-2622

East Texas Division
14295 S.H. 155 North Whona, Texas 75792
Office: 903-877-9222 Emergency: 817-357-6535

Coastal Division
34 East Ave., Schulenburg, Texas 78956
Office: 979-743-7010 Emergency: 254-221-3201

Report To: Bell County Rest Area	Report To: (Buyer)
Company: Bell County Rest Area	Purchase Order #:
Bell County Rest Area 1310 McAlister Houston, TX 77092	Address:
Phone: Fax:	Phone: Fax:
Project Name:	Quote #:
Project Location: WWTP	City, State:
Date Due: Rush: 0% 25% 50% 100% Sampler: (Please Print)	JT Scott

25060421

CL2
3.9

FLOW
0.78
GPM

Lab#	Client Sample ID	Matrix	Date	Time	*Pres. Code	‡Bottle Code	CBOD / BOD	TSS, TDS	pH	DO	NH3N (pH<2.0, H_2SO_4) SM4500-NH3 D or G	FECAL COLIFORM / E.COLI (Sterile)	MLSS	ALKALINITY, CHLORIDE, CONDUCT	OIL & GREASE	NITRATE, SULFATE	Sample Remarks
									7.14	3.10 25°	unless specified TKN, TOT PHOS						
25060421	1.Renewal Analysis	WW	6-4-25	0828	1	1	X	X	X	X							0.0011 mgd
	2.				2	1					X						
	3.				6	1						X					
	4.				1	1								X			
	5.				2	2									X		
	6.				1	1										X	
	7.																
	8.																
	9.																
	10.																

Relinquished By:	Date	Time	Received By:	Date	Time
1. JT Scott	6-4-25	1020	1. [signature]	6-4-25	1020
2.			2.		
3.			3.		
4.			4.		

COOLER ID: IC 467
Ice: Y N NO. 22
Temperature: 4 °C

* Preservation Codes: 1. None 2. Sulfuric 3. Nitric 4. NaOH + ZnAc 5. NaOH 6. Ascorbic + Thiosulfate

‡ Bottle Codes: 1. Plastic 2. Glass + Tef. 3. 40 ml VOA

Complete sample information is vital for proper login and reporting. EML may need to subcontract some analyses due to equipment or procedural limitations.

Check us out on the web: http://www.yourwaterlab.com

Email us at: homeoffice@yourwaterlab.com

Revised 11/2024

Rainee Trevino

From: Md Borhan <Md.Borhan@txdot.gov>
Sent: Tuesday, July 29, 2025 11:03 AM
To: Rainee Trevino
Cc: Justin Obinna
Subject: RE: Application to Renew Permit No. WQ0014647001- Notice of Deficiency Letter
Attachments: NOD Response WQ 0014647001.pdf

Good morning, Ms. Rainee Trevino.

Please find attached TxDOT's itemized responses to the Notice of Deficiency letter dated July 18, 2025.

Please feel free to contact me if you have any questions or require further information.

Sincerely

Borhan

From: Rainee Trevino <Rainee.Trevino@tceq.texas.gov>
Sent: Friday, July 18, 2025 3:39 PM
To: Md Borhan <Md.Borhan@txdot.gov>
Cc: Justin Obinna <Justin.Obinna@txdot.gov>
Subject: Application to Renew Permit No. WQ0014647001- Notice of Deficiency Letter

Dear Mr. Borhan,

The attached Notice of Deficiency letter sent on July 18, 2025, requests additional information needed to declare the application administratively complete. Please send the complete response to my attention by August 1, 2025.

Thank you,

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

Texas Department of Transportation

6230 E. STASSNEY LANE, AUSTIN, TX 78744

Date: July 29, 2025

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

RE: Application to Renew Permit No.: WQ0014647001 (EPA I.D. No. TX0139718)
Applicant Name: Texas Department of Transportation (CN600803456)
Site Name: Bell County Safety Rest Area Wastewater Treatment Facility (RN104760582)
Type of Application: Renewal

VIA EMAIL

Dear Ms. Trevino:

Please find below the itemized responses to NOD dated July 18, 2025.

1. Core Data Form, Section III, Item 23 and 25:
The address of the facility in the current permit states it is located at 17871 South Interstate Highway 35 Salado, Texas 76571. The Core Data Form submitted states it is northbound on Interstate Highway 35. When verifying the address, the verification shows the facility to be Southbound on Interstate Highway 35. Please clarify which address is correct and resubmit the Core Data Form with any corrections. In addition, the description to the physical location is not required if there is an address**.**

Response:
TxDOT has never operated a wastewater treatment facility on the southbound side of IH-35. The Bell County Safety Rest Area Wastewater Treatment Facility has always been located on the northbound side of IH-35, as verifiable through ***Google Maps*****. Therefore, the address provided on the Core Data Form is accurate and requires no change.**

2. Plain Language Summary:
The summary submission includes an address and a description to the physical location. The description is only required if an address for the facility is not available. Since there is an address, please resubmit the summary to only include the address.

Response:

The description of the physical location has been removed. The revised Plain Language Summary now reads:

"The facility is located at 17871 Interstate Highway 35 northbound lane, Salado, Bell County, Texas 76571."

The updated summary is attached for your review.

3. The following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions. The complete notice will be sent to you once the application is declared administratively complete.

Response:

I have reviewed the draft and concur with the information, with one correction: replacing "17871 South Interstate" with "17871 North Interstate."

Please let me know if further clarification or documentation is needed.

TxDOT sincerely appreciates the TCEQ's support, collaboration, and attention to detail throughout this process.

Sincerely,

Md Saidul Borhan, Ph.D.
Environmental Specialist
Maintenance Division, TxDOT
6230 East Stassney Lane
Austin, TX 78744
Tel: 737-270-2822
Email: md.borhan@txdot.gov

cc: Mr. Brent Johnson, P.E., Roadside Facilities Section Director, TxDOT MNT.
Mr. Justin Obinna, P.E., TxDOT Safety Rest Area Maintenance Team Lead.

Attachment-II

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUMMARY OF APPLICATION IN PLAIN LANGUAGE FOR TPDES OR TLAP PERMIT APPLICATIONS

Summary of Application (in plain language) Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS
Enter 'INDUSTRIAL' or 'DOMESTIC' here WASTEWATER/STORMWATER
The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and is not a federal enforceable representation of the permit application.

Texas Department of Transportation (CN600803456) operates Bell County Safety Rest Area Wastewater Treatment Facility (RN104760582), a wastewater treatment facility designed to process human waste from a public rest area includes two septic tanks, two lift stations, one aeration tank, a clarifier, a chlorinator, a chlorine contact chamber, and four evaporation ponds with a necessary discharge provision. The facility is located at 17871 Interstate Highway 35 northbound lane, Salado, Bell County, Texas 76571. This application seeks a renewal of the Texas Pollutant Discharge Elimination System (TPDES) for the TxDOT Bell Safety Rest Area Wastewater Treatment Facility, under Permit No. WQ0014647001 (EPA I.D. No. TX0139718). The facility is permitted to discharge treated wastewater at a maximum daily average flow of 22,500 gallons as needed, and it also includes provisions for treating effluent through evaporation.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($cBOD_5$), total suspended solids (TSS), ammonia nitrogen, and *Escherichia coli*. The wastewater primarily consists of human solids, and urine are treated by two septic tanks and an aerobic tank are part of the wastewater treatment train. The aerobic tank receives influent from the septic tanks located at both the southbound and northbound rest areas through lift stations. Gravity then directs the influent to the chlorine contact chamber, which discharges it into four series-connected evaporative ponds. A 4-inch pipe discharges the treated effluent from the wastewater treatment plant (WWTP) to adjacent ponds. A metered pipe releases the treated effluent from the final evaporative pond into a natural drainage ditch as needed. From that ditch, the effluent flows into an unnamed tributary of Salado Creek and subsequently into Salado Creek in Segment No. 1243 of Brazos River Basin.

Rainee Trevino

From: Md Borhan <Md.Borhan@txdot.gov>
Sent: Wednesday, July 30, 2025 2:52 PM
To: Rainee Trevino
Subject: RE: Application to Renew Permit No. WQ0014647001- Notice of Deficiency Letter
Attachments: 10400 Core Data Form.pdf

Good afternoon, Ms. Rainee Trevino.

As per your instructions, I have attached the revised page 2 (2/3) of the Core Data Form for your review.

Please feel free to reach out if you have any questions or need further information.

Best regards,

Borhan

Md Saidul Borhan, PhD.
Environmental Specialist
Texas Department of Transportation
Maintenance Division, TxDOT
6230 E. Stassney Lane, Austin, TX 78744
Tel: 737-270-2822
Email: Md.Borhan@txdot.gov

From: Rainee Trevino <Rainee.Trevino@tceq.texas.gov>
Sent: Wednesday, July 30, 2025 2:22 PM
To: Md Borhan <Md.Borhan@txdot.gov>
Subject: RE: Application to Renew Permit No. WQ0014647001- Notice of Deficiency Letter

Received.

Please resubmit the Core Data Form without the physical location description. The description is only needed for sites without an address.

Regards,
Rainee Trevino

(737) 270-2822		( ) -

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.)*

Bell County Safety Rest Area Wastewater Treatment Facility

23. Street Address of the Regulated Entity: ***(No PO Boxes)***	17871 IH-35 Northbound							
	City	Salado	**State**	TX	**ZIP**	76571	**ZIP + 4**	
24. County	Bell							

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

25. Description to Physical Location:					
26. Nearest City			**State**		**Nearest ZIP Code**
Salado			TX		76571

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

27. Latitude (N) In Decimal:	30.900833		**28. Longitude (W) In Decimal:**	-97.559444	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

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		22132	

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

Provide travelers with restroom facili.

34. Mailing Address:	**Bell County Safety Rest Area**							
	6230 E. Stassney Lane							
	City	**Austin**	**State**	**TX**	**ZIP**	**78744**	**ZIP + 4**	
35. E-Mail Address:	**md.borhan@txdot.gov**							

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(737) 270-2822		( ) -

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.