



Administrative Package Cover Page

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

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

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

City of Ladonia (CN600481667) operates City of Ladonia Wastewater Treatment Plant (RN101919116), an activated sludge process plant. The facility is located at Approximately 1,000 feet southwest of the intersection of State Highway 50 and Farm-to-Market Road 2456, in Ladonia, Fannin County, Texas 75449. This application is for a renewal to discharge at an annual average flow of 530,000 gallons per day of treated domestic wastewater via Outfall 1.

Discharges from the facility are expected to contain total suspended solids (TSS), nitrate nitrogen, Kjeldahl nitrogen, sulfate, chloride, phosphorous, dissolved oxygen, chlorine residual, E.coli, and total dissolved solids. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7 Pollutant Analysis of Treated Effluent. Domestic wastewater will be treated by an activated sludge process plant and the treatment units will include a facultative lagoon, two stabilization ponds, and a parshall flume.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0014673001

APPLICATION. City of Ladonia, P.O. Box 5, Ladonia, Texas 75449, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0014673001 (EPA I.D. No. TX0057011) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 530,000 gallons per day. The domestic wastewater treatment facility is located approximately 1,000 feet southwest of the intersection of Farm-to-Market Road 2456 and State Highway 50, near the city of Ladonia, in Fannin County, Texas 75449. The discharge route is from the plant site to Pecan Creek; thence to Middle Sulphur River; thence to Jim L. Chapman Lake. TCEQ received this application on November 5, 2025. The permit application will be available for viewing and copying at Ladonia City Hall, 100 Center Plaza, Ladonia, in Fannin County, prior to the date this notice is published in the newspaper. The application is available for viewing and copying at the following webpage:

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.941111,33.413888&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 City of Ladonia at the address stated above or by calling Lisa Smith, City Secretary, at 903-367-7011.

Issuance Date: December 4, 2025



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of Ladonia

PERMIT NUMBER (If new, leave blank): WQ0014673001

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

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

For TCEQ Use Only

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION
ADMINISTRATIVE REPORT 1.0**

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00 ☐

Payment Information:

Mailed Check/Money Order Number: Click to enter text. 5434
Check/Money Order Amount: \$1,615.00
Name Printed on Check: City of Ladonia
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 14673001

EPA I.D. (TPDES only): TX 0057011

Expiration Date: May 14, 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?

City of Ladonia

(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: 600481667

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: Miller, Justin

Title: City Mayor

Credential: Click to enter text.

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

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

N/A

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

B. Prefix: Click to enter text. Last Name, First Name: Click to enter text.
Title: Click to enter text. Credential: Click to enter text.
Organization Name: Click to enter text.
Mailing Address: Click to enter text. City, State, Zip Code: Click to enter text.
Phone No.: Click to enter text. E-mail Address: Click to enter text.

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: Click to enter text. Last Name, First Name: Smith, Lisa
Title: City Secretary Credential: Click to enter text.
Organization Name: City of Ladonia
Mailing Address: 100 Center Plaza P.O. box 5 City, State, Zip Code: Ladonia, Tx, 75449
Phone No.: (903)367-7011 E-mail Address: city@cityofladonia.com

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

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

Prefix: Click to enter text. Last Name, First Name: Brian Garmon
Title: Public Works Director Credential: Click to enter text.
Organization Name: City of Ladonia
Mailing Address: 100 Center Plaza P.O. Box 5 City, State, Zip Code: Ladonia, Tx, 75449
Phone No.: (903) 367-7011 E-mail Address: city@cityofladonia.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Click to enter text. Last Name, First Name: Dusenberry, Brandon
Title: Project Engineer Credential: P.E.
Organization Name: Hayter Engineering
Mailing Address: 4445 SE Loop 286 City, State, Zip Code: Paris ,Tx, 75460
Phone No.: (903) 785-0303 E-mail Address: bdusenberry@haytereng.com

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

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

- ☒ E-mail Address
☐ Fax
☐ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Click to enter text. Last Name, First Name: Click to enter text.
Title: Click to enter text. Credential: Click to enter text.
Organization Name: Click to enter text.
Mailing Address: Click to enter text. City, State, Zip Code: Click to enter text.
Phone No.: Click to enter text. E-mail Address: Click to enter text.

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: Ladonia City Hall
Location within the building: Click to enter text.
Physical Address of Building: 100 Center Plaza
City: Ladonia County: Fannin County
Contact (Last Name, First Name): Smith, Lisa
Phone No.: (903) 367-7011 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: 7

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 101919116

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):

Ladonia Wastewater Treatment Plant

C. Owner of treatment facility: City of Ladonia

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

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

Prefix: Click to enter text.

Last Name, First Name: City of Ladonia

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: 100 Center Plaza P.O. Box 5 City, State, Zip Code: Ladonia, Tx, 75449

Phone No.: (903) 367-7011

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: N/A

E. Owner of effluent disposal site:

Prefix: Click to enter text.

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.

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

Prefix: Click to enter text.

Last Name, First Name: 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:

N/A

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

☒ Yes ☐ No

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

N/A

City nearest the outfall(s): Ladonia

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

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

☐ Yes ☒ No

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

- ☐ Authorization granted ☐ Authorization pending

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

Attachment: N/A

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

- ☐ Yes ☐ No

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

N/A

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

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

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

N/A

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

- ☐ Yes ☒ No

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

- ☐ Yes ☐ No ☒ Not Applicable

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

N/A

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

☐ Yes ☒ No

If yes, list each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application: 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: 14673-001

Applicant: City of Ladonia

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): Justin Miller

Signatory title: City Mayor

Signature: [Signature] Date: 9-16-2025
(Use blue ink)

Subscribed and Sworn to before me by the said Lisa Smith
on this 16th day of September, 20 25.
My commission expires on the 4th day of September, 20 28.

[Signature]
Notary Public

[SEAL]

Fannin
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: 1



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.) <input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.) <input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form) <input type="checkbox"/> Other	
2. Customer Reference Number (if issued) CN 600481667	Follow this link to search for CN or RN numbers in Central Registry** 3. Regulated Entity Reference Number (if issued) RN -14673001

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input type="checkbox"/> New Customer <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)		<input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership	
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) City of Ladonia		If new Customer, enter previous Customer below:	
7. TX SOS/CPA Filing Number .	8. TX State Tax ID (11 digits) 17560047486	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
11. Type of Customer: Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
12. Number of Employees <input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		13. Independently Owned and Operated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other: <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant			
15. Mailing Address:	100 Center Plaza P.O. Box 5		
City	Ladonia	State	TX
ZIP	75449	ZIP + 4	
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable) city@cityofladonia.com	
18. Telephone Number (903) 367-7011	19. Extension or Code	20. Fax Number (if applicable) (903) 367-7339	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.) <input type="checkbox"/> New Regulated Entity <input checked="" type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information <i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.) 	
23. Street Address of the Regulated Entity:	

(No PO Boxes)							
	City		State		ZIP		ZIP + 4
24. County							

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

25. Description to Physical Location:		900 feet west of State Highway 50 and approximately 700 feet south of the intersection of State Highway 50 and Farm-to-Market Road 2456, Fannin County, Texas.					
26. Nearest City				State		Nearest ZIP Code	
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>							
27. Latitude (N) In Decimal:			28. Longitude (W) In Decimal:				
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)	
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
34. Mailing Address:		100 Center Plaza P.O. Box 5					
City	Ladonia	State	TX	ZIP	75449	ZIP + 4	
35. E-Mail Address:		city@cityofladonia.com					
36. Telephone Number			37. Extension or Code		38. Fax Number (if applicable)		
(903) 367-7011					(903) 367-7339		

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


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

SECTION IV: Preparer Information

40. Name:	Daniel Hunter	41. Title:	Design Engineer
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(903) 785-0303		() -	dhunter@haytereng.com

SECTION V: Authorized Signature

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

Company:	Hayter Engineering	Job Title:	Design Engineer
Name (In Print):	Daniel Hunter	Phone:	(903) 785- 303
Signature:			Date: 7/15/2025



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

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

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

City of Ladonia (CN600481667) operates City of Ladonia Wastewater Treatment Plant (RN101919116), an activated sludge process plant. The facility is located at 900 feet west of State Highway 50 and approximately 700 feet south of the intersection of State Highway 50 and Farm-to-Market Road 2456, in Ladonia, Fannin County, Texas 75449. This application is for a renewal to discharge at an annual average flow of 530,000 gallons per day of treated domestic wastewater via Outfall 1.

Discharges from the facility are expected to contain total suspended solids (TSS), nitrate nitrogen, Kjeldahl nitrogen, sulfate, chloride, phosphorous, dissolved oxygen, chlorine residual, E.coli, and total dissolved solids. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7 Pollutant Analysis of Treated Effluent. Domestic wastewater will be treated by an activated sludge process plant and the treatment units will include a facultative lagoon, two stabilization ponds, and a parshall flume.

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: City of Ladonia

Permit No. WQ00 14673-001

EPA ID No. TX N/A

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

900 feet west of State Highway 50 and approximately 700 feet south of the intersection of State Highway 50 and Farm-to-Market Road 2456, Fannin County, Texas.

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

Prefix (Mr., Ms., Miss): [REDACTED]

First and Last Name: Smith, Lisa

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

Title: City Secretary

Mailing Address: 100 Center Plaza P.O Box 5

City, State, Zip Code: Ladonia, Tx, 75449

Phone No.: (903) 367-7011 Ext.: [REDACTED] Fax No.: (903) 367-7339

E-mail Address: city@cityofladonia.com

2. List the county in which the facility is located: Fannin
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- Same

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.

From the plant site to Pecan Creek; thence to the Middle Sulphur River; thence to Cooper Lake in segment 0307 of the Sulphur River Basin.

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

No Construction Proposed

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

Mowing for maintenance

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

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

N/A

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

N/A



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): 0.53

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

Estimated construction start date: N/A

Estimated waste disposal start date: Existing

B. Interim II Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

C. Final Phase

Design Flow (MGD): 0.53

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

Estimated construction start date: unknown

Estimated waste disposal start date: N/A

D. Current Operating Phase

Provide the startup date of the facility: Click to enter text.

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.

Plant consists of manual bar screen followed by a master lift station, integrated facultative lagoon, dual stabilization ponds, parshall flume, and cascade aeration.

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)
Integrated facultative pond	1	650'x350', 13' deep 1 st 1/3, 5'7' after
Stabilization pond #1	1	450'x220' and 200'x675', 5-7' deep
Stabilization pond #2	1	475'x250' and 300'x400', 4-7' deep
Parshall flume	1	3 inches

C. Process Flow Diagram

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

Attachment: 5

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

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

- Latitude: 33.41297007
- Longitude: 95.94152837

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

- Latitude: [Click to enter text.](#)
- Longitude: [Click to enter text.](#)

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

- The boundaries of the treatment facility;
- The boundaries of the area served by the treatment facility;
- If land disposal of effluent, the boundaries of the disposal site and all storage/holding ponds; and

- If sludge disposal is authorized in the permit, the boundaries of the land application or disposal site.

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

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

City of Ladonia city limits.

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

Collection System Information

Collection System Name	Owner Name	Owner Type	Population Served
City of Ladonia Collection System	City of Ladonia	Municipal	621
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

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.**

N/A

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.

N/A

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: [Click to enter text.](#)

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

N/A

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

N/A

C. Other actions required by the current permit

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

☐ Yes ☒ No

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

N/A

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

2. Grit and grease processing

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

N/A

3. Grit disposal

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

☐ Yes ☒ No

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

Describe the method of grit disposal.

N/A

4. *Grease and decanted liquid disposal*

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

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

N/A

E. Stormwater management

1. *Applicability*

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

2. *MSGP coverage*

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:

N/A

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.

N/A

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.

N/A

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

6. *Request for coverage in individual permit*

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

☐ Yes ☐ No

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

N/A

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

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

1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

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

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

N/A

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

N/A

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

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

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

☐ Yes ☒ No

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

N/A

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

Is the facility in operation?

☐ Yes ☐ No

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

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.

Table 1.0(2) – Pollutant Analysis for Wastewater Treatment Facilities

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , mg/l			1	Grab	9/08/2025 08:45
Total Suspended Solids, mg/l	96.5		1	Grab	9/08/2025 08:45
Ammonia Nitrogen, mg/l	0.274		1	Grab	9/08/2025 08:45
Nitrate Nitrogen, mg/l	<0.1		1	Grab	9/08/2025 08:45
Total Kjeldahl Nitrogen, mg/l	11.0		1	Grab	9/08/2025 08:45
Sulfate, mg/l	62.8		1	Grab	9/08/2025 08:45
Chloride, mg/l	42.2		1	Grab	9/08/2025 08:45
Total Phosphorus, mg/l	1.27		1	Grab	9/08/2025 08:45
pH, standard units	8.9		1	Grab	9/08/2025 08:45
Dissolved Oxygen*, mg/l	9.9		1	Grab	9/08/2025 08:45
Chlorine Residual, mg/l	0.040		1	Grab	9/08/2025 08:45
<i>E.coli</i> (CFU/100ml) freshwater	31.3		1	Grab	9/08/2025 08:45
Enterococci (CFU/100ml) saltwater	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l	512		1	Grab	9/08/2025 08:45
Electrical Conductivity, μ mohs/cm, †	N/A	N/A	N/A	N/A	N/A
Oil & Grease, mg/l	N/A	N/A	N/A	N/A	N/A
Alkalinity (CaCO ₃)*, mg/l	N/A	N/A	N/A	N/A	N/A

*TPDES permits only

†TLAP permits only

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

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

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: David Wallace

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

Facility Operator's License Number: WW0024019

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

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

Check all that apply. See instructions for guidance

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

B. WWTP's Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

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

C. Sewage Sludge or Biosolids Management

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

Biosolids Management

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

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

D. Disposal site

Disposal site name: [N/A](#)

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

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

E. Transportation method

Method of transportation (truck, train, pipe, other): [N/A](#)

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

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

Sludge is transported as a:

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

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

A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

B. Sludge processing authorization

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

Sludge Composting ☐ Yes ☒ No

Marketing and Distribution of Biosolids ☐ Yes ☒ No

Sludge Surface Disposal or Sludge Monofill ☐ Yes ☒ No

Temporary storage in sludge lagoons ☐ Yes ☒ No

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

A. Location information

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

- Original General Highway (County) Map:

Attachment: N/A

- USDA Natural Resources Conservation Service Soil Map:

Attachment: N/A

- Federal Emergency Management Map:

Attachment: N/A

- Site map:

Attachment: N/A

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:

N/A

B. Temporary storage information

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

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

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

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

Phosphorus, mg/kg: Click to enter text.

Potassium, mg/kg: Click to enter text.

pH, standard units: Click to enter text.

Ammonia Nitrogen mg/kg: Click to enter text.

Arsenic: Click to enter text.

Cadmium: Click to enter text.

Chromium: Click to enter text.

Copper: Click to enter text.

Lead: Click to enter text.

Mercury: Click to enter text.

Molybdenum: Click to enter text.

Nickel: Click to enter text.

Selenium: Click to enter text.

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

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

Provide the following information:

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

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

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

C. Liner information

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

☐ Yes ☐ No

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

N/A

D. Site development plan

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

N/A

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:

N/A

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

N/A

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

A. RCRA hazardous wastes

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

Attachment: [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: Justin Miller

Title: City Mayor

Signature: -----

Date: 9-16-25-----

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

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

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

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

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

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

A. Receiving water outfall

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

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

N/A

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).

N/A

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: [Click to enter text.](#)

A. Receiving water type

Identify the appropriate description of the receiving waters.

☒ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: [Click to enter text.](#)

Average depth of the entire water body, in feet: [Click to enter text.](#)

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

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

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

B. Flow characteristics

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

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

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

☐ Perennial - normally flowing

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

☐ USGS flow records

☐ Historical observation by adjacent landowners

☐ Personal observation

☒ Other, specify: [Observation by operator](#)

C. Downstream perennial confluences

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

none

D. Downstream characteristics

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

☐ Yes ☒ No

If yes, discuss how.

N/A

E. Normal dry weather characteristics

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

Creek was dry upstream and down except for one small puddle just upstream of the plant.

Date and time of observation: 07/01/2025

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.

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

B. Waterbody uses

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Livestock watering | <input type="checkbox"/> Contact recreation |
| <input type="checkbox"/> Irrigation withdrawal | <input type="checkbox"/> Non-contact recreation |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Navigation |
| <input type="checkbox"/> Domestic water supply | <input type="checkbox"/> Industrial water supply |
| <input type="checkbox"/> Park activities | <input type="checkbox"/> Other(s), specify: 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 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: 0

Significant IUs – non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 00

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

B. Treatment plant interference

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

☐ Yes ☒ No

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

N/A

C. Treatment plant pass through

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

☐ Yes ☒ No

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

N/A

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

If **yes**, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

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

N/A

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
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

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.

N/A

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).

N/A

C. Product and service information

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

N/A

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: [Click to enter text.](#)

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: [Click to enter text.](#)

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

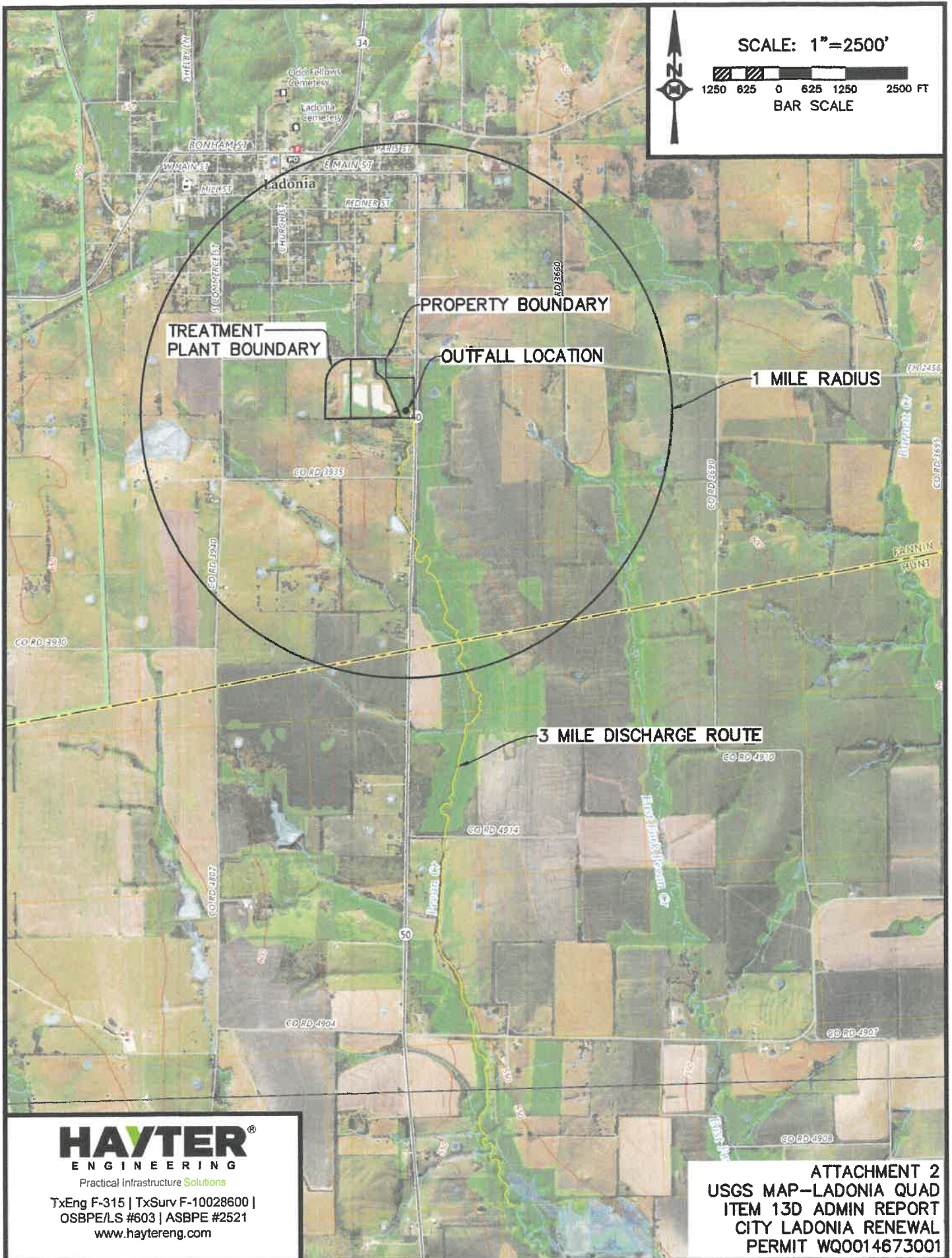
F. Industrial user interruptions

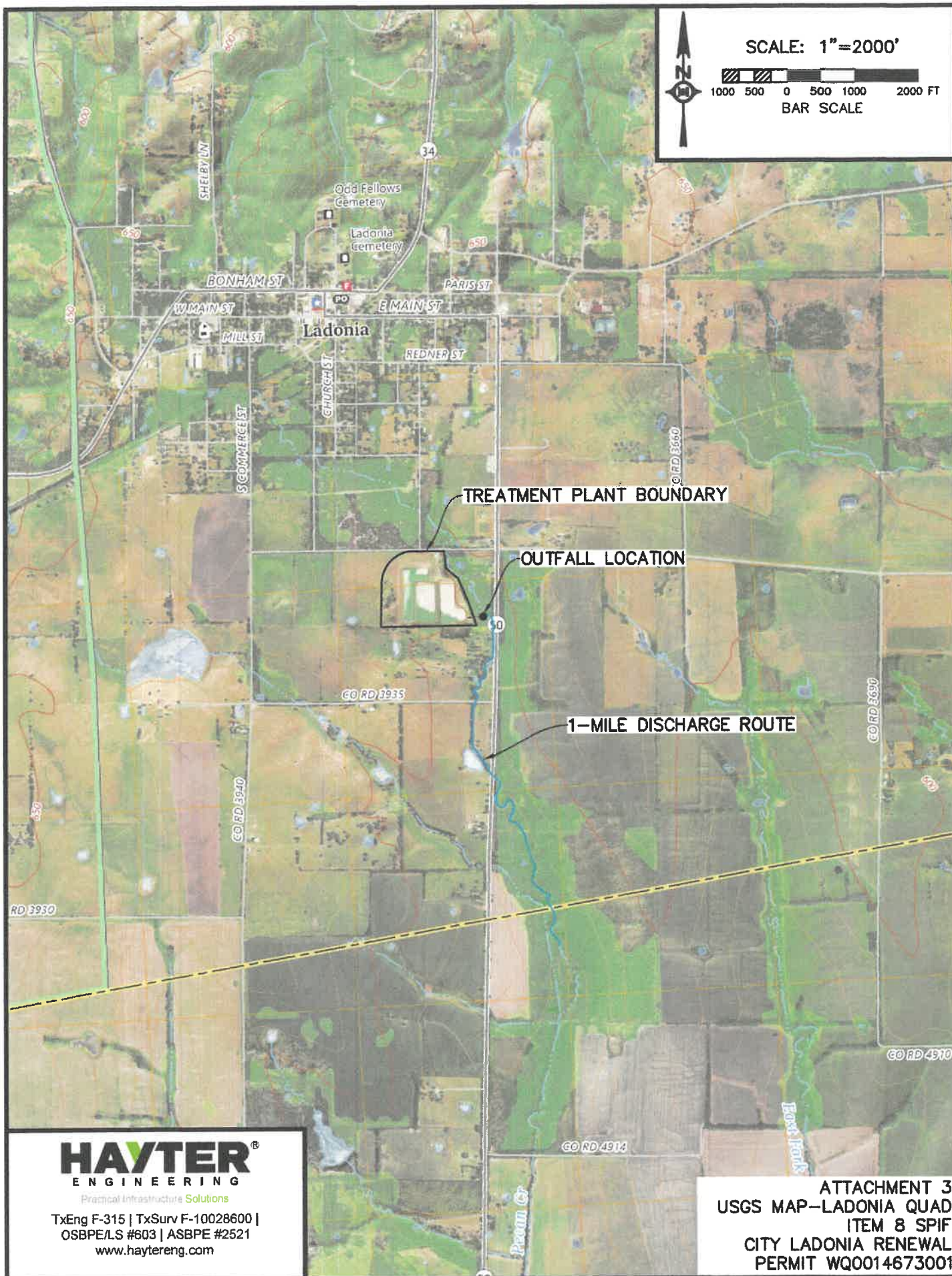
Has the SIU or CIU caused or contributed to any problems (e.g., interferences, pass through, odors, corrosion, blockages) at your POTW in the past three years?

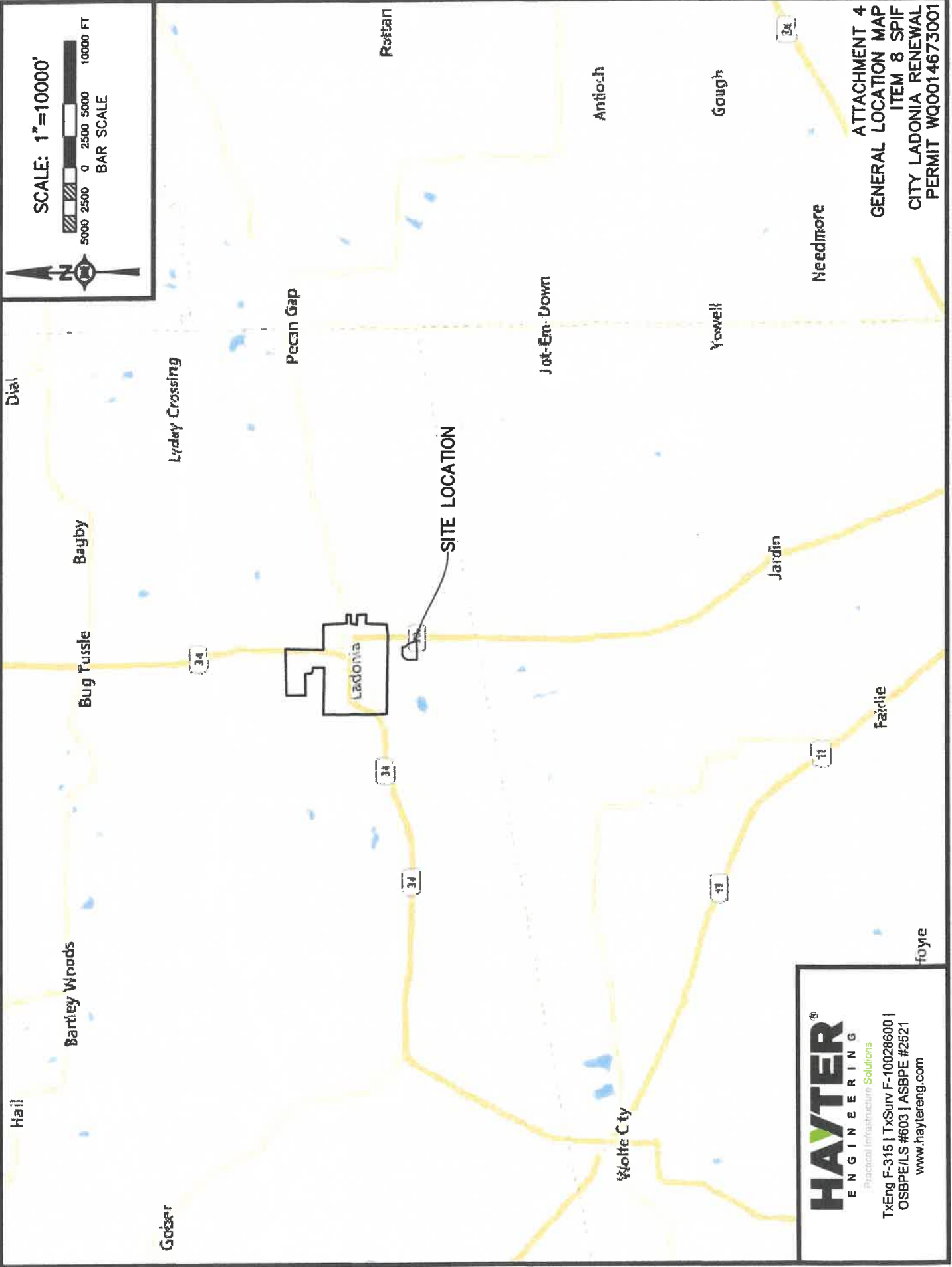
☐ Yes ☐ No

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

N/A

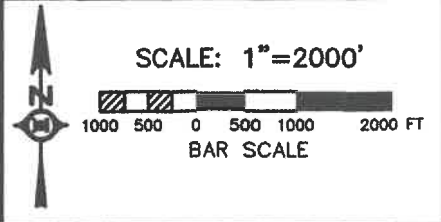






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POND
#1

ADVANCED
INTEGRATED
FACULTATIVE
POND

STAB POND #2

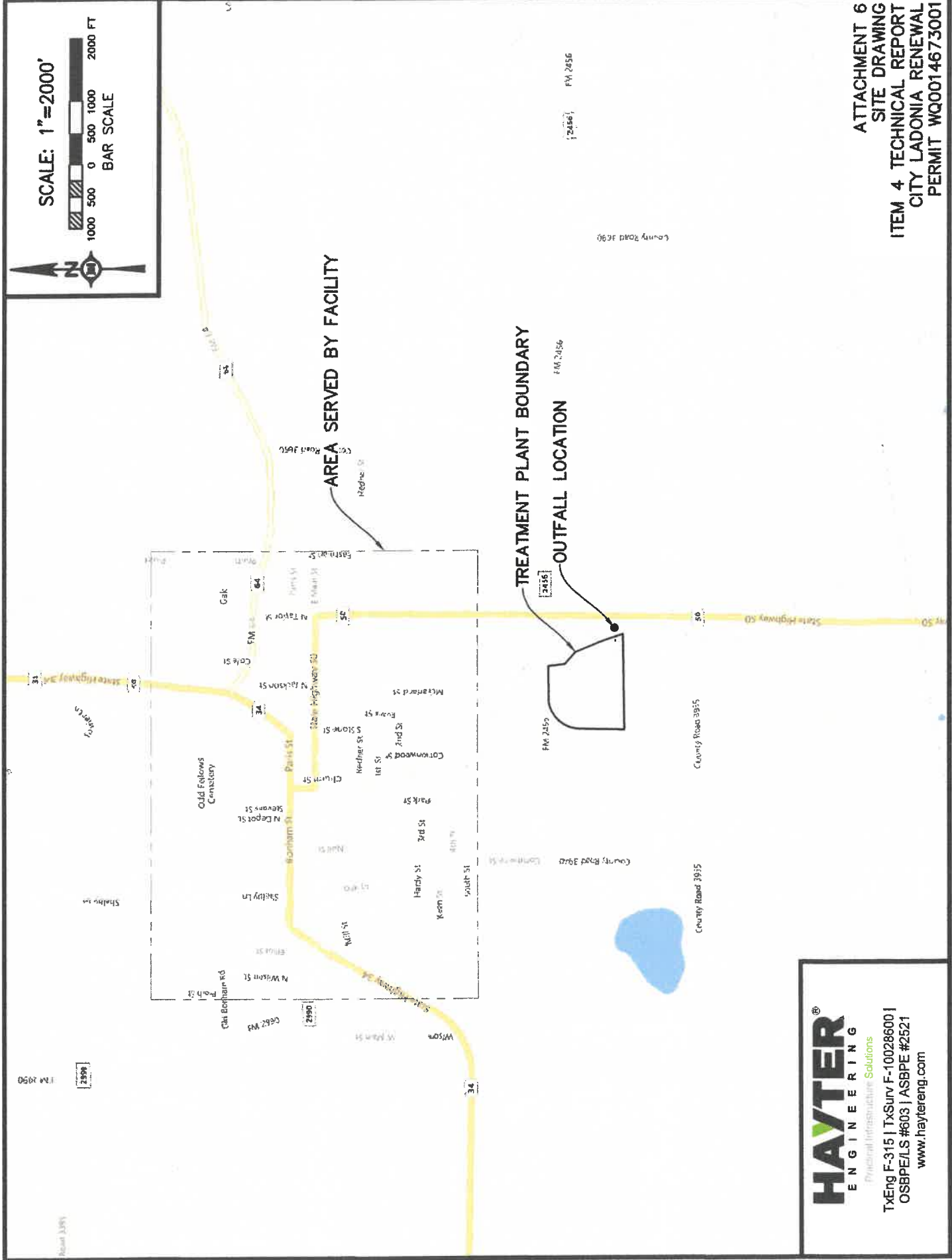
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ATTACHMENT 5
FLOW DIAGRAM
ITEM 3C TECHNICAL REPORT
CITY LADONIA RENEWAL
PERMIT WQ0014673001



ATTACHMENT 6
SITE DRAWING
ITEM 4 TECHNICAL REPORT
CITY LADONIA RENEWAL
PERMIT WQ0014673001

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LADO-A

City of Ladonia
Lisa Smith
PO BOX 5
300 CR 3945
Ladonia, TX 75449

Printed 09/15/2025
8:18

Project
1161012

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1161012_r10_05_ProjectQC	SPL Kilgore Project P:1161012 C:LADO Project Quality Control Groups	6
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Email: Kilgore.ProjectManagement@spllabs.com

Survey: How are we doing?



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SAMPLE CROSS REFERENCE

Project

1161012

Printed

9/15/2025

Page 1 of 1

WW Sampling/Transport/Processing

City of Ladonia
 Lisa Smith
 PO BOX 5
 300 CR 3945
 Ladonia, TX 75449

Sample	Sample ID	Taken	Time	Received
2444016	Permit	09/08/2025	08:45:00	09/08/2025

Bottle 01 Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized, I

Bottle 02 Polyethylene 1/2 gal (White), Q

Bottle 03 Polyethylene Quart, Q

Bottle 04 8 oz Plastic H2SO4 pH < 2, Q

Bottle 05 16 oz HNO3 Metals Plastic, Q

Bottle 06 BOD Titration Beaker A (Batch 1194399) Volume: 100.00000 mL <== Derived from 02 (100 ml)

Bottle 07 BOD Analytical Beaker B (Batch 1194399) Volume: 100.00000 mL <== Derived from 02 (100 ml)

Bottle 08 Prepared Bottle: NH3N TRAACS Autosampler Vial (Batch 1194417) Volume: 6.00000 mL <== Derived from 04 (6 ml)

Bottle 09 Prepared Bottle: ICP Preparation for Metals (Batch 1194483) Volume: 50.00000 mL <== Derived from 05 (50 ml)

Bottle 10 Prepared Bottle: ICP Preparation for Metals (Batch 1194483) Volume: 50.00000 mL <== Derived from 05 (50 ml)

Bottle 11 Prepared Bottle: ICP Preparation for Metals (Batch 1194483) Volume: 50.00000 mL <== Derived from 05 (50 ml)

Bottle 12 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1194692) Volume: 20.00000 mL <== Derived from 04 (20 ml)

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 300.0 2.1	02	1194720	09/09/2025	1194720	09/09/2025
EPA 200.7 4.4	09	1194483	09/09/2025	1194572	09/09/2025
SM 5210 B-2016 (TCMP Inhibitor)	02	1194399	09/14/2025	1194399	09/14/2025
SM 4500-C1 G-2011		1194361	09/08/2025	1194361	09/08/2025
SM 4500-O G-2016		1194362	09/08/2025	1194362	09/08/2025
SM 9223 B (Colilert-18 QT)-2016	01	1194467	09/09/2025	1194467	09/09/2025
SM 9223 B (Colilert-18 QT)-2016	01	1194466	09/09/2025	1194466	09/09/2025
EPA 350.1 2	08	1194417	09/09/2025	1195276	09/12/2025
SM 2540 C-2020	03	1195302	09/11/2025	1195302	09/11/2025
EPA 351.2 2	12	1194692	09/10/2025	1195255	09/11/2025
SM 2540 D-2020	02	1195224	09/11/2025	1195224	09/11/2025
SM 4500-H+ B-2011		1194363	09/08/2025	1194363	09/08/2025

Email: Kilgore.ProjectManagement@spllabs.com

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LADO-A

City of Ladonia
 Lisa Smith
 PO BOX 5
 300 CR 3945
 Ladonia, TX 75449

Page 1 of 5

Project

1161012

Printed:

09/15/2025

RESULTS

Sample Results

2444016 Permit

Received: 09/08/2025

Non-Potable Water

Collected by: JM1

SPL Kilgore

PO:

Taken: 09/08/2025

08:45:00

EPA 200.7 4.4		Prepared: 1194483	09/09/2025	07:30:00	Analyzed 1194572	09/09/2025	14:21:00	ANC
	Parameter	Results	Units	RL	Flags	CAS		Bottle
NELAC	Phosphorus	1.27	mg/L	0.040		7723-14-0		09
EPA 300.0 2.1		Prepared: 1194720	09/09/2025	18:44:00	Analyzed 1194720	09/09/2025	18:44:00	KRA
	Parameter	Results	Units	RL	Flags	CAS		Bottle
NELAC	Chloride	42.2	mg/L	3.00				02
NELAC	Nitrate-Nitrogen Total	<0.1	mg/L	0.1		14797-55-8		02
NELAC	Sulfate	62.8	mg/L	3.00				02
EPA 350.1 2		Prepared: 1194417	09/09/2025	07:23:22	Analyzed 1195276	09/12/2025	07:44:00	AMB
	Parameter	Results	Units	RL	Flags	CAS		Bottle
NELAC	Ammonia Nitrogen	0.274	mg/L	0.020				08
EPA 351.2 2		Prepared: 1194692	09/10/2025	08:57:02	Analyzed 1195255	09/11/2025	12:49:00	AMB
	Parameter	Results	Units	RL	Flags	CAS		Bottle
NELAC	Total Kjeldahl Nitrogen	11.0	mg/L	0.100		7727-37-9		12
SM 2540 C-2020		Prepared: 1195302	09/11/2025	09:00:00	Analyzed 1195302	09/11/2025	09:00:00	JMB
	Parameter	Results	Units	RL	Flags	CAS		Bottle
NELAC	Total Dissolved Solids	512	mg/L	20.0				03
SM 2540 D-2020		Prepared: 1195224	09/11/2025	07:19:00	Analyzed 1195224	09/11/2025	07:19:00	LSM
	Parameter	Results	Units	RL	Flags	CAS		Bottle
NELAC	Total Suspended Solids	96.5	mg/L	10.0				02



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LADO-A

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 Ladonia, TX 75449

Project
1161012

Printed: 09/15/2025

2444016 Permit

Received: 09/08/2025

Non-Potable Water

Collected by: JM1
 Taken: 09/08/2025

SPL Kilgore
 08:45:00

PO:

SM 4500-Cl G-2011

Prepared: 1194361 09/08/2025 08:48:00 Analyzed 1194361 09/08/2025 08:48:00 JM1

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Cl2 Res., Total(Onsite)Spec Mid [RL 0.05 mg/L]	0.040	mg/L	0.05			

SM 4500-H+ B-2011

Prepared: 1194363 09/08/2025 08:47:00 Analyzed 1194363 09/08/2025 08:47:00 JM1

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC pH (Onsite)	8.9	SU				

SM 4500-O G-2016

Prepared: 1194362 09/08/2025 08:46:00 Analyzed 1194362 09/08/2025 08:46:00 JM1

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Dissolved Oxygen Onsite	9.9	mg/L	1.0			

SM 5210 B-2016 (TCMP Inhibitor)

Prepared: 1194399 09/09/2025 Analyzed 1194399 09/14/2025 11:10:16 JW1

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC BOD Carbonaceous	20.9	mg/L	3.00			02

SM 9223 B (Colilert-18 QT)-2016

Prepared: 1194466 09/09/2025 12:21:00 Analyzed 1194466 09/09/2025 12:21:00 MDM

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC MPN, Total Coliform, Non-Pot	>2419.6	MPN/100mL	1.00			01

SM 9223 B (Colilert-18 QT)-2016

Prepared: 1194467 09/09/2025 12:21:00 Analyzed 1194467 09/09/2025 12:21:00 MDM

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC MPN, E.coli, Col-18 - Non-Pot	31.3	MPN/100mL	1.00			01

Sample Preparation



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LADO-A

Page 3 of 5

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 Ladonia, TX 75449

Project
1161012

Printed: 09/15/2025

2444016 Permit

Received: 09/08/2025

09/08/2025

		Prepared:	09/08/2025	15:31:02	Calculated	09/08/2025	15:31:02	CAL		
z	Enviro Fee (per Sampling Group)	Verified								
	EPA 200.2 2.8	Prepared:	1194483	09/09/2025	07:30:00	Analyzed	1194483	09/09/2025	07:30:00	HLT
z	Liquid Metals Digestion	50/50	ml							05
	EPA 350.1, Rev. 2.0	Prepared:	1194417	09/09/2025	07:23:22	Analyzed	1194417	09/09/2025	07:23:22	CMS
NELAC	Ammonia Distillation	6/6	ml							04
	EPA 351.2, Rev 2.0	Prepared:	1194692	09/10/2025	08:57:02	Analyzed	1194692	09/10/2025	08:57:02	MEG
NELAC	TKN Block Digestion	20/20	ml							04
	SM 2540 C-2015	Prepared:	1194950	09/11/2025	09:00:00	Analyzed	1194950	09/11/2025	09:00:00	JMB
NELAC	Total Dissolved Solids Started	Started								
	SM 2540 D-2011	Prepared:	1194092	09/11/2025	07:19:00	Analyzed	1194092	09/11/2025	07:19:00	LSM
NELAC	TSS Set Started	Started								
	SM 5210 B-2016 (TCMP Inhibitor)	Prepared:	1194399	09/09/2025		Analyzed	1194399	09/09/2025	06:46:16	JW1
NELAC	BODc Set Started	Started								



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LADO-A

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City of Ladonia
 Lisa Smith
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Project
1161012

Printed: 09/15/2025

2444016 Permit

Received: 09/08/2025

09/08/2025

SM 9223 B (Colilert-18 QT)-2016

Prepared: 1194465 09/08/2025 15:27:00 Analyzed 1194465 09/08/2025 15:27:00 CP1

NELAC MPN (Colilert-18) Start Non-Pot

STARTED

01

2444020 Sampling/Transport/Processing

Received: 09/08/2025

09/08/2025

Prepared: 09/08/2025 15:31:02 Calculated 09/08/2025 15:31:02 CAL

Sampling/Transport

Verified

Qualifiers:

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

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

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

z -- Not covered by our NELAC scope of accreditation

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

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



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Bill Peery, MS, Senior Director, Environmental Techn



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QUALITY CONTROL



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LADO-A

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Analytical Set

1194466

SM 9223 B (Colilert-18 QT)-2016

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
MPN, Total Coliform, Non-Pot	1194466	<1.0	1.00	1.00	MPN/100mL	128044067

Micro Dup

Parameter	Sample	Type	Result	Unknown	Unit	Range	Criterion
MPN, Total Coliform, Non-Pot	2444003	Duplicate	>2419.6	>2419.6	MPN/100mL		0.7825

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
P. aeruginosa	1194465	<1.0	<1.0	MPN/100ml	-	-	128044064
Standard E. coli	1194465	>2419.6	>2419.6	MPN/100ml	-	-	128044066
Standard K. varicola	1194465	>2419.6	>2419.6	MPN/100ml	-	-	128044065

Analytical Set

1194467

SM 9223 B (Colilert-18 QT)-2016

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
MPN, E.coli, Col.-18 - Non-Pot	1194467	<1.0	1.00	1.00	MPN/100mL	128044078

Micro Dup

Parameter	Sample	Type	Result	Unknown	Unit	Range	Criterion
MPN, E.coli, Col.-18 - Non-Pot	2444003	Duplicate	10.9	10.9	MPN/100mL	0	0.7825

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
P. aeruginosa	1194465	<1.0	<1.0	MPN/100ml	-	-	128044075
Standard E. coli	1194465	>2419.6	>2419.6	MPN/100ml	-	-	128044077
Standard K. varicola	1194465	<1.0	<1.0	MPN/100ml	-	-	128044076

Analytical Set

1194399

SM 5210 B-2016 (TCMP Inhibitor)

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
BOD Carbonaceous	1194399	0.2	0.200	0.500	mg/L	128041955

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
BOD Carbonaceous	2444004	55.4	53.6	mg/L	3.30	30.0

Seed Drop

Parameter	PrepSet	Reading	MDL	MQL	Units	File
BOD Carbonaceous	1194399	0.593	0.200	0.500	mg/L	128041957

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
BOD Carbonaceous		205	198	mg/L	104	83.7 - 116	128041958

Analytical Set

1195255

EPA 351.2.2

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QUALITY CONTROL



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Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Kjeldahl Nitrogen	1194692	ND	0.00712	0.050	mg/L	128061698

CCB

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Kjeldahl Nitrogen	1194692	ND	0.00712	0.050	mg/L	128061695
Total Kjeldahl Nitrogen	1194692	ND	0.00712	0.050	mg/L	128061708
Total Kjeldahl Nitrogen	1194692	ND	0.00712	0.050	mg/L	128061718
Total Kjeldahl Nitrogen	1194692	ND	0.00712	0.050	mg/L	128061722
Total Kjeldahl Nitrogen	1194692	ND	0.00712	0.050	mg/L	128061724

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	5.17	5.00	mg/L	103	90.0 - 110	128061694
Total Kjeldahl Nitrogen	5.20	5.00	mg/L	104	90.0 - 110	128061696
Total Kjeldahl Nitrogen	ND	5.00	mg/L	0	90.0 - 110	128061697
Total Kjeldahl Nitrogen	5.22	5.00	mg/L	104	90.0 - 110	128061704
Total Kjeldahl Nitrogen	5.18	5.00	mg/L	104	90.0 - 110	128061714
Total Kjeldahl Nitrogen	5.22	5.00	mg/L	104	90.0 - 110	128061721
Total Kjeldahl Nitrogen	5.13	5.00	mg/L	103	90.0 - 110	128061723
Total Kjeldahl Nitrogen	5.19	5.00	mg/L	104	90.0 - 110	128061726
Total Kjeldahl Nitrogen	5.17	5.00	mg/L	103	90.0 - 110	128061728

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Kjeldahl Nitrogen	2444437	ND	ND	mg/L		20.0
Total Kjeldahl Nitrogen	2444505	0.222	0.251	mg/L	12.3	20.0

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	5.23	5.00	mg/L	105	90.0 - 110	128061693

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Total Kjeldahl Nitrogen	1194692	5.00	4.94	5.00	90.0 - 110	100	98.8	mg/L	1.21	20.0

Mat. Spike

Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File
Total Kjeldahl Nitrogen	2444437	4.35	ND	5.00	mg/L	87.0	80.0 - 120	128061703
Total Kjeldahl Nitrogen	2444505	5.59	0.251	5.00	mg/L	107	80.0 - 120	128061707

Analytical Set 1195276

EPA 350.1 2

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Ammonia Nitrogen	1194417	ND	0.00336	0.020	mg/L	128062592

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
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QUALITY CONTROL



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LADO-A

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CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Ammonia Nitrogen	2.15	2.00	mg/L	108	90.0 - 110	128062562
Ammonia Nitrogen	2.09	2.00	mg/L	104	90.0 - 110	128062572
Ammonia Nitrogen	2.08	2.00	mg/L	104	90.0 - 110	128062583
Ammonia Nitrogen	2.10	2.00	mg/L	105	90.0 - 110	128062594
Ammonia Nitrogen	2.07	2.00	mg/L	104	90.0 - 110	128062605
Ammonia Nitrogen	2.06	2.00	mg/L	103	90.0 - 110	128062616
Ammonia Nitrogen	2.03	2.00	mg/L	102	90.0 - 110	128062627
Ammonia Nitrogen	2.03	2.00	mg/L	102	90.0 - 110	128062637
Ammonia Nitrogen	1.99	2.00	mg/L	99.5	90.0 - 110	128062648
Ammonia Nitrogen	1.95	2.00	mg/L	97.5	90.0 - 110	128062659
Ammonia Nitrogen	1.92	2.00	mg/L	96.0	90.0 - 110	128062669
Ammonia Nitrogen	1.90	2.00	mg/L	95.0	90.0 - 110	128062680
Ammonia Nitrogen	1.89	2.00	mg/L	94.5	90.0 - 110	128062691
Ammonia Nitrogen	1.86	2.00	mg/L	93.0	90.0 - 110	128062695
Ammonia Nitrogen	1.83	2.00	mg/L	91.5	90.0 - 110	128062698

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Ammonia Nitrogen	2444017	0.062	0.070	mg/L	12.1	20.0

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Ammonia Nitrogen	2.16	2.00	mg/L	108	90.0 - 110	128062561

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Ammonia Nitrogen	1194417	2.04	2.10	2.00	90.0 - 110	102	105	mg/L	2.90	20.0

Mat. Spike

Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File
Ammonia Nitrogen	2444017	2.14	0.070	2.00	mg/L	104	80.0 - 120	128062598

Analytical Set 1194361

SM 4500-CI G-2011

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Cl2 Res., Total (Onsite) Spec Mid [RL 0.05 mg/L]	2444016	0.040	0.040	mg/L		20

Analytical Set 1194362

SM 4500-O G-2016

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Dissolved Oxygen Onsite	2444016	9.8	9.9	mg/L	1	20

Analytical Set 1194363

SM 4500-H+ B-2011

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
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QUALITY CONTROL



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CCV

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

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
pH (Onsite)	2444016	8.9	8.9	SU		20

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
pH (Onsite)	1194363	8.0	8.0	SU	100	90 - 110	
pH (Onsite)	1194363	8.0	8.0	SU	100	90 - 110	

Analytical Set 1195224

SM 2540 D-2020

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Suspended Solids	1195224	ND	2	2	mg/L	128061114

ControlBlk

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Suspended Solids	1195224	0			grams	128061113

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Suspended Solids	2444016	96.0	96.5	mg/L	0.519	20.0
Total Suspended Solids	2444789	133	145	mg/L	8.63	20.0
Total Suspended Solids	2445029	22.6	22.3	mg/L	1.34	20.0

LCS

Parameter	PrepSet	Reading	Known	Units	Recover%	Limits	File
Total Suspended Solids	1195224	51.0	50.0	mg/L	102	90.0 - 110	128061147

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
Total Suspended Solids		98.0	100	mg/L	98.0	90.0 - 110	128061146

Analytical Set 1195302

SM 2540 C-2020

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Dissolved Solids	1195302	ND	5.00	5.00	mg/L	128063086

ControlBlk

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Dissolved Solids	1195302	0			grams	128063073

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Dissolved Solids	2444016	516	512	mg/L	0.778	20.0

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QUALITY CONTROL



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LCS

Parameter	PrepSet	Reading	Known	Units	Recover%	Limits	File
Total Dissolved Solids	1195302	204	200	mg/L	102	85.0 - 115	128063074

Analytical Set

1194720

EPA 300.0 2.1

AWRL/LOQ C

Parameter	Reading	Known	Units	Recover%	Limits%	File
Nitrate-Nitrogen Total	0.0264	0.0226	mg/L	117	70.0 - 130	128048772

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Chloride	1194720	0.0895	0.0213	0.300	mg/L	128048773
Nitrate-Nitrogen Total	1194720	ND	0.00655	0.0226	mg/L	128048773
Sulfate	1194720	ND	0.283	0.300	mg/L	128048773

CCB

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Chloride	1194720	0.0599	0.0213	0.300	mg/L	128048769
Chloride	1194720	0.0624	0.0213	0.300	mg/L	128048789
Chloride	1194720	0.0632	0.0213	0.300	mg/L	128048801
Nitrate-Nitrogen Total	1194720	0	0.00655	0.0226	mg/L	128048769
Nitrate-Nitrogen Total	1194720	0	0.00655	0.0226	mg/L	128048789
Nitrate-Nitrogen Total	1194720	0	0.00655	0.0226	mg/L	128048801
Sulfate	1194720	0	0.283	0.300	mg/L	128048769
Sulfate	1194720	0	0.283	0.300	mg/L	128048789
Sulfate	1194720	0	0.283	0.300	mg/L	128048801

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Chloride	10.4	10.0	mg/L	104	90.0 - 110	128048768
Chloride	10.4	10.0	mg/L	104	90.0 - 110	128048788
Chloride	10.4	10.0	mg/L	104	90.0 - 110	128048800
Nitrate-Nitrogen Total	2.29	2.26	mg/L	101	90.0 - 110	128048768
Nitrate-Nitrogen Total	2.29	2.26	mg/L	101	90.0 - 110	128048788
Nitrate-Nitrogen Total	2.29	2.26	mg/L	101	90.0 - 110	128048800
Sulfate	9.32	10.0	mg/L	93.2	90.0 - 110	128048768
Sulfate	9.32	10.0	mg/L	93.2	90.0 - 110	128048788
Sulfate	9.31	10.0	mg/L	93.1	90.0 - 110	128048800

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Chloride	1194720	5.06	5.08	5.00	85.0 - 115	101	102	mg/L	0.394	20.0
Nitrate-Nitrogen Total	1194720	1.12	1.12	1.13	86.3 - 117	99.1	99.1	mg/L	0	20.0
Sulfate	1194720	4.32	4.31	5.00	85.4 - 124	86.4	86.2	mg/L	0.232	20.0

MSD

Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Chloride	2442759	109	110	91.7	20.0	80.0 - 120	86.5	91.5	mg/L	5.62	20.0

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QUALITY CONTROL



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MSD

Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Nitrate-Nitrogen Total	2442759	21.5	21.5	17.4	4.52	80.0 - 120	90.7	90.7	mg/L	0	20.0
Sulfate	2442759	98.9	98.9	86.1	20.0	80.0 - 120	64.0 *	64.0 *	mg/L	0	20.0
Chloride	2442761	220	213	173	50.0	80.0 - 120	94.0	80.0	mg/L	16.1	20.0
Nitrate-Nitrogen Total	2442761	11.8	11.5	ND	11.3	80.0 - 120	104	102	mg/L	2.58	20.0
Sulfate	2442761	169	169	135	50.0	80.0 - 120	68.0 *	68.0 *	mg/L	0	20.0

Analytical Set

1194572

EPA 200.7 4.4

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Phosphorus	1194483	ND	0.0353	0.040	mg/L	128045601

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Phosphorus	0.988	1.00	mg/L	98.8	90.0 - 110	128045589
Phosphorus	0.990	1.00	mg/L	99.0	90.0 - 110	128045600
Phosphorus	0.985	1.00	mg/L	98.5	90.0 - 110	128045607
Phosphorus	0.979	1.00	mg/L	97.9	90.0 - 110	128045609

ICL

Parameter	Reading	Known	Units	Recover%	Limits%	File
Phosphorus	24.5	25.0	mg/L	98.0	95.0 - 105	128045587

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Phosphorus	1.00	1.00	mg/L	100	90.0 - 110	128045588

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Phosphorus	1194483	3.83	3.89	4.00	85.0 - 115	95.8	97.2	mg/L	1.55	25.0

MSD

Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Phosphorus	2444016	5.00	5.03	1.27	4.00	75.0 - 125	93.2	94.0	mg/L	0.801	25.0

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

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

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

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1161012 CoC Print Group 001 of 001



Printed: 09/03/2025

Page: 1 of 3

CHAIN OF CUSTODY

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LADO-A
107

Lab Number

PO Number

Phone

2444016

507-567-7111

Permit

Matrix: Non-Potable Water

Sample Collection Start

Date: 9/8/25 Time: 0845

Sampler Printed Name: Jenny Smith

Sampler Affiliation: SPL

Sampler Signature: Jenny Smith

Sampler Collection Date

Sampler Collection Date

Sampler Biological Collection Date

☐ On Site Testing

C120 C12 Res, Total Onsite Spec Mid [R1: 0.05 mg/L SM 4500-C7-6-2011]

C12 Res, Total Onsite Spec Mid [R1: 0.05 mg/L]

Collected By JMI Date 9/8/25 Time 0845 Analyzed By JMI Date 9/8/25 Time 0848

Results 0.04 Units mg/L Temp. 23.2 C Duplicate 0.04 Units mg/L Temp. 23.2 C
R1 0.04 R2 0.00 QC R1 0.04 QC R2 0.00

Short Hold

DO

Dissolved Oxygen Onsite

SM 4500-DO-2016 (0.0104 days)

Dissolved Oxygen Onsite

Collected By JMI Date 9/8/25 Time 0845 Analyzed By JMI Date 9/8/25 Time 0846

Results 9.86 Units mg/L Temp. 23.3 C Duplicate 9.81 Units mg/L Temp. 23.4 C

Short Hold

pH

pH Onsite

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



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 300 CR 3995
 Ladonia, TX 75449



Printed: 09/25/2015

Page: 2 of 3

CHAIN OF CUSTODY

City of Ladonia
 Lisa Smith
 PO BOX 5
 300 CR 3995
 Ladonia, TX 75449

LADO-A
 107

pH (Onsite)

Collected By JM1 Date 9/8/25 Time 0845 Analyzed By JM1 Date 9/8/25 Time 0847

Results 8.90 Units SU Temp. 23.2 C Duplicate 8.90 Units SU Temp. 23.2 C

<input type="checkbox"/> Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized, I			
Short Hold	MPNW	MPN, Ex. coli, Col. 18+ Non-Pot	SM 9223 B-01 (11/20/06) 333 days
<input type="checkbox"/> Polyethylene 1/2 gal (White), Q			
Short Hold	BODc	BOD Carbonaceous	SM 5210 B-2016 (11/01/06) 104 days
	TSS	Total Suspended Solids	SM 2540 D-2020 (7/00 days)
<input type="checkbox"/> HNO3 to pH <2 Polyethylene 500 mL for Metals, Q			
	*P1	Phosphorus	EPA 200.7-4-4 CAS 7723-14-0 (28.0 days)
	3011	Liquid Metal's Digestion	EPA 200.2-2-8 (180 days)
<input type="checkbox"/> H2SO4 to pH <2 250 ml Polyethylene, Q			
	NH4N	Ammonia Nitrogen	EPA 350.1-2 (28.0 days)
	TKN	Total Kjeldahl Nitrogen	EPA 351.2-2 CAS 7727-37-9 (28.0 days)
<input type="checkbox"/> Polyethylene Quart, Q			
	ICL	Chloride	EPA 300.0-2.1 (28.0 days)
Short Hold	IN31	Nitrate-Nitrogen Total	EPA 300.0-2.1 CAS 14797-55-8 (2.00 days)
	IS41	Sulfate	EPA 306.0-2.1 (28.0 days)
	TDS	Total Dissolved Solids	SM 2540 C-2020 (7.00 days)

Ambient Conditions Comments



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Report Page 15 of 18

1161012 CoC Print Group 001 of 001

Don't forget to fill in the "Notes" field
if you have any comments or questions.



Printed: 09/05/2025

Page 3 of 3

CHAIN OF CUSTODY

City of Ladonia
Lisa Smith
PO BOX 5
300 CR 3995
Ladonia, TX 75449

LADO-A
107

Date	Time	Received By	Signature	Received By	Signature
9/8/25	1410	Jenny Smith	SPL	Kristen Rossum - SPL Inc.	
		Jenny Smith		Kristen Rossum	

Sample Received on day
of order Sample Source:



If Shipped, Tracking Number & Temp. Seal Attached.

Comments: This sample was collected from the City of Ladonia, TX, at the City of Ladonia, TX, on 9/8/25. The sample was collected from the City of Ladonia, TX, at the City of Ladonia, TX, on 9/8/25. The sample was collected from the City of Ladonia, TX, at the City of Ladonia, TX, on 9/8/25.

Comments:



1161012 CoC Print Group 001 of 001

THE FOLLOWING INFORMATION IS FOR YOUR INFORMATION ONLY
 AND IS NOT TO BE USED FOR ANY OTHER PURPOSE



SPL

CHAIN OF CUSTODY

Printed: 09/07/2025

Page 1 of 1

City of Ladonia
 Lisa Smith
 PO BOX 5
 300 CR 3995
 Ladonia, TX 75449

LADO-A
 108

Lab Number:

2444020

BO Number:

Phone:

(904) 362-7411

Sampling/Transport/Processing



If checked, sample was preserved.

Matrix: Non-Potable Water

Sample Collection Start:

Date: 9/8/25 Time: 0845

Sampler Printed Name: Jenny Smith

Sampler Affiliation: SPL

Sampler Signature: Jenny Smith

Samples Refrigerated Yes ☐Samples Contained Dry Ice Yes ☐Samples Biologically Handled Yes ☐
☒ Unpreserved

P85 Sampling/Transport

Ambient Conditions Comments

Date	Time	Refrigerated	Biological	Received
9/8/25	1410	Jenny Smith	SPL	
		Jenny Smith		

Sample Received on Ice? ☐Under Sample Secured? ☐

If Shipping, Tracking Number & Date: See Attachment

Comments:



Corporate, Kilgore, 2606 Dallas Road, Kilgore, TX 75142

Report Page 17 of 18



COOLER CHECKIN

Region/Driver/Client

UMI

Date / Time:

9/4

1410

Cooler:

of

Shipping Company:

SPL

Temp Label:

9/4 1410 KR		
Date	Time	Tech
Temp:	0.0	1.0
Therm#: 7736 Corr Fact: 0.1 C		

Candice Calhoun

From: Daniel Hunter <dhunter@haytereng.com>
Sent: Tuesday, November 18, 2025 8:21 AM
To: Candice Calhoun
Cc: Brandon Dusenberry
Subject: RE: Application to Renew Permit No. WQ0014673001 (City of Ladonia) - Notice of Deficiency
Attachments: City of Ladonia Response to NOD 11.17.2025.pdf

Candice,

Please see the City of Ladonia's response attached.

Let us know if you have any questions.

Thank you,

Daniel Hunter
Design Engineer I



TxEng F-315 | TxSurv F-10028600 | OSBPE/LS #603 | ASBPE #2521
4445 SE Loop 286 | Paris, TX 75460
O: 903.785.0303 C: 469.644.0703
www.haytereng.com

From: Brandon Dusenberry <bdusenberry@haytereng.com>
Sent: Monday, November 10, 2025 2:37 PM
To: Daniel Hunter <dhunter@haytereng.com>
Subject: FW: Application to Renew Permit No. WQ0014673001 (City of Ladonia) - Notice of Deficiency
Importance: High

Danny,

See email below from Candice. Please get her up to date.

Thank you!

Brandon Dusenberry, P.E.
Project Engineer



From: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>
Sent: Monday, November 10, 2025 11:00 AM
To: Brandon Dusenberry <bdusenberry@haytereng.com>
Subject: Application to Renew Permit No. WQ0014673001 (City of Ladonia) - Notice of Deficiency
Importance: High

Brandon,

The following email is being sent to you, due to an administrative contact not being provided in the application. Please feel free to provide me with the correct individual's contact information, and I can send this over to them.

Thank you,

Good morning,

The attached Notice of Deficiency (NOD) letter dated November 10, 2025, requests additional information needed to declare the application administratively complete. Please send complete response no later than November 24, 2025.

If you have any questions, please let me know.

Regards,



Candice Courville

License & Permit Specialist
ARP Team | Water Quality Division
Texas Commission on Environmental
Quality
512-239-4312
candice.calhoun@tceq.texas.gov

How is our customer service? Fill out our online customer satisfaction survey at
www.tceq.texas.gov/customersurvey

Candice Calhoun

From: Daniel Hunter <dhunter@haytereng.com>
Sent: Monday, November 24, 2025 3:22 PM
To: Candice Calhoun
Cc: Brandon Dusenberry
Subject: RE: Application to Renew Permit No. WQ0014673001 (City of Ladonia) - Notice of Deficiency
Attachments: City of Ladonia Response 11.24.2025.pdf

Candice,

Please see the City of Ladonia's response attached.

Thank you,

Daniel Hunter
Design Engineer I



TxEng F-315 | TxSurv F-10028600 | OSBPE/LS #603 | ASBPE #2521
4445 SE Loop 286 | Paris, TX 75460
O: 903.785.0303 C: 469.644.0703
www.haytereng.com

From: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>
Sent: Tuesday, November 18, 2025 1:47 PM
To: Daniel Hunter <dhunter@haytereng.com>
Cc: Brandon Dusenberry <bdusenberry@haytereng.com>
Subject: RE: Application to Renew Permit No. WQ0014673001 (City of Ladonia) - Notice of Deficiency

Daniel,

Thank you, your response to items 1, 2, 3, 5, 6, and 8 is sufficient. However, more information is needed for items 4 and 7. Please see below.

- Only one permit contact was provided in section 5. Please provide a revised section to include the 2nd permit contact.
- The updated USGS map did not include the one-mile radius, or the property boundary. Please provide a revised USGS map to include all required items.
- On the location description, you had put approximately 700 feet, however, per my verification it seems its approximately 1,000 feet. Can you confirm if this is accurate or if anything should be updated?



If you have any additional questions, please let me know.

Regards,



Candice Courville

License & Permit Specialist
ARP Team | Water Quality Division
Texas Commission on Environmental
Quality

512-239-4312

candice.calhoun@tceq.texas.gov

How is our customer service? Fill out our online customer satisfaction survey at
www.tceq.texas.gov/customersurvey

From: Daniel Hunter <dhunter@haytereng.com>

Sent: Tuesday, November 18, 2025 8:21 AM

To: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>

Candice Courville (Calhoun)
Application Review and Processing Team (MC148)
Water Quality Division
Texas Commission of Environmental Quality
P.O. Box 13087
Austin, Texas 78711-3087

November 17, 2025

Re: Application to Renew Permit No.: WQ0014673001 (EPA I.D. No. TX0057011)
Applicant Name: City of Ladonia (CN600481667)
Site Name: City of Ladonia WWTP (RN101919116)
Type of Application: Renewal without changes

Ms. Findlay -

Enclosed within are one (1) original response and one (1) copy of the Notice of Deficiency (NOD) letter dated November 10, 2025 (see attached to this letter). Please see the following response to each of the items listed in the NOD letter.

1. Physical application was mailed via USPS on 11/5/2025.
2. Payment form was mailed via USPS on 11/5/2025.
3. See attached revised Section II, item 15, Section III, item 25 of the Core Data Form, revised SPIF, and revised PLS.
4. See attached Sections 4 & 5 of the Administrative Report.
5. See attached revised Sections 6 & 7 of the Administrative Report.
6. See attached revised Section 8C of the Administrative Report.
7. See attached revised USGS Topographic Map.
8. The following mailing address should be used in the NORI: P.O. Box 5, Ladonia, TX 75449
 - a. The following physical description should be used in the NORI: Approximately 700 feet southwest of the intersection of State Highway 50 and Farm-to-Market Road 2456, Fannin County, Texas.

Thank you for your time reviewing this application. If you have any questions or need more information, please contact me at (903) 785-0303 or at dhunter@haytereng.com.

Sincerely,

Hayter Engineering

Daniel Hunter, EIT
Design Engineer I



11/17/2025

Enclosures:

1. NOD Letter dated November 10, 2025.
2. Administrative Report pages 5-11
3. Core Data Form
4. Plain Language Summary
5. SPIF Form
6. USGS Topographic Map

Practical Infrastructure **Solutions**

Brooke T. Paup, *Chairwoman*
Catarina R. Gonzales, *Commissioner*
Tonya R. Miller, *Commissioner*
Kelly Keel, *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

November 10, 2025

[PENDING NAME]
[PENDING TITLE]
[PENDING ORGANIZATION]
[PENDING MAILING ADDRESS]
[PENDING CITY], [PENDING STATE] [PENDING ZIP]

RE: Application to Renew Permit No.: WQ0014673001 (EPA I.D. No. TX0057011)
Applicant Name: City of Ladonia (CN600481667)
Site Name: City of Ladonia WWTP (RN101919116)
Type of Application: Renewal without changes

VIA EMAIL

Dear [PENDING LAST NAME]:

We have received the application for the above-mentioned permit, and it is currently under review. Your attention to the following items is requested before we can declare the application administratively complete. Please submit responses to the following items **via email. In addition, please submit one original hard copy (including a cover letter) of the complete response.**

1. Our records indicate that an original paper application was not received. The original paper application and electronic copy are both required. Please submit the original paper application to: **TEXAS COMMISSION ON ENVIRONMENTAL QUALITY, WATER QUALITY DIVISION, APPLICATION REVIEW AND PROCESSING TEAM (MC 148), P.O. BOX 13087, AUSTIN, TEXAS 78711-3087.**
2. Application Fee on page 1 of the administrative report: We were unable to confirm payment of the application processing fee. The filing fee for your application is \$1,615.00. Please submit payment to: **TCEQ, REVENUE SECTION (MC 214), P.O. BOX 13088, AUSTIN, TEXAS 78711-3088.** Also, provide a copy of the check along with the response to this letter.
3. Core Data Form (CDF)
 - Section II, item 15: Two mailing addresses were provided for the permit. Please confirm the correct mailing address for the permit. Also, provide a revised CDF to only show one mailing address.

- Section III, item 25: Our requirements for describing the facility location in the permit have changed. The description must include the distance in feet or miles from road intersections. Please provide a revised CDF to show a revised facility location description. Also, provide a revised PLS and SPIF to show the revised facility location.
- 4. Sections 4 and 5 of the administrative report: These two sections were missing from the application. Please provide the missing sections.
- 5. Sections 6 and 7 of the administrative report: Two mailing addresses were provided for these contacts. Please confirm which mailing address is correct for each contact and provide revised sections to reflect the correct mailing address.
- 6. Section 8.C of the administrative report: This section was not completed. Please provide a revised section to provide the requested information.
- 7. USGS Topographic Map: The highlighted discharge route was missing from the USGS map provided. Please provide a revised USGS map to include the highlighted discharge route. Also, use a yellow or light-color, do not go over the route with a dark color.
- 8. 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.

APPLICATION. City of Ladonia, [PENDING PERMIT MAILING ADDRESS], [PENDING CITY, STATE, ZIP], has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0014673001 (EPA I.D. No. TX0057011) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 530,000 gallons per day. The domestic wastewater treatment facility is located at [PENDING FACILITY LOCATION DESCRIPTION], near the city of Ladonia, in Fannin County, Texas 75449. The discharge route is from the plant site to Pecan Creek; thence to Middle Sulphur River; thence to Jim L. Chapman Lake. TCEQ received this application on November 5, 2025. The permit application will be available for viewing and copying at Ladonia City Hall, 100 Center Plaza, LaDonia, in Fannin County, prior to the date this notice is published in the newspaper. The application is available for viewing and copying at the following webpage: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.941111,33.413888&level=18>

Further information may also be obtained from City of Ladonia at the address stated above or by calling [PENDING NAME], [PENDING TITLE/ORGANIZATION], at [PENDING PHONE NUMBER].

[PENDING NAME]

Page 3

November 10, 2025

Permit No. WQ0014673001

Please submit the complete response, addressed to my attention by November 24, 2025. If you should have any questions, please do not hesitate to contact me by phone at (512) 239-4312 or by email at candice.calhoun@tceq.texas.gov

Sincerely,



Candice Courville (Calhoun)
Applications Review and Processing Team (MC148)
Water Quality Division
Texas Commission of Environmental Quality

cgc

Enclosure(s)

cc: [PENDING NAME], [PENDING TITLE], [PENDING ORGANIZATION], [PENDING MAILING ADDRESS], [PENDING CITY], [PENDING STATE] [PENDING ZIP]

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

CN: N/A

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

Prefix: N/A

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

Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: Click to enter text.

Last Name, First Name: Hunter, Daniel

Title: Design Engineer

Credential: E.I.T

Organization Name: Hayter Engineering

Mailing Address: 4445 SE Loop 286

City, State, Zip Code: Paris, Tx, 75460

Phone No.: (903) 785-0303

E-mail Address: dhunter@haytereng.com

Check one or both: ☒ Administrative Contact ☐ Technical Contact

B. Prefix: Click to enter text.

Last Name, First Name: Dusenberry, Brandon

Title: Project Engineer

Credential: P.E.

Organization Name: Hayter Engineering

Mailing Address: 4445 SE Loop 286

City, State, Zip Code: Paris, Tx, 75460

Phone No.: (903) 785-0303

E-mail Address: bdusenberry@haytereng.com

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: Click to enter text.

Last Name, First Name: Smith, Lisa

Title: City Secretary

Credential: Click to enter text.

Organization Name: City of Ladonia

Mailing Address: P.O Box 5 City, State, Zip Code: Ladonia, Tx, 75449 P

Phone No.: (903) 367-7011

E-mail Address: city@cityofladonia.com

B. Prefix: [Click to enter text.](#) Last Name, First Name: [Click to enter text.](#)
Title: [Click to enter text.](#) Credential: [Click to enter text.](#)
Organization Name: [Click to enter text.](#)
Mailing Address: [Click to enter text.](#) City, State, Zip Code: [Click to enter text.](#)
Phone No.: [Click to enter text.](#) E-mail Address: [Click to enter text.](#)

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: [Click to enter text.](#) Last Name, First Name: Smith, Lisa
Title: City Secretary Credential: [Click to enter text.](#)
Organization Name: City of Ladonia
Mailing Address: P.O. Box 5 City, State, Zip Code: Ladonia, Tx, 75449
Phone No.: (903)367-7011 E-mail Address: city@cityofladonia.com

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

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

Prefix: [Click to enter text.](#) Last Name, First Name: Brian Garmon
Title: Public Works Director Credential: [Click to enter text.](#)
Organization Name: City of Ladonia
Mailing Address: P.O. Box 5 City, State, Zip Code: Ladonia, Tx, 75449
Phone No.: (903) 367-7011 E-mail Address: city@cityofladonia.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: [Click to enter text.](#) Last Name, First Name: Dusenberry, Brandon
Title: Project Engineer Credential: P.E.
Organization Name: Hayter Engineering
Mailing Address: 4445 SE Loop 286 City, State, Zip Code: Paris ,Tx, 75460
Phone No.: (903) 785-0303 E-mail Address: bdusenberry@haytereng.com

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

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

☒ E-mail Address

☐ Fax

☐ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Click to enter text.

Last Name, First Name: Smith, Lisa

Title: City Secretary

Credential: Click to enter text.

Organization Name: City of Ladonia

Mailing Address: P.O. Box 5

City, State, Zip Code: Ladonia, Tx, 75449

Phone No.: (903)367-7011

E-mail Address: city@cityofladonia.com

D. Public Viewing Information

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

Public building name: Ladonia City Hall

Location within the building: Click to enter text.

Physical Address of Building: 100 Center Plaza

City: Ladonia

County: Fannin County

Contact (Last Name, First Name): Smith, Lisa

Phone No.: (903) 367-7011 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: 7

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** 101919116

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):

Ladonia Wastewater Treatment Plant

C. Owner of treatment facility: City of Ladonia

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

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

Prefix: [Click to enter text.](#) Last Name, First Name: City of Ladonia

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

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

Mailing Address: P.O. Box 5 City, State, Zip Code: Ladonia, Tx, 75449

Phone No.: (903) 367-7011 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: N/A

E. Owner of effluent disposal site:

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

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.](#)

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

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

Last Name, First Name: 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:

N/A

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

☒

Yes

☐

No

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

N/A

City nearest the outfall(s): Ladonia

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

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

☐

Yes

☒

No

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

- ☐ Authorization granted ☐ Authorization pending

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

Attachment: N/A

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

- ☐ Yes ☐ No

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

N/A

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

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

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

N/A

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

- ☐ Yes ☒ No

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

- ☐ Yes ☐ No ☒ Not Applicable

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

N/A

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

☐ Yes ☒ No

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



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
2. Customer Reference Number (if issued)		3. Regulated Entity Reference Number (if issued)
CN 600481667		RN 101919116

[Follow this link to search for CN or RN numbers in Central Registry**](#)

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)			
<input type="checkbox"/> New Customer		<input checked="" type="checkbox"/> Update to Customer Information		<input type="checkbox"/> Change in Regulated Entity Ownership	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
City of Ladonia					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	
		17560047486			
11. Type of Customer:		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
12. Number of Employees				13. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
15. Mailing Address:					
P.O. Box 5					
City		Ladonia	State	TX	ZIP
				75449	ZIP + 4
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)	
				city@cityofladonia.com	
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)	
(903) 367-7011				(903) 367-7339	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.)	
<input type="checkbox"/> New Regulated Entity <input checked="" type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information	
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
23. Street Address of the Regulated Entity:	

(No PO Boxes)							
City		State		ZIP		ZIP + 4	
24. County							

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

25. Description to Physical Location:		Approximately 700 feet southwest of the intersection of State Highway 50 and Farm-to-Market Road 2456, Fannin County, Texas.					
26. Nearest City				State		Nearest ZIP Code	
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:		33.41297007		28. Longitude (W) In Decimal:		95.94152837	
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)	
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
34. Mailing Address:		P.O. Box 5					
City		Ladonia		State		TX	
ZIP		75449		ZIP + 4			
35. E-Mail Address:		city@cityofladonia.com					
36. Telephone Number				37. Extension or Code		38. Fax Number (if applicable)	
(903) 367-7011						(903) 367-7339	

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

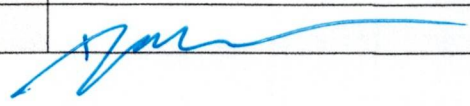
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review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

SECTION IV: Preparer Information

40. Name:		Daniel Hunter		41. Title:		Design Engineer	
42. Telephone Number		43. Ext./Code		44. Fax Number		45. E-Mail Address	
(903) 785-0303				() -		dhunter@haytereng.com	

SECTION V: Authorized Signature

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

Company:		Hayter Engineering		Job Title:		Design Engineer	
Name (In Print):		Daniel Hunter				Phone:	
Signature:						Date:	
						(903) 785- 0303	
						11/12/2025	



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

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

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

City of Ladonia (CN600481667) operates City of Ladonia Wastewater Treatment Plant (RN101919116), an activated sludge process plant. The facility is located at Approximately 700 feet southwest of the intersection of State Highway 50 and Farm-to-Market Road 2456, in Ladonia, Fannin County, Texas 75449. This application is for a renewal to discharge at an annual average flow of 530,000 gallons per day of treated domestic wastewater via Outfall 1.

Discharges from the facility are expected to contain total suspended solids (TSS), nitrate nitrogen, Kjeldahl nitrogen, sulfate, chloride, phosphorous, dissolved oxygen, chlorine residual, E.coli, and total dissolved solids. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7 Pollutant Analysis of Treated Effluent. Domestic wastewater will be treated by an activated sludge process plant and the treatment units will include a facultative lagoon, two stabilization ponds, and a parshall flume.

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: City of Ladonia

Permit No. WQ00 14673-001

EPA ID No. TX N/A

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

Approximately 700 feet southwest of the intersection of State Highway 50 and Farm-to-Market Road 2456, Fannin County, Texas.

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

Prefix (Mr., Ms., Miss):

First and Last Name: Smith, Lisa

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

Title: City Secretary

Mailing Address: 100 Center Plaza P.O Box 5

City, State, Zip Code: Ladonia, Tx, 75449

Phone No.: (903) 367-7011 Ext.: Fax No.: (903) 367-7339

E-mail Address: city@cityofladonia.com

2. List the county in which the facility is located: Fannin
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- Same

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.

From the plant site to Pecan Creek; thence to the Middle Sulphur River; thence to Cooper Lake in segment 0307 of the Sulphur River Basin.

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

No Construction Proposed

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

Mowing for maintenance

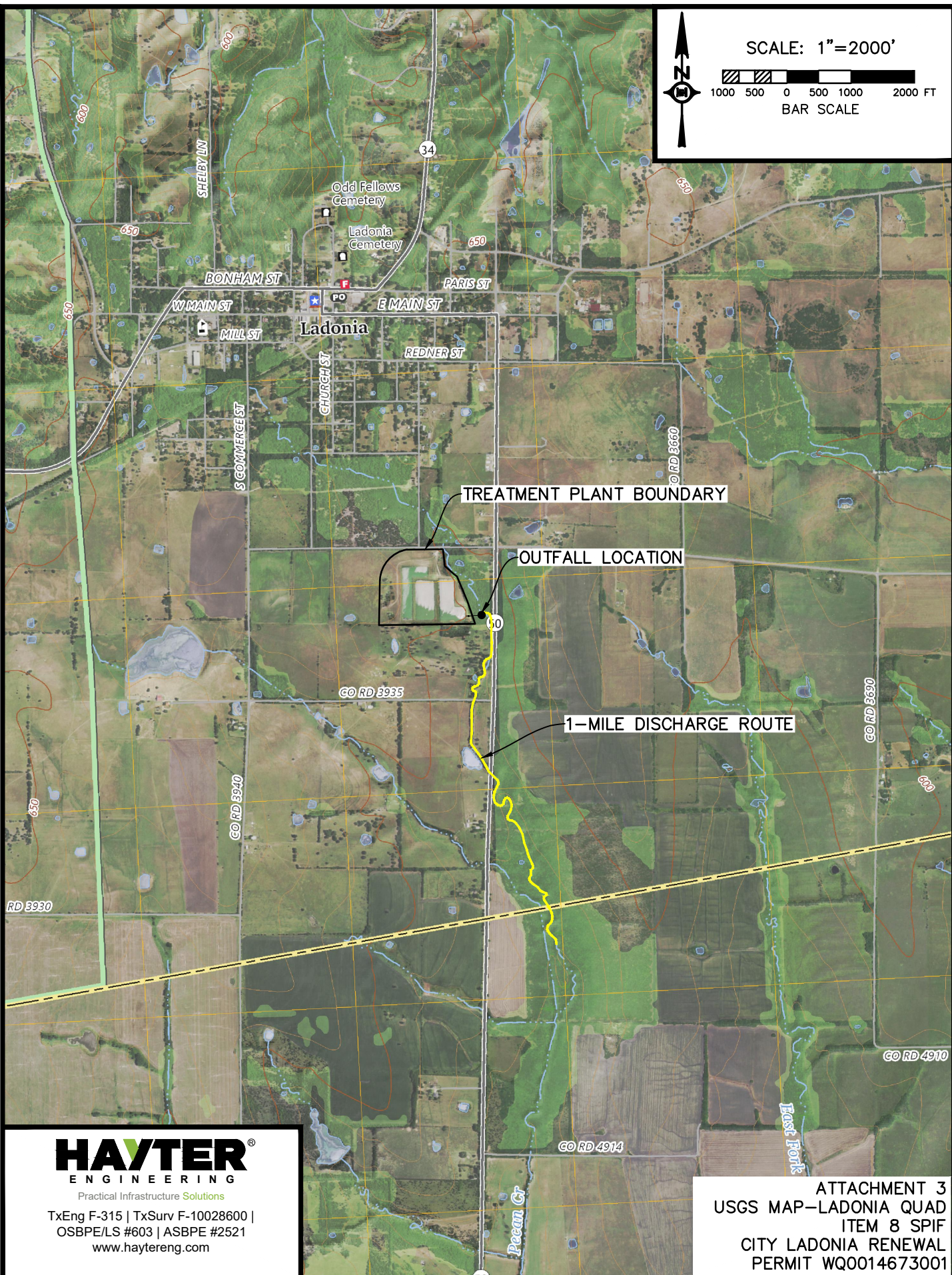
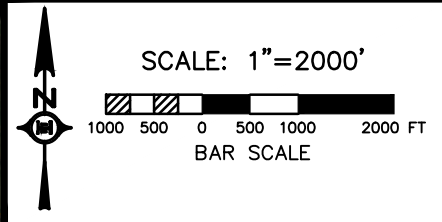
THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

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

N/A

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

N/A



HAYTER
ENGINEERING

Practical Infrastructure Solutions

TxEng F-315 | TxSurv F-10028600 |

OSBPE/LS #603 | ASBPE #2521

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ATTACHMENT 3
USGS MAP—LADONIA QUAD
ITEM 8 SPIF
CITY LADONIA RENEWAL
PERMIT WQ0014673001

Candice Courville (Calhoun)
Application Review and Processing Team (MC148)
Water Quality Division
Texas Commission of Environmental Quality
P.O. Box 13087
Austin, Texas 78711-3087

November 24, 2025

Re: Application to Renew Permit No.: WQ0014673001 (EPA I.D. No. TX0057011)
Applicant Name: City of Ladonia (CN600481667)
Site Name: City of Ladonia WWTP (RN101919116)
Type of Application: Renewal without changes

Ms. Courville -

Please see the following response to each of the items listed in your email dated 11/18/2025.

1. See attached revised Section 5 of the Administrative Report.
2. See attached revised USGS Topographic Map.
3. Yes, 1,000 feet is the correct distance for the physical location. See attached revised Core Data Form, SPIF, and PLS, and please revise NORI accordingly.

Thank you for your time reviewing this application. If you have any questions or need more information, please contact me at (903) 785-0303 or at dhunter@haytereng.com.

Sincerely,

Hayter Engineering

Daniel Hunter, EIT
Design Engineer I


11/24/2025

Enclosures:

1. Administrative Report pages 5-6
2. USGS Topographic Map
3. Core Data Form
4. Plain Language Summary
5. SPIF Form

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

CN: N/A

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

Prefix: N/A

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

Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: Click to enter text.

Last Name, First Name: Hunter, Daniel

Title: Design Engineer

Credential: E.I.T

Organization Name: Hayter Engineering

Mailing Address: 4445 SE Loop 286

City, State, Zip Code: Paris, Tx, 75460

Phone No.: (903) 785-0303

E-mail Address: dhunter@haytereng.com

Check one or both: ☒

Administrative Contact

☐

Technical Contact

B. Prefix: Click to enter text.

Last Name, First Name: Dusenberry, Brandon

Title: Project Engineer

Credential: P.E.

Organization Name: Hayter Engineering

Mailing Address: 4445 SE Loop 286

City, State, Zip Code: Paris, Tx, 75460

Phone No.: (903) 785-0303

E-mail Address: bdusenberry@haytereng.com

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: Click to enter text.

Last Name, First Name: Smith, Lisa

Title: City Secretary

Credential: Click to enter text.

Organization Name: City of Ladonia

Mailing Address: P.O. Box 5

City, State, Zip Code: Ladonia, Tx, 75449

Phone No.: (903) 367-7011

E-mail Address: city@cityofladonia.com

B. Prefix: Click to enter text. Last Name, First Name: Miller, Justin
Title: Mayor Credential: Click to enter text.
Organization Name: City of Ladonia
Mailing Address: P.O. Box 5 City, State, Zip Code: Ladonia, Tx, 75449
Phone No.: (903) 367-7011 E-mail Address: mayor@cityofladonia.com

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Click to enter text. Last Name, First Name: Smith, Lisa
Title: City Secretary Credential: Click to enter text.
Organization Name: City of Ladonia
Mailing Address: P.O. Box 5 City, State, Zip Code: Ladonia, Tx, 75449
Phone No.: (903)367-7011 E-mail Address: city@cityofladonia.com

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

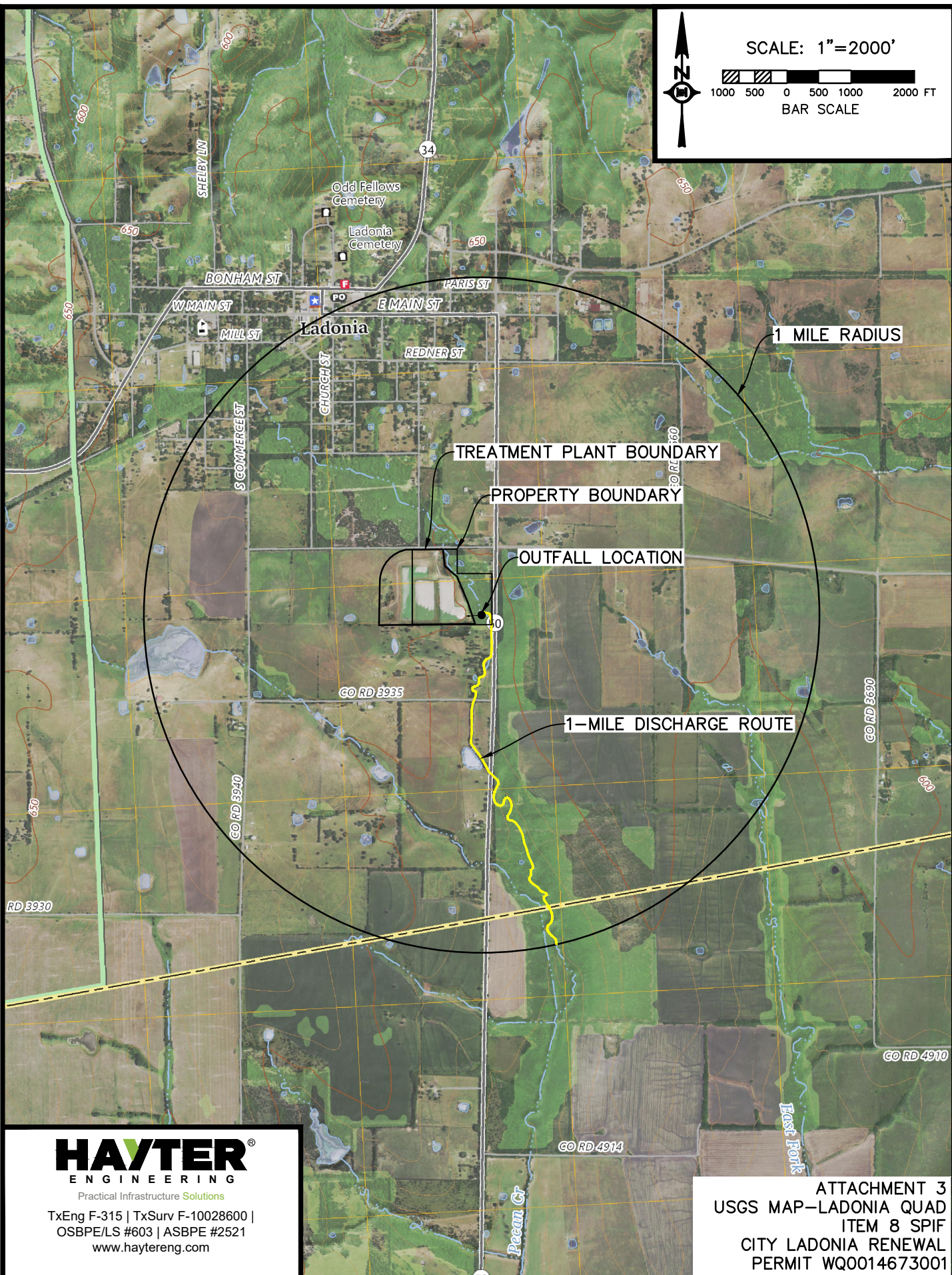
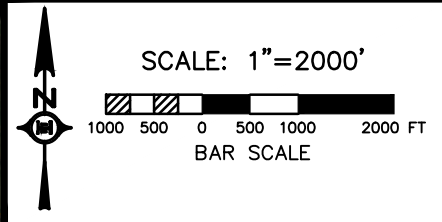
Provide the name and complete mailing address of the person delegated to receive and submit Discharge Monitoring Reports (DMR) (EPA 3320-1) or maintain Monthly Effluent Reports (MER).

Prefix: Click to enter text. Last Name, First Name: Brian Garmon
Title: Public Works Director Credential: Click to enter text.
Organization Name: City of Ladonia
Mailing Address: P.O. Box 5 City, State, Zip Code: Ladonia, Tx, 75449
Phone No.: (903) 367-7011 E-mail Address: city@cityofladonia.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Click to enter text. Last Name, First Name: Dusenberry, Brandon
Title: Project Engineer Credential: P.E.
Organization Name: Hayter Engineering
Mailing Address: 4445 SE Loop 286 City, State, Zip Code: Paris, Tx, 75460
Phone No.: (903) 785-0303 E-mail Address: bdusenberry@haytereng.com



HAYTER
ENGINEERING

Practical Infrastructure Solutions

TxEng F-315 | TxSurv F-10028600 |

OSBPE/LS #603 | ASBPE #2521

www.haytereng.com

ATTACHMENT 3
USGS MAP—LADONIA QUAD
ITEM 8 SPIF
CITY LADONIA RENEWAL
PERMIT WQ0014673001

**TCEQ Core Data Form**

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.) <input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.) <input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form) <input type="checkbox"/> Other		
2. Customer Reference Number (if issued) CN 600481667	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued) RN 101919116

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)			
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) City of Ladonia		If new Customer, enter previous Customer below:	
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits) 17560047486	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
11. Type of Customer: <input type="checkbox"/> Corporation Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Other:
12. Number of Employees <input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		13. Independently Owned and Operated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other: <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant			
15. Mailing Address:	P.O. Box 5		
	City	Ladonia	State TX ZIP 75449 ZIP + 4
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable) city@cityofladonia.com	
18. Telephone Number (903) 367-7011		19. Extension or Code	20. Fax Number (if applicable) (903) 367-7339

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.) <input type="checkbox"/> New Regulated Entity <input checked="" type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information <i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.) 	
23. Street Address of the Regulated Entity:	

(No PO Boxes)							
	City		State		ZIP		ZIP + 4
24. County							

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

25. Description to Physical Location:		Approximately 1,000 feet southwest of the intersection of State Highway 50 and Farm-to-Market Road 2456, Fannin County, Texas.					
26. Nearest City				State		Nearest ZIP Code	
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:		33.41297007		28. Longitude (W) In Decimal:		95.94152837	
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)	
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
34. Mailing Address:		P.O. Box 5					
	City	Ladonia	State	TX	ZIP	75449	ZIP + 4
35. E-Mail Address:		city@cityofladonia.com					
36. Telephone Number			37. Extension or Code		38. Fax Number (if applicable)		
(903) 367-7011					(903) 367-7339		

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

SECTION IV: Preparer Information

40. Name: Daniel Hunter		41. Title: Design Engineer	
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(903) 785-0303		() -	dhunter@haytereng.com

SECTION V: Authorized Signature

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

Company:	Hayter Engineering	Job Title:	Design Engineer
Name (In Print):	Daniel Hunter	Phone:	(903) 785- 0303
Signature:		Date:	11/24/2025



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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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: City of Ladonia

Permit No. WQ00 14673001

EPA ID No. TX 0057011

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

Approximately 1,000 feet southwest of the intersection of State Highway 50 and Farm-to-Market Road 2456, Fannin County, Texas.

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

Prefix (Mr., Ms., Miss):

First and Last Name: Smith,Lisa

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

Title: City Secretary

Mailing Address: 100 Center Plaza P.O Box 5

City, State, Zip Code: Ladonia, Tx, 75449

Phone No.: (903) 367-7011 Ext.: Fax No.: (903) 367-7339

E-mail Address: city@cityofladonia.com

2. List the county in which the facility is located: Fannin
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- Same

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.

From the plant site to Pecan Creek; thence to the Middle Sulphur River; thence to Cooper Lake in segment 0307 of the Sulphur River Basin.

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

No Construction Proposed

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

Mowing for maintenance

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

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

N/A

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

N/A