



# Administrative Package Cover Page

**This file contains the following documents:**

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

**Section 15. Plain Language Summary (Instructions Page 40)**

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

**ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS**

**DOMESTIC WASTEWATER**

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

SDAP Real Estate TX LLC (2. Enter Customer Number here (i.e., CN6#####). ) operates Lost River RV Park RN104951439. a domestic wastewater facility. The facility is located at 8407 North Farm-to-Market Road 565, in Baytown, Chambers County, Texas 77523.

Request for renewal of permit authorizing discharge of 10,000 GPD of treated domestic wastewater per day.

Discharges from the facility are expected to contain CBOD(5), Total Suspended Solids, Ammonia Nitrogen and E. coli.. Domestic wastewater is treated by 17. Enter a description of wastewater treatment used at the facility here..

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

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0014714001

**APPLICATION.** SDAP Real Estate TX LLC, 5900 Balcones Drive, Suite 100, Austin, Texas 78731, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0014714001 (EPA I.D. No. TX0128783) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 10,000 gallons per day. The domestic wastewater treatment facility is located at 8407 North Farm-to-Market Road 565, near the city of Baytown, in Chambers County, Texas 77523. The discharge route is from the plant site to Old River Lake; thence to Old River; thence to Long Island Bayou; thence to Trinity Bay. TCEQ received this application on June 11, 2024. The permit application will be available for viewing and copying at Sam and Carmena Goss Memorial Branch Library, 1 John Hall Drive, Mont Belvieu, in Chambers County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-94.802222,29.833055&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](http://www.tceq.texas.gov/goto/cid). Search the database using the permit number for this application, which is provided at the top of this notice.

**AGENCY CONTACTS AND INFORMATION.** All public comments and requests must be submitted either electronically at <https://www14.tceq.texas.gov/epic/eComment/>, or in

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

Further information may also be obtained from SDAP Real Estate TX LLC at the address stated above or by calling Mr. Patrick Aucoin, and Associates, Inc., at 281-583-6855.

Issuance Date: June 20, 2024



**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
DOMESTIC WASTEWATER PERMIT APPLICATION  
CHECKLIST**

**Complete and submit this checklist with the application.**

APPLICANT: Lost River RV Park Limited Liability Company

PERMIT NUMBER: W00014714001

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

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

**For TCEQ Use Only**

Segment Number \_\_\_\_\_ County \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Region \_\_\_\_\_  
 Permit Number \_\_\_\_\_



**Section 3. Facility Owner (Applicant) and Co-Applciant Information  
(Instructions Page 29)**

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

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

SDAP Real Estate TX LLC

*(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: [REDACTED]

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

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

First and Last Name: Bradley Mewes

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

Title: member

**B. Co-applciant 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-applciant applying for this permit?

N/A

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

If the co-applciant 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: [REDACTED]

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

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

First and Last Name: [REDACTED]

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

Title: [REDACTED]

Provide a brief description of the need for a co-permittee: [REDACTED]

**C. Core Data Form**

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

Attachment: D

**Section 4. Application Contact Information (Instructions Page 30)**

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

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

First and Last Name: Stephanie Landsman

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

Title: [REDACTED]

Organization Name: Landsman Environmental LLC

Mailing Address: 9597 Jones Road #962

City, State, Zip Code: Jersey Village, TX 77065

Phone No.: 281-658-5899 Ext.: [REDACTED] Fax No.: [REDACTED]

E-mail Address: stephanie@landsmanenviro.com

Check one or both:  Administrative Contact  Technical Contact

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

First and Last Name: Patrick Aucoin

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

Title: President

Organization Name: Aucoin and Associates, Inc.

Mailing Address: 8765 Spring Cypress Road L173

City, State, Zip Code: Spring, TX 77379

Phone No.: 281-583-6855 Ext.: [REDACTED] Fax No.: [REDACTED]

E-mail Address: Patrick@aucoinandassociates.com

Check one or both:  Administrative Contact  Technical Contact

**Section 5. Permit Contact Information (Instructions Page 30)**

Provide two names of individuals that can be contacted throughout the permit term.

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

First and Last Name: Patrick Aucoin

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

Title: President

Organization Name: Aucoin and Associates, Inc.

Mailing Address: 8765 Spring Cypress Road L173

City, State, Zip Code: Spring, TX 77379

Phone No.: 281-583-6855 Ext.: [REDACTED]

Fax No.: [REDACTED]

E-mail Address: Patrick@aucoinandassociates.com

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

First and Last Name: Bradley Mewes

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

Title: member

Organization Name: SDAP Real Estate TX LLC

Mailing Address: 5900 Balcones Drive Ste. 100

City, State, Zip Code: Austin, TX 78731

Phone No.: 714-658-5518 Ext.: [REDACTED]

Fax No.: [REDACTED]

E-mail Address: brad+lostriver@mewescfo.com

### Section 6. Billing Information (Instructions Page 30)

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

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

First and Last Name: Bradley Mewes

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

Title: Member

Organization Name: SDAP Real Estate TX LLC

Mailing Address: 5900 Balcones Drive Ste. 100

City, State, Zip Code: Austin, TX 78731

Phone No.: 714-658-5518 Ext.: [REDACTED]

Fax No.: [REDACTED]

E-mail Address: brad+lostriver@mewescfo.com

### Section 7. DMR/MER Contact Information (Instructions Page 31)

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

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

First and Last Name: Patrick Aucoin

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

Title: owner

Organization Name: Aucoin & Associates, Inc.

Mailing Address: 8765 Spring Cypress Road L173

City, State, Zip Code: Spring, TX 77379

Phone No.: 2818-583-6855 Ext.: [REDACTED] Fax No.: [REDACTED]

E-mail Address: Patrick@aucoinandassociates.com

DMR data is required to be submitted electronically. Create an account at:  
<https://www.tceq.texas.gov/permitting/netdmr/netdmr.html>.

## Section 8. Public Notice Information (Instructions Page 31)

### A. Individual Publishing the Notices

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

First and Last Name: Stephanie Landsman

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

Title: [REDACTED]

Organization Name: Landsman Environmental LLC

Mailing Address: 9597 Jones Road #962

City, State, Zip Code: Jersey Village, TX 77065

Phone No.: 281-658-5899 Ext.: [REDACTED] Fax No.: [REDACTED]

E-mail Address: stephanie@landsmanenviro.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 person to be listed in the Notices

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

First and Last Name: Patrick Aucoin

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

Title: owner

Organization Name: Aucoin and Associates, Inc.

Phone No.: 281-583-6855 Ext.: [REDACTED]

E-mail: Patrick@aucoinandassociates.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: Sam and Carmena Goss Memorial Branch Library

Location within the building: [REDACTED]

Physical Address of Building: 1 John Hall Drive

City: Mont Belvieu

County: Chambers

Contact Name: [REDACTED]

Phone No.: 281-576-2245 Ext.: [REDACTED]

**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? \_\_\_\_\_

**F. 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 33)**

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN104951439

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):

Lost River RV Park

C. Owner of treatment facility: SDAP Real Estate TX LLC

Ownership of Facility:  Public       Private       Both       Federal

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

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

First and Last Name: SDAP Real Estate TX LLC

Mailing Address: 5900 Balcones Drive Ste. 100

City, State, Zip Code: Austin, TX 78731

Phone No.: 714-658-5518

E-mail Address: brad+lostriver@mewescfo.com

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

Attachment: \_\_\_\_\_

E. Owner of effluent disposal site:

Prefix (Mr., Ms., Miss): N/A

First and Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone No.: [REDACTED] E-mail Address: [REDACTED]

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: [REDACTED]

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

Prefix (Mr., Ms., Miss): N/A

First and Last Name: [REDACTED]

Mailing Address: [REDACTED]

City, State, Zip Code: [REDACTED]

Phone No.: [REDACTED] E-mail Address: [REDACTED]

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: [REDACTED]

**Section 10. TPDES Discharge Information (Instructions Page 34)**

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:

[REDACTED]

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:

[REDACTED]

City nearest the outfall(s): Baytown

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

Outfall Latitude: 29.83243

Longitude: -94.80139

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: [REDACTED]

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 36)

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:

[REDACTED]

B. City nearest the disposal site: [REDACTED]

C. County in which the disposal site is located: [REDACTED]

D. Disposal Site Latitude: [REDACTED]    Longitude: [REDACTED]

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

[REDACTED]

F. For TLAPs, please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained:

[REDACTED]

### Section 12. Miscellaneous Information (Instructions Page 37)

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.

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:

D. Do you owe any fees to the TCEQ?

Yes  No

If yes, provide the following information:

Account number:

Amount past due:

E. Do you owe any penalties to the TCEQ?

Yes  No

If yes, please provide the following information:

Enforcement order number:

Amount past due:

### Section 13. Attachments (Instructions Page 38)

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:

**Section 14. Signature Page (Instructions Page 39)**

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

Permit Number: WO0014714001

Applicant: SDAP Real Estate TX LLC

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): Bradley Mewes

Signatory title: member

Signature: *Bradley Mewes* Date: 5-15-24  
(Use blue ink)

Subscribed and Sworn to before me by the said Bradley Mewes  
on this 15<sup>th</sup> day of May, 20 24.  
My commission expires on the 26<sup>th</sup> day of March, 20 28.

*Loren Stone*  
Notary Public

[SEAL]

Orange  
County, Texas <sub>LS</sub>



## Section 15. Plain Language Summary (Instructions Page 40)

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

### ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS

#### DOMESTIC WASTEWATER

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

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

**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)**

**FOR AGENCIES REVIEWING DOMESTIC  
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)

The SPIF must be completed as a separate document. The TCEQ will mail a copy of the SPIF to each agency as required by the TCEQ agreement with EPA. If any of the items are not completely addressed or further information is needed, you will be contacted to provide the information before the permit is issued. Each item must be completely addressed.

**Do not refer to a response of any item in the permit application form.** Each attachment must be provided with this form separately from the administrative report of the application. The application will not be declared administratively complete without this form being completed in its entirety including all attachments.

The following applies to all applications:

1. Permittee: SDAP Real Estate TX LLC

Permit No. WQ00 14714001

EPA ID No. TX 0128783

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

8407 North Farm-to-Market Road 565, Baytown, Chambers County

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

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

First and Last Name: Patrick Aucoin

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

Title: President

Mailing Address: 8765 Spring Cypress Road L173

City, State, Zip Code: Spring, TX 77379

Phone No.: 281-583-6855 Ext.: [REDACTED] Fax No.: [REDACTED]

E-mail Address: Patrick@aucoinandassociates.com

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

N/A

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

To Old River Lake; thence to Old River; Thence to Long Island Bayou; thence to Trinity Basin Segment No. 2422 of the Bays and Estuaries.

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

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

none

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

none

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

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

[Redacted]

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

[Redacted]



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
DOMESTIC WASTEWATER PERMIT APPLICATION

**DOMESTIC TECHNICAL REPORT 1.0**

**The Following Is Required For All Applications  
Renewal, New, And Amendment**

**Section 1. Permitted or Proposed Flows (Instructions Page 51)**

**A. Existing/Interim I Phase**

Design Flow (MGD):

2-Hr Peak Flow (MGD): [Click here to enter text](#)

Estimated construction start date: [Click here to enter text](#)

Estimated waste disposal start date: [Click here to enter text](#)

**B. Interim II Phase**

Design Flow (MGD): [Click here to enter text](#)

2-Hr Peak Flow (MGD): [Click here to enter text](#)

Estimated construction start date: [Click here to enter text](#)

Estimated waste disposal start date: [Click here to enter text](#)

**C. Final Phase**

Design Flow (MGD): .010

2-Hr Peak Flow (MGD): .015

Estimated construction start date: [Click here to enter text](#)

Estimated waste disposal start date: [Click here to enter text](#)

**D. Current operating phase: Final**

Provide the startup date of the facility: January 2007

**Section 2. Treatment Process (Instructions Page 51)**

**A. Treatment process description**

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 in the permit, a description of *each phase* must be provided. Process description:

From the lift station through main and into aeration basin, thence to the clarifier, thence to the chlorine contact basin thence through a 4" PVC pipe. A sludge holding tank is used prior to hauling.

Port or pipe diameter at the discharge point, in inches: 4

**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)
Aeration Tank	1	6.6' x 10.5' SWD x 12'
Clarifier	1	3' x 10' SWD x 12'
Chlorine Contact Basin	1	2' x 5' SWD x 12'
Sludge Holding Tank/Digester	1	3' x 10' SWD x 12'

**C. Process flow diagrams**

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

Attachment: C

**Section 3. Site Drawing (Instructions Page 52)**

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: B

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

**Section 4. Unbuilt Phases (Instructions Page 52)**

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.

Lost River RV Park

**Section 5. Closure Plans (Instructions Page 53)**

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.

[Redacted area]

**Section 6. Permit Specific Requirements (Instructions Page 53)**

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: Unknwon

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.

**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.

**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*.

**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.

## 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 512-239-0000. 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.

## 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 512-239-0000.

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

## 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 [REDACTED] or TXRNE [REDACTED]

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:

## 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.

**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.

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.

Note: Direct stormwater discharges to waters in the state authorized through this individual permit will require the development and implementation of a stormwater pollution



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

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 the facility accepting or will it 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.

**Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 58)**

Is the facility in operation?

Yes  No

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

If yes, provide effluent analysis data for the listed pollutants. *Wastewater treatment facilities* complete Table 1.0(2). *Water treatment facilities* discharging filter backwash water, complete Table 1.0(3).

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 <sub>5</sub> , mg/l	<3.0		1	Grab	2/19/24;0845
Total Suspended Solids, mg/l	5.9		1	Grab	2/19/24;0845
Ammonia Nitrogen, mg/l	4.1		1	Grab	2/19/24;0845
Nitrate Nitrogen, mg/l	55.4		1	Grab	2/19/24;0848
Total Kjeldahl Nitrogen, mg/l	4.5		1	Grab	2/19/24;0845
Sulfate, mg/l	17.6		1	Grab	2/19/24;0848
Chloride, mg/l	542.2		1	Grab	2/19/24;0848
Total Phosphorus, mg/l	9.3		1	Grab	2/19/24;0845
pH, standard units	7.0		1	Grab	2/19/24;0845
Dissolved Oxygen*, mg/l	8.2		1	Grab	2/19/24;0845
Chlorine Residual, mg/l	2.4		1	Grab	2/19/24;0845
<i>E.coli</i> (CFU/100ml) freshwater	2.0		1	Grab	2/19/24;0854
Enterococci (CFU/100ml) saltwater	N/A				
Total Dissolved Solids, mg/l	1492		1	Grab	2/19/24;0848
Electrical Conductivity, $\mu$ mohs/cm, †	N/A				
Oil & Grease, mg/l	N/A				
Alkalinity (CaCO <sub>3</sub> )*, mg/l	154.0		1	Grab	2/19/24;0848

\*TPDES permits only

†TLAP permits only

*Table 1.0(3) - Pollutant Analysis for Water Treatment Facilities*

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



# Chaparral Laboratories, Inc.



861 State Hwy 19 P.O. Box 1622 Humble, TX 77342-1622 www.chaparrallabs.com Phone: 936-291-1881 Fax: 936-295-1731

## Certificate of Analysis

Aucoin & Associates  
Attn: Pat Aucoin  
8765 Spring Cypress Suite L, # 173  
Spring, TX 77379

Customer ID: AUCOIN  
Sample ID: 24020586  
Date Received: 02/19/2024  
Date Reported: 03/04/2024

Project: Lost River RV Park  
Location: Harris County, TX

### Analytical Results

Parameter	Result	Units	Date/Time	Analyst	Bottle	Method	OC ID	Acrid
CHOD5	<3.0	mg/L	02/21/2024 07:48	EIB	-01	SM 5210 B	QC2402449	NELAP
TSS	5.9	mg/L	02/21/2024 08:46	JCG	-02	SM 2540 D	QC2402477	NELAP
Ammonia Nitrogen	4.1	mg/L	02/21/2024 09:52	JFL	-03	SM 4500-NH3 D	QC2402452	NELAP
Total Kjeldahl Nitrogen	4.5	mg/L	03/01/2024 09:14	JCG	-03	SM 4500-NH3 C	QC2403017	NELAP
Total Phosphorus	9.3	mg/L	03/01/2024 08:18	JCG	-03	SM 4500-P E	QC2403043	NELAP
Chlorine Residual (Total)	2.4	mg/L	02/19/2024 08:54	DKH	-07	SM 4500-Cl F	QC2402426	Field
Dissolved Oxygen	8.2	mg/L	02/19/2024 08:54	DKH	-07	SM 4500-O G	QC2402425	Field
pH	7.0	SU	02/19/2024 08:57	DKH	-07	SM 4500-HH B	QC2402424	Field

Flow (MGD): 0.0006  
Collected: 02/19/2024 08:45  
Collector: DKH

Parameter	Result	Units	Date/Time	Analyst	Bottle	Method	OC ID	Acrid
Alkalinity	154.0	mg/L CaCO3	02/26/2024 10:30	DKH	-04	SM 2320 B	QC2402527	NELAP
Chloride	542.2	mg/L	02/20/2024 11:49	DKH	-04	EPA 300.0	QC2402506	NELAP
Nitrate Nitrogen	55.4	mg/L	02/19/2024 13:51	DKH	-04	EPA 300.0	QC2402410	NELAP
Sulfate	17.6	mg/L	02/20/2024 11:49	DKH	-04	EPA 300.0	QC2402508	NELAP
Total Dissolved Solids	1492	mg/L	02/19/2024 15:20	DKH	-04	SM 2540 C	QC2402467	NELAP

Flow (MGD): 0.0006  
Collected: 02/19/2024 08:48  
Collector: DKH

Parameter	Result	Units	Date/Time	Analyst	Bottle	Method	OC ID	Acrid
Escherichia coli	2.0	MPN/100mL	02/19/2024 15:56	JCG	-06	SM 9223 B	QC2402423	NELAP

Flow (MGD): 0.0006  
Collected: 02/19/2024 08:54  
Collector: DKH

OC ID	Param	Result	Units	Flag
QC2402410	Nitrate Nitrogen	0	%	

### Quality Control

OC Type	Result	Units	Flag
Duplicate %RPD	0	%	



# Chaparral Laboratories, Inc.



861 State Hwy 19 P.O. Box 1622 Huntsville, TX 77342-1622 www.chaparrallabs.com Phone: 936-291-1881 Fax: 936-295-1731

## Certificate of Analysis

Aucoin & Associates  
Attn: Pat Aucoin  
8765 Spring Cypress Suite L, # 173  
Spring, TX 77379

Customer ID: AUCOIN  
Sample ID: 24020386  
Date Received: 02/19/2024  
Date Reported: 03/04/2024

**Project:** Lost River RV Park  
**Location:** Harris County, TX

QC2402423	Escherichia coli	LCS	90.4	%
		Method Blank	<0.1	mg/L
QC2402424	pH	MS %R	90.3	%
QC2402425	Dissolved Oxygen	MSD %R	92	%
QC2402426	Chlorine, Residual (Total)	Method Blank	<1.0	MPN/100mL
		Precision Criteria	Unacceptable	
		Duplicate %RPD	0	%
		Duplicate %RPD	0	%
		Duplicate %RPD	0	%
		LCS	100	%
		Method Blank	<0.1	mg/L
QC2402449	CBOD5	Duplicate %RPD	0	%
		Duplicate %RPD	1	%
		LCS	92.3	%
		Method Blank	0.2	mg/L
QC2402452	Ammonia Nitrogen	LCS	98	%
		Matrix Spike Recovery	105.8	%
		Matrix Spike Recovery	112	%
		Matrix Spike RPD	0	%
		Matrix Spike RPD	0	%
		Method Blank	<0.1	mg/L
		RPD	0	%
		RPD	0	%



# Chaparral Laboratories, Inc.



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Aucoin & Associates

Attn: Pat Aucoin  
8765 Spring Cypress Suite L, # 173  
Spring, TX 77379

**Project:** Lost River RV Park  
**Location:** Harris County, TX

## Certificate of Analysis

**Customer ID:** AUCCOIN  
**Sample ID:** 24020586  
**Date Received:** 02/19/2024  
**Date Reported:** 03/04/2024

QC2402467 Total Dissolved Solids

Duplicate %RPD 0.5 %  
LCS 102.4 %  
Method Blank <5.0 mg/L

QC2402477 TSS

Duplicate %RPD 3 %  
Duplicate %RPD 3.2 %  
LCS 95 %  
Method Blank <2.5 mg/L

QC2402506 Chloride

Duplicate %RPD 0 %  
LCS 92.6 %  
Method Blank <0.3 mg/L  
MS %R 93.1 %  
MSD %R 101.6 %

QC2402508 Sulfate

Duplicate %RPD 0 %  
LCS 91 %  
Method Blank <0.3 mg/L  
MS %R 91.5 %  
MSD %R 91.2 %

QC2402527 Alkalinity

Duplicate %RPD 1.8 %  
LCS 100.8 %  
Method Blank <5.0 mg/L CaCO3

QC2403017 Total Kjeldahl Nitrogen

Duplicate %RPD 0 %  
LCS 95 %  
Method Blank <1.1 mg/L  
MS %R 101 %  
MSD %R 101 %



# Chaparral Laboratories, Inc.



861 State Hwy 19 P.O. Box 1622 Humusville, TX 77342-1622 www.chaparrallabs.com Phone: 936-291-1881 Fax: 936-295-1731

Aucoin & Associates  
Attn: Pat Aucoin  
8765 Spring Cypress Suite L, # 173  
Spring, TX 77379

## Certificate of Analysis

Customer ID: AUCOIN  
Sample ID: 24020386  
Date Received: 02/19/2024  
Date Reported: 03/04/2024

Project: Lost River RV Park  
Location: Harris County, TX  
QC2403043 Total Phosphorus

Duplicate %RPD	1.8	%
LCS	100	%
Method Blank	<0.01	mg/L
MS %R	102	%
MSD %R	104	%

The analytical results in this Certificate of Analysis relate only to the samples tested. This Certificate of Analysis, with its corresponding Chain of Custody, completes the data package. This data package may not be reproduced, except in full, without the written approval of Chaparral Laboratories, Inc.

(-) = Result was below quantitation limits.  
(+) = Result was above quantitation limits.  
Acceptable = meets Precision Criteria  
Unacceptable = does not meet Precision Criteria  
Samples analyzed for Oxygen Uptake Rate are diluted to <2% total solids for analysis.  
Results reported as mg/kg, %, or CFU/g/TS are calculated on a dry weight basis, unless otherwise noted.  
Precision Criteria for Fecal Coliform, Escherichia coli and Enterococci analyses are calculated according to SM 9020 B 8.5.b.

\*Note I: Laboratory Approval by TCEQ  
\*Note II: The form TCEQ-10525 (Rev. 05/2023) submitted to Chaparral Laboratories, Inc. is TCEQ's required documentation for all Total Coliform analysis on Drinking Water in the State of Texas. Please refer to the completed form TCEQ-10525 (Rev. 05/2023) for all reporting purposes.

  
Approved by David H. Veinotte  
Laboratory Director



# Chaparral Laboratories, Inc.

861 State Hwy 19 P.O. Box 1622 Huntsville, TX. 77342 www.chaparrallabs.com reports@chaparrallabs.com Phone: 936-291-1881 FAX: 936-295-1731

## Chain of Custody Record

CLI-497	Client	Report To	Same as Client <input type="checkbox"/>	Invoice Info	Same as Client <input type="checkbox"/>	COC Page 1 of 1		Collection Code				
Name	Aucoin & Associates					PO #		E				
Attn:	Pat Aucoin					Sampler: <i>Dkv</i>						
Address	8765 Spring Cypress Suite L, # 173					Sample Type		Matrix Code		Bottle Code		Preservative Code
City, State, Zip	Spring, TX. 77379					Grab 3 pt. Comp. 6 pt. Comp. 24 Hr. Comp. 48 Hr. Comp.		D = Drinking Water NP = Non-Potable Water S = Solids/Soil		G = Glass GA = Glass Amber P = Plastic V = VOA W = Thiowhirlbag		1 = <5°C 2 = H2SO4 3 = HNO3 4 = NaOH 5 = HCl 6 = Na2S2O3 7 = On-Site Analysis 8 = Other
Phone #	281-583-6855											
Fax #	281-320-0214											
E-Mail	darren.2824@yahoo.com											
Lab Use Only		Project	Collection Point	Sample Type	Matrix Code	Date Collected	Time Collected	Flow (mgd)	Bottle Code	Vol (mls)	Pres. Code	Analysis
Sample #	Bottle #											
2402058	01	Lost River RV Park	EFF	Grab	NP	2/19/24	8:45	0.006	P	1000	1	CBOD5
	02	Lost River RV Park	EFF	Grab	NP				P	1000	1	TSS
	03	Lost River RV Park	EFF	Grab	NP				P	500	1,2	NH3N, TKN, T-P
	04	Lost River RV Park	EFF	Grab	NP		8:45		P	1000	1	Chloride, NO3N, SO4, TDS, Alk
	05	Lost River RV Park	EFF	Grab	NP		8:51		P	500	1,3	
	06	Lost River RV Park	EFF	Grab	NP		8:54		P	250	1,6	E. coli
	07	Lost River RV Park	EFF	Grab	NP		8:57				7	pH: 7.27 @ 19.1°C D.O.: 8.2 mg/l CL2: 2.4 mg/l
Sample Conditions as Received from Client			Relinquished by:			Date	Time	Received by:		Date	Time	
Samples intact: Y N NA			<i>K.../K...</i>			2/19/24	10:55	<i>Ant...</i>		2/19/24	10:55	
Received on ice: Y N NA If N: Temperature °C*												
*Temperature taken from client's thermometer unless otherwise noted.												
Sample Conditions as Received by Lab												
Samples intact: <input checked="" type="checkbox"/> N NA												
Received on ice: <input checked="" type="checkbox"/> N NA Cooler ID # 243												
Notes: Cl2 reading before Mn correction: 2.7 mg/L Mn correction for Cl2 analysis: 1.3 mg/L												

Page 5 of 5



**B. Sludge disposal site**

Disposal site name: Mt. Houston Road MUD

TCEQ permit or registration number: WQ0011154001

County where disposal site is located: Harris

**C. Sludge transportation method**

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

Name of the hauler: Magna Flow Environmental

Hauler registration number: 21484

Sludge is transported as a:

Liquid       semi-liquid       semi-solid       solid

**Section 10. Permit Authorization for Sewage Sludge Disposal (Instructions Page 60)**

**A. Beneficial use authorization**

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

Yes       No

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

Yes       No

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

Yes       No

**B. Sludge processing authorization**

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

Sludge Composting      Yes       No

Marketing and Distribution of sludge      Yes       No

Sludge Surface Disposal or Sludge Monofill      Yes       No

Temporary storage in sludge lagoons      Yes       No

If yes to any of the above sludge options and the applicant is requesting to continue this authorization, is the completed **Domestic Wastewater Permit Application: Sewage Sludge**

Technical Report (TCEQ Form No. 10056) attached to this permit application?

Yes  No

## Section 11. Sewage Sludge Lagoons (Instructions Page 61)

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: [REDACTED]

- USDA Natural Resources Conservation Service Soil Map:

Attachment: [REDACTED]

- Federal Emergency Management Map:

Attachment: [REDACTED]

- Site map:

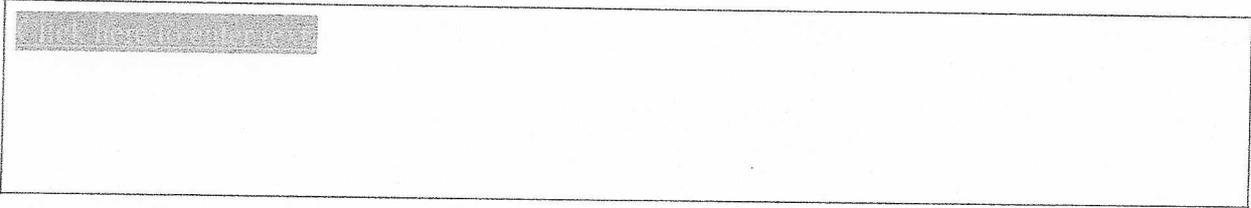
Attachment: [REDACTED]

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: [REDACTED]

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:



**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: [redacted]
- Total Kjeldahl Nitrogen, mg/kg: [redacted]
- Total Nitrogen (=nitrate nitrogen + TKN), mg/kg: [redacted]
- Phosphorus, mg/kg: [redacted]
- Potassium, mg/kg: [redacted]
- pH, standard units: [redacted]
- Ammonia Nitrogen mg/kg: [redacted]
- Arsenic: [redacted]
- Cadmium: [redacted]
- Chromium: [redacted]
- Copper: [redacted]
- Lead: [redacted]
- Mercury: [redacted]
- Molybdenum: [redacted]
- Nickel: [redacted]
- Selenium: [redacted]
- Zinc: [redacted]
- Total PCBs: [redacted]

Provide the following information:

- Volume and frequency of sludge to the lagoon(s): [redacted]
- Total dry tons stored in the lagoons(s) per 365-day period: [redacted]
- Total dry tons stored in the lagoons(s) over the life of the unit: [redacted]

**C. Liner information**

Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity

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

Yes  No

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

#### D. Site development plan

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

Attach the following documents to the application.

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

#### 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: [REDACTED]

## Section 12. Authorizations/Compliance/Enforcement (Instructions Page 63)

### 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:

[REDACTED]

### 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:

[REDACTED]

## Section 13. RCRA/CERCLA Wastes (Instructions Page 63)

### 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:



**Section 14. Laboratory Accreditation (Instructions Page 64)**

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: Bradley Mewes

Title: Member

Signature: 

Date: 5-15-24

# DOMESTIC TECHNICAL REPORT WORKSHEET 2.0

## RECEIVING WATERS

The following is required for all TPDES permit applications

### Section 1. Domestic Drinking Water Supply (Instructions Page 73)

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 yes, provide the following:

Owner of the drinking water supply: [REDACTED]

Distance and direction to the intake: [REDACTED]

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

Attachment: [REDACTED]

### Section 2. Discharge into Tidally Affected Waters (Instructions Page 73)

Does the facility discharge into tidally affected waters?

Yes  No

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: [REDACTED]

#### 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).

#### 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).

### Section 3. Classified Segments (Instructions Page 73)

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 75)

Name of the immediate receiving waters: \_\_\_\_\_

#### A. Receiving water type

Identify the appropriate description of the receiving waters.

Stream

Freshwater Swamp or Marsh

Lake or Pond

Surface area, in acres: \_\_\_\_\_

Average depth of the entire water body, in feet: \_\_\_\_\_

Average depth of water body within a 500-foot radius of discharge point, in feet:  
\_\_\_\_\_

Man-made Channel or Ditch

Open Bay

Tidal Stream, Bayou, or Marsh

Other, specify: \_\_\_\_\_

## *Attachment Index*

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***Attachment***

***Title***

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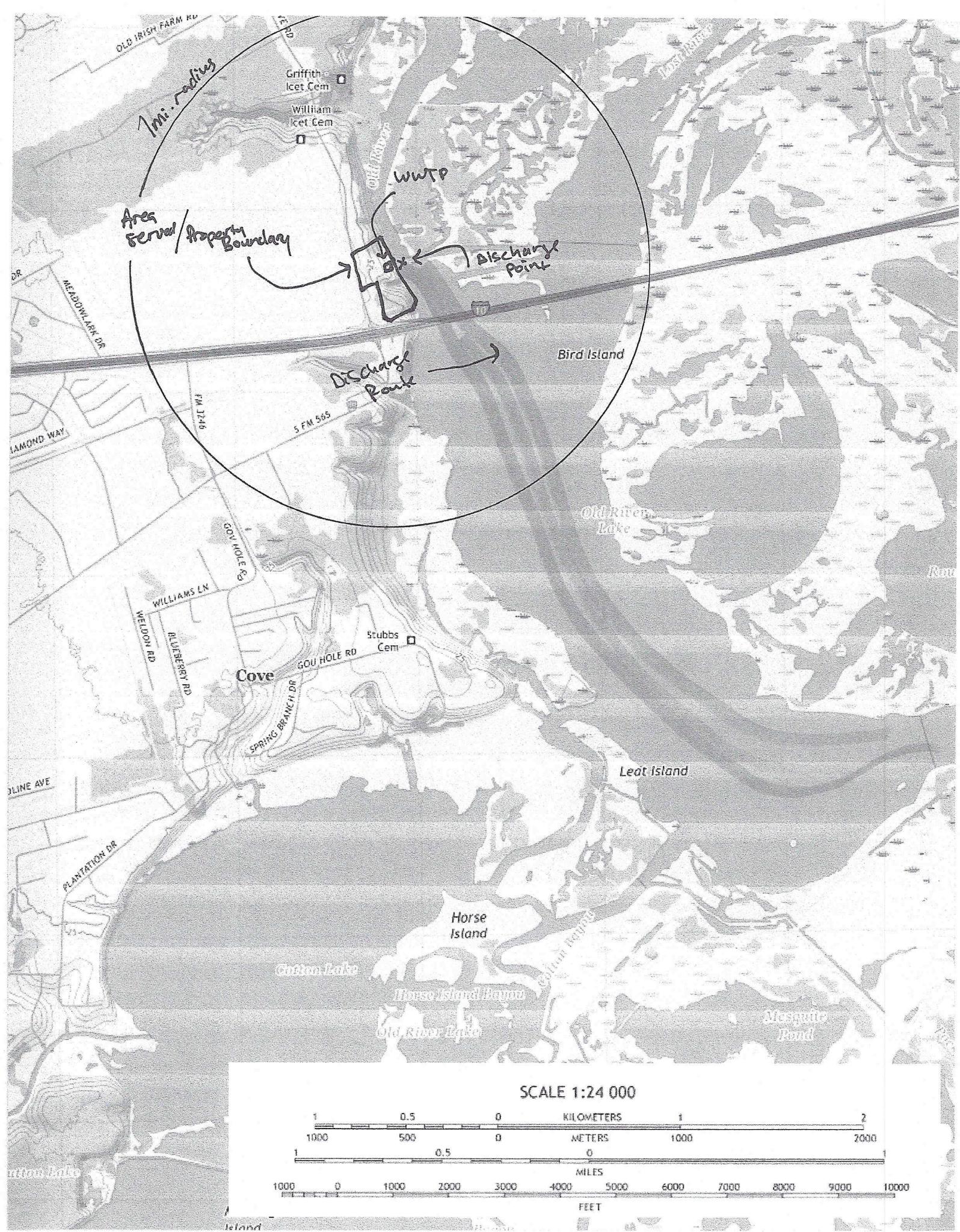
- |   |                               |
|---|-------------------------------|
| A | Original USGS Topographic Map |
| B | Site Drawing                  |
| C | Flow Diagram                  |
| D | Core Data Form                |

# Attachment A

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Original USGS Topographic Map

---



1 mi. radius

Area served/Property Boundary

WWTP

Discharge Point

Discharge Point

Bird Island

Old River Lake

Cove

Stubbs Cem

Leat Island

Horse Island

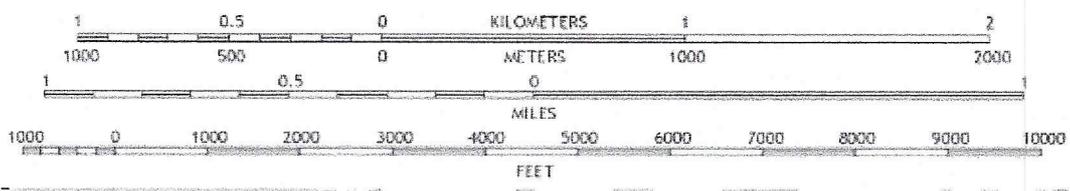
Cotton Lake

Horse Island Bayou

Old River Bayou

Mesquite Pond

SCALE 1:24 000

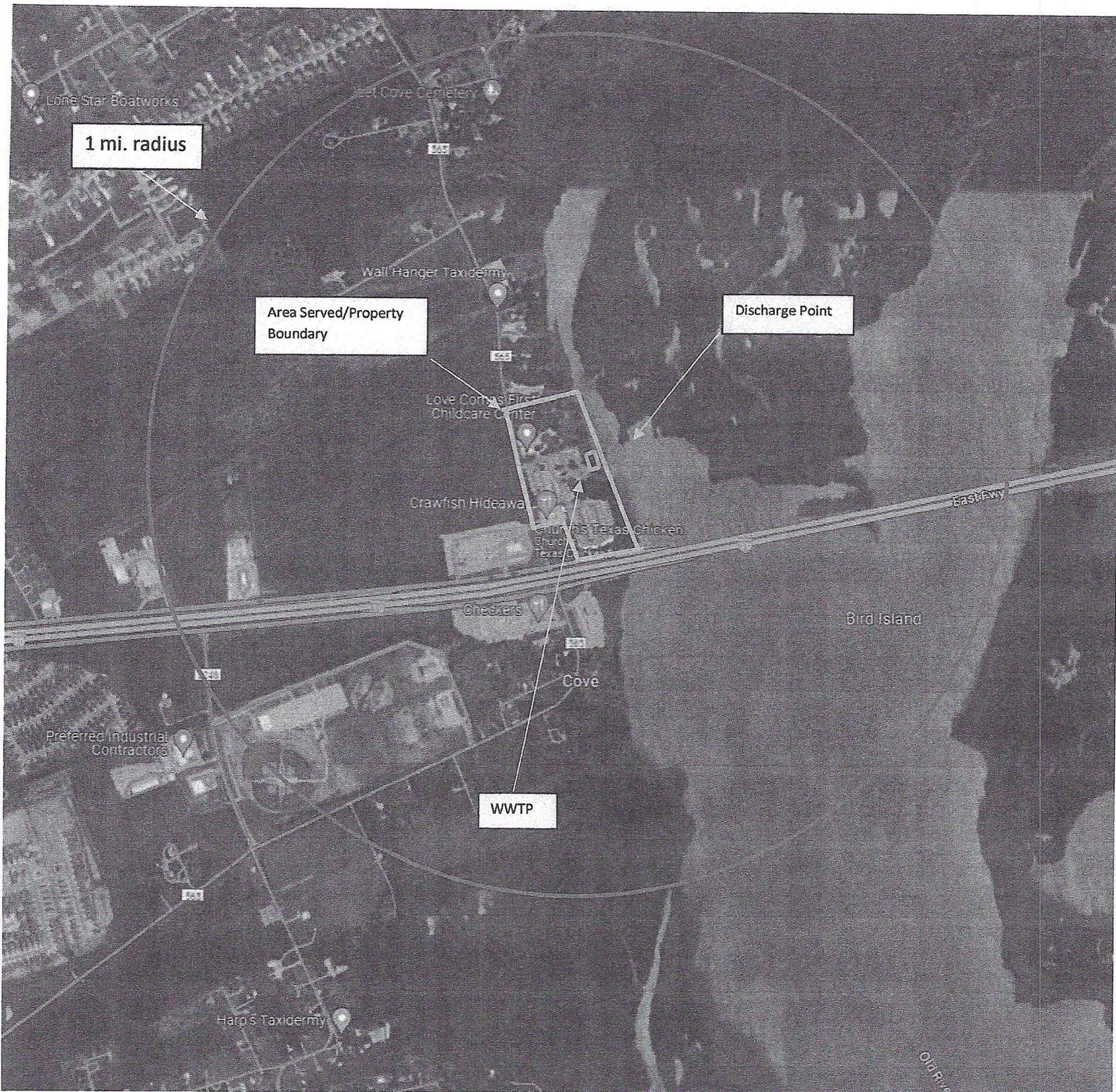


# Attachment B

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Site Drawing

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SDAP Real Estate TX LLC

WQ0014714001

May 2024

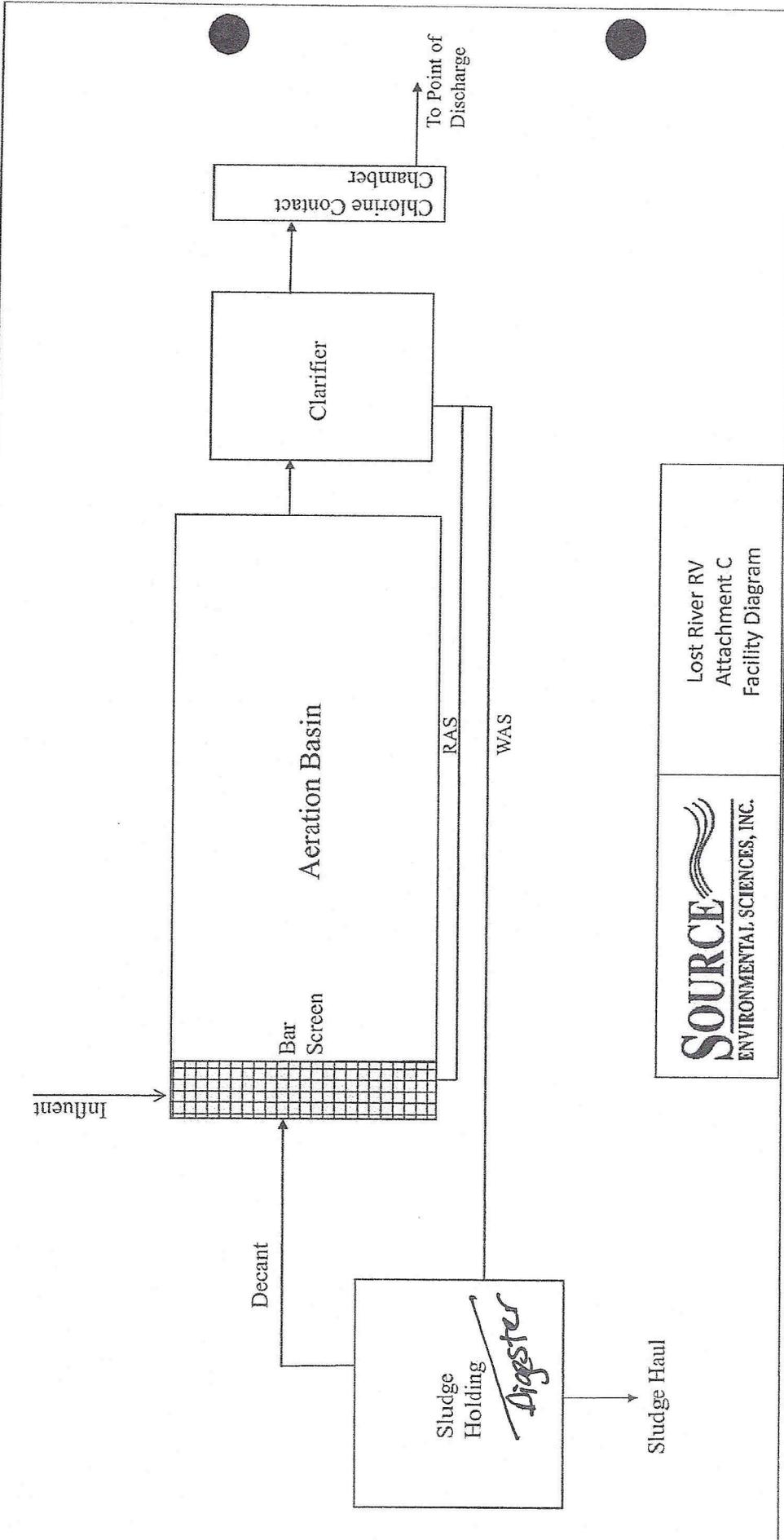


## Attachment C

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Flow Diagram

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 Lost River RV  
 Attachment C  
 Facility Diagram

**RECEIVED**

FEB 11 2019

Water Quality Division  
Application Team

## Attachment D

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Core Data Form

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# 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 checked="" type="checkbox"/> Other Transfer of Ownership	
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN		RN 104951439

## SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input checked="" type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)		<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)		<i>If new Customer, enter previous Customer below:</i>	
SDAP Real Estate TX LLC		Lost River RV Limited Liability Company	
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID	10. DUNS Number (if applicable)
80534930	32092991242	99-0470351	
11. Type of Customer:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other:	
12. Number of Employees		13. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:			
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant			
15. Mailing Address:	5900 Balcones Dr Ste 100		
	Ste 100		
	City	Austin	State TX ZIP 78731 ZIP + 4 4298
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
		brad+lostriver@mewescfo.com	
18. Telephone Number		19. Extension or Code	20. Fax Number (if applicable)
( 714 ) 658-5518			( ) -

## 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 type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information	
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
Lost River RV Park Wastewater Treatment Plant	

23. Street Address of the Regulated Entity: (No PO Boxes)	8407 North Farm-to-Market Road 565							
	City	Baytown	State	TX	ZIP	77523	ZIP + 4	
24. County	Chambers							

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

25. Description to Physical Location:								
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:	29.83281			28. Longitude (W) In Decimal:	-94.80216			
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)			
4952			22132					
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)								
Wastewater Service Provider								
34. Mailing Address:	5900 Balcones Drive Ste. 100							
	City	Austin	State	TX	ZIP	78731	ZIP + 4	
35. E-Mail Address:	brad+lostriver@mewescfo.com							
36. Telephone Number	37. Extension or Code			38. Fax Number (if applicable)				
( 714 ) 658-5518				( ) -				

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:
WQ0014714001				

**SECTION IV: Preparer Information**

40. Name:	Stephanie Landsman	41. Title:	Wastewater Specialist
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
( 281 ) 658-5899		( ) -	stephanie@landsmanenviro.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:	SDAP Real Estate TX LLC	Job Title:	Member
Name (In Print):	Bradley Mewes	Phone:	( 714 ) 658- 5518
Signature:		Date:	4-5-24

## Francesca Findlay

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**From:** Stephanie Landsman <stephanie@landsmanenviro.com>  
**Sent:** Tuesday, June 18, 2024 10:53 AM  
**To:** Francesca Findlay  
**Subject:** Re: WQ0014714001 SDAP Real Estate TX LLC  
**Attachments:** SDAP Real Estate Revised Transfer Page.pdf

Attached is the transfer app page with the date. The NORI looks correct to me.

On Tue, Jun 18, 2024 at 9:06 AM Francesca Findlay <[Francesca.Findlay@tceq.texas.gov](mailto:Francesca.Findlay@tceq.texas.gov)> wrote:

Dear Ms. Landsman

I am working on the transfer and renewal application. I need a transfer date for Section 8, of the application for transfer. Please provide the document with the corrected page.

The attached Notice of Deficiency letter sent on June 18, 2024, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention July 2, 2024.

Thank you,

Francesca Findlay

License & Permit Specialist

ARP Team | Water Quality Division

512-239-2441

Texas Commission on Environmental Quality



Please consider whether it is necessary to print this e-mail

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

--

Stephanie Landsman  
Wastewater Specialist  
Landsman Environmental LLC  
9597 Jones Road #962  
Jersey Village, TX 77065  
(281)-658-5899



If this individual is not the same person as the facility owner or co-applicant, attach one of the following documents:

- A lease agreement or deed recorded easement, if the facility is NOT a fixture of the land, or
- A deed recorded easement if the facility IS a fixture of the land.

**B. Landowner of the effluent disposal site:**

Landowner Name: N/A

If this individual is not the same person as the facility owner or co-applicant, attach a lease agreement.

**C. For CAFOs: Attach the following records:**

- Warranty Deed or Property Tax Records
- Lease Agreement (for land management units that are not owned by the facility owner or co-applicant)

Facility Size on the proof of ownership, in acres: [REDACTED]

**SECTION 8. TRANSFER DATE**

What is the date that the transfer of operator or ownership will occur? 12/23/2023

**SECTION 9. REPORTING AND BILLING INFORMATION**

**A. Please identify the individual for receiving the reporting forms.**

First and Last Name: Darren Shaw

Title: [REDACTED] Credentials: [REDACTED]

Company Name: Aucoin and Associates Inc.

Mailing Address: 8765 Spring Cypress #L173

City, State, and Zip Code: Spring, TX 77389

Phone Number: 281-583-6855 Fax Number: [REDACTED]

E-mail Address: darren@aucoinandassociates.com

**B. Please identify the individual for receiving the annual fee invoices.**

First and Last Name: Bradley Mewes

Title: Member Credentials: [REDACTED]

Company Name: SDAP Real Estate TX LLC