Administrative Package Cover Page

This file contains the following documents:

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

Portada de Paquete Administrativo

Este archivo contiene los siguientes documentos:

1. Resumen en lenguaje sencillo (PLS, por sus siglas en inglés) de la actividad propuesta
   - Inglés
   - Idioma alternativo (español)
2. Primer aviso (NORI, por sus siglas en inglés)
   - Inglés
   - Idioma alternativo (español)
3. Solicitud original

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.

MHC TT, L.P. (CN600918718) operates Lake Tawakoni RV Campground WWTF (RN101714897), a wastewater treatment facility. The facility is located at 1246 Rains County Road 1470, in Point, Rains County, Texas 75472. Renewal to discharge up to 40,000 gallons per day of treated domestic wastewater from one outfall.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($CBOD_5$), total suspended solids (TSS), ammonia nitrogen (NH_3-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, sludge digester, aeration tank, final clarifier, chlorine contact chamber, and two evaporation ponds.

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

AGUAS RESIDUALES DOMESTICAS **/AGUAS PLUVIALES**

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

MHC TT, L.P. (CN600918718) opera Lake Tawakoni RV Campground WWTF RN101714897, una planta de tratamiento de aguas residuales. La instalación está ubicada en 1246 Rains County Road 1470, en Point, Condado de Rains, Texas 75472. Renovación para descargar hasta 40.000 galones por día de aguas residuales domésticas tratadas desde un solo emisario.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonoso de cinco días (DBO5), sólidos suspendidos totales (SST), nitrógeno amoniacal (NH_3-N) y Escherichia coli. Se incluyen otros contaminantes potenciales en el Informe Técnico Doméstico 1.0, Sección 7, Análisis de Contaminantes del Efluente Tratado, y la Hoja de Trabajo Doméstica 4.0 del paquete de solicitud de permiso. Agua residual doméstica. está tratado por una planta de proceso de lodos activados y las unidades de tratamiento incluyen una pantalla de barra, digestor de lodos, un tanque de aireación, un clarificador final, una cámara de contacto con cloro y dos estanques de evaporación. .

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PERMIT NO. WQ0014736001

APPLICATION. Mhc Tt, L.P., 2 North Riverside Plaza, Suite 800, Chicago, Illinois 60606, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0014736001 (EPA I.D. No. TX0097675) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 40,000 gallons per day. The domestic wastewater treatment facility is located at 1246 Rains County Road 1470, in Rains County, Texas 75472. The discharge route is from the plant site to an unnamed tributary, thence to Lake Tawakoni. TCEQ received this application on November 19, 2025. The permit application will be available for viewing and copying at Rains County Public Library, Public Notice Section, 150 Doris Briggs Parkway, Emory, in Rains County, Texas prior to the date this notice is published in the newspaper. The application and associated notices are available electronically at the following webpage: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application. https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.903888,32.873611&level=18

ALTERNATIVE LANGUAGE NOTICE. Alternative language notice in Spanish is available at: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications. El aviso de idioma alternativo en español está disponible en https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications.

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

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

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

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

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

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

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

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

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

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

Further information may also be obtained from Mhc Tt, L.P. at the address stated above or by calling Mr. Damon Brown, Operations Manager, at 936-718-1100.

Issuance Date: December 17, 2025

Comisión de Calidad Ambiental del Estado de Texas

AVISO DE RECIBO DE LA SOLICITUD Y
EL INTENTO DE OBTENER PERMISO PARA LA CALIDAD DEL AGUA
RENOVACION

PERMISO NO. WQ0014736001

SOLICITUD. Mhc Tt, L.P., 2 North Riverside Plaza, Suite 800, Chicago, Illinois 60606, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0014736001 (EPA I.D. No. TX0097675) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 40,000 galones por día. La planta está ubicada 1246 Rains County Road 1470, en el Condado de Rains, Texas 75472. La ruta de descarga es del sitio de la planta a un tributario sin nombre, de ahí al Lago Tawakoni. La TCEQ recibió esta solicitud el 19 de noviembre de 2025. La solicitud para el permiso estará disponible para leerla y copiarla en la biblioteca del condado de Rains, 150 Doris Briggs Parkway, Emory, TX 75400 antes de la fecha de publicación de este aviso en el periódico. La solicitud y los avisos asociados están disponibles electrónicamente en la siguiente página web: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications.
Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.
https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.903888,32.873611&level=18

AVISO DE IDIOMA ALTERNATIVO. El aviso de idioma alternativo en español está disponible en https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications.

AVISO ADICIONAL. El Director Ejecutivo de la TCEQ ha determinado que la solicitud es administrativamente completa y conducirá una revisión técnica de la solicitud. Después de completar la revisión técnica, el Director Ejecutivo puede preparar un borrador del permiso y emitirá una Decisión Preliminar sobre la solicitud. **El aviso de la solicitud y la decisión preliminar serán publicados y enviado a los que están en la lista de correo de las personas a lo largo del condado que desean recibir los avisos y los que están en la lista de correo que desean recibir avisos de esta solicitud. El aviso dará la fecha límite para someter comentarios públicos.**

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar comentarios públicos o pedir una reunión pública sobre esta solicitud. El propósito de una reunión pública es dar la oportunidad de presentar comentarios o hacer preguntas acerca de la solicitud. La TCEQ

realiza una reunión pública si el Director Ejecutivo determina que hay un grado de interés público suficiente en la solicitud o si un legislador local lo pide. Una reunión pública no es una audiencia administrativa de lo contencioso.

OPORTUNIDAD DE UNA AUDIENCIA ADMINISTRATIVA DE LO CONTENCIOSO. Después del plazo para presentar comentarios públicos, el Director Ejecutivo considerará todos los comentarios apropiados y preparará una respuesta a todo los comentarios públicos esenciales, pertinentes, o significativos. **A menos que la solicitud haya sido referida directamente a una audiencia administrativa de lo contencioso, la respuesta a los comentarios y la decisión del Director Ejecutivo sobre la solicitud serán enviados por correo a todos los que presentaron un comentario público y a las personas que están en la lista para recibir avisos sobre esta solicitud. Si se reciben comentarios, el aviso también proveerá instrucciones para pedir una reconsideración de la decisión del Director Ejecutivo y para pedir una audiencia administrativa de lo contencioso.** Una audiencia administrativa de lo contencioso es un procedimiento legal similar a un procedimiento legal civil en un tribunal de distrito del estado.

PARA SOLICITAR UNA AUDIENCIA DE CASO IMPUGNADO, USTED DEBE INCLUIR EN SU SOLICITUD LOS SIGUIENTES DATOS: su nombre, dirección, y número de teléfono; el nombre del solicitante y número del permiso; la ubicación y distancia de su propiedad/actividad con respecto a la instalación; una descripción específica de la forma cómo usted sería afectado adversamente por el sitio de una manera no común al público en general; una lista de todas las cuestiones de hecho en disputa que usted presente durante el período de comentarios; y la declaración "[Yo/nosotros] solicito/solicitamos una audiencia de caso impugnado". Si presenta la petición para una audiencia de caso impugnado de parte de un grupo o asociación, debe identificar una persona que representa al grupo para recibir correspondencia en el futuro; identificar el nombre y la dirección de un miembro del grupo que sería afectado adversamente por la planta o la actividad propuesta; proveer la información indicada anteriormente con respecto a la ubicación del miembro afectado y su distancia de la planta o actividad propuesta; explicar cómo y porqué el miembro sería afectado; y explicar cómo los intereses que el grupo desea proteger son pertinentes al propósito del grupo.

Después del cierre de todos los períodos de comentarios y de petición que aplican, el Director Ejecutivo enviará la solicitud y cualquier petición para reconsideración o para una audiencia de caso impugnado a los Comisionados de la TCEQ para su consideración durante una reunión programada de la Comisión.

La Comisión sólo puede conceder una solicitud de una audiencia de caso impugnado sobre los temas que el solicitante haya presentado en sus comentarios oportunos que no fueron retirados posteriormente. **Si se concede una audiencia, el tema de la audiencia estará limitado a cuestiones de hecho en disputa o cuestiones mixtas de hecho y de derecho relacionadas a intereses pertinentes y materiales de calidad del agua que se hayan presentado durante el período de comentarios. Si ciertos criterios se cumplen, la TCEQ puede actuar sobre una solicitud para renovar un permiso sin proveer una oportunidad de una audiencia administrativa de lo contencioso.**

LISTA DE CORREO. Si somete comentarios públicos, un pedido para una audiencia administrativa de lo contencioso o una reconsideración de la decisión del Director Ejecutivo,

la Oficina del Secretario Principal enviará por correo los avisos públicos en relación con la solicitud. Además, puede pedir que la TCEQ ponga su nombre en una o más de las listas correos siguientes (1) la lista de correo permanente para recibir los avisos del solicitante indicado por nombre y número del permiso específico y/o (2) la lista de correo de todas las solicitudes en un condado especifico. Si desea que se agrega su nombre en una de las listas designe cual lista(s) y envía por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

INFORMACIÓN DISPONIBLE EN LÍNEA. Para detalles sobre el estado de la solicitud, favor de visitar la Base de Datos Integrada de los Comisionados en www.tceq.texas.gov/goto/cid. Para buscar en la base de datos, utilizar el número de permiso para esta solicitud que aparece en la parte superior de este aviso.

CONTACTOS E INFORMACIÓN A LA AGENCIA. Todos los comentarios públicos y solicitudes deben ser presentadas electrónicamente vía http://www14.tceq.texas.gov/epic/eComment/o por escrito dirigidos a la Comisión de Texas de Calidad Ambiental, Oficial de la Secretaría (Office of Chief Clerk), MC-105, P.O. Box 13087, Austin, Texas 78711-3087. Tenga en cuenta que cualquier información personal que usted proporcione, incluyendo su nombre, número de teléfono, dirección de correo electrónico y dirección física pasarán a formar parte del registro público de la Agencia. Para obtener más información acerca de esta solicitud de permiso o el proceso de permisos, llame al programa de educación pública de la TCEQ, gratis, al 1-800-687-4040. Si desea información en Español, puede llamar al 1-800-687-4040.

También se puede obtener información adicional del Mhc Tt, L.P. a la dirección indicada arriba o llamando a Sr. Damon Brown, Gerente de Operaciones al 936-718-1100.

Fecha de emisión: el 17 de diciembre de 2025

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

November 19, 2025

Re: Confirmation of Submission of the Renewal without changes for Private Domestic Wastewater Authorization.

Dear Applicant:

This is an acknowledgement that you have successfully completed Renewal without changes for the Private Domestic Wastewater authorization.

ER Account Number: ER107701
Application Reference Number: 804369
Authorization Number: WQ0014736001
Site Name: Lake Tawakoni Rv Campground WWTF
Regulated Entity: RN101714897 - Lake Tawakoni Rv Campground WWTF
Customer(s): CN600918718 - Mhc Tt, L.P.

Please be aware that TCEQ staff may contact your designated contact for any additional information.

If you have any questions, you may contact the Applications Review and Processing Team by email at WQ-ARPTeam@tceq.texas.gov or by telephone at (512) 239-4671.

Sincerely,
Applications Review and Processing Team
Water Quality Division

Texas Commission on Environmental Quality

Update Domestic or Industrial Individual Permit

WQ0014736001

Site Information (Regulated Entity)

What is the name of the site to be authorized?	LAKE TAWAKONI RV CAMPGROUND WWTF
Does the site have a physical address?	Yes
Physical Address	
Number and Street	1246 RS COUNTY ROAD 1470
City	POINT
State	TX
ZIP	75472
County	RAINS
Latitude (N) (##.######)	32.873611
Longitude (W) (-###.######)	-95.903888
Primary SIC Code	4952
Secondary SIC Code	
Primary NAICS Code	221320
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN101714897
What is the name of the Regulated Entity (RE)?	THOUSAND TRAILS LAKE TAWAKONI WWTP
Does the RE site have a physical address?	No
Because there is no physical address, describe how to locate this site:	ONE MILE W OF FM RD 47 APPROX 1.15 MI S OF FM RD 35 IN RAINS COUNTY TX
City	BELLEVUE
State	TX
ZIP	75472
County	RAINS
Latitude (N) (##.######)	32.945833
Longitude (W) (-###.######)	-95.955833
Facility NAICS Code	
What is the primary business of this entity?	DOMESTIC

Mhc Tt,-Customer (Applicant) Information (Owner)

How is this applicant associated with this site?	Owner
What is the applicant's Customer Number (CN)?	CN600918718
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	Mhc Tt, L.P.
Texas SOS Filing Number	11269606
Federal Tax ID	
State Franchise Tax ID	17521386718
State Sales Tax ID	

Local Tax ID	
DUNS Number	
Number of Employees	501+
Independently Owned and Operated?	Yes
I certify that the full legal name of the entity applying for this permit has been provided and is legally authorized to do business in Texas.	Yes
Responsible Authority Contact	
Organization Name	Mhc Tt, L.P.
Prefix	MR
First	Damon
Middle	
Last	Brown
Suffix	
Credentials	
Title	Operations Manager
Responsible Authority Mailing Address	
Enter new address or copy one from list:	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	2 N RIVERSIDE PLZ STE 800
Routing (such as Mail Code, Dept., or Attn:)	
City	CHICAGO
State	IL
ZIP	60606
Phone (###-###-####)	9367181100
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	dbrown@waterworksutilities.com

Billing Contact

Responsible contact for receiving billing statements:	
Select the permittee that is responsible for payment of the annual fee.	CN600918718, Mhc Tt, L.P.
Organization Name	Mhc Tt, L.P.
Prefix	
First	
Middle	
Last	
Suffix	
Credentials	
Title	
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 8000
Routing (such as Mail Code, Dept., or Attn:)	
City	MONSEY
State	NY
ZIP	10952

Phone (###-###-####)	6026745690
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	LOLA@WATERWORKSUTILITIES.COM

Application Contact

Person TCEQ should contact for questions about this application:

Same as another contact?	
Organization Name	Alliance Technical Group
Prefix	MR
First	Jaime
Middle	
Last	Reyes
Suffix	
Credentials	
Title	Environmental Inspector
Enter new address or copy one from list:	

Mailing Address

Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	6001 SAVOY DR STE 110
Routing (such as Mail Code, Dept., or Attn:)	
City	HOUSTON
State	TX
ZIP	77036
Phone (###-###-####)	3462629260
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	jaime.reyes@alliancetg.com

Technical Contact

Person TCEQ should contact for questions about this application:

Same as another contact?	
Organization Name	Telegistics
Prefix	MR
First	RANDY
Middle	
Last	COUNCILL
Suffix	
Credentials	
Title	OPERATOR
Enter new address or copy one from list:	

Mailing Address

Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	1246 RS COUNTY ROAD 1470

Routing (such as Mail Code, Dept., or Attn:)	
City	POINT
State	TX
ZIP	75472
Phone (###-###-####)	8327215119
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	RCOUNCILL@TELEGISTICS.COM

DMR Contact

Person responsible for submitting Discharge Monitoring Report Forms:	
Same as another contact?	CN600918718, Mhc Tt, L.P.
Organization Name	Mhc Tt, L.P.
Prefix	MR
First	Damon
Middle	
Last	Brown
Suffix	
Credentials	
Title	Operations Manager
Enter new address or copy one from list:	
Mailing Address:	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	2 N RIVERSIDE PLZ STE 800
Routing (such as Mail Code, Dept., or Attn:)	
City	CHICAGO
State	IL
ZIP	60606
Phone (###-###-####)	9367181100
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	dbrown@waterworksutilities.com

Section 1# Permit Contact

Permit Contact#: 1

Person TCEQ should contact throughout the permit term.

1) Same as another contact?	CN600918718, Mhc Tt, L.P.
2) Organization Name	Mhc Tt, L.P.
3) Prefix	MR
4) First	Damon
5) Middle	
6) Last	Brown
7) Suffix	
8) Credentials	

9) Title	Operations Manager
Mailing Address	
10) Enter new address or copy one from list	
11) Address Type	Domestic
11.1) Mailing Address (include Suite or Bldg. here, if applicable)	2 N RIVERSIDE PLZ STE 800
11.2) Routing (such as Mail Code, Dept., or Attn:)	
11.3) City	CHICAGO
11.4) State	IL
11.5) ZIP	60606
12) Phone (###-###-####)	9367181100
13) Extension	
14) Alternate Phone (###-###-####)	
15) Fax (###-###-####)	
16) E-mail	dbrown@waterworksutilities.com

Owner Information

Owner of Treatment Facility	
1) Prefix	
2) First and Last Name	
3) Organization Name	MHC TT LP
4) Mailing Address	2 North Riverside Plaza Ste 800
5) City	Chicago
6) State	IL
7) Zip Code	60606
8) Phone (###-###-####)	6026745690
9) Extension	
10) Email	permits_licenses@equitylifestyles.com
11) What is ownership of the treatment facility?	Private
Owner of Land (where treatment facility is or will be)	
12) Prefix	
13) First and Last Name	
14) Organization Name	MHC TT LP
15) Mailing Address	2 North Riverside Plaza Ste 800
16) City	Chicago
17) State	IL
18) Zip Code	60606
19) Phone (###-###-####)	6026745690
20) Extension	
21) Email	permits_licenses@equitylifestyles.com
22) Is the landowner the same person as the facility owner or co-applicant?	Yes

General Information Renewal-Amendment

1) Current authorization expiration date:	03/08/2026
2) Current Facility operational status:	Active
3) Is the facility located on or does the treated effluent cross American Indian Land?	No

4) What is the application type that you are seeking?	Renewal without changes
5) Current Authorization type:	Private Domestic Wastewater
5.1) What is the proposed total flow in MGD discharged at the facility?	0.04
5.2) Select the applicable fee	< .05 MGD - Renewal - $315
6) What is the classification for your authorization?	TPDES
6.1) What is the EPA Identification Number?	TX0097675
6.2) Is the wastewater treatment facility location in the existing permit accurate?	Yes
6.3) Are the point(s) of discharge and the discharge route(s) in the existing permit correct?	Yes
6.4) City nearest the outfall(s):	Point
6.5) County where the outfalls are located:	RAINS
6.6) Is or will the treated wastewater discharge to a city, county, or state highway right-of-way, or a flood control district drainage ditch?	No
6.7) Is the daily average discharge at your facility of 5 MGD or more?	No
7) Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?	No

Public Notice Information

Individual Publishing the Notices	
1) Prefix	MR
2) First and Last Name	Jaime Reyes
3) Credential	
4) Title	
5) Organization Name	Alliance Technical Group
6) Mailing Address	6001 SAVOY DR
7) Address Line 2	Suite 110
8) City	HOUSTON
9) State	TX
10) Zip Code	77036
11) Phone (###-###-####)	3462629260
12) Extension	
13) Fax (###-###-####)	
14) Email	jaime.reyes@alliancetg.com
Contact person to be listed in the Notices	
15) Prefix	MR
16) First and Last Name	Damon Brown
17) Credential	
18) Title	Operations Manager
19) Organization Name	
20) Phone (###-###-####)	9367181100
21) Fax (###-###-####)	
22) Email	dbrown@waterworksutilities.com
Bilingual Notice Requirements	
23) 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
23.1) Are the students who attend either the elementary school or the middle school enrolled in a bilingual education program at that school?	Yes

23.2) Do the students at these schools attend a bilingual education program at another location?	No
23.3) 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)?	No
23.4) Which language is required by the bilingual program?	Spanish

Section 1# Public Viewing Information

County#: 1

1) County	RAINS
2) Public building name	Point Tx, Post Office
3) Location within the building	Lobby
4) Physical Address of Building	281 Avenue C
5) City	Point
6) Contact Name	Postmaster
7) Phone (###-###-####)	9035983117
8) Extension	
9) Is the location open to the public?	Yes

Plain Language

1) Plain Language

[File Properties]

File Name	LANG_Plain Language form WQ0014736001.pdf
Hash	29B49E782C6AFF096630B883C3FCCEF277EC9A5031B37A09746BCDB5B9D6C01E
MIME-Type	application/pdf

Supplemental Permit Information Form

1) Supplemental Permit Information Form (SPIF)

[File Properties]

File Name	SPIF_20971.pdf
Hash	0F98EF3BF3A509C3F46632505838DCEAA902887BDA7BCF84A96D3050D4392C10
MIME-Type	application/pdf

Domestic Attachments

1) Attach an 8.5"x11", reproduced portion of the most current and original USGS Topographic Quadrangle Map(s) that meets the 1:24,000 scale.

[File Properties]

File Name	MAP_New Topo Map.pdf
Hash	4BCED0C5080FFA8C53D1CF463D7E49DAAA221889842FA115BA737D37BAED46B2
MIME-Type	application/pdf

2) I confirm that all required sections of Technical Report 1.0 are complete and will be included in the Technical Attachment.	Yes
2.1) I confirm that Worksheet 2.0 (Receiving Waters) is complete and included in the Technical Attachment.	Yes

2.2) Are you planning to include Worksheet 2.1 (Stream Physical Characteristics) in the Technical Attachment?	No
2.3) Are you planning to include Worksheet 4.0 (Pollutant Analyses Requirements) in the Technical Attachment?	No
2.4) Are you planning to include Worksheet 5.0 (Toxicity Testing Requirements) in the Technical Attachment?	No
2.5) Are you planning to include Worksheet 7.0 (Class V Injection Well Inventory/Authorization Form) in the Technical Attachment?	No

2.6) Technical Attachment

[File Properties]

File Name	TECH_Final_10054.pdf
Hash	F9D210750966A5A6540458BE9041426EAD2E2F86B107A65BFA1B88B8715BD62B
MIME-Type	application/pdf

3) Buffer Zone Map

4) Flow Diagram

[File Properties]

File Name	FLDIA_Lake tawakoni Flow Diagram.pdf
Hash	D67C38A89337CA134D668DB8DF5D6C428F3B24084864AB67CC80FF3AF005736C
MIME-Type	application/pdf

5) Site Drawing

[File Properties]

File Name	SITEDR_Lake tawakoni Site map.pdf
Hash	8F3A52E0466A10D23BA5FBD22CC05306E3180CBD7013619BC3F33AF39F113CB2
MIME-Type	application/pdf

6) Design Calculations

[File Properties]

File Name	DES_CAL_Lake tawakoni Flow Diagram.pdf
Hash	D67C38A89337CA134D668DB8DF5D6C428F3B24084864AB67CC80FF3AF005736C
MIME-Type	application/pdf

7) Solids Management Plan

8) Water Balance

9) Other Attachments

Certification

I certify that I am authorized under 30 Texas Administrative Code 305.44 to sign this document and can provide documentation in proof of such authorization upon request.

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.

1. I am Damon M Brown, the owner of the STEERS account ER083246.
2. I have the authority to sign this data on behalf of the applicant named above.
3. I have personally examined the foregoing and am familiar with its content and the content of any attachments, and based upon my personal knowledge and/or inquiry of any individual responsible for information contained herein, that this information is true, accurate, and complete.
4. I further certify that I have not violated any term in my TCEQ STEERS participation agreement and that I have no reason to believe that the confidentiality or use of my password has been compromised at any time.
5. I understand that use of my password constitutes an electronic signature legally equivalent to my written signature.

6. I also understand that the attestations of fact contained herein pertain to the implementation, oversight and enforcement of a state and/or federal environmental program and must be true and complete to the best of my knowledge.
7. I am aware that criminal penalties may be imposed for statements or omissions that I know or have reason to believe are untrue or misleading.
8. I am knowingly and intentionally signing Update Domestic or Industrial Individual Permit WQ0014736001.
9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

OWNER Signature: Damon M Brown OWNER

Customer Number:	CN600918718
Legal Name:	Mhc Tt, L.P.
Account Number:	ER083246
Signature IP Address:	170.62.0.97
Signature Date:	2025-11-17
Signature Hash:	4D9FD4C47CF678AE01853EFD029A5D8BF332C3D555AAEFBBE9ADC60F45786A15
Form Hash Code at time of Signature:	8E8464C959665AA53DB062F41FB6006C559EB86156EDE09B0C8737156AD079DF

Fee Payment

Transaction by:	The application fee payment transaction was made by ER083246/Damon M Brown
Paid by:	The application fee was paid by DAMON BROWN
Fee Amount:	$300.00
Paid Date:	The application fee was paid on 2025-11-17
Transaction/Voucher number:	The transaction number is 582EA000695606 and the voucher number is 794447

Submission

Reference Number:	The application reference number is 804369
Submitted by:	The application was submitted by ER107701/Jaime Reyes
Submitted Timestamp:	The application was submitted on 2025-11-19 at 15:06:25 CST
Submitted From:	The application was submitted from IP address 66.64.45.243
Confirmation Number:	The confirmation number is 696363
Steers Version:	The STEERS version is 6.93
Permit Number:	The permit number is WQ0014736001

Additional Information

Application Creator: This account was created by Jaime Reyes

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.

MHC TT, L.P. (CN600918718) operates Lake Tawakoni RV Campground WWTF (RN101714897), a wastewater treatment facility. The facility is located at 1246 Rains County Road 1470, in Point, Rains County, Texas 75472. Renewal to discharge up to 40,000 gallons per day of treated domestic wastewater from one outfall.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($CBOD_5$), total suspended solids (TSS), ammonia nitrogen (NH_3-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, sludge digester, aeration tank, final clarifier, chlorine contact chamber, and two evaporation ponds.

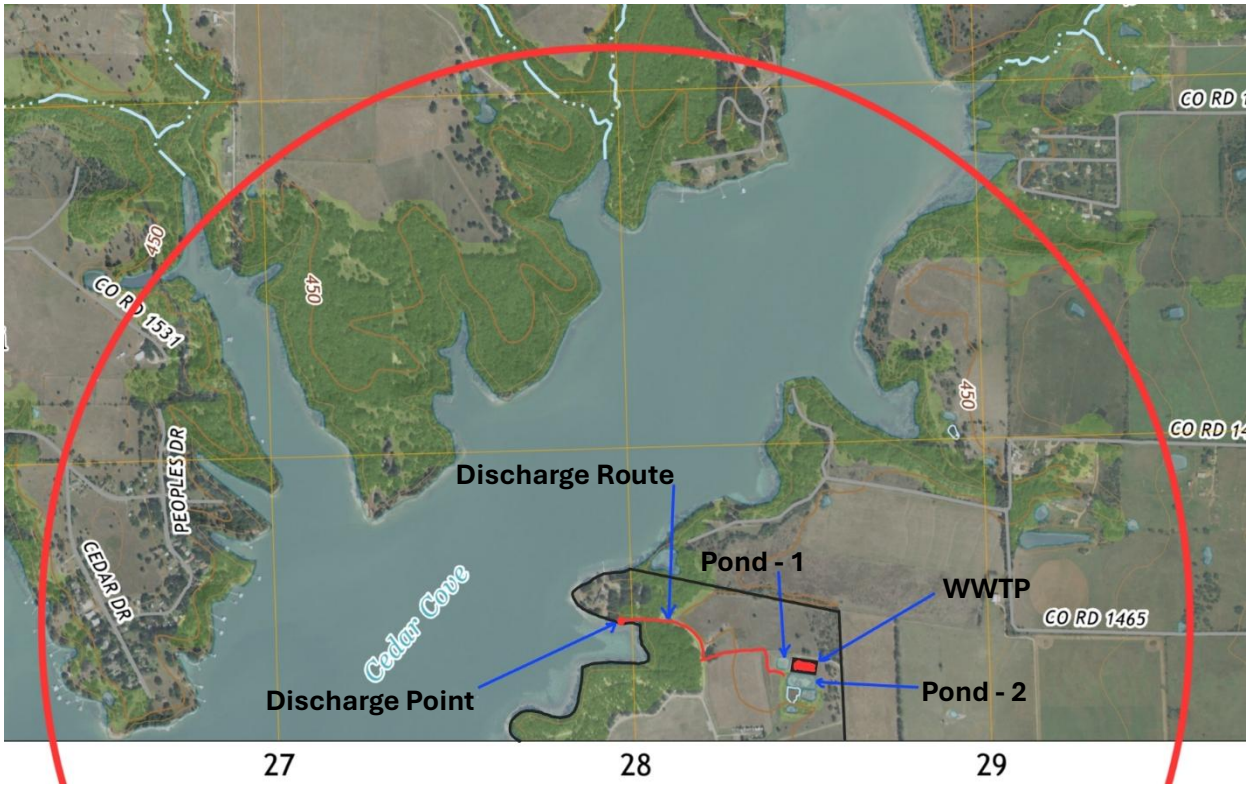
PLANTILLA EN ESPAÑOL PARA SOLICITUDES NUEVAS/RENOVACIONES/ENMIENDAS DE TPDES o TLAP

AGUAS RESIDUALES DOMESTICAS **/AGUAS PLUVIALES**

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

MHC TT, L.P. (CN600918718) opera Lake Tawakoni RV Campground WWTF RN101714897, una planta de tratamiento de aguas residuales. La instalación está ubicada en 1246 Rains County Road 1470, en Point, Condado de Rains, Texas 75472. Renovación para descargar hasta 40.000 galones por día de aguas residuales domésticas tratadas desde un solo emisario.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonoso de cinco días (DBO5), sólidos suspendidos totales (SST), nitrógeno amoniacal (NH_3-N) y Escherichia coli. Se incluyen otros contaminantes potenciales en el Informe Técnico Doméstico 1.0, Sección 7, Análisis de Contaminantes del Efluente Tratado, y la Hoja de Trabajo Doméstica 4.0 del paquete de solicitud de permiso. Agua residual doméstica. está tratado por una planta de proceso de lodos activados y las unidades de tratamiento incluyen una pantalla de barra, digestor de lodos, un tanque de aireación, un clarificador final, una cámara de contacto con cloro y dos estanques de evaporación. .



SCALE 1:24 000

1 0.5 0 KILOMETERS 1 2

1000 500 0 METERS 1000 2000

1 0.5 0 1

MILES

1000 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 10000

FEET

Lake Tawakoni Wastewater Plant

Permit No. WQ0014736001

QUADRANGLE LOCATION

ROAD CLASSIFICATION

Expressway
Secondary Hwy
Ramp
Local Connector
Local Road
4WD
Interstate Route
US Route
State Route

1	2	3
4		5
6	7	8

1 Greenville SE
2 Lone Oak North
3 Miller Grove
4 West Tawakoni
5 Emory North
6 Ables Springs
7 Iron Bridge Dam
8 Emory South

ADJOINING QUADRANGLES

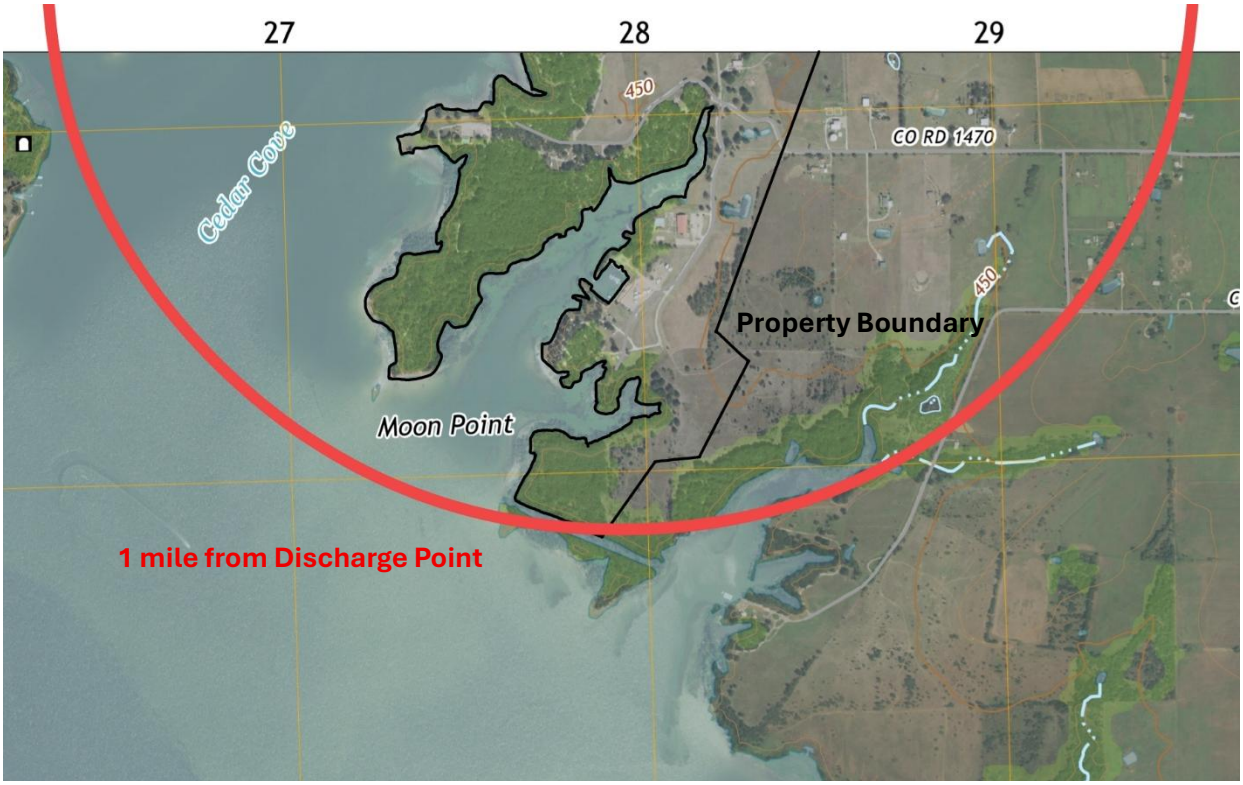
LONE OAK SOUTH QUADRANGLE

TEXAS

7.5-MINUTE SERIES

2022

HOUSTON OFFICE
6001 Savoy Dr #110, Houston, TX 77036
AllianceTG.com | (832) 384-9475



SCALE 1:24 000

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1000 500 0 METERS 1000 2000

1 0.5 0 1

MILES

1000 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 10000

FEET

Lake Tawakoni Wastewater Plant

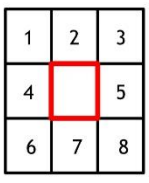
Permit No. WQ0014736001

QUADRANGLE LOCATION

ROAD CLASSIFICATION

Expressway	Local Connector
Secondary Hwy	Local Road
Ramp	4WD

Interstate Route | US Route | State Route



1 West Tawakoni
2 Lone Oak South
3 Emory North
4 Ables Springs
5 Emory South
6 Wills Point
7 Edgewood
8 Fruitvale

ADJOINING QUADRANGLES

IRON BRIDGE DAM QUADRANGLE

TEXAS

7.5-MINUTE SERIES

2022

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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: MHC TT, L.P.

   Permit No. WQ00 14736001 EPA ID No. TX 0097675

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

   1246 Rain County Road 1470, Point, TX 75472

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: Randy Council

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

Title: Operator

Mailing Address: 1246 Rains County Road 1470

City, State, Zip Code: Point, Texas, 75472

Phone No.: 832-721-5119 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: rcouncil@teligistics.com

2. List the county in which the facility is located: Rains
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.

Discharge to unnamed Tributary: Hence to Lake Tawakoni in Segment No. 0507

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

N/A

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

N/A

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

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): 0.04

2-Hr Peak Flow (MGD): 0.1598

Estimated construction start date: Existing

Estimated waste disposal start date: Existing

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): 0.04

2-Hr Peak Flow (MGD): 0.1598 GPM

Estimated construction start date: Existing

Estimated waste disposal start date: Existing

D. Current operating phase: Final

Provide the startup date of the facility: 1985

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:

Activated Sludge Package Plant: Extended aeration mode. (A) influent enters through a bar screen to aeration basin. (B) Aeration basin flows to the clarifier. (C) Return sludge from clarifiers returned to plant head aeration basin. (D) Effluent from clarifiers flows over weirs to chlorine contact basin. (E) Wasted sludge to sludge digester. (F) Chlorine disinfects effluent to effluent LS. (G) Effluent LS pumps to evaporation pond 1. (H) Pond 1 flows to pond 2, if needed through equalization. Pond 2 discharges to unnamed tributary that flows to Lake Tawakoni.

Port or pipe diameter at the discharge point, in inches: 6"

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 basin	1	40' x 10' x 12'
Clarifier	1	23.5' x 11' x 12'
Chlorine Contact Chamber	1	28" x 11' x 12'
Digester	1	68" x 10' x 12'
Evaporation Pond 1	1	90' x 90' x 8'
Evaporation Pond 2	1	200' x 100' x 5'

C. Process flow diagrams

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

Attachment: 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: Attachment D

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

MHC TT, L.P, dba as Thousand Trails Lake Tawakoni

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.

Click here to enter text

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.

Click here to enter text

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: 1984

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

Click here to enter text

B. Buffer zones

Have the buffer zone requirements been met?

Yes ☒ No ☐

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

Click here to enter text.

C. Other actions required by the current permit

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

Yes ☐ No ☒

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

Click here to enter text.

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

Yes ☐ No ☒

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

2. Grit and grease processing

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

Click here to enter text.

3. Grit disposal

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

Yes ☐ No ☐

If No, contact the TCEQ Municipal Solid Waste team at 512-239-0000. 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.

Click here to enter text.

4. Grease and decanted liquid disposal

Note: A registration or permit is required for grease disposal. Grease shall not be combined with treatment plant sludge. For more information, contact the TCEQ Municipal Solid Waste team at 512-239-0000.

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

Click here to enter text.

E. Stormwater management

1. Applicability

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

2. MSGP coverage

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

Yes ☐ No ☐

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

TXR05 Click here to enter text or TXRNE Click here to enter text

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

Yes ☐ No ☐

3. Conditional exclusion

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

Yes ☐ No ☐

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

Click here to enter text

4. Existing coverage in individual permit

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

Yes ☐ No ☐

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

Click here to enter text.

5. Zero stormwater discharge

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

Yes ☐ No ☐

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

Click here to enter text.

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

6. Request for coverage in individual permit

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

Yes ☐ No ☐

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

Click here to enter text.

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?
Yes ☐ No ☒

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

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

1. Acceptance of sludge from other WWTPs

Does the facility accept or will it accept sludge from other treatment plants at the facility site?
Yes ☐ No ☒

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

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

Click here to enter text.

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

Yes ☐ No ☒

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

Yes ☐ No ☐

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

Yes ☐ No ☐

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

Click here to enter text.

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

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

Is 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.

Click here to enter text.

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). **W*ater 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**
$CBOD_5$, mg/l	2.4	2.4	1	Grab	9/16/25, 10:35 AM
Total Suspended Solids, mg/l	2.9	2.9	1	Grab	9/16/25, 10:35 AM
Ammonia Nitrogen, mg/l	0.157	0.157	1	Grab	9/16/25, 10:35 AM
Nitrate Nitrogen, mg/l	18.3	18.3	1	Grab	9/16/25, 10:35 AM
Total Kjeldahl Nitrogen, mg/l	4.9	4.9	1	Grab	9/16/25, 10:35 AM
Sulfate, mg/l	15.7	15.7	1	Grab	9/16/25, 10:35 AM
Chloride, mg/l	130	130	1	Grab	9/16/25, 10:35 AM
Total Phosphorus, mg/l	5.85	5.85	1	Grab	9/16/25, 10:35 AM
pH, standard units	7.5	7.5	1	Grab	9/16/25, 10:35 AM
Dissolved Oxygen*, mg/l	6.8	6.8	1	Garb	9/16/25, 10:35 AM
Chlorine Residual, mg/l	<0.1	<0.1	1	Grab	9/16/25, 10:35 AM
E.coli (CFU/100ml) freshwater	<1	<1	1	Grab	9/16/25, 10:35 AM
Entercocci (CFU/100ml) saltwater					

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Dissolved Solids, mg/l	406	406	1	Grab	9/16/25, 10:35 AM
Electrical Conductivity, µmohs/cm, †	373	373	1	Garb	9/16/25, 10:35 AM
Oil & Grease, mg/l					
Alkalinity ($CaCO_3$)*, mg/l	51.0	51.0	1	Grab	9/16/25, 10:35 AM

*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					
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity ($CaCO_3$), mg/l					

Section 8. Facility Operator (Instructions Page 60)

Facility Operator Name: Mr. Randy Council

Facility Operator's License Classification and Level: Operator

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

Section 9. Sewage Sludge Management and Disposal (Instructions Page 60)

A. Sludge disposal method

Identify the current or anticipated sludge disposal method or methods from the following list. Check all that apply.

☐ Permitted landfill

☐ Permitted or Registered land application site for beneficial use

☐ Land application for beneficial use authorized in the wastewater permit

☐ Permitted sludge processing facility

☐ Marketing and distribution as authorized in the wastewater permit

☐ Composting as authorized in the wastewater permit

☐ Permitted surface disposal site (sludge monofill)

☐ Surface disposal site (sludge monofill) authorized in the wastewater permit

☐ Transported to another permitted wastewater treatment plant or permitted sludge processing facility. If you selected this method, a written statement or contractual agreement from the wastewater treatment plant or permitted sludge processing facility accepting the sludge must be included with this application.

☐ Other: Click here to enter text.

B. Sludge disposal site

Disposal site name: Click here to enter text.

TCEQ permit or registration number: Click here to enter text.

County where disposal site is located: Click here to enter text.

C. Sludge transportation method

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

Name of the hauler: Click here to enter text.

Hauler registration number: Click here to enter text.

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: Click here to enter text

- USDA Natural Resources Conservation Service Soil Map:

  Attachment: Click here to enter text

- Federal Emergency Management Map:

  Attachment: Click here to enter text

- Site map:

  Attachment: Click here to enter text

Discuss in a description if any of the following exist within the lagoon area.

Check all that apply.

☐ Overlap a designated 100-year frequency flood plain

☐ Soils with flooding classification

☐ Overlap an unstable area

☐ Wetlands

☐ Located less than 60 meters from a fault

☐ None of the above

Attachment: Click here to enter text

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

Click here to enter text

B. Temporary storage information

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

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

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

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

Phosphorus, mg/kg: Click here to enter text

Potassium, mg/kg: Click here to enter text

pH, standard units: Click here to enter text.

Ammonia Nitrogen mg/kg: Click here to enter text.

Arsenic: Click here to enter text.

Cadmium: Click here to enter text.

Chromium: Click here to enter text.

Copper: Click here to enter text.

Lead: Click here to enter text.

Mercury: Click here to enter text.

Molybdenum: Click here to enter text.

Nickel: Click here to enter text.

Selenium: Click here to enter text.

Zinc: Click here to enter text.

Total PCBs: Click here to enter text.

Provide the following information:

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

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

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

C. Liner information

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

Yes ☐ No ☐

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

Click here to enter text.

D. Site development plan

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

Click here to enter text

Attach the following documents to the application.

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

  Attachment: Click here to enter text

- Copy of the closure plan

  Attachment: Click here to enter text

- Copy of deed recordation for the site

  Attachment: Click here to enter text

- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons

  Attachment: Click here to enter text

- Description of the method of controlling infiltration of groundwater and surface water from entering the site

  Attachment: Click here to enter text

- Procedures to prevent the occurrence of nuisance conditions

  Attachment: Click here 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 here to enter text

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:

Click here to enter text

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Click here to enter text

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: Click here to enter text.

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: Damon Brown

Title: Operations Manager

Signature: Damon Brown

Date: 11-3-2025

DOMESTIC TECHNICAL REPORT 1.1

The following is required for new and amendment applications

Section 1. Justification for Permit (Instructions Page 66)

A. Justification of permit need

Provide a detailed discussion regarding the need for any phase(s) not currently permitted. Failure to provide sufficient justification may result in the Executive Director recommending denial of the proposed phase(s) or permit.

Not applicable

B. Regionalization of facilities

Provide the following information concerning the potential for regionalization of domestic wastewater treatment facilities:

1. Municipally incorporated areas

If the applicant is a city, then Item 1 is not applicable. Proceed to Item 2 Utility CCN areas.

Is any portion of the proposed service area located in an incorporated city?

Yes ☐ No ☐ Not Applicable ☐

If yes, within the city limits of: Click here to enter text

If yes, attach correspondence from the city.

Attachment: Click here to enter text

If consent to provide service is available from the city, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the city versus the cost of the proposed facility or expansion attached.

Attachment: Click here to enter text

2. Utility CCN areas

Is any portion of the proposed service area located inside another utility's CCN area?

Yes ☐ No ☐

If yes, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the CCN facilities versus the cost of the proposed facility or expansion.

Attachment: Click here to enter text.

3. Nearby WWTPs or collection systems

Are there any domestic permitted wastewater treatment facilities or collection systems located within a three-mile radius of the proposed facility?

Yes ☐ No ☐

If yes, attach a list of these facilities that includes the permittee's name and permit number, and an area map showing the location of these facilities.

Attachment: Click here to enter text.

If yes, attach copies of your certified letters to these facilities **and** their response letters concerning connection with their system.

Attachment: Click here to enter text.

Does a permitted domestic wastewater treatment facility or a collection system located within three (3) miles of the proposed facility currently have the capacity to accept or is willing to expand to accept the volume of wastewater proposed in this application?

Yes ☐ No ☐

If yes, attach an analysis of expenditures required to connect to a permitted wastewater treatment facility or collection system located within 3 miles versus the cost of the proposed facility or expansion.

Attachment: Click here to enter text.

Section 2. Organic Loading (Instructions Page 67)

Is this facility in operation?

Yes ☐ No ☐

If no, proceed to Item B, Proposed Organic Loading.

If yes, provide organic loading information in Item A, Current Organic Loading

A. Current organic loading

Facility Design Flow (flow being requested in application): Click here to enter text.

Average Influent Organic Strength or BOD_5 Concentration in mg/l: Click here to enter text.

Average Influent Loading (lbs/day = total average flow X average BOD_5 conc. X 8.34): Click here to enter text.

Provide the source of the average organic strength or BOD_5 concentration.

Click here to enter text.

B. Proposed organic loading

This table must be completed if this application is for a facility that is not in operation or if this application is to request an increased flow that will impact organic loading.

Table 1.1(1) – Design Organic Loading

Source	Total Average Flow (MGD)	Influent BOD_5 Concentration (mg/l)
Municipality		
Subdivision		
Trailer park – transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria,		

Source	Total Average Flow (MGD)	Influent BOD_5 Concentration (mg/l)
no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources		
AVERAGE BOD_5 from all sources		

Section 3. Proposed Effluent Quality and Disinfection (Instructions Page 68)

A. Existing/Interim I Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: Click here to enter text.

Total Suspended Solids, mg/l: Click here to enter text.

Ammonia Nitrogen, mg/l: Click here to enter text.

Total Phosphorus, mg/l: Click here to enter text.

Dissolved Oxygen, mg/l: Click here to enter text.

Other: Click here to enter text.

B. Interim II Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: Click here to enter text.

Total Suspended Solids, mg/l: Click here to enter text.

Ammonia Nitrogen, mg/l: Click here to enter text.

Total Phosphorus, mg/l: Click here to enter text.

Dissolved Oxygen, mg/l: Click here to enter text.

Other: Click here to enter text.

C. Final Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: Click here to enter text.

Total Suspended Solids, mg/l: Click here to enter text.

Ammonia Nitrogen, mg/l: Click here to enter text.

Total Phosphorus, mg/l: Click here to enter text.

Dissolved Oxygen, mg/l: Click here to enter text.

Other: Click here to enter text.

D. Disinfection Method

Identify the proposed method of disinfection.

☐ Chlorine: Click here to enter text. mg/l after Click here to enter text. minutes detention time at peak flow

Dechlorination process: Click here to enter text.

☐ Ultraviolet Light: Click here to enter text. seconds contact time at peak flow

☐ Other: Click here to enter text.

Section 4. Design Calculations (Instructions Page 68)

Attach design calculations and plant features for each proposed phase. Example 4 of the instructions includes sample design calculations and plant features.

Attachment: Click here to enter text.

Section 5. Facility Site (Instructions Page 68)

A. 100-year floodplain

Will the proposed facilities be located above the 100-year frequency flood level?

Yes ☐ No ☐

If no, describe measures used to protect the facility during a flood event. Include a site map showing the location of the treatment plant within the 100-year frequency flood level. If applicable, provide the size and types of protective structures.

Click here to enter text.

Provide the source(s) used to determine 100-year frequency flood plain.

Click here to enter text.

For a new or expansion of a facility, will a wetland or part of a wetland be filled?

Yes ☐ No ☐

If yes, has the applicant applied for a US Corps of Engineers 404 Dredge and Fill Permit?

Yes ☐ No ☐

If yes, provide the permit number: Click here to enter text.

If no, provide the approximate date you anticipate submitting your application to the Corps: Click here to enter text.

B. Wind rose

Attach a wind rose. **Attachment**: Click here to enter text.

Section 6. Permit Authorization for Sewage Sludge Disposal (Instructions Page 69)

A. Beneficial use authorization

Are you requesting to include authorization to land apply sewage sludge for beneficial use on property located adjacent to the wastewater treatment facility under the wastewater permit?

Yes ☐ No ☐

If yes, attach the completed Application for Permit for Beneficial Land Use of Sewage Sludge (TCEQ Form No. 10451)

Attachment: Click here to enter text.

B. Sludge processing authorization

Identify the sludge processing, storage or disposal options that will be conducted at the wastewater treatment facility:

☐ Sludge Composting

☐ Marketing and Distribution of sludge

☐ Sludge Surface Disposal or Sludge Monofill

If any of the above sludge options are selected, attach a completed DOMESTIC WASTEWATER PERMIT APPLICATION: SEWAGE SLUDGE TECHNICAL REPORT (TCEQ Form No. 10056).

Attachment: Click here to enter text.

Section 7. Sewage Sludge Solids Management Plan (Instructions Page 69)

Attach a solids management plan to the application.

Attachment: Click here to enter text.

The sewage sludge solids management plan must contain the following information:

- Treatment units and processes dimensions and capacities
- Solids generated at 100, 75, 50, and 25 percent of design flow
- Mixed liquor suspended solids operating range at design and projected actual flow
- Quantity of solids to be removed and a schedule for solids removal
- Identification and ownership of the ultimate sludge disposal site
- For facultative lagoons, design life calculations, monitoring well locations and depths, and the ultimate disposal method for the sludge from the facultative lagoon

An example of a sewage sludge solids management plan has been included as Example 5 of the instructions.

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: City of Point

Distance and direction to the intake: North,

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

Attachment: G and H

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

Does the facility discharge into tidally affected waters?

Yes ☐ **No** ☐ **Not Applicable**

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 here to enter text

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

Yes ☐ No ☐

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

Click here to enter text

C. Sea grasses

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

Yes ☐ No ☐

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

Click here to enter text

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: Not Applicable

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 here to enter text

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

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

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: Click here to enter text.

B. Flow characteristics

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

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

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

☐ Perennial - normally flowing

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

☐ USGS flow records

☐ Historical observation by adjacent landowners

☐ Personal observation

☐ Other, specify: Click here to enter text.

C. Downstream perennial confluences

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

Click here to enter text.

D. Downstream characteristics

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

Yes ☐ No ☐

If yes, discuss how.

Click here to enter text

E. Normal dry weather characteristics

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

Click here to enter text

Date and time of observation: Click here to enter text

Was the water body influenced by stormwater runoff during observations?

Yes ☐ No ☐

Section 5. General Characteristics of the Waterbody (Instructions Page 74)

A. Upstream influences

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

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

B. Waterbody uses

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

☐ Livestock watering
☐ Contact recreation
☐ Irrigation withdrawal
☐ Non-contact recreation
☐ Fishing
☐ Navigation

☐ Domestic water supply ☐ Industrial water supply

☐ Park activities ☐ Other(s), specify Click here 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 WORKSHEET 2.1

STREAM PHYSICAL CHARACTERISTICS

Required for new applications, major facilities, and applications adding an outfall

Worksheet 2.1 is not required for discharges to intermittent streams or discharges directly to (or within 300 feet of) a classified segment.

Section 1. General Information (Instructions Page 75)

Date of study: Click here to enter text. Time of study: Click here to enter text.

Stream name: Click here to enter text.

Location: Click here to enter text.

Type of stream upstream of existing discharge or downstream of proposed discharge (check one).

☐ Perennial ☐ Intermittent with perennial pools

Section 2. Data Collection (Instructions Page 75)

Number of stream bends that are well defined: Click here to enter text.

Number of stream bends that are moderately defined: Click here to enter text.

Number of stream bends that are poorly defined: Click here to enter text.

Number of riffles: Click here to enter text.

Evidence of flow fluctuations (check one):

☐ Minor ☐ moderate ☐ severe

Indicate the observed stream uses and if there is evidence of flow fluctuations or channel obstruction/modification.

Click here to enter text.

Stream transects

In the table below, provide the following information for each transect downstream of the existing or proposed discharges. Use a separate row for each transect.

Table 2.1(1) - Stream Transect Records

Stream type at transect Select riffle, run, glide, or pool. See Instructions, Definitions section.	**Transect location**	**Water surface width (ft)**	**Stream depths (ft)** at 4 to 10 points along each transect from the channel bed to the water surface. Separate the measurements with commas.
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.			

Section 3. Summarize Measurements (Instructions Page 76)

Streambed slope of entire reach, from USGS map in feet/feet: Click here to

enter text

Approximate drainage area above the most downstream transect (from USGS map or county highway map, in square miles): Click here to enter text

Length of stream evaluated, in feet: Click here to enter text

Number of lateral transects made: Click here to enter text

Average stream width, in feet: Click here to enter text

Average stream depth, in feet: Click here to enter text

Average stream velocity, in feet/second: Click here to enter text

Instantaneous stream flow, in cubic feet/second: Click here to enter text

Indicate flow measurement method (type of meter, floating chip timed over a fixed distance, etc.): Click here to enter text

Size of pools (large, small, moderate, none): Click here to enter text

Maximum pool depth, in feet: Click here to enter text

DOMESTIC WORKSHEET 3.0

LAND DISPOSAL OF EFFLUENT

The following is required for all permit applications

Renewal, New, and Amendments

Section 1. Type of Disposal System (Instructions Page 77)

Identify the method of land disposal:

- ☐ Surface application
- ☐ Irrigation
- ☐ Drip irrigation system
- ☒ Evaporation
- ☐ Evapotranspiration beds
- ☐ Other (describe in detail): Click here to enter text.
- ☐ Subsurface application
- ☐ Subsurface soils absorption
- ☐ Subsurface area drip dispersal system

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

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

Section 2. Land Application Site(s) (Instructions Page 77)

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

Table 3.0(1) – Land Application Site Crops

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

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

Section 3. Storage and Evaporation Lagoons/Ponds (Instructions Page 77)

Table 3.0(2) – Storage and Evaporation Ponds

Pond Number	Surface Area (acres)	Storage Volume (acre-feet)	Dimensions	Liner Type
1	0.19	1.49	90’ x 90’ x 8’	Synthetic liner
2	0.46	2.30	200’ x 100’ x 5’	Unknown

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

Attachment: Click here to enter text

Section 4. Flood and Runoff Protection (Instructions Page 77)

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

Yes ☐ No ☒

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

Click here to enter text.

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

Click here to enter text.

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

Click here to enter text.

Section 5. Annual Cropping Plan (Instructions Page 77)

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

Attachment: Click here to enter text.

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

Section 6. Well and Map Information (Instructions Page 78)

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation (on a separate page) indicating why.

Attachment: Click here to enter text.

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

List and cross reference all water wells shown on the USGS map in the following table. Attach additional pages as necessary to include all of the wells.

Table 3.0(3) – Water Well Data

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

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

Attachment: Click here to enter text.

Section 7. Groundwater Quality (Instructions Page 79)

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

Attachment: Click here to enter text.

Are groundwater monitoring wells available onsite? Yes ☐ No ☒

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

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

Attachment: Click here to enter text.

Section 8. Soil Map and Soil Analyses (Instructions Page 79)

A. Soil map

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

Attachment: Click here to enter text.

B. Soil analyses

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

Attachment: Click here to enter text.

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

Table 3.0(4) – Soil Data

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number

Section 9. Effluent Monitoring Data (Instructions Page 80)

Is the facility in operation?

Yes ☒ No ☐

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

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

Table 3.0(5) – Effluent Monitoring Data

Date	30 Day Avg Flow MGD	BOD_5 mg/l	TSS mg/l	pH	Chlorine Residual mg/l	Acres irrigated

Date	30 Day Avg Flow MGD	BOD_5 mg/l	TSS mg/l	pH	Chlorine Residual mg/l	Acres irrigated

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

Click here to enter text

DOMESTIC WORKSHEET 3.1

SURFACE LAND DISPOSAL OF EFFLUENT

The following is required for new and major amendment applications. Renewal and minor amendments applicants may be asked for the worksheet on a case by case basis.

Section 1. Surface Disposal (Instructions Page 81)

Complete the item that applies for the method of disposal being used.

A. Irrigation

Area under irrigation, in acres: Click here to enter text.

Design application frequency:

hours/day Click here to enter text. **And** days/week Click here to enter text.

Land grade (slope):

average percent (%): Click here to enter text.

maximum percent (%): Click here to enter text.

Design application rate in acre-feet/acre/year: Click here to enter text.

Design total nitrogen loading rate, in lbs N/acre/year: Click here to enter text.

Soil conductivity (mmhos/cm): Click here to enter text.

Method of application: Click here to enter text.

Attach a separate engineering report with the water balance and storage volume calculations, method of application, irrigation efficiency, and nitrogen balance.

Attachment: Click here to enter text.

B. Evaporation ponds

Daily average effluent flow into ponds, in gallons per day: Click here to enter text.

Attach a separate engineering report with the water balance and storage volume calculations.

Attachment: Click here to enter text.

C. Evapotranspiration beds

Number of beds: Click here to enter text.

Area of bed(s), in acres: Click here to enter text.

Depth of bed(s), in feet: Click here to enter text.

Void ratio of soil in the beds: Click here to enter text.

Storage volume within the beds, in acre-feet: Click here to enter text.

Attach a separate engineering report with the water balance and storage volume calculations, and a description of the lining.

Attachment: Click here to enter text.

D. Overland flow

Area used for application, in acres: Click here to enter text.

Slopes for application area, percent (%): Click here to enter text.

Design application rate, in gpm/foot of slope width: Click here to enter text.

Slope length, in feet: Click here to enter text.

Design BOD_5 loading rate, in lbs BOD_5/acre/day: Click here to enter text.

Design application frequency:

hours/day: Click here to enter text. **And** days/week: Click here to enter text.

Attach a separate engineering report with the method of application and design requirements according to *30 TAC Chapter 217*.

Attachment: Click here to enter text.

Section 2. Edwards Aquifer (Instructions Page 82)

Is the facility subject to *30 TAC Chapter 213*, Edwards Aquifer Rules?

Yes ☐ No ☐

If yes, attach a report concerning the recharge zone.

Attachment: Click here to enter text.

DOMESTIC WORKSHEET 3.2

SUBSURFACE LAND DISPOSAL OF EFFLUENT

The following is required for new and major amendment applications. Renewal and minor amendments may require the worksheet on a case by case basis.

NOTE: All applicants proposing new/amended subsurface disposal MUST complete and submit Worksheet 7.0. This worksheet applies to any subsurface disposal system that does not meet the definition of a subsurface area drip dispersal system as defined in *30 TAC Chapter 222, Subsurface Area Drip Dispersal System.*

Section 1. Subsurface Application (Instructions Page 83)

Identify the type of system:

- ☐ Conventional Gravity Drainfield, Beds, or Trenches (new systems must be less than 5,000 GPD)
- ☐ Low Pressure Dosing
- ☐ Other, specify: Click here to enter text.

Application area, in acres: Click here to enter text.

Area of drainfield, in square feet: Click here to enter text.

Application rate, in gal/square foot/day: Click here to enter text.

Depth to groundwater, in feet: Click here to enter text.

Area of trench, in square feet: Click here to enter text.

Dosing duration per area, in hours: Click here to enter text.

Number of beds: Click here to enter text.

Dosing amount per area, in inches/day: Click here to enter text.

Infiltration rate, in inches/hour: Click here to enter text.

Storage volume, in gallons: Click here to enter text.

Area of bed(s), in square feet: Click here to enter text.

Soil Classification: Click here to enter text.

Attach a separate engineering report with the information required in *30 TAC § 309.20,* excluding the requirements of *§* 309.20 b(3)(A) and (B) design analysis which may be asked for on a case by case basis. Include a description of the schedule of dosing basin rotation.

Attachment: Click here to enter text.

Section 2. Edwards Aquifer (Instructions Page 83)

Is the subsurface system located on the Edwards Aquifer Recharge Zone as mapped by the TCEQ?

Yes ☐ No ☐

Is the subsurface system located on the Edwards Aquifer Transition Zone as mapped by the TCEQ?

Yes ☐ No ☐

If yes to either question, the subsurface system may be prohibited by *30 TAC §213.8*. Please call the Municipal Permits Team, at 512-239-4671, to schedule a pre-application meeting.

DOMESTIC WORKSHEET 3.3

SUBSURFACE AREA DRIP DISPERSAL SYSTEM (SADDS) LAND DISPOSAL OF EFFLUENT

The following is required for new and major amendment subsurface area drip dispersal system applications. Renewal and minor amendments may require the worksheet on a case by case basis.

NOTE: All applicants proposing new or amended subsurface disposal MUST complete and submit Worksheet 7.0. This worksheet applies to any subsurface disposal system that meets the definition of a subsurface area drip dispersal system as defined in *30 TAC Chapter 222, Subsurface Area Drip Dispersal System.*

Section 1. Administrative Information (Instructions Page 84)

A. Provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the treatment facility.

Click here to enter text

B. Is the owner of the land where the treatment facility is located the same as the owner of the treatment facility?

Yes ☐ No ☐

If **no**, provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the land where the treatment facility is located.

Click here to enter text

C. Owner of the subsurface area drip dispersal system:

Click here to enter text

D. Is the owner of the subsurface area drip dispersal system the same as the owner of the wastewater treatment facility or the site where the wastewater treatment facility is located?

Yes ☐ No ☐

If **no**, identify the names of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in Item 1.C.

Click here to enter text

E. Owner of the land where the subsurface area drip dispersal system is located:

Click here to enter text.

F. Is the owner of the land where the subsurface area drip dispersal system is located the same as owner of the wastewater treatment facility, the site where the wastewater treatment facility is located, or the owner of the subsurface area drip dispersal system?

Yes ☐ No ☐

If **no**, identify the name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in item 1.E.

Click here to enter text.

Section 2. Subsurface Area Drip Dispersal System (Instructions Page 84)

A. Type of system

☐ Subsurface Drip Irrigation

☐ Surface Drip Irrigation

☐ Other, specify: Click here to enter text.

B. Irrigation operations

Application area, in acres: Click here to enter text.

Infiltration Rate, in inches/hour: Click here to enter text.

Average slope of the application area, percent (%): Click here to enter text.

Maximum slope of the application area, percent (%): Click here to enter text.

Storage volume, in gallons: Click here to enter text.

Major soil series: Click here to enter text.

Depth to groundwater, in feet: Click here to enter text.

C. Application rate

Is the facility located **west** of the boundary shown in *30 TAC § 222.83* **and** also using a vegetative cover of non-native grasses over seeded with cool

season grasses during the winter months (October-March)?

Yes ☐ No ☐

If yes, then the facility may propose a hydraulic application rate not to exceed 0.1 gal/square foot/day.

Is the facility located **east** of the boundary shown in *30 TAC § 222.83* **or** in any part of the state when the vegetative cover is any crop other than non-native grasses?

Yes ☐ No ☐

If **yes**, the facility must use the formula in *30 TAC §222.83* to calculate the maximum hydraulic application rate.

Do you plan to submit an alternative method to calculate the hydraulic application rate for approval by the executive director?

Yes ☐ No ☐

Hydraulic application rate, in gal/square foot/day: Click here to enter text.

Nitrogen application rate, in lbs/gal/day: Click here to enter text.

D. Dosing information

Number of doses per day: Click here to enter text.

Dosing duration per area, in hours: Click here to enter text.

Rest period between doses, in hours: Click here to enter text.

Dosing amount per area, in inches/day: Click here to enter text.

Number of zones: Click here to enter text.

Does the proposed subsurface drip irrigation system use tree vegetative cover as a crop?

Yes ☐ No ☐

If **yes**, provide a vegetation survey by a certified arborist. Please call the Water Quality Assessment Team at (512) 239-4671 to schedule a pre-application meeting.

Attachment: Click here to enter text.

Section 3. Required Plans (Instructions Page 84)

A. Recharge feature plan

Attach a Recharge Feature Plan with all information required in *30 TAC §222.79*.

Attachment: Click here to enter text.

B. Soil evaluation

Attach a Soil Evaluation with all information required in *30 TAC §222.73*.

Attachment: Click here to enter text.

C. Site preparation plan

Attach a Site Preparation Plan with all information required in *30 TAC §222.75*.

Attachment: Click here to enter text.

D. Soil sampling/testing

Attach soil sampling and testing that includes all information required in *30 TAC §222.157*.

Attachment: Click here to enter text.

Section 4. Floodway Designation (Instructions Page 85)

A. Site location

Is the existing/proposed land application site within a designated floodway?

Yes ☐ No ☐

B. Flood map

Attach either the FEMA flood map or alternate information used to determine the floodway.

Attachment: Click here to enter text.

Section 5. Surface Waters in the State (Instructions Page 85)

A. Buffer Map

Attach a map showing appropriate buffers on surface waters in the state, water wells, and springs/seeps.

Attachment: Click here to enter text.

B. Buffer variance request

Do you plan to request a buffer variance from water wells or waters in the state?

Yes ☐ No ☐

If yes, then attach the additional information required in *30 TAC § 222.81(c).*

Attachment: Click here to enter text.

Section 6. Edwards Aquifer (Instructions Page 85)

A. Is the SADDS located on the Edwards Aquifer Recharge Zone as mapped by the TCEQ?

Yes ☐ No ☐

B. Is the SADDS located on the Edwards Aquifer Transition Zone as mapped by the TCEQ?

Yes ☐ No ☐

If yes to either question, then the SADDS may be prohibited by *30 TAC §213.8*. Please call the Municipal Permits Team at 512-239-4671 to schedule a pre-application meeting.

DOMESTIC WORKSHEET 4.0

POLLUTANT ANALYSES REQUIREMENTS*

The following is required for facilities with a permitted or proposed flow of 1.0 MGD or greater, facilities with an approved pretreatment program, or facilities classified as a major facility. See instructions for further details.

This worksheet is not required for minor amendments without renewal

Section 1. Toxic Pollutants (Instructions Page 87)

For pollutants identified in Table 4.0(1), indicate the type of sample.

Grab ☐ Composite ☐

Date and time sample(s) collected: Click here to enter text

Table 4.0(1) – Toxics Analysis

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrylonitrile				50
Aldrin				0.01
Aluminum				2.5
Anthracene				10
Antimony				5
Arsenic				0.5
Barium				3
Benzene				10
Benzidine				50
Benzo(a)anthracene				5

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Benzo(a)pyrene				5
Bis(2-chloroethyl)ether				10
Bis(2-ethylhexyl)phthalate				10
Bromodichloromethane				10
Bromoform				10
Cadmium				1
Carbon Tetrachloride				2
Carbaryl				5
Chlordane*				0.2
Chlorobenzene				10
Chlorodibromomethane				10
Chloroform				10
Chlorpyrifos				0.05
Chromium (Total)				3
Chromium (Tri) **(*1)**				N/A
Chromium (Hex)				3
Copper				2
Chrysene				5
p-Chloro-m-Cresol				10
4,6-Dinitro-o-Cresol				50
p-Cresol				10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Cyanide **(*2)**				10
4,4'- DDD				0.1
4,4'- DDE				0.1
4,4'- DDT				0.02
2,4-D				0.7
Demeton (O and S)				0.20
Diazinon				0.5/0.1
1,2-Dibromoethane				10
m-Dichlorobenzene				10
o-Dichlorobenzene				10
p-Dichlorobenzene				10
3,3'-Dichlorobenzidine				5
1,2-Dichloroethane				10
1,1-Dichloroethylene				10
Dichloromethane				20
1,2-Dichloropropane				10
1,3-Dichloropropene				10
Dicofol				1
Dieldrin				0.02
2,4-Dimethylphenol				10
Di-n-Butyl Phthalate				10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Diuron				0.09
Endosulfan I (alpha)				0.01
Endosulfan II (beta)				0.02
Endosulfan Sulfate				0.1
Endrin				0.02
Ethylbenzene				10
Fluoride				500
Guthion				0.1
Heptachlor				0.01
Heptachlor Epoxide				0.01
Hexachlorobenzene				5
Hexachlorobutadiene				10
Hexachlorocyclohexane (alpha)				0.05
Hexachlorocyclohexane (beta)				0.05
gamma-Hexachlorocyclohexane (Lindane)				0.05
Hexachlorocyclopentadiene				10
Hexachloroethane				20
Hexachlorophene				10
Lead				0.5
Malathion				0.1

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Mercury				0.005
Methoxychlor				2
Methyl Ethyl Ketone				50
Mirex				0.02
Nickel				2
Nitrate-Nitrogen				100
Nitrobenzene				10
N-Nitrosodiethylamine				20
N-Nitroso-di-n-Butylamine				20
Nonylphenol				333
Parathion (ethyl)				0.1
Pentachlorobenzene				20
Pentachlorophenol				5
Phenanthrene				10
Polychlorinated Biphenyls (PCB's) **(*3)**				0.2
Pyridine				20
Selenium				5
Silver				0.5
1,2,4,5-Tetrachlorobenzene				20
1,1,2,2-Tetrachloroethane				10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Tetrachloroethylene				10
Thallium				0.5
Toluene				10
Toxaphene				0.3
2,4,5-TP (Silvex)				0.3
Tributyltin (see instructions for explanation)				0.01
1,1,1-Trichloroethane				10
1,1,2-Trichloroethane				10
Trichloroethylene				10
2,4,5-Trichlorophenol				50
TTHM (Total Trihalomethanes)				10
Vinyl Chloride				10
Zinc				5

(*1) Determined by subtracting hexavalent Cr from total Cr.

(*2) Cyanide, amenable to chlorination or weak-acid dissociable.

(*3) The sum of seven PCB congeners 1242, 1254, 1221, 1232, 1248, 1260, and 1016.

Section 2. Priority Pollutants

For pollutants identified in Tables 4.0(2)A-E, indicate type of sample.

Grab ☐ Composite ☐

Date and time sample(s) collected: Click here to enter text

Table 4.0(2)A – Metals, Cyanide, Phenols

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Antimony				5
Arsenic				0.5
Beryllium				0.5
Cadmium				1
Chromium (Total)				3
Chromium (Hex)				3
Chromium (Tri) (*1)				N/A
Copper				2
Lead				0.5
Mercury				0.005
Nickel				2
Selenium				5
Silver				0.5
Thallium				0.5
Zinc				5
Cyanide (*2)				10
Phenols, Total				10

(*1) Determined by subtracting hexavalent Cr from total Cr.

(*2) Cyanide, amenable to chlorination or weak-acid dissociable

Table 4.0(2)B – Volatile Compounds

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrolein				50
Acrylonitrile				50
Benzene				10
Bromoform				10
Carbon Tetrachloride				2
Chlorobenzene				10
Chlorodibromomethane				10
Chloroethane				50
2-Chloroethylvinyl Ether				10
Chloroform				10
Dichlorobromomethane [Bromodichloromethane]				10
1,1-Dichloroethane				10
1,2-Dichloroethane				10
1,1-Dichloroethylene				10
1,2-Dichloropropane				10
1,3-Dichloropropylene [1,3-Dichloropropene]				10
1,2-Trans-Dichloroethylene				10
Ethylbenzene				10
Methyl Bromide				50
Methyl Chloride				50
Methylene Chloride				20
1,1,2,2-Tetrachloroethane				10
Tetrachloroethylene				10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Toluene				10
1,1,1-Trichloroethane				10
1,1,2-Trichloroethane				10
Trichloroethylene				10
Vinyl Chloride				10

Table 4.0(2)C – Acid Compounds

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
2-Chlorophenol				10
2,4-Dichlorophenol				10
2,4-Dimethylphenol				10
4,6-Dinitro-o-Cresol				50
2,4-Dinitrophenol				50
2-Nitrophenol				20
4-Nitrophenol				50
P-Chloro-m-Cresol				10
Pentalchlorophenol				5
Phenol				10
2,4,6-Trichlorophenol				10

Table 4.0(2)D – Base/Neutral Compounds

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acenaphthene				10
Acenaphthylene				10
Anthracene				10
Benzidine				50
Benzo(a)Anthracene				5
Benzo(a)Pyrene				5
3,4-Benzofluoranthene				10
Benzo(ghi)Perylene				20
Benzo(k)Fluoranthene				5
Bis(2-Chloroethoxy)Methane				10
Bis(2-Chloroethyl)Ether				10
Bis(2-Chloroisopropyl)Ether				10
Bis(2-Ethylhexyl)Phthalate				10
4-Bromophenyl Phenyl Ether				10
Butyl benzyl Phthalate				10
2-Chloronaphthalene				10
4-Chlorophenyl phenyl ether				10
Chrysene				5
Dibenzo(a,h)Anthracene				5
1,2-(o)Dichlorobenzene				10
1,3-(m)Dichlorobenzene				10
1,4-(p)Dichlorobenzene				10
3,3-Dichlorobenzidine				5
Diethyl Phthalate				10
Dimethyl Phthalate				10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Di-n-Butyl Phthalate				10
2,4-Dinitrotoluene				10
2,6-Dinitrotoluene				10
Di-n-Octyl Phthalate				10
1,2-Diphenylhydrazine (as Azo-benzene)				20
Fluoranthene				10
Fluorene				10
Hexachlorobenzene				5
Hexachlorobutadiene				10
Hexachlorocyclo-pentadiene				10
Hexachloroethane				20
Indeno(1,2,3-cd)pyrene				5
Isophorone				10
Naphthalene				10
Nitrobenzene				10
N-Nitrosodimethylamine				50
N-Nitrosodi-n-Propylamine				20
N-Nitrosodiphenylamine				20
Phenanthrene				10
Pyrene				10
1,2,4-Trichlorobenzene				10

Table 4.0(2)E - Pesticides

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Aldrin				0.01
alpha-BHC (Hexachlorocyclohexane)				0.05
beta-BHC (Hexachlorocyclohexane)				0.05
gamma-BHC (Hexachlorocyclohexane)				0.05
delta-BHC (Hexachlorocyclohexane)				0.05
Chlordane				0.2
4,4-DDT				0.02
4,4-DDE				0.1
4,4,-DDD				0.1
Dieldrin				0.02
Endosulfan I (alpha)				0.01
Endosulfan II (beta)				0.02
Endosulfan Sulfate				0.1
Endrin				0.02
Endrin Aldehyde				0.1
Heptachlor				0.01
Heptachlor Epoxide				0.01
PCB-1242				0.2
PCB-1254				0.2
PCB-1221				0.2
PCB-1232				0.2

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
PCB-1248				0.2
PCB-1260				0.2
PCB-1016				0.2
Toxaphene				0.3

* For PCBS, if all are non-detects, enter the highest non-detect preceded by a "<".

Section 3. Dioxin/Furan Compounds

A. Indicate which of the following compounds from may be present in the influent from a contributing industrial user or significant industrial user. Check all that apply.

☐ 2,4,5-trichlorophenoxy acetic acid
Common Name 2,4,5-T, CASRN 93-76-5

☐ 2-(2,4,5-trichlorophenoxy) propanoic acid
Common Name Silvex or 2,4,5-TP, CASRN 93-72-1

☐ 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate
Common Name Erbon, CASRN 136-25-4

☐ 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate
Common Name Ronnel, CASRN 299-84-3

☐ 2,4,5-trichlorophenol
Common Name TCP, CASRN 95-95-4

☐ hexachlorophene
Common Name HCP, CASRN 70-30-4

For each compound identified, provide a brief description of the conditions of its/their presence at the facility.

Click here to enter text

B. Do you know or have any reason to believe that 2,3,7,8 Tetrachlorodibenzo-P-Dioxin (TCDD) or any congeners of TCDD may be present in your effluent?

Yes ☐ No ☐

If **yes**, provide a brief description of the conditions for its presence.

Click here to enter text.

If any of the compounds in Subsection A **or** B are present, complete Table 4.0(2)F.

For pollutants identified in Table 4.0(2)F, indicate the type of sample.

Grab ☐ Composite ☐

Date and time sample(s) collected: Click here to enter text.

TABLE 4.0(2)F - DIOXIN/FURAN COMPOUNDS

Compound	Toxic Equivalency Factors	Wastewater Concentration (ppq)	Wastewater Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Equivalents (ppt)	MAL (ppq)
2,3,7,8 TCDD	1					10
1,2,3,7,8	0.5					50
2,3,7,8 HxCDDs	0.1					50
1,2,3,4,6,7,8 HpCDD	0.01					50
2,3,7,8 TCDF	0.1					10
1,2,3,7,8 PeCDF	0.05					50
2,3,4,7,8 PeCDF	0.5					50
2,3,7,8 HxCDFs	0.1					50
2,3,4,7,8	0.01					50
OCDD	0.0003					100
OCDF	0.0003					100
PCB 77	0.0001					0.5
PCB 81	0.0003					0.5

Compound	Toxic Equivalency Factors	Wastewater Concentration (ppq)	Wastewater Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Equivalents (ppt)	MAL (ppq)
PCB 126	0.1					0.5
PCB 169	0.03					0.5
Total						

DOMESTIC WORKSHEET 5.0

TOXICITY TESTING REQUIREMENTS

The following is required for facilities with a currently-operating design flow greater than or equal to 1.0 MGD, with an EPA-approved pretreatment program (or those that are required to have one under 40 CFR Part 403), or are required by the TCEQ to perform Whole Effluent Toxicity testing. This worksheet is not required for minor amendments without renewal.

Section 1. Required Tests (Instructions Page 97)

Indicate the number of 7-day chronic or 48-hour acute Whole Effluent Toxicity (WET) tests performed in the four and one-half years prior to submission of the application.

7-day Chronic: Click here to enter text.

48-hour Acute: Click here to enter text.

Section 2. Toxicity Reduction Evaluations (TREs)

Has this facility completed a TRE in the past four and a half years? Or is the facility currently performing a TRE?

Yes ☐ No ☐

If yes, describe the progress to date, if applicable, in identifying and confirming the toxicant.

Click here to enter text.

Section 3. Summary of WET Tests

If the required biomonitoring test information has not been previously submitted via both the Discharge Monitoring Reports (DMRs) and the Table 1 (as found in the permit), provide a summary of the testing results for all valid and invalid tests performed over the past four and one-half years. Make additional copies of this table as needed.

Table 5.0(1) – Summary of WET Tests

Test Date	Test Species	NOEC Survival	NOEC Sub-lethal

DOMESTIC WORKSHEET 6.0

INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works (POTWs)

Section 1. All POTWs (Instructions Page 99)

A. Industrial users

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: Click here to enter text.

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

Significant IUs – non-categorical:

Number of IUs: Click here to enter text.

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

Other IUs:

Number of IUs: Click here to enter text.

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

B. Treatment plant interference

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

Yes ☐ No ☐

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

Click here to enter text.

C. Treatment plant pass through

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

Yes ☐ No ☐

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

Click here to enter text

D. Pretreatment program

Does your POTW have an approved pretreatment program?

Yes ☐ No ☐

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

Yes ☐ No ☐

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

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

Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 100)

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 here to enter text

B. Non-substantial modifications

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

Yes ☐ No ☐

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

Click here to enter text

C. Effluent parameters above the MAL

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

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. Industrial user interruptions

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

Yes ☐ No ☐

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

Click here to enter text

Section 3. Significant Industrial User (SIU) Information and Categorical Industrial User (CIU) (Instructions Page 100)

A. General information

Company Name: Click here to enter text

SIC Code: Click here to enter text

Telephone number: Click here to enter text Fax number: Click here to enter text

Contact name: Click here to enter text

Address: Click here to enter text

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

B. Process information

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

Click here to enter text

C. Product and service information

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

Click here to enter text.

D. Flow rate information

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

Process Wastewater:

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

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

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

Category: Click here to enter text.
Subcategories: Click here to enter text.

Category: Click here to enter text.
Subcategories: Click here to enter text.

Category: Click here to enter text.
Subcategories: Click here to enter text.

Category: Click here to enter text.
Subcategories: Click here to enter text.

F. Industrial user interruptions

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

Yes ☐ No ☐

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

Click here to enter text

WORKSHEET 7.0

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit to:
TCEQ
IUC Permits Team
Radioactive Materials Division
MC-233
PO Box 13087
Austin, Texas 78711-3087
512-239-6466

For TCEQ Use Only
Reg. No._____
Date Received_____
Date Authorized_____

Section 1. General Information (Instructions Page 102)

1. TCEQ Program Area

Program Area (PST, VCP, IHW, etc.): Click here to enter text.
Program ID: Click here to enter text.
Contact Name: Click here to enter text.
Phone Number: Click here to enter text.

2. Agent/Consultant Contact Information

Contact Name: Click here to enter text.
Address: Click here to enter text.
City, State, and Zip Code: Click here to enter text.
Phone Number: Click here to enter text.

3. Owner/Operator Contact Information

Owner ☐ Operator ☐
Owner/Operator Name: Click here to enter text.
Contact Name: Click here to enter text.
Address: Click here to enter text.
City, State, and Zip Code: Click here to enter text.
Phone Number: Click here to enter text.

4. Facility Contact Information

Facility Name: Click here to enter text.

Address: Click here to enter text.

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

Location description (if no address is available): Click here to enter text.

Facility Contact Person: Click here to enter text.

Phone Number: Click here to enter text.

5. Latitude and Longitude, in degrees-minutes-seconds

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

Method of determination (GPS, TOPO, etc.): Click here to enter text.

Attach topographic quadrangle map as attachment A.

6. Well Information

Type of Well Construction, select one:

- ☐ Vertical Injection
- ☐ Subsurface Fluid Distribution System
- ☐ Infiltration Gallery
- ☐ Temporary Injection Points
- ☐ Other, Specify: Click here to enter text.

Number of Injection Wells: Click here to enter text.

7. Purpose

Detailed Description regarding purpose of Injection System:

Click here to enter text.

Attach a Site Map as Attachment B (Attach the Approved Remediation Plan, if appropriate.)

8. Water Well Driller/Installer

Water Well Driller/Installer Name: Click here to enter text.

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

Phone Number: Click here to enter text.

License Number: Click here to enter text.

Section 2. Proposed Down Hole Design

Attach a diagram signed and sealed by a licensed engineer as Attachment C.

Table 7.0(1) –Down Hole Design Table

Name of String	Size	Setting Depth	Sacks Cement/Grout – Slurry Volume – Top of Cement	Hole Size	Weight (lbs/ft) PVC/Steel
Casing					
Tubing					
Screen					

Section 3. Proposed Trench System, Subsurface Fluid Distribution System, or Infiltration Gallery

Attach a diagram signed and sealed by a licensed engineer as Attachment D.

System(s) Dimensions: Click here to enter text.

System(s) Construction: Click here to enter text.

Section 4. Site Hydrogeological and Injection Zone Data

1. Name of Contaminated Aquifer: Click here to enter text.
2. Receiving Formation Name of Injection Zone: Click here to enter text.
3. Well/Trench Total Depth: Click here to enter text.
4. Surface Elevation: Click here to enter text.
5. Depth to Ground Water: Click here to enter text.
6. Injection Zone Depth: Click here to enter text.
7. Injection Zone vertically isolated geologically? Yes ☐ No ☐

Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:

Name: Click here to enter text.

Thickness: Click here to enter text.

8. Provide a list of contaminants and the levels (ppm) in contaminated aquifer

Attach as Attachment E.

9. Horizontal and Vertical extent of contamination and injection plume

Attach as Attachment F.

10. Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc.

Attach as Attachment G.

11. Injection Fluid Chemistry in PPM at point of injection

Attach as Attachment H.

12. Lowest Known Depth of Ground Water with < 10,000 PPM TDS: Click here to enter text

13. Maximum injection Rate/Volume/Pressure: Click here to enter text

14. Water wells within 1/4 mile radius (attach map as Attachment I): Click here to enter text

15. Injection wells within 1/4 mile radius (attach map as Attachment J): Click here to enter text

16. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K): Click here to enter text

17. Sampling frequency: Click here to enter text

18. Known hazardous components in injection fluid: Click here to enter text

Section 5. Site History

1. Type of Facility: Click here to enter text

2. Contamination Dates: Click here to enter text

3. Original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations (attach as Attachment L): Click here to enter text

4. Previous Remediation: Click here to enter text

Attach results of any previous remediation as attachment M

NOTE: Authorization Form should be completed in detail and authorization given by the TCEQ before construction, operation, and/or conversion can

begin. Attach additional pages as necessary.

Class V Injection Well Designations

5A07	Heat Pump/AC return (IW used for groundwater to heat and/or cool buildings)
5A19	Industrial Cooling Water Return Flow (IW used to cool industrial process equipment)
5B22	Salt Water Intrusion Barrier (IW used to inject fluids to prevent the intrusion of salt water into an aquifer)
5D02	Storm Water Drainage (IW designed for the disposal of rain water)
5D04	Industrial Stormwater Drainage Wells (IW designed for the disposal of rain water associated with industrial facilities)
5F01	Agricultural Drainage (IW that receive agricultural runoff)
5R21	Aquifer Recharge (IW used to inject fluids to recharge an aquifer)
5S23	Subsidence Control Wells (IW used to control land subsidence caused by ground water withdrawal)
5W09	Untreated Sewage
5W10	Large Capacity Cesspools (Cesspools that are designed for 5,000 gpd or greater)
5W11	Large Capacity Septic systems (Septic systems designed for 5,000 gpd or greater)
5W12	WTTP disposal
5W20	Industrial Process Waste Disposal Wells
5W31	Septic System (Well Disposal method)
5W32	Septic System Drainfield Disposal
5X13	Mine Backfill (IW used to control subsidence, dispose of mining byproducts, and/or fill sections of a mine)
5X25	Experimental Wells (Pilot Test) (IW used to test new technologies or tracer dye studies)
5X26	Aquifer Remediation (IW used to clean up, treat, or prevent contamination of a USDW)
5X27	Other Wells
5X28	Motor Vehicle Waste Disposal Wells (IW used to dispose of waste from a motor vehicle site - These are currently banned)
5X29	Abandoned Drinking Water Wells (waste disposal)

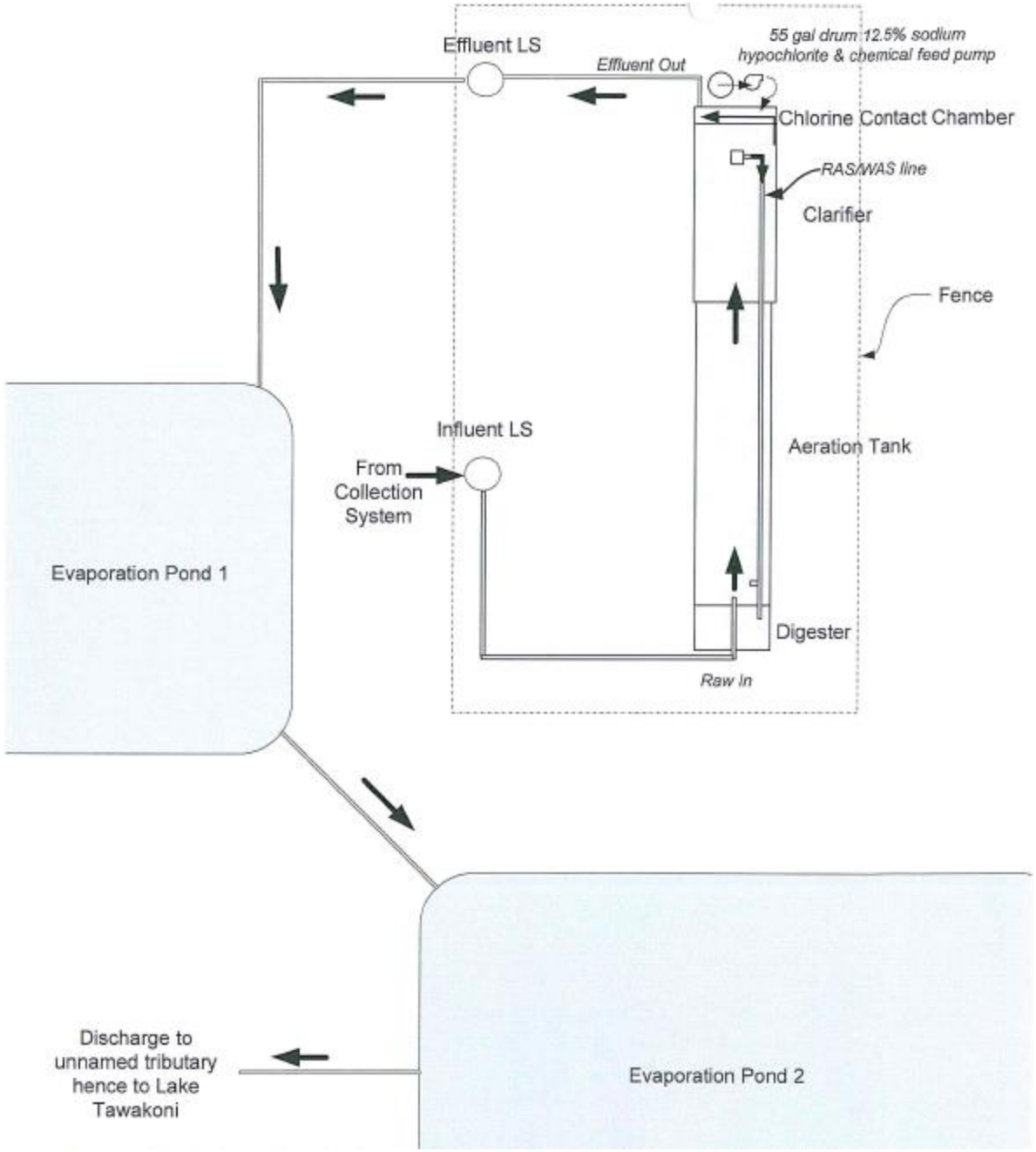
Wastewater Permit Renewal

Permit No. WQ0014736001

Lake Twakoni Wastewater Plant

Process Flow Diagram

Alliance TECHNICAL GROUP



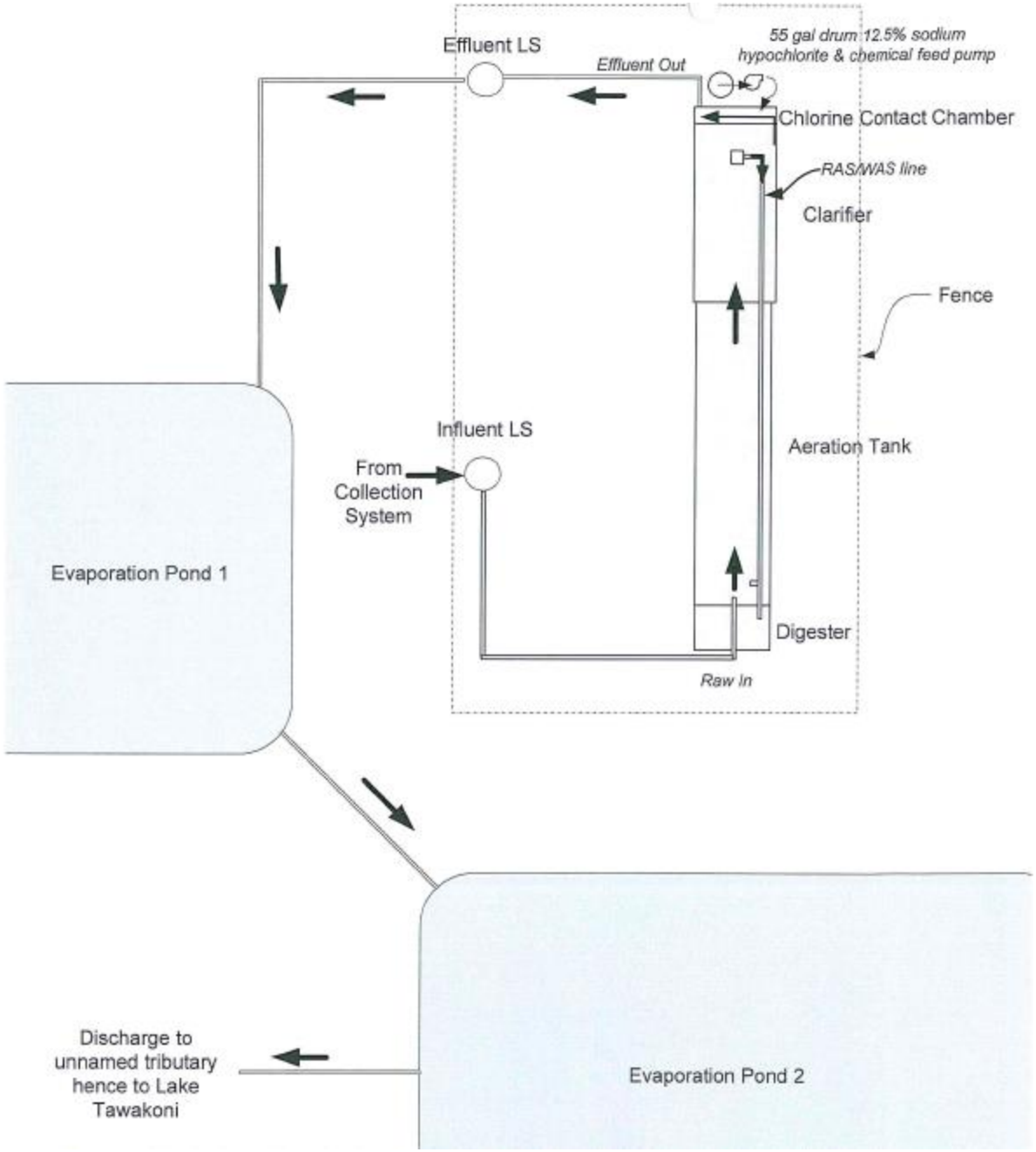
Wastewater Permit Renewal

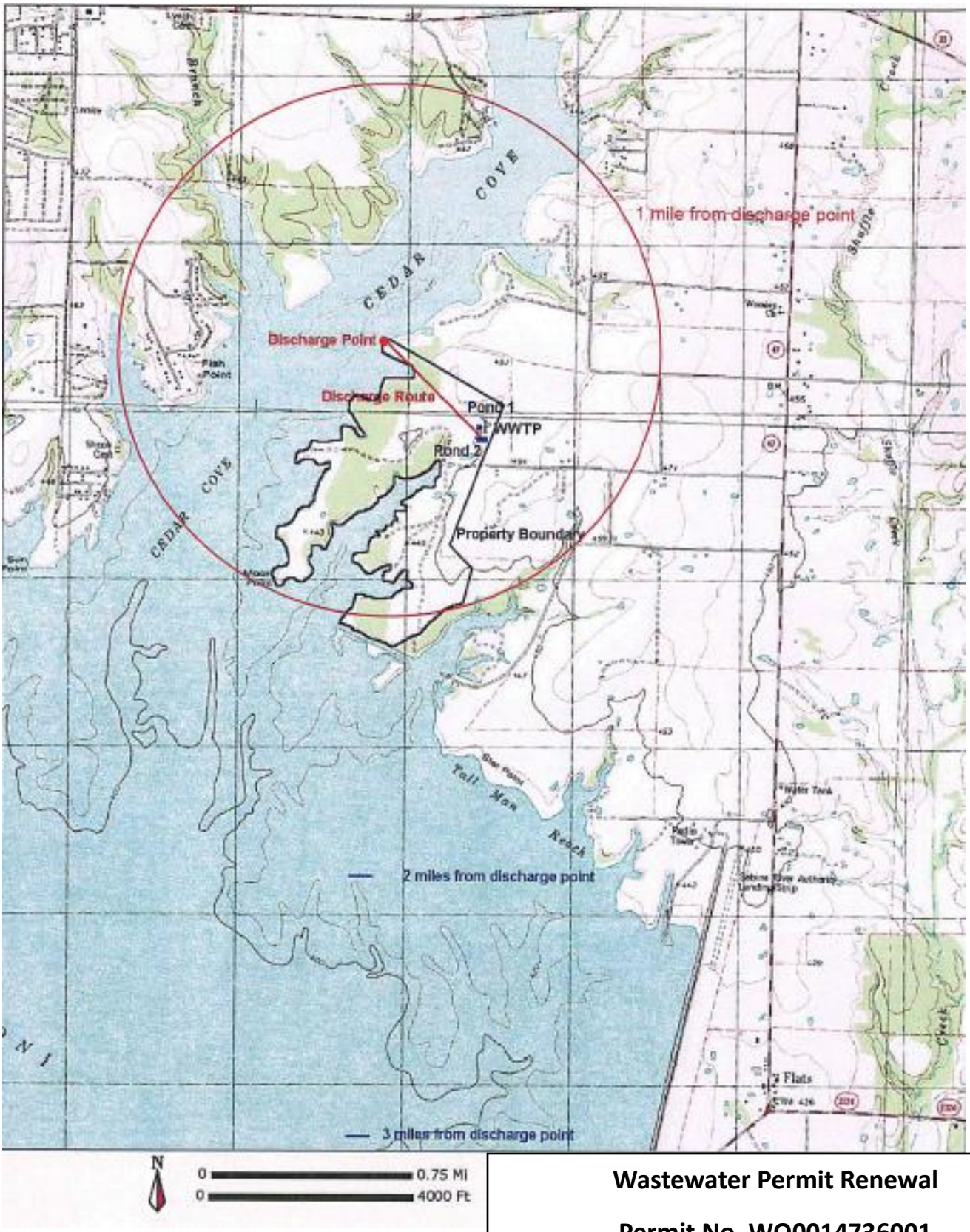
Permit No. WQ0014736001

Lake Twakoni Wastewater Plant

Process Flow Diagram

Alliance TECHNICAL GROUP





Wastewater Permit Renewal

Permit No. WQ0014736001

Lake Twakoni Wastewater Plant- Site Map

Alliance TECHNICAL GROUP

Rainee Trevino

From: Jaime Reyes <Jaime.Reyes@alliancetg.com>
Sent: Tuesday, December 9, 2025 5:43 PM
To: Rainee Trevino
Cc: RCOUNCILL@TELEGISTICS.COM
Subject: Re: Application to Renew Permit No. WQ0014736001- Notice of Deficiency Letter
Attachments: 20971.pdf; 10053 Public Place.pdf; Municipal D Renewal Spanish NORI.docx

Hello Rainee,

Thank you again for your patience. I've attached the Renewal Spanish NORI, corrected SPIF, and the Application Administrative Report for your review.

Please note the following corrections:

- **Public Viewing Location:** Rains County Library, 150 Doris Briggs Pkwy, Emory, TX 75440
- **Site Address:** 1246 Rains County Road 1470, Point, TX 75472

The portion of the NORI you shared is correct, with the exception of the addresses noted above. I apologize for the earlier typo in the application address.

Please see the attached Spanish Renewal NORI reflecting these updates. Let me know if you need anything further from me. Wishing you a wonderful rest of your day.

Sincerely, Jaime Reyes.
Environmental Field Inspector

Jaime Reyes
Environmental Field Ins
Mobile: 346-262-9260
6001 Savoy Dr. | Suite 1

From: Rainee Trevino <Rainee.Trevino@tceq.texas.gov>
Sent: Tuesday, December 9, 2025 10:02 AM
To: Jaime Reyes <jaime.reyes@alliancetg.com>
Cc: RCOUNCILL@TELEGISTICS.COM <RCOUNCILL@TELEGISTICS.COM>
Subject: RE: Application to Renew Permit No. WQ0014736001- Notice of Deficiency Letter

Good morning,

I am following up on the below email. The deadline for a complete response was yesterday 12/8. Please advise if more time is needed as soon as possible.

Thank you,

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

From: Rainee Trevino
Sent: Monday, November 24, 2025 4:39 PM
To: 'jaime.reyes@alliancetg.com' <jaime.reyes@alliancetg.com>
Cc: 'RCOUNCILL@TELEGISTICS.COM' <RCOUNCILL@TELEGISTICS.COM>
Subject: Application to Renew Permit No. WQ0014736001- Notice of Deficiency Letter

Good afternoon,

The attached Notice of Deficiency letter sent on November 24, 2025, requests additional information needed to declare the application administratively complete. Please send the complete response to my attention by December 8, 2025.

Thank you,

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

Title: Click here to enter text.

Organization Name: Click here to enter text.

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

E-mail: Click here 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: Rains County Library

Location within the building: Public Notice Section

Physical Address of Building: 150 Doris Briggs Pkwy, Emory, TX 75440

City: Emory County: Rains

Contact Name: Library Director

Phone No.: 903-473-5096 Ext.: Click here to enter text.

E. Bilingual Notice Requirements:

This information **is required** for **new, major amendment, and renewal applications**. It is not required for minor amendment or minor modification 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)?

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: MHC TT, L.P.

   Permit No. WQ00 14736001 EPA ID No. TX 0097675

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

   1246 Rains County Road 1470, Point, TX 75472

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: Randy Council

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

Title: Operator

Mailing Address: 1246 Rains County Road 1470

City, State, Zip Code: Point, Texas, 75472

Phone No.: 832-721-5119 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: rcouncil@teligistics.com

2. List the county in which the facility is located: Rains
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.

Discharge to unnamed Tributary: Hence to Lake Tawakoni in Segment No. 0507

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

N/A

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

N/A

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

Rainee Trevino

From: Jaime Reyes <Jaime.Reyes@alliancetg.com>
Sent: Friday, December 12, 2025 11:59 AM
To: Rainee Trevino
Subject: Re: Application to Renew Permit No. WQ0014736001- Notice of Deficiency Letter

Hello Rainee,

Thank you for your patience. To respond to your question, the addresses are not the same—"1243 Rs County Rd" was a typing error.

The correct site address is:
1246 Rains County Road 1470, Point, TX 75472

I also want to note that Google Maps sometimes abbreviates "Rains County Road" as "Rs County Road," which may have contributed to the confusion.

I apologize for any inconvenience this may have caused. Please let me know if there's anything I should do to help correct this mistake or update records on your end.

Sincerely, Jaime Reyes.
Environmental Field Inspector

Alliance TECHNICAL GROUP | 25 YEAR ANNIVERSARY

Jaime Reyes
Environmental Field Ins
Mobile: 346-262-9260
6001 Savoy Dr. | Suite 1

From: Rainee Trevino <Rainee.Trevino@tceq.texas.gov>
Sent: Friday, December 12, 2025 10:14 AM
To: Jaime Reyes <jaime.reyes@alliancetg.com>
Subject: RE: Application to Renew Permit No. WQ0014736001- Notice of Deficiency Letter

Good morning,

Following up on the below email.

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

From: Rainee Trevino
Sent: Wednesday, December 10, 2025 2:31 PM
To: 'Jaime Reyes' <Jaime.Reyes@alliancetg.com>
Cc: RCOUNCILL@TELEGISTICS.COM
Subject: RE: Application to Renew Permit No. WQ0014736001- Notice of Deficiency Letter

Good afternoon, Mr. Reyes,

Thank you for the response. I want to verify the site address. Is the address 1243 Rs County Rd 1470, Point, Texas 75472 the same as the updated address provided below?

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

From: Jaime Reyes <Jaime.Reyes@alliancetg.com>
Sent: Tuesday, December 9, 2025 5:43 PM
To: Rainee Trevino <Rainee.Trevino@tceq.texas.gov>
Cc: RCOUNCILL@TELEGISTICS.COM
Subject: Re: Application to Renew Permit No. WQ0014736001- Notice of Deficiency Letter

Hello Rainee,

Thank you again for your patience. I've attached the Renewal Spanish NORI, corrected SPIF, and the Application Administrative Report for your review.

Please note the following corrections:

- **Public Viewing Location:** Rains County Library, 150 Doris Briggs Pkwy, Emory, TX 75440
- **Site Address:** 1246 Rains County Road 1470, Point, TX 75472