



Administrative Package Cover Page

This file contains the following documents:

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

**Plain Language Summary for Texas Pollutant Discharge Elimination System
(TPDES)**

For

Texas Conference Association of Seventh-Day Adventists WWTP

Lake Whitney Ranch Camp

813 FM 2841

Clifton, TX 76634

WQ0014816001 – EPA TX 0129691

Texas Conference Association of Seventh Day Adventists WWTP Water Quality Permit No. WQ0014816001 (EPA ID No. TX0129691), CN602432759 operates the Texas Conference Association of Seventh Day Adventists wastewater treatment plant RN105240832.

Domestic wastewater is treated by a Prepackaged extended aeration system in which sewage flows from the collection system into an aerated holding tank, transferred as required with pumps, through a bar screen, into the aeration chambers, and then to a two chamber clarifier. Activated sludge is transferred back to the aeration basin and to the digester as required. Effluent passes through a chlorine contact chamber and then is discharged.

This application is for a renewal to discharge at an annual average flow rate not to exceed 48,000 gallons per day of treated domestic wastewater via Outfall 001.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), ammonia nitrogen (NH₃-N), and *Escherichia coli*.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0014816001

APPLICATION. Texas Conference Association of Seventh-Day Adventists, P.O. Box 800, Alvarado, Texas 76009, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0014816001 (EPA I.D. No. TX0129691) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 48,000 gallons per day. The domestic wastewater treatment facility is located at 813 Farm-to-Market Road 2841, Clifton, in Bosque County, Texas 76634. The discharge route is from the plant site to an unnamed tributary; thence to Whitney Lake. TCEQ received this application on June 10, 2025. The permit application will be available for viewing and copying at Nellie Pederson Civic Library, 406 Liveoak Street, Clifton, in Bosque County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage:

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

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.410833,31.898888&level=18>

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

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

OPPORTUNITY FOR A CONTESTED CASE HEARING. After the deadline for submitting public comments, the Executive Director will consider all timely comments and prepare a response to all relevant and material, or significant public comments. **Unless the application is directly referred for a contested case hearing, the response to comments, and the Executive Director's decision on the application, will be mailed to everyone who**

submitted public comments and to those persons who are on the mailing list for this application. If comments are received, the mailing will also provide instructions for requesting reconsideration of the Executive Director's decision and for requesting a contested case hearing. A contested case hearing is a legal proceeding similar to a civil trial in state district court.

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

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

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

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

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

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

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

Free, at 1-800-687-4040 or visit their website at www.tceq.texas.gov/goto/pep. Si desea información en Español, puede llamar al 1-800-687-4040.

Further information may also be obtained from Texas Conference Association of Seventh-Day Adventists at the address stated above or by calling Mr. David C. Posten, System Operator, at 254-722-3458.

Issuance Date: June 24, 2025

Erwin Madrid

From: David Posten <pibold13@hotmail.com>
Sent: Monday, June 23, 2025 12:59 PM
To: Erwin Madrid
Subject: Re: Application for Permit No. WQ0014816001

Erwin Madrid,
I do not see any issues.

David C. Posten

From: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>
Sent: Monday, June 23, 2025 11:25 AM
To: David Posten <pibold13@hotmail.com>
Subject: Application for Permit No. WQ0014816001

Dear applicant,

I have completed the administrative review of the permit application for permit WQ0014816001. Upon review, there were no deficiencies found, however, in order for me to declare the application administratively complete and issue the Notice please read and review the notice portion below:

APPLICATION. Texas Conference Association of Seventh-Day Adventists, P.O. Box 800, Alvarado, Texas 76009, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0014816001 (EPA I.D. No. TX0129691) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 48,000 gallons per day. The domestic wastewater treatment facility is located at 813 Farm-to-Market Road 2841, Clifton, in Bosque County, Texas 76634. The discharge route is from the plant site to an unnamed tributary; thence to Whitney Lake. TCEQ received this application on June 10, 2025. The permit application will be available for viewing and copying at Nellie Pederson Civic Library, 406 Liveoak Street, Clifton, in Bosque County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage:

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

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.410833,31.898888&level=18>

Further information may also be obtained from Texas Conference Association of Seventh-Day Adventists at the address stated above or by calling Mr. David C. Posten, System Operator, at 254-722-3458.

If there are any errors or omissions in the notice portion above, please let me know. Please provide approval or comments to my attention by **June 25, 2025**.

Regards,

Erwin Madrid

Team Lead
ARP Team | Water Quality Division
512-239-2191
Texas Commission on Environmental Quality



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

Brooke T. Paup, *Chairwoman*
Bobby Janeka, *Commissioner*
Catarina R. Gonzales, *Commissioner*
Kelly Keel, *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

June 10, 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: ER013645

Application Reference Number: 792317

Authorization Number: WQ0014816001

Site Name: Texas Conference Association of Seventh Day Adventists WWTP

Regulated Entity: RN105240832 - Texas Conference Association of Seventh Day Adventists WWTP

Customer(s): CN602432759 - Texas Conference Association of Seventh-Day Adventists

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
WQ0014816001

Site Information (Regulated Entity)

What is the name of the site to be authorized? TEXAS CONFERENCE
ASSOCIATION OF SEVENTH DAY
ADVENTISTS WWTP

Does the site have a physical address? Yes

Physical Address

Number and Street 813 FM 2841

City CLIFTON

State TX

ZIP 76634

County BOSQUE

Latitude (N) (##.#####) 31.898888

Longitude (W) (-###.#####) -97.410833

Primary SIC Code 7033

Secondary SIC Code

Primary NAICS Code 721211

Secondary NAICS Code

Regulated Entity Site Information

What is the Regulated Entity's Number (RN)? RN105240832

What is the name of the Regulated Entity (RE)? TEXAS CONFERENCE
ASSOCIATION OF SEVENTH DAY
ADVENTISTS WWTP

Does the RE site have a physical address? Yes

Physical Address

Number and Street 813 FM 2841

City CLIFTON

State TX

ZIP 76634

County BOSQUE

Latitude (N) (##.#####) 31.898888

Longitude (W) (-###.#####) -97.410833

Facility NAICS Code

What is the primary business of this entity? RECREATIONAL AND
INSTRUCTIONAL INSTITUTION

Texas C-Customer (Applicant) Information (Owner)

| | |
|--|--|
| How is this applicant associated with this site? | Owner |
| What is the applicant's Customer Number (CN)? | CN602432759 |
| Type of Customer | Organization |
| Full legal name of the applicant: | |
| Legal Name | Texas Conference Association Of Seventh-Day Adventists |
| Texas SOS Filing Number | 11995801 |
| Federal Tax ID | 750939961 |
| State Franchise Tax ID | 10207682823 |
| State Sales Tax ID | |
| Local Tax ID | |
| DUNS Number | |
| Number of Employees | 0-20 |
| Independently Owned and Operated? | |
| 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 | Texas Conference Association Of Seventh-Day Adventists |
| Prefix | MR |
| First | Hector |
| Middle | |
| Last | Perez |
| Suffix | |
| Credentials | |
| Title | Lake Whitney Ranch Camp Director |
| Responsible Authority Mailing Address | |
| Enter new address or copy one from list: | |
| Address Type | Domestic |
| Mailing Address (include Suite or Bldg. here, if applicable) | PO BOX 800 |
| Routing (such as Mail Code, Dept., or Attn:) | |
| City | ALVARADO |
| State | TX |
| ZIP | 76009 |
| Phone (###-###-####) | 7193672117 |
| Extension | |
| Alternate Phone (###-###-####) | |
| Fax (###-###-####) | 8177835266 |
| E-mail | hectorperez@txsda.org |

Billing Contact

Responsible contact for receiving billing statements:

Select the permittee that is responsible for payment of the annual fee.

Organization Name

CN602432759, Texas Conference
Association Of Seventh-Day
Adventists

Prefix

TEXAS CONFERENCE
ASSOCIATION OF SEVENTH-DAY
ADVENTISTS

First

MR

Middle

Greg

Last

Garner

Suffix

Credentials

Title

Associate Treasurer

Enter new address or copy one from list:

Mailing Address

Address Type

Domestic

Mailing Address (include Suite or Bldg. here, if applicable)

PO BOX 800

Routing (such as Mail Code, Dept., or Attn:)

City

ALVARADO

State

TX

ZIP

76009

Phone (###-###-####)

8177902255

Extension

2119

Alternate Phone (###-###-####)

Fax (###-###-####)

8177835266

E-mail

GGARNER@TXSDA.ORG

Application Contact

Person TCEQ should contact for questions about this application:

Same as another contact?

Organization Name

TEXAS CONFERENCE
ASSOCIATION OF SEVENTH DAY
ADVENTISTS

Prefix

MR

First

David

Middle

Last

Posten

Suffix

Credentials

Title

System Operator

Enter new address or copy one from list:

Mailing Address

Address Type

Domestic

Mailing Address (include Suite or Bldg. here, if applicable)

PO BOX 168

Routing (such as Mail Code, Dept., or Attn:)

City

CLIFTON

State

TX

ZIP

76634

Phone (###-###-####)

2547223458

Extension

Alternate Phone (###-###-####)

Fax (###-###-####)

2546751018

E-mail

pibold13@hotmail.com

Technical Contact

Person TCEQ should contact for questions about this application:

Same as another contact?

Organization Name

DAVID C POSTEN

Prefix

MR

First

DAVID

Middle

C

Last

POSTEN

Suffix

Credentials

Title

System Operator

Enter new address or copy one from list:

Mailing Address

Address Type

Domestic

Mailing Address (include Suite or Bldg. here, if applicable)

PO BOX 168

Routing (such as Mail Code, Dept., or Attn:)

City

CLIFTON

State

TX

ZIP

76634

Phone (###-###-####)

2547223458

Extension

Alternate Phone (###-###-####)

Fax (###-###-####)

2546751018

E-mail

PIBOLD13@HOTMAIL.COM

DMR Contact

Person responsible for submitting Discharge Monitoring Report**Forms:**

Same as another contact?

Technical Contact

Organization Name

DAVID C POSTEN

Prefix

MR

First

DAVID

Middle

C

Last

POSTEN

Suffix

Credentials

Title

System Operator

Enter new address or copy one from list:

Mailing Address:

Address Type

Domestic

Mailing Address (include Suite or Bldg. here, if applicable)

PO BOX 168

Routing (such as Mail Code, Dept., or Attn:)

City

CLIFTON

State

TX

ZIP

76634

Phone (###-###-####)

2547223458

Extension

Alternate Phone (###-###-####)

Fax (###-###-####)

2546751018

E-mail

PIBOLD13@HOTMAIL.COM

Section 1# Permit Contact

Permit Contact#: 1**Person TCEQ should contact throughout the permit term.**

1) Same as another contact?

Technical Contact

2) Organization Name

DAVID C POSTEN

3) Prefix

MR

4) First

DAVID

5) Middle

C

6) Last

POSTEN

7) Suffix

8) Credentials

9) Title

System Operator

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)

PO BOX 168

11.2) Routing (such as Mail Code, Dept., or Attn:)

11.3) City

CLIFTON

11.4) State

TX

11.5) ZIP

76634

12) Phone (###-###-####)

2547223458

13) Extension

14) Alternate Phone (###-###-####)

15) Fax (###-###-####)

2546751018

16) E-mail

pibold13@hotmail.com

Owner Information

Owner of Treatment Facility

1) Prefix

2) First and Last Name

3) Organization Name

Texas Conference Association of
Seventh-Day Adventists

4) Mailing Address

PO Box 800

5) City

Alvarado

6) State

TX

7) Zip Code

76009

8) Phone (###-###-####)

8177902255

9) Extension

10) Email

ggarner@txsda.org

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

Texas Conference Association of
Seventh-Day Adventists

15) Mailing Address

PO Box 800

16) City

Alvarado

17) State

TX

18) Zip Code

76009

| | |
|---|-------------------|
| 19) Phone (###-###-####) | 8177902255 |
| 20) Extension | |
| 21) Email | ggarner@txsda.org |
| 22) Is the landowner the same person as the facility owner or co-applicant? | Yes |

General Information Renewal-Amendment

| | |
|--|-----------------------------|
| 1) Current authorization expiration date: | 12/29/2025 |
| 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? | 0.048 |
| 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? | TX0129691 |
| 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): | Clifton |
| 6.5) County where the outfalls are located: | BOSQUE |
| 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 | |
| 2) First and Last Name | David Posten |
| 3) Credential | |
| 4) Title | System Operator |
| 5) Organization Name | David C Posten |
| 6) Mailing Address | PO BOX 168 |
| 7) Address Line 2 | |
| 8) City | CLIFTON |
| 9) State | TX |

| | |
|--------------------------|----------------------|
| 10) Zip Code | 76634 |
| 11) Phone (###-###-####) | 2547223458 |
| 12) Extension | |
| 13) Fax (###-###-####) | 2546751018 |
| 14) Email | pibold13@hotmail.com |

Contact person to be listed in the Notices

| | |
|--------------------------|----------------------|
| 15) Prefix | |
| 16) First and Last Name | David Posten |
| 17) Credential | |
| 18) Title | System Operator |
| 19) Organization Name | David C Posten |
| 20) Phone (###-###-####) | 2547223458 |
| 21) Fax (###-###-####) | 2546751018 |
| 22) Email | pibold13@hotmail.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? | No |
|--|----|

Section 1# Public Viewing Information

County#: 1

| | |
|--|----------------------------------|
| 1) County | BOSQUE |
| 2) Public building name | Nellie Pederson Civic Library |
| 3) Location within the building | Middle of the building |
| 4) Physical Address of Building | 406 Live Oak Street |
| 5) City | Clifton |
| 6) Contact Name | Person on duty at the front desk |
| 7) Phone (###-###-####) | 2546756495 |
| 8) Extension | |
| 9) Is the location open to the public? | Yes |

Plain Language

1) Plain Language

[File Properties]

| | |
|-----------|---|
| File Name | LANG_Seventh-Day Adventists PLS.docx |
| Hash | 9D21BD7730F780F1290F43F0175CA2ACFAB951356E554E51B9C61BE50AC1AF52 |
| MIME-Type | application/vnd.openxmlformats-officedocument.wordprocessingml.document |

Supplemental Permit Information Form

1) Supplemental Permit Information Form (SPIF)

[File Properties]

| | |
|-----------|---|
| File Name | SPIF_SDA 20971 - SPIF - completed.docx |
| Hash | F80EF4479A046E1E04801CB9FB34FC88F7FB719329006B5996EF7C561A689097 |
| MIME-Type | application/vnd.openxmlformats-officedocument.wordprocessingml.document |

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_SDA TOPO Map.pdf |
| Hash | 0435A9B62573A9F2FAB926359561D0761B4A7F3E4A448E659872A8A8822ECC33 |
| 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_SDA Technical Report 1.0.pdf |
| Hash | C599F7DEA0C7568D55F1867FE37928775DFAD61B406E6FFF95C6A6A27EFFDCCF |
| MIME-Type | application/pdf |

[File Properties]

| | |
|-----------|--|
| File Name | TECH_SDA Worksheet 2.0.pdf |
| Hash | 549123364F3A03E66E337577D77A02BE8EADFEA545E2933749AB099E53109309 |
| MIME-Type | application/pdf |

3) Buffer Zone Map

4) Flow Diagram

[File Properties]

| | |
|-----------|--|
| File Name | FLDIA_SDA Flow diagram.pdf |
| Hash | 2B35FFE1239A1B53587391716F13BD214561CBFD48571B9C8F4AB696BEC7BAE7 |
| MIME-Type | application/pdf |

5) Site Drawing

[File Properties]

| | |
|-----------|--|
| File Name | SITEDR_SDA Plant Site - Google map.pdf |
| Hash | 5D3CF2E50B84E3A5429A17B3A9EAEC84A505DE2E14D39B76BA5106A8A4185A33 |
| MIME-Type | application/pdf |

6) Design Calculations

[File Properties]

| | |
|-----------|--|
| File Name | DES_CAL_SDA Technical Report 1.1 - Design.pdf |
| Hash | F60F66540568C2538ABB7A9DD9820A5F32231A78D65335F27915FA5A9DDE26CB |
| 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 David C Posten, the owner of the STEERS account ER013645.
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 WQ0014816001.

9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

OWNER Signature: David C Posten OWNER

Customer Number:

CN602432759

Legal Name:

Texas Conference Association Of Seventh-Day Adventists

Account Number:

ER013645

Signature IP Address:

67.147.138.172

Signature Date:

2025-06-10

Signature Hash:

A30E50526BBEA69F1BA3421799840A3EB4EFC4E3682EC41025F8441E8A66B716

Form Hash Code at time
of Signature:

DE7681B9E31E8A6A746A05A43ED7ED58A7BFA8B92FE1FBF23C6BA2E191B8A8F5

Fee Payment

Transaction by:

The application fee payment transaction was made by ER013645/David C Posten

Paid by:

The application fee was paid by DAVID C POSTEN

Fee Amount:

\$300.00

Paid Date:

The application fee was paid on 2025-06-10

Transaction/Voucher number:

The transaction number is 582EA000671632 and the voucher number is 770188

Submission

Reference Number:

The application reference number is 792317

Submitted by:

The application was submitted by ER013645/David C Posten

Submitted Timestamp:

The application was submitted on 2025-06-10 at 08:20:44 CDT

Submitted From:

The application was submitted from IP address 67.147.138.172

Confirmation Number:

The confirmation number is 657936

Steers Version:

The STEERS version is 6.91

Permit Number:

The permit number is WQ0014816001

Additional Information

Application Creator: This account was created by David C Posten

**Plain Language Summary for Texas Pollutant Discharge Elimination System
(TPDES)**

For

Texas Conference Association of Seventh-Day Adventists WWTP

Lake Whitney Ranch Camp

813 FM 2841

Clifton, TX 76634

WQ0014816001 – EPA TX 0129691

Texas Conference Association of Seventh Day Adventists WWTP Water Quality Permit No. WQ0014816001 (EPA ID No. TX0129691), CN602432759 operates the Texas Conference Association of Seventh Day Adventists wastewater treatment plant RN105240832.

Domestic wastewater is treated by a Prepackaged extended aeration system in which sewage flows from the collection system into an aerated holding tank, transferred as required with pumps, through a bar screen, into the aeration chambers, and then to a two chamber clarifier. Activated sludge is transferred back to the aeration basin and to the digester as required. Effluent passes through a chlorine contact chamber and then is discharged.

This application is for a renewal to discharge at an annual average flow rate not to exceed 48,000 gallons per day of treated domestic wastewater via Outfall 001.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), ammonia nitrogen (NH₃-N), and *Escherichia coli*.



Texas Conference Association of Seventh-day Adventists
TPDES Permit No. WQ00014816001

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

____ Texas Historical Commission

____ U.S. Fish and Wildlife

____ Texas Parks and Wildlife Department

____ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: Texas Conference Association of Seventh-Day Adventists

Permit No. WQ00 14816001EPA ID No. TX 0129691

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

813 FM 2841; Clifton, TX 76634

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: Hector Perez

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

Title: Lake Whitney Ranch Camp Director

Mailing Address: PO Boc 800

City, State, Zip Code: Alvarado, TX 76009

Phone No.: 817-790-2255 Ext.: Fax No.: 817-783-5266

E-mail Address: hectorperez@txsda.org

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

N/A

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

Effluent flows from the plant via a 6" pipe to an unnamed tributary; thence to Lake Whitney; segment No. 1203 of the Brazos River Basin

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

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

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

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

☐ Sealing caves, fractures, sinkholes, other karst features

☐ Disturbance of vegetation or wetlands

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

None proposed

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

No disturbances, package plant sits on a concrete pad, surrounded by gravel, and no other use. This site is used for the wastewater treatment plant.

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

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

N/A

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

N/A



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

B. Interim II Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

C. Final Phase

Design Flow (MGD): 0.048

2-Hr Peak Flow (MGD): 0.14

Estimated construction start date: Existing

Estimated waste disposal start date: Existing

D. Current Operating Phase

Provide the startup date of the facility: 07-01-2013

Section 2. Treatment Process (Instructions Page 42)

A. Current Operating Phase

Provide a detailed description of the treatment process. **Include the type of treatment plant, mode of operation, and all treatment units.** Start with the plant's head works and finish with the point of discharge. Include all sludge processing and drying units. **If more than one phase exists or is proposed, a description of *each phase* must be provided.**

Prepackaged extended aeration system in which sewage flows from the collection system into an aerated holding tank, transferred as required with pumps, through a bar screen, into the aeration chamber, and then to a clarifying chamber. Activated sludge is transferred back to the aeration basin and to the digester as required. Effluent passes through a chlorine contact chamber and then is discharged.

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) |
|------------------------------|-----------------|------------------------|
| Raw water holding tank | 1 | 15' x 15' x 12.5' |
| Aeration Basin | 4 | 11.25' x 9.5' x 12.5' |
| Digester/sludge temp storage | 2 | 11.25' x 9.5' x 12.5' |
| Clarifier | 4 | 11.25' x 9.5' x 7' |
| Chlorine chamber | 2 | 11.25' x 6.25' x 2' |
| | | |

C. Process Flow Diagram

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

Attachment: SDA – Flow Diagram

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

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

- Latitude: 31.90416667 N
- Longitude: -97.71666667 W

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

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

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

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

disposal site.

Attachment: SDA – Site drawing

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

Lake Whitney Ranch Camp - Texas Conference Association of Seventh-day Adventists

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

Collection System Information

| Collection System Name | Owner Name | Owner Type | Population Served |
|--|--|-----------------|-------------------|
| Lake Whitney Ranch Camp - Texas Conference Association of Seventh-day Adventists | Texas Conference Association of Seventh-day Adventists | Privately Owned | 150 |
| | | Choose an item. | |
| | | Choose an item. | |
| | | Choose an item. | |

Section 4. Unbuilt Phases (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

N/A

Section 5. Closure Plans (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

N/A

Section 6. Permit Specific Requirements (Instructions Page 44)

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

A. Summary transmittal

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

☒ Yes ☐ No

If yes, provide the date(s) of approval for each phase: 2012

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

Click to enter text.

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

All property surrounding the WWTP to comply with the buffer zone requirements is owned by the Texas Conference Association of Seventh-day Adventists.

C. Other actions required by the current permit

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

☐ Yes ☒ No

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

Click to enter text.

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

2. Grit and grease processing

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

N/A

3. Grit disposal

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

☐ Yes ☒ No

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

Describe the method of grit disposal.

N/A

4. *Grease and decanted liquid disposal*

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

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

N/A

E. Stormwater management

1. *Applicability*

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

2. *MSGP coverage*

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

3. *Conditional exclusion*

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

☐ Yes ☐ No

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

Click to enter text.

4. *Existing coverage in individual permit*

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

☐ Yes ☐ No

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

Click to enter text.

5. *Zero stormwater discharge*

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

☐ Yes ☐ No

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

Click to enter text.

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

6. *Request for coverage in individual permit*

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

☐ Yes ☐ No

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

[Click to enter text.](#)

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

[Click to enter text.](#)

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

1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

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

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

[Click to enter text.](#)

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

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

Is the facility in operation?

☒ Yes ☐ No

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

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

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

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

| Pollutant | Average Conc. | Max Conc. | No. of Samples | Sample Type | Sample Date/Time |
|--|---------------|-----------|----------------|-------------|------------------|
| CBOD ₅ , mg/l | | | | | |
| Total Suspended Solids, mg/l | | | | | |
| Ammonia Nitrogen, mg/l | | | | | |
| Nitrate Nitrogen, mg/l | | | | | |
| Total Kjeldahl Nitrogen, mg/l | | | | | |
| Sulfate, mg/l | | | | | |
| Chloride, mg/l | | | | | |
| Total Phosphorus, mg/l | | | | | |
| pH, standard units | | | | | |
| Dissolved Oxygen*, mg/l | | | | | |
| Chlorine Residual, mg/l | | | | | |
| <i>E.coli</i> (CFU/100ml) freshwater | | | | | |
| Enterococci (CFU/100ml) saltwater | | | | | |
| Total Dissolved Solids, mg/l | | | | | |
| Electrical Conductivity, umohs/cm, † | | | | | |
| Oil & Grease, mg/l | | | | | |
| Alkalinity (CaCO ₃)*, mg/l | | | | | |

*TPDES permits only

†TLAP permits only

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

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

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: David C Posten

Facility Operator's License Classification and Level: Class C WW

Facility Operator's License Number: WW0023355

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

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

Check all that apply. See instructions for guidance

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

B. WWTP's Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

☒ Other Treatment Process: Off site WW treatment facility

C. Sewage Sludge or Biosolids Management

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

Biosolids Management

| Management Practice | Handler or Preparer Type | Bulk or Bag Container | Amount (dry metric tons) | Pathogen Reduction Options | Vector Attraction Reduction Option |
|---------------------|--|-----------------------|--------------------------|----------------------------|------------------------------------|
| Other | Off-site Third-Party Handler or Preparer | Bulk | 500 | Domestic Septage: pH | Choose an item. |
| Choose an item. | Choose an item. | Choose an item. | | Choose an item. | Choose an item. |
| Choose an item. | Choose an item. | Choose an item. | | Choose an item. | Choose an item. |

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

D. Disposal site

Disposal site name: Liquid Waste Processing

TCEQ permit or registration number: 229

County where disposal site is located: Wichita

E. Transportation method

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

Name of the hauler: IMC Waste Disposal

Hauler registration number: 20639

Sludge is transported as a:

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

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

A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

B. Sludge processing authorization

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

| | | |
|--|------------------------------|--|
| Sludge Composting | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Marketing and Distribution of Biosolids | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Sludge Surface Disposal or Sludge Monofill | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Temporary storage in sludge lagoons | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

A. Location information

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

- Original General Highway (County) Map:
Attachment: [Click to enter text.](#)
- USDA Natural Resources Conservation Service Soil Map:
Attachment: [Click to enter text.](#)
- Federal Emergency Management Map:
Attachment: [Click to enter text.](#)
- Site map:
Attachment: [Click to enter text.](#)

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

- ☐ Overlap a designated 100-year frequency flood plain
- ☐ Soils with flooding classification

- ☐ Overlap an unstable area
- ☐ Wetlands
- ☐ Located less than 60 meters from a fault
- ☐ None of the above

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

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

[Click to enter text.](#)

B. Temporary storage information

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

Nitrate Nitrogen, mg/kg: [Click to enter text.](#)

Total Kjeldahl Nitrogen, mg/kg: [Click to enter text.](#)

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

Phosphorus, mg/kg: [Click to enter text.](#)

Potassium, mg/kg: [Click to enter text.](#)

pH, standard units: [Click to enter text.](#)

Ammonia Nitrogen mg/kg: [Click to enter text.](#)

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

C. Liner information

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

☐ Yes ☐ No

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

[Click to enter text.](#)

D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

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

E. Groundwater monitoring

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

☐ Yes ☐ No

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

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

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

A. Additional authorizations

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

☐ Yes ☒ No

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

N/A

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

N/A

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

A. RCRA hazardous wastes

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

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

Section 14. Laboratory Accreditation (Instructions Page 55)

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

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

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

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

CERTIFICATION:

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

Printed Name: NO LAB WORK COMPLETED – NO CURRENT DISCHARGE OR FOR THE PAST 12 MONTHS – REPORTED ON MONTHLY DMR'S

Title: Click to enter text.

Signature: _____

Date: _____

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

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

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

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

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

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

A. Receiving water outfall

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

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

[Click to enter text.](#)

C. Sea grasses

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

☐ Yes ☐ No

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

[Click to enter text.](#)

Section 3. Classified Segments (Instructions Page 63)

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

☐ Yes ☒ No

If yes, this Worksheet is complete.

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

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

Name of the immediate receiving waters: [Click to enter text.](#)

A. Receiving water type

Identify the appropriate description of the receiving waters.

- ☒ Stream
- ☐ Freshwater Swamp or Marsh
- ☐ Lake or Pond

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

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

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

- ☐ Man-made Channel or Ditch
- ☐ Open Bay
- ☐ Tidal Stream, Bayou, or Marsh
- ☐ Other, specify: [Click to enter text.](#)

B. Flow characteristics

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

- ☒ Intermittent - dry for at least one week during most years
- ☐ Intermittent with Perennial Pools - enduring pools with sufficient habitat to maintain significant aquatic life uses
- ☐ Perennial - normally flowing

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

- ☐ USGS flow records
- ☐ Historical observation by adjacent landowners
- ☒ Personal observation
- ☐ Other, specify: [Click to enter text.](#)

C. Downstream perennial confluences

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

NPONE

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.

Approximately 320 feet from the point of discharge the receiving waters flow into Lake Whitney, Segment No. 1203.

E. Normal dry weather characteristics

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

Dry – no flow during normal dry weather – 6-1-25 there was a small flow from recent rain events

Date and time of observation: 6-1-25

Was the water body influenced by stormwater runoff during observations?

☒ Yes ☐ No

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

A. Upstream influences

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

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

B. Waterbody uses

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

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

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION

TECHNICAL REPORT 1.1

The following information is required for new and amendment major applications.

Section 1. Justification for Permit (Instructions Page 56)

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.

Renewal application with no changes

B. Regionalization of facilities

For additional guidance, please review [TCEQ's Regionalization Policy for Wastewater Treatment](#)¹.

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 to enter text.](#)

If yes, attach correspondence from the city.

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

2. Utility CCN areas

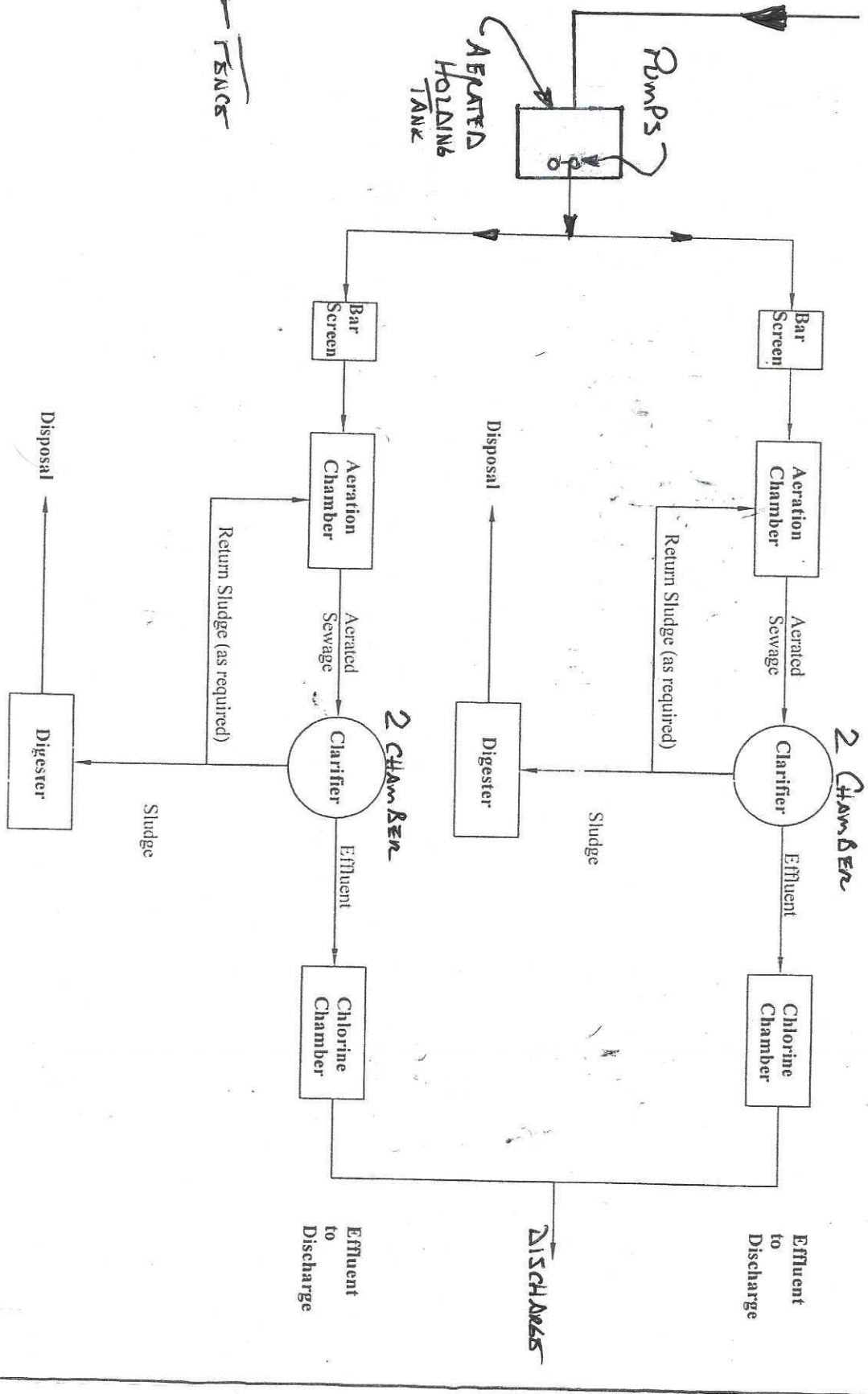
Is any portion of the proposed service area located inside another utility's CCN area?

☐ Yes ☐ No

¹ <https://www.tceq.texas.gov/permitting/wastewater/tceq-regionalization-for-wastewater>

← FENCE AROUND THE PLANT SITE

From COLLECTION SYSTEM



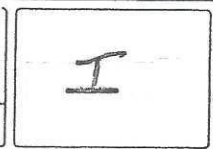
← FENCE

| |
|-----------------|
| Scale 1" = ' |
|-----------------|

Texas Conference Association of Seventh-day Adventists

TPDES Permit No. WQ0014816001

Flow Diagram



Google Maps



Google

Imagery ©2025 Airbus, Map data ©2025 20 ft

TEXAS CONFERENCE ASSOCIATION OF SEVENTH DAY ADVENTISTS

WQ 0014816001

31.898898 - 97.410901