



# 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

David A Munson and Estate of Donald Wayne Smith, 10706 Cora Street #71, Houston , TX 77088 {CN900919559 ) operates Sunset MHP2 WWTP RN101703197. a treated domestic wastewater treatment facility. The facility is located 6911 Romona Blvd, in Houston, Harris County, Texas 77086. David A Munson has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit NoWQ0014900001 (EPA I.D. No. TX0090735 to authorize of treated wastewater in a volume does not exceed a daily average flow of 120,000 gallons per day. The discharge route is from the plant to Vogel Creek: thence to Whiteoak Bayou Above Tidal. This application was received by TCEQ on May 14th, 2024. The permit application is available for review and copying at High Meadow Library , 4500 Aldine Mail Rt, Houston, in Harris County.

# Plain Language Summary Template

## DOMESTIC WASTEWATER

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

David A Munson , 10706 Cora Street #71, Houston, TX 77088 (CN900919559 ) opera Sunset MHP2 WWTP RN101703197. una instalación de tratamiento de aguas residuales domésticas tratadas. La instalación está ubicada en 6911 Romona Blvd, en Houston, Harris County, Texas 77086. David A. Munson ha solicitado a la Comisión de Calidad Ambiental de Texas (TCEQ) la renovación del Permiso NoWQ0014900001 del Sistema de Eliminación de Descargas Contaminantes de Texas (TPDES) (EPA I.D. No. TX 0090735 para autorizar el tratamiento de aguas residuales en un volumen que no exceda un flujo promedio diario de 120,000 galones por día. La ruta de descarga es desde la planta hasta Vogel Creek: de allí a Whiteoak Bayou Above Tidal. Esta solicitud fue recibida por TCEQ el 14 de mayo de 2024. La solicitud de permiso está disponible para revisión y copia en High Meadow Library, 4500 Aldine Mail Rt, Houston, en el condado de Harris.

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0014900001

**APPLICATION.** David Allen Munson and Estate of William Donald Smith, 10706 Core Street #71, Houston, Texas 77088, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0014900001 (EPA I.D. No. TX0090735) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 12,000 gallons per day. The domestic wastewater treatment facility is located at 6911 Romona Boulevard, near the city of Houston, in Harris County, Texas 77086. The discharge route is from the plant site to Vogel Creek; thence to Whiteoak Bayou Above Tidal. TCEQ received this application on May 14, 2024. The permit application will be available for viewing and copying at High Meadows Library, 4500 Aldine Mail Route, Houston, in Harris County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notice are available electronically at the following webpage:

<https://www.tceq.texas.gov/permitting/wastewater/pendingpermits/tpdes-application>. 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=-95.49,29.908611&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 enThe <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](http://www.tceq.texas.gov/goto/cid). Search the database using the permit number for this application, which is provided at the top of this notice.

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

Further information may also be obtained from David Allen Munson and Estate of William Donald Smith at the address stated above or by calling Mr. Shawn Smith at 281-448-6836.

Issuance Date: November 26, 2024

# 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. WQ00149000001

**SOLICITUD.** David A Munson and Estate of William Donald Smith, 10706 Cora Street #71, Houston, Texas 77088, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0014900001 (EPA I.D. No. TX 0090735) 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 12,000 galones por día. La planta está ubicada 6911 Romona Boulevard, en el Condado de Harris County, Texas. La ruta de descarga es del sitio de la planta a Al arroyo Vogel; de allí a Whiteoak Bayou por encima de la marea. La TCEQ recibió esta solicitud el 14 de mayo de 2024. La solicitud para el permiso está disponible para leerla y copiarla en High Meadows Library, 4500 Aldine Mail Rte, Houston, in Harris County, Texas. La solicitud (cualquier actualización y aviso inclusive) está disponible 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=-95.49,29.908611&level=18>

**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 de correos siguientes (1) la lista de correo permanente para recibir los avisos de el solicitante indicado por nombre y número del permiso específico y/o (2) la lista de correo de todas las solicitudes en un condado específico. Si desea que se agregue 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.

**CONTACTOS E INFORMACIÓN DE LA TCEQ. Todos los comentarios escritos del público y los para pedidos una reunión deben ser presentados a la Oficina del Secretario Principal, MC 105, TCEQ, P.O. Box 13087, Austin, TX 78711-3087 o por el internet at [www.tceq.texas.gov/about/comments.html](http://www.tceq.texas.gov/about/comments.html).** 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. Si necesita más información en Español sobre esta solicitud para un permiso o el proceso del permiso, por favor llame a El Programa de Educación Pública de la TCEQ, sin cobro, al 1-800-687-4040. La información general sobre la TCEQ puede ser encontrada en nuestro sitio de la red: [www.tceq.texas.gov](http://www.tceq.texas.gov).

También se puede obtener información adicional del David Allen Munson and Estate of William Donald Smith a la dirección indicada arriba o llamando a Mr. Shawn Smith al 281-448-6836.

Fecha de emisión 26 de noviembre de 2024



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

Complete and submit this checklist with the application.

APPLICANT: William Donald Smith

PERMIT NUMBER: WQ 0014900-001

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

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

RE- APPLICATION for RENEWAL OF TPDES

0014900-001  
 WQ -0012261 MAY 9, 2024

SUNSET MHP- HARRIS CO

For TCEQ Use Only

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

**Section 14. Signature Page (Instructions Page 34)**

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

Permit Number: WQ0014900001

Applicant: Estate of William D Smith

Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

Signatory name (typed or printed): Shawn Alex Smith

Signatory title: Heir/Owner

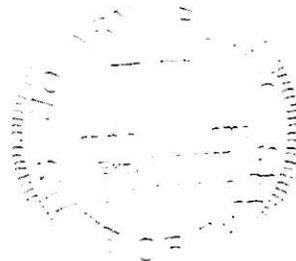
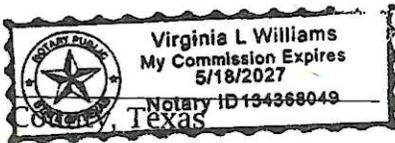
Signature: Shawn A Smith Date: 5-8-2024  
(Use blue ink)

Subscribed and Sworn to before me by the said Shawn A Smith  
on this 8<sup>th</sup> day of May, 2024.  
My commission expires on the 18<sup>th</sup> day of May, 2027.

*Virginia Williams*

Notary Public

[SEAL]



May 8, 2024

Permit No WQ0014900001

Renewal for PWS 1011972

Located at 6911 Romona Blvd Houston, TX 77086

Death certificate has been provided regarding Page 11 of 17. Section 14. Signature Page.

Printed Name: Shawn a. Smith

Signature: Shawn a Smith

Date: 5-8-2024

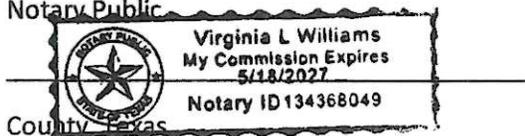
Subscribed and Sworn to before me by the said Shawn A. Smith

on this 8<sup>th</sup> day of May, 2024.

My commission expires on the 18<sup>th</sup> day of May, 2027.

Virginia Williams

Notary Public





TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
APPLICATION FOR A DOMESTIC  
ADMINISTRATIVE REPORT 1.0

SUNSET MHP- HARRIS CO

If you have questions about completing this form please contact the Applications Review and Processing Team at 512-239-4671.

**Section 1. Application Fees (Instructions Page 29)**

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

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

Minor Amendment (for any flow) \$150.00

**Payment Information:**

Mailed  Check/Money Order Number:

Check/Money Order Amount:

Name Printed on Check:

EPAY  Voucher Number:

Copy of Payment Voucher enclosed? Yes

**Section 2. Type of Application (Instructions Page 29)**

- New TPDES
- Major Amendment with Renewal
- Major Amendment without Renewal
- Renewal without changes
- New TLAP
- Minor Amendment with Renewal
- Minor Amendment without Renewal
- Minor Modification of permit

For amendments or modifications, describe the proposed changes:

**For existing permits:**

Permit Number: WQ00

EPA I.D. (TPDES only): TX

Expiration Date:

12700-001  
5290735  
1405, 2024

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

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

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

William Donald Smith

*(The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal documents forming the entity.)*

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

CN:

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

Prefix (Mr., Ms., Miss):

First and Last Name:

WILLIAM SMITH

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

Title: Owner

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

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

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

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

CN:

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

Prefix (Mr., Ms., Miss):

First and Last Name:

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

Title:

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

### C. Core Data Form

Complete the Core Data Form for each customer and include as an attachment. If the

customer type selected on the Core Data Form is **Individual**, complete **Attachment 1** of Administrative Report 1.0.

**Attachment:**

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

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

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

First and Last Name: SHAWN SMITH, son of WILLIAM SMITH

Credential (P.E., P.G., Ph.D): 10607 CORA #71

Title: HOUSTON, TEXAS 77088

Organization Name: 281 448 6836 email KINGMONT71@GMAIL.COM

Mailing Address:

City, State, Zip Code:

Phone No.:

Ext.:

Fax No.:

E-mail Address:

Check one or both:  Administrative Contact  Technical Contact

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

First and Last Name: George H Neill, PE

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

Title: GEORGE H NEILL & ASSOC., INC

Organization Name: PO 811 firm 2566

Mailing Address: ATHENS, TEXAS 75751 281 450 7647

City, State, Zip Code:

Phone No.:

Ext.:

Fax No.:

E-mail Address: georgehneill@yahoo.com

Check one or both:  Administrative Contact  Technical Contact

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

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

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

First and Last Name:

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

Title:

Organization Name:

Mailing Address:

City, State, Zip Code:

Phone No.:

Ext.:

Fax No.:

SHAWN SMITH, son of WILLIAM SMITH

10607 CORA #71

HOUSTON, TEXAS 77088

281 448 6836 email KINGMONT71@GMAIL.COM

E-mail Address:

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

First and Last Name:

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

Title:

Organization Name:

Mailing Address:

City, State, Zip Code:

Phone No.:

Ext.:

10607 CORA #71

HOUSTON, TEXAS 77088

281 448 6836 email KINGMONT71@GMAIL.COM

KISHA GOMEZ

E-mail Address:

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

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

Prefix (Mr., Ms., Miss):

First and Last Name:

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

Title:

Organization Name:

Mailing Address:

City, State, Zip Code:

Phone No.:

Ext.:

Fax No.:

IQBAL KHOWAJA

3180 MAVERICK INVESTMENTS, LLC

59 CROWN ARBOR

SUGAR LAND, TEXAS 77498

E-mail Address:

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

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

Prefix (Mr., Ms., Miss):  
First and Last Name: SHAWN SMITH, son of WILLIAM SMITH  
Credential (P.E., P.G., Ph.D., etc.): 10607 CORA #71  
Title: HOUSTON, TEXAS 77088  
Organization Name: HOUSTON, TEXAS 77088  
Mailing Address: 281 448 6836 email KINGMONT71@GMAIL.COM  
City, State, Zip Code:  
Phone No.: Ext.: Fax No.:

E-mail Address:

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

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

### A. Individual Publishing the Notices

Prefix (Mr., Ms., Miss): SHAWN SMITH, son of WILLIAM SMITH  
First and Last Name: 10607 CORA #71  
Credential (P.E., P.G., Ph.D., etc.): HOUSTON, TEXAS 77088  
Title: 281 448 6836 email KINGMONT71@GMAIL.COM  
Organization Name:  
Mailing Address:  
City, State, Zip Code:  
Phone No.: Ext.: Fax No.:

E-mail Address:

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

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

- E-mail Address
- Fax
- Regular Mail

### C. Contact person to be listed in the Notices

Prefix (Mr., Ms., Miss):

First and Last Name: SHAWN SMITH, son of WILLIAM SMITH  
Credential (P.E, P.G., Ph.D., etc.): 10607 CORA #71  
Title: HOUSTON, TEXAS 77088  
Organization Name:  
Phone No.: Ext.:  
E-mail:

**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: High Meadows Library  
Location within the building: 4500 ALDINE MAIL RT  
Physical Address of Building: HOUSTON, TX 77039  
City: HOUSTON County: HARRIS  
Contact Name:  
Phone No.: Ext.:  
Houston, TX 77039

**E. Bilingual Notice Requirements:**

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

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

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

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

Yes  No

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

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

Yes  No

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

Yes  No

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

Yes  No

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

**F. Public Involvement Plan Form**

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

Attachment: **73**

**Section 9. Regulated Entity and Permitted Site Information (Instructions Page 33)**

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

Search the TCEQ's Central Registry at <http://www15.tceq.texas.gov/crpub/> to determine if the site is currently regulated by TCEQ.

B. Name of project or site (the name known by the community where located):

**SUNSET MHP- HARRIS CO**

**6911 RAMONA BLVD  
HOUSTON, TX**

C. Owner of treatment facility:

**SHAWN SMITH, son of WILLIAM SMITH**

Ownership of Facility:  Public  Private  Both  Federal

D. Owner of land where treatment facility is on:

**SHAWN SMITH, son of WILLIAM SMITH**

Prefix (Mr., Ms., Miss):

**10607 CORA #71**

First and Last Name:

Mailing Address:

**HOUSTON, TEXAS 77088**

City, State, Zip Code:

**281 448 6836 email KINGMONT71@GMAIL.COM**

Phone No.:

E-mail

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

Attachment:

E. Owner of effluent disposal site:

Prefix (Mr., Ms., Miss):

First and Last Name:

Mailing Address:

City, State, Zip Code:

Phone No.:

E-mail Address:

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

**Attachment:**

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

Prefix (Mr., Ms., Miss):

First and Last Name:

Mailing Address:

City, State, Zip Code:

Phone No.:

E-mail Address:

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

**Attachment:**

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

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

Yes     No

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

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

Yes     No

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

City nearest the outfall(s): HOUSTON  
County in which the outfalls(s) is/are located: HARRIS  
Outfall Latitude: 29 54 30.03 Longitude: 95 29 24.02

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

Yes     No

If yes, indicate by a check mark if:

- Authorization granted       Authorization pending

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

**Attachment:**

WWTP IN SERVICE 15+ yrs

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

N/A

### Section 11. TLAP Disposal Information (Instructions Page 36)

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

- Yes       No

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

- B. City nearest the disposal site:

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

- D. Disposal Site Latitude:

Longitude:

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

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

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

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

- Yes       No

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

N/A

- Yes     No     Not Applicable

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

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

- Yes     No

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

D. Do you owe any fees to the TCEQ?

- Yes     No

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

Account number:

Amount past due:

E. Do you owe any penalties to the TCEQ?

- Yes     No

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

Enforcement order number:

Amount past due:

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

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

- Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.
- Original full-size USGS Topographic Map with the following information:
  - Applicant's property boundary
  - Treatment facility boundary
  - Labeled point of discharge for each discharge point (TPDES only)
  - Highlighted discharge route for each discharge point (TPDES only)
  - Onsite sewage sludge disposal site (if applicable)
  - Effluent disposal site boundaries (TLAP only)

- New and future construction (if applicable)
  - 1 mile radius information
  - 3 miles downstream information (TPDES only)
  - All ponds.
- Attachment 1 for Individuals as co-applicants
- Other Attachments. Please specify: *see Table of Contents*

**Section 14. Signature Page (Instructions Page 34)**

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

Permit Number: WQ0014900001

Applicant: Estate of William D Smith

Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

Signatory name (typed or printed): Shawn Alex Smith

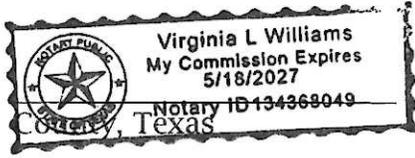
Signatory title: Heir/Owner

Signature: Shawn a Smith Date: 5-8-2024  
(Use blue ink)

Subscribed and Sworn to before me by the said Shawn A Smith  
on this 8<sup>th</sup> day of May, 2024.  
My commission expires on the 18<sup>th</sup> day of May, 2027.

Virginia Williams  
Notary Public

[SEAL]



ORIG FOR STATE

May 8, 2024

Permit No WQ0014900001

Renewal for PWS 1011972

Located at 6911 Romona Blvd Houston, TX 77086

Death certificate has been provided regarding Page 11 of 17. Section 14. Signature Page.

Printed Name: Shawn a. Smith

Signature: Shawn a Smith

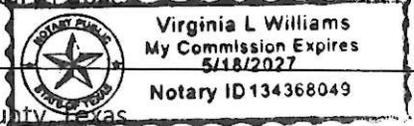
Date: 5-8-2024

Subscribed and Sworn to before me by the said Shawn A. Smith  
on this 8<sup>th</sup> day of May, 2024.

My commission expires on the 18<sup>th</sup> day of May, 2027.

Virginia Williams

Notary Public



Country Texas

**WATER QUALITY PERMIT  
PAYMENT SUBMITTAL FORM**

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

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

**Mail this form and the check or money order to:**

*BY REGULAR U.S. MAIL*

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

*BY OVERNIGHT/EXPRESS MAIL*

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

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

1. Check or Money Order Number:
2. Check or Money Order Amount:
3. Date of Check or Money Order:
4. Name on Check or Money Order:
5. APPLICATION INFORMATION

Name of Project or Site:

Physical Address of Project or Site:

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

**Staple Check or Money Order in This Space**

THIS PAGE INTENTIONALLY LEFT BLANK

ATTACHMENT 1

INDIVIDUAL INFORMATION

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**Section 1. Individual Information (Instructions Page 50)**

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

Prefix (Mr., Ms., Miss):

Full legal name (first, middle, last):

Driver's License or State Identification Number:

Date of Birth:

Mailing Address:

City, State, and Zip Code:

Phone Number:

Fax Number:

E-mail Address:

CN:

**For Commission Use Only:**

Customer Number:

Regulated Entity Number:

Permit Number:

## CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

**Things to Know:**

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

Landowners Cross Reference List  N/A  Yes  
*(See instructions for landowner requirements)*

Landowners Labels or USB Drive attached  N/A  Yes  
*(See instructions for landowner requirements)*

Original signature per 30 TAC § 305.44 - Blue Ink Preferred  Yes  
*(If signature page is not signed by an elected official or principle executive officer, a copy of signature authority/delegation letter must be attached)*

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

FOR AGENCIES REVIEWING  
TPDES WASTEWATER PERM

RE- APPLICATION for RENEWAL OF TPDES

WQ <sup>0014900-00</sup> ~~0012261~~ MAY 9, 2024

**TCEQ USE ONLY:**

Application type:  Renewal  Major Amendment  Minor Amendment  New

County: \_\_\_\_\_ Segment Number: \_\_\_\_\_

Admin Complete Date: \_\_\_\_\_

Agency Receiving SPIF:

<input type="checkbox"/> Texas Historical Commission	<input type="checkbox"/> U.S. Fish and Wildlife
<input type="checkbox"/> Texas Parks and Wildlife Department	<input type="checkbox"/> U.S. Army Corps of Engineers

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

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

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

The following applies to all applications: **SHAWN SMITH, son of WILLIAM SMITH**

1. Permittee:

Permit No. WQ00

<sup>0014900-00</sup>

EPA ID No. TX

<sup>0090735</sup>

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

located at 6911 Ramona Boulevard, in Harris County, Texas 77086      s County, Texas 77523

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

Prefix (Mr., Ms., Miss): **SHAWN SMITH, son of WILLIAM SMITH**  
First and Last Name: **10607 CORA #71**  
Credential (P.E, P.G., Ph.D., etc.): **HOUSTON, TEXAS 77088**  
Title: **281 448 6836 email KINGMONT71@GMAIL.COM**  
Mailing Address:  
City, State, Zip Code:  
Phone No.: Ext.: Fax No.:  
E-mail Address:

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

**N/A**

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

**to Vogel Creek; thence to Whiteoak Bayou Above Tidal in Segment No. 1017 of the San Jacinto 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

**improvements in place**

Disturbance of vegetation or wetlands

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

Improvements in place

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

See 6 Above

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

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

2020  
19

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

Ag



construction.

Attachment: 3

**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.

*see  
attach 10*

Attachment: 10

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

located at 6911 Ramona Boulevard, in Harris County, Texas 77086

**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.

**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.

**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

*See refer LA*

If yes, provide the date(s) of approval for each phase: SEE ATTACH 3

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

**B. Buffer zones**

Have the buffer zone requirements been met?

Yes  No

*See attached to*

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

**C. Other actions required by the current permit**

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

Yes  No

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

**D. Grit and grease treatment**

***1. Acceptance of grit and grease waste***

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

Yes  No

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

## ***2. Grit and grease processing***

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

## ***3. Grit disposal***

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

Yes  No

If No, contact the TCEQ Municipal Solid Waste team at 512-239-0000. Note: A registration or permit is required for grit disposal. Grit shall not be combined with treatment plant sludge. See the instruction booklet for additional information on grit disposal requirements and restrictions.

Describe the method of grit disposal.

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

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

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

*Dumped*

**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 or TXRNE

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

Yes  No

***3. Conditional exclusion***

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

Yes  No

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

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

Is your stormwater discharge currently permitted through this individual

TPDES or TLAP permit?

Yes  No

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

**5. Zero stormwater discharge**

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

Yes  No

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

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

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

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

Yes  No

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

state.

**Note:** Direct stormwater discharges to waters in the state authorized through this individual permit will require the development and implementation of a stormwater pollution 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<sub>5</sub> concentration of the sludge, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

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

## ***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<sub>5</sub> concentration of the septic waste, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

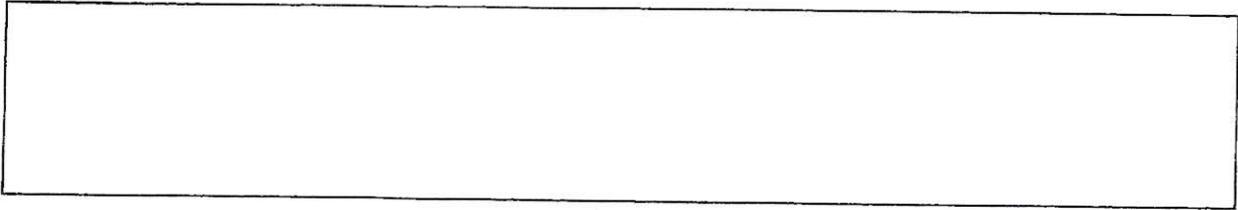
Note: Permits that accept sludge from other wastewater treatment plants may be required to have influent flow and organic loading monitoring.

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

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

Yes  No

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



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

Is the facility in operation?

Yes  No

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

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

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

*Table 1.0(2) - Pollutant Analysis for Wastewater Treatment Facilities*

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l					
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)					

*see attached 11*

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, $\mu\text{mohs/cm}$ , †					
Oil & Grease, mg/l					
Alkalinity ( $\text{CaCO}_3$ )*, mg/l					

\*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 ( $\text{CaCO}_3$ ), mg/l					

**Section 8. Facility Operator (Instructions Page 60)**

Facility Operator Name: THOMAS GUNN

TEL NO 713-892-7568

Facility Operator's License Classification and Level:

Facility Operator's License Number:

THOMAS GUNN

**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:

**B. Sludge disposal site**

Disposal site name: WASTE MGMNT on WILSON RD, or REPUBLIC LFILL on McCARTY RD

TCEQ permit or registration number: 1307-B... or 261-B

County where disposal site is located: HARRIS

**C. Sludge transportation method**

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

Name of the hauler: SEE SLUDGENET LETTER- NOW MAGNAFLOW

Hauler registration number: 21484

Sludge is transported as a:

Liquid       semi-liquid       semi-solid       solid

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

**A. Beneficial use authorization**

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

Yes  No

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

Yes  No

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

Yes  No

**B. Sludge processing authorization**

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

Sludge Composting Yes  No

Marketing and Distribution of sludge Yes  No

Sludge Surface Disposal or Sludge Monofill Yes  No

Temporary storage in sludge lagoons Yes  No

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

Yes  No

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

Does this facility include sewage sludge lagoons?

Yes  No

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

**A. Location information**

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

- Original General Highway (County) Map:

**Attachment:**

- USDA Natural Resources Conservation Service Soil Map:

**Attachment:**

- Federal Emergency Management Map:

**Attachment:**

- Site map:

**Attachment:**

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:**

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

**B. Temporary storage information**

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

Nitrate Nitrogen, mg/kg:

Total Kjeldahl Nitrogen, mg/kg:

Total Nitrogen (=nitrate nitrogen + TKN), mg/kg:

Phosphorus, mg/kg:

Potassium, mg/kg:

pH, standard units:

Ammonia Nitrogen mg/kg:

Arsenic:

Cadmium:

Chromium:

Copper:

Lead:

Mercury:

Molybdenum:

Nickel:

Selenium:

Zinc:

Total PCBs:

N/A

Provide the following information:

Volume and frequency of sludge to the lagoon(s):

Total dry tons stored in the lagoons(s) per 365-day period:

Total dry tons stored in the lagoons(s) over the life of the unit:

### C. Liner information

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

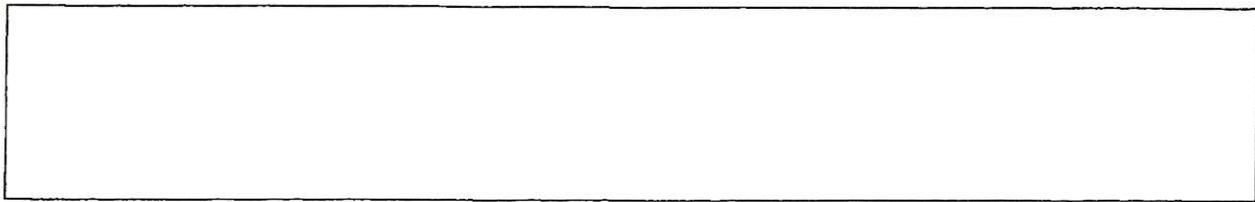
Yes

No

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

### D. Site development plan

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



Attach the following documents to the application.

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

Attachment:

- Copy of the closure plan

Attachment:

- Copy of deed recordation for the site

Attachment:

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

Attachment:

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

Attachment:

- Procedures to prevent the occurrence of nuisance conditions

Attachment:

#### **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:

## **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:

**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:

**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:**

- 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.

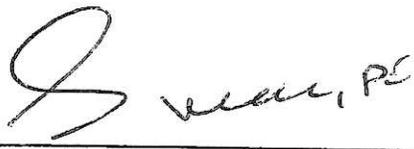
The following certification statement shall be signed and submitted with every application. See the *Signature Page* section in the Instructions, for a list of designated representatives who may sign the certification.

**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:

Title:

Signature: 

*Cheryl Fed...*

Date: *March 8, 2023*

*May 9, 2024*

## 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

Other:

**B. Interim II Phase Design Effluent Quality**

Biochemical Oxygen Demand (5-day), mg/l:

Total Suspended Solids, mg/l:

Ammonia Nitrogen, mg/l:

Total Phosphorus, mg/l:

Dissolved Oxygen, mg/l:

Other:

**C. Final Phase Design Effluent Quality**

Biochemical Oxygen Demand (5-day), mg/l:

Total Suspended Solids, mg/l:

Ammonia Nitrogen, mg/l:

Total Phosphorus, mg/l:

Dissolved Oxygen, mg/l:

Other:

**D. Disinfection Method**

Identify the proposed method of disinfection.

- Chlorine: \_\_\_\_\_ mg/l after  
minutes detention time at peak flow  
Dechlorination process:
- Ultraviolet Light: \_\_\_\_\_ seconds contact time at peak  
flow
- Other:

**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: 3

**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.

EQUIP ABOVE GFPLAIN

*see sketch 7*

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

FEMA

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:

If no, provide the approximate date you anticipate submitting your application to the Corps:

**B. Wind rose**

Attach a wind rose. Attachment:

**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:

#### 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:

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

Attach a solids management plan to the application.

Attachment: 4

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.

LIST OF ATTACHMENTS... TPDES RENEWAL APPLICATION

RE- APPLICATION for RENEWAL OF TPDES

WQ 0014900-001

~~MARCH~~, 2023

WQ ~~0012261~~ MAY 9, 2024

0014900  
SUNSET MHP- HARRIS CO

1. USGS QUAD
2. L-OWNERS LIST
3. WWTP DESIGN INFO
4. SLUDGE MGMNT PLAN
5. LETTER TO LIBRARY - NOTICE TO PUBLIC (NORI FORMS)
6. WIND ROSE
7. FEMA FRAME
8. SLUDGE LETTER
9. OLD PERMIT EXCERTS
10. SITE PLAN -BUFFER PLAN
11. POLLUTION ANALYSIS
12. CORE DATA FORM
13. PUB INFON PLAN FORM
14. RELIABILITY
15. FORBIDDE FEATURES
16. OTHERS DEED
17. PHOTOS

NOT REQD THIS TIME

# 1



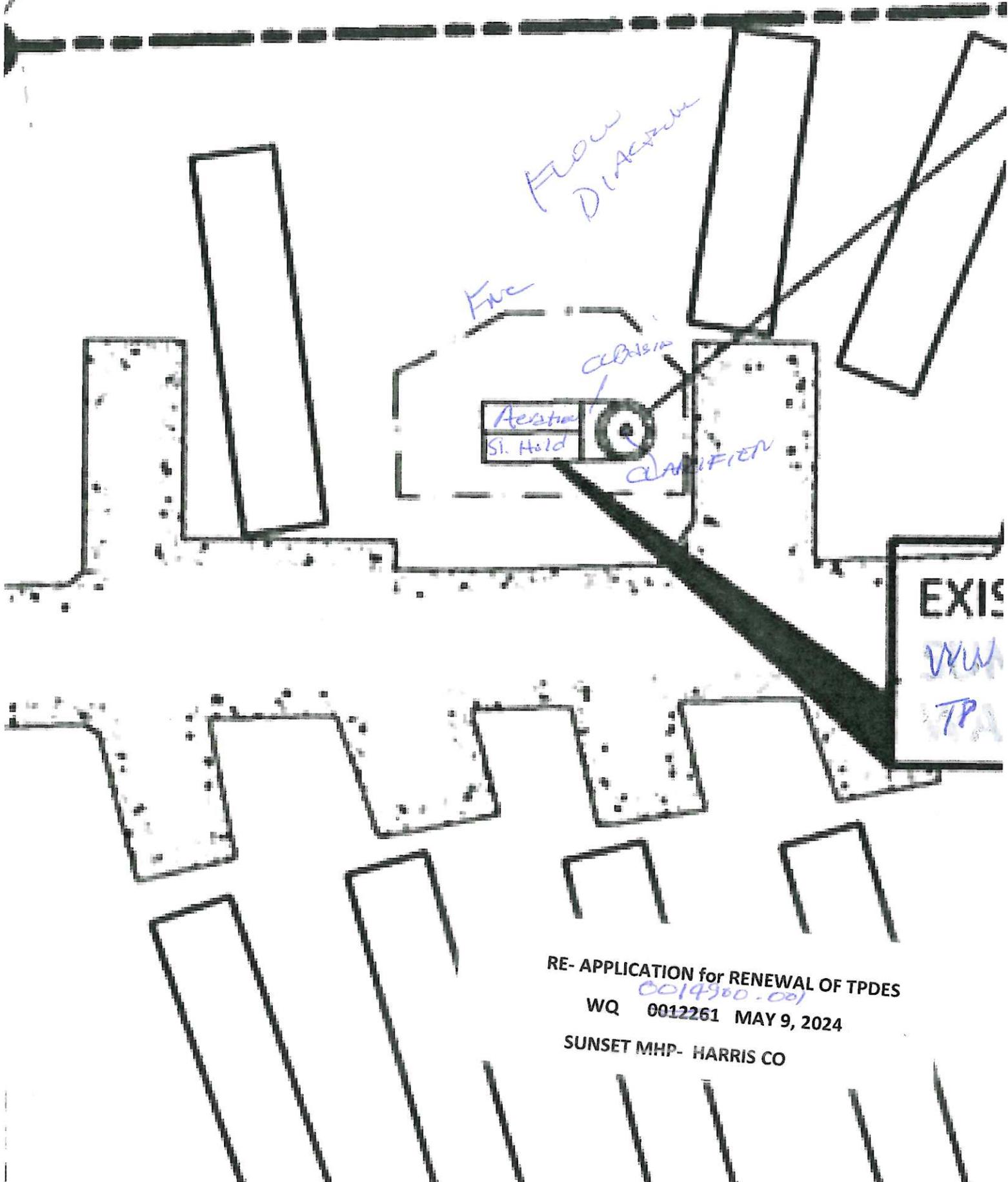
RE-APPLICATION for RENEWAL OF TPDES

WQ <sup>0014900</sup> 0012261 MAY 9, 2024

SUNSET MHP- HARRIS CO



Attaching



RE- APPLICATION for RENEWAL OF TPDES  
0014900-001  
WQ 0012261 MAY 9, 2024  
SUNSET MHP- HARRIS CO

APRIL 10, 2022

(4)

MANAGEMENT PLAN

1. TYPE PROCESS- *STAGE 1 NITRIFICATION* ACTIVATED SLUDGE MODIFICATION
2. DIGESTION, AN INTEGRAL PART OF THE PROCESS, IS DONE IN A 10<sup>3</sup> FT BASIN. AIRLIFTS ARE USED FOR WASTING FROM THE CLARIFIER. A PROCESS SCHEMATIC IS PART OF THIS APPLICATION.
3. SLUDGE PRODUCTION RATES- SEE pp 2
4. CONCENTRATION IN THE AERATION BASIN IS 3500 PPM MLSS
5. SLUDGE HANDLING-
  - A. WASTING SLUDGE -  
MLSS IS GENERATED IN THE AERATION BASIN, AND ALLOWED TO SETTLE IN THE CLARIFIER. COLLECTOR DIRECTS THE CLARIFIER UNDERFLOW TO THE CENTER AREA WHERE A DRAIN IS CONNECTED TO AIRLIFTS. WASTED SLUDGE (WAS) IS THEN DIRECTED TO THE SLUDGE HOLDING TANK FOR THICKENING (& SOME DIGESTION). HOLDING TANK SUPERNATANT FLOWS TO AERATION, WHILE THE CONCENTRATE IS PERIODICALLY EVACUATED VIA VACUUM TRUCK, AND WAS IS HAULED / DISPOSED BY LICENCED OPERATORS.
6. REMOVAL FREQUENCIES- SEE pp 2

RECORDS INCLUDING TIME, DATE, WEIGHT OF WASTED SLUDGE TO BE KEPT ON FILE AT THE LICENSEE'S OFFICE WITH COPIES TO BE KEPT AT THE PROPOSED WTP SITE WITH COPIES OF THE PERMIT, FILES, AND O/M RECORDS.

NOTE: ESTIMATE OF DRY WEIGHT OF SLUDGE HAULED..

GAL. WASTED X 8.34( #/GAL) X 0.007\* = \_\_\_\_\_ # DRY WT OF HAULED SLUDGE

\* BASED ON 7000 ppm. USE LAB RESULTS OF MLSS IN RAS, IF AVAILABLE.

TRUCKS TO BE WEIGHED, AND COMPARED TO TARE FOR ACCURATE CHECK.

RE- APPLICATION for RENEWAL OF TPD

WQ <sup>0014900</sup> ~~0012261~~ MAY 9, 2024

SUNSET MHP- HARRIS CO

**SLUDGE PRODUCTION DATA**

B11 1111

SHAWN SMITH, son of WILLIAM SMITH

10607 CORA #71

HOUSTON, TEXAS 77088

281 448 6836 email KINGMONT71@GMAIL.COM

WWTP- EXTENDED AERATION <sup>0.012</sup> 0.099 MGD

	0.005 MGD	0.010 MGD
BOD 5 REMOVED	12	23
# /DAY DRY SOLIDS	10	20
# WET SOLIDS/DAY	260	520
VOL WET SOLIDS/DAY FROM CLARIFIER		
TO SLUDGE HOLDING GAL/DAY	23	45
IF WASTED BY 6000 GAL TRUCK per event	800 DAYS	400 DAYS

**NOTE: HAUL INTERVALS NOT RECOMMENDED TO EXCEED MORE THAN 180 DAYS**

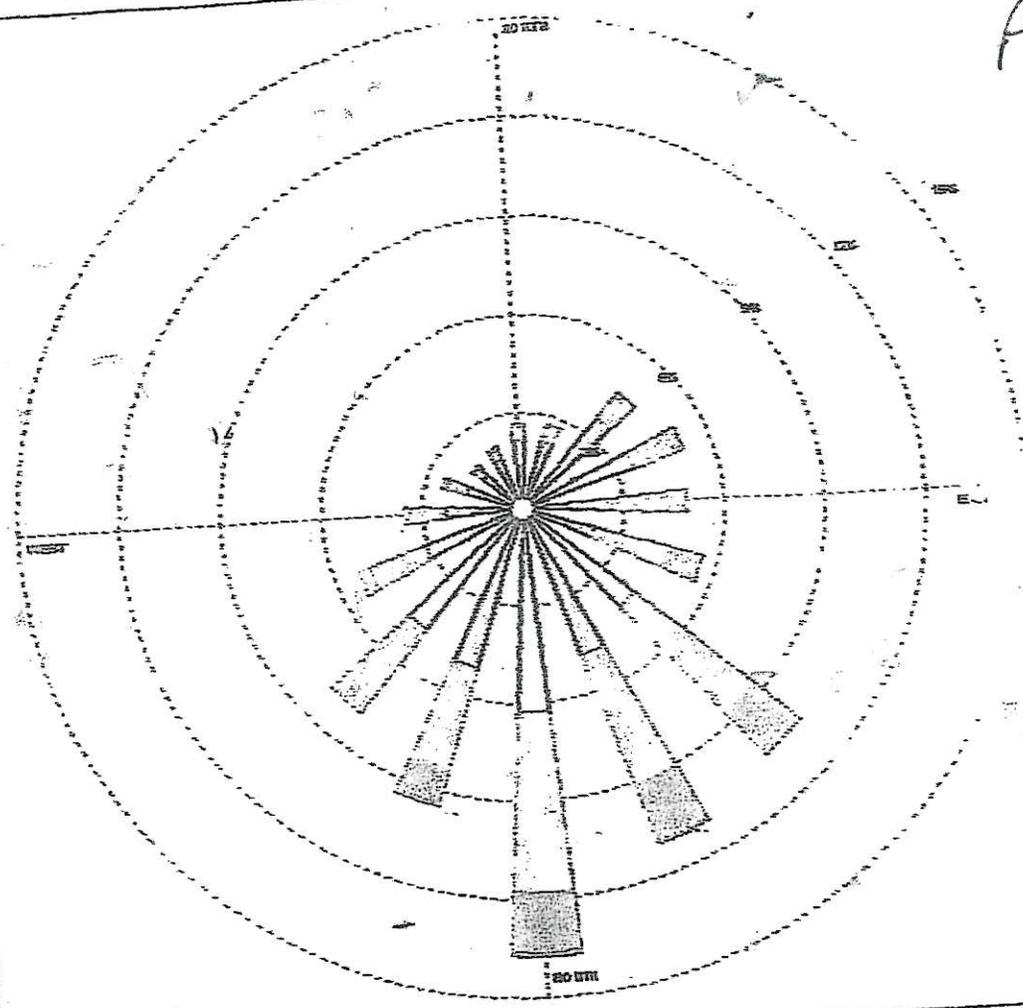


Revised  
May 9, 2024

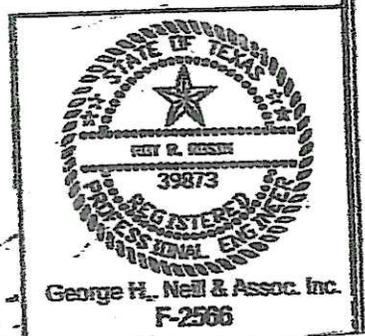
Jim 2566  
George H. Hill, PE  
Feb 10, 2022

Attach

16



Wind Speed Only	NO. OF HRS	DATE	CURRENT SOURCE
0-10	Sera West	8/29/2002	USDA-ARS
10-20	WIND SPEED	REF	COMMENTS
20-30	WIND SPEED	MS	
30-40	WIND SPEED	CALCULATED	
40-50	3.45 m/s	628%	
50-60	DIRECTION	PICTURE DISTANCE	
60-70	Direction	1951	
70-80	(blowing from)	Jul 1 - Jul 31	
		Midnight - 11 PM	



RE-APPLICATION for RENEWAL OF TPDES

WQ <sup>0014900</sup> 0012261 MAY 9, 2024

SUNSET MHP- HARRIS CO

M 1280

FROM- GEORGE H NEILL, P.E.  
 GHN ASSOC., INC.  
 P.O. BOX 811  
 ATHENS, TEXAS 75751  
 281 450 7647  
 firm 2566



~~SOUTH OF~~  
SOUTH OF

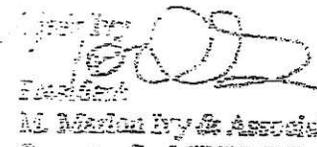
ATTACH 8

To Whom It May Concern:

Mount Houston Road Municipal Utility District, owner of a Waste Water Treatment Plant (Permit #WQ001112-001) located approximately 1.3 miles northwest of the intersection of State Highway 249 and Veterans Memorial Drive, Houston, Texas, and Magna Flow Environmental, owner of the Processing Permit (Permit #WQ0005023000)

Magna Flow Environmental and Mount Houston Road Municipal Utility District have entered into a contractual agreement, where Magna Flow Environmental (T.C.E.Q. Transporter Permit # 21-034) will dewater sewage sludge from other waste treatment plants at the Mount Houston Road Municipal Utility District treatment plant. Dewatered Sludge will then be disposed of at a T.C.E.Q. permitted disposal site. Mount Houston Road Municipal Utility District has the capacity to accept sludge from one at the mentioned plant.

Magna Flow Environmental agrees to accept and be responsible for the sludge dewatered at the plant. We will maintain responsibility for the life of the permit.

  
President  
M. Markon Bry & Associates  
Operator for MATH MUD

  
Vice President  
Magna Flow Environmental

RE- APPLICATION for RENEWAL OF TPDES

WQ 0012261 MAY 9, 2024

SUNSET MHP- HARRIS CO



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
P.O. Box 13087  
Austin, Texas 78711-3087

PERMIT TO DISCHARGE WASTES  
under provisions of  
Section 402 of the Clean Water Act  
and Chapter 26 of the Texas Water Code

William Donald Smith

whose mailing address is

10706 Cora Street, Trailer 71  
Houston, Texas 77088

is authorized to treat and discharge wastes from the Sunset Mobile Home Park No.2 Wastewater Treatment Facility, SIC Code 6515

located at 6911 Ramona Boulevard, in Harris County, Texas 77086

to Vogel Creek; thence to Whiteoak Bayou Above Tidal in Segment No. 1017 of the San Jacinto River Basin

only according to effluent limitations, monitoring requirements, and other conditions set forth in this permit, as well as the rules of the Texas Commission on Environmental Quality (TCEQ), the laws of the State of Texas, and other orders of the TCEQ. The issuance of this permit does not grant to the permittee the right to use private or public property for conveyance of wastewater along the discharge route described in this permit. This includes, but is not limited to, property belonging to any individual, partnership, corporation or other entity. Neither does this permit authorize any invasion of personal rights nor any violation of federal, state, or local laws or regulations. It is the responsibility of the permittee to acquire property rights as may be necessary to use the discharge route.

This permit shall expire at midnight, **five years from the date of issuance.**

ISSUED DATE: November 5, 2019

TPDES PERMIT NO.  
WQ0014900001  
[For TCEQ office use only - EPA I.D.  
No. TX0090735]

This is a renewal that replaces TPDES Permit No. WQ0014900001 issued on November 14, 2016.

  
\_\_\_\_\_  
For the Commission

William Donald Smith

EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

1. During the period beginning upon the date of issuance and lasting through the date of expiration, the permittee is authorized to discharge subject to the following effluent limitations:

The daily average flow of effluent shall not exceed 0.012 million gallons per day (MGD), nor shall the average discharge during any two-hour period (2-hour peak) exceed 30 gallons per minute (gpm).

<u>Effluent Characteristic</u>	<u>Discharge Limitations</u>				<u>Min. Self-Monitoring Requirements</u>	
	<u>Daily Avg</u> mg/l (lbs/day)	<u>7-day Avg</u> mg/l	<u>Daily Max</u> mg/l	<u>Single Grab</u> mg/l	<u>Report Daily Avg. &amp; Max. Single Grab</u> Measurement Frequency	<u>Sample Type</u> Instantaneous
Flow, MGD	Report 10 (1.0)	N/A	Report 25	N/A	One/week	Grab
Carbonaceous Biochemical Oxygen Demand (5-day)	15 (1.5)	25	40	60	One/week	Grab
Total Suspended Solids	3 (0.30)	6	10	15	One/quarter	Grab
Ammonia Nitrogen	63	N/A	N/A	200		
<i>E. coli</i> , CFU or MPN/100 ml						

2. The effluent shall contain a chlorine residual of at least 1.0 mg/l and shall not exceed a chlorine residual of 4.0 mg/l after a detention time of at least 20 minutes (based on peak flow), and shall be monitored five times per week by grab sample. An equivalent method of disinfection may be substituted only with prior approval of the Executive Director.
3. The pH shall not be less than 6.0 standard units nor greater than 9.0 standard units and shall be monitored once per month by grab sample.
4. There shall be no discharge of floating solids or visible foam in other than trace amounts and no discharge of visible oil.
5. Effluent monitoring samples shall be taken at the following location(s): Following the final treatment unit.
6. The effluent shall contain minimum dissolved oxygen of 4.0 mg/l and shall be monitored once per week by grab sample.

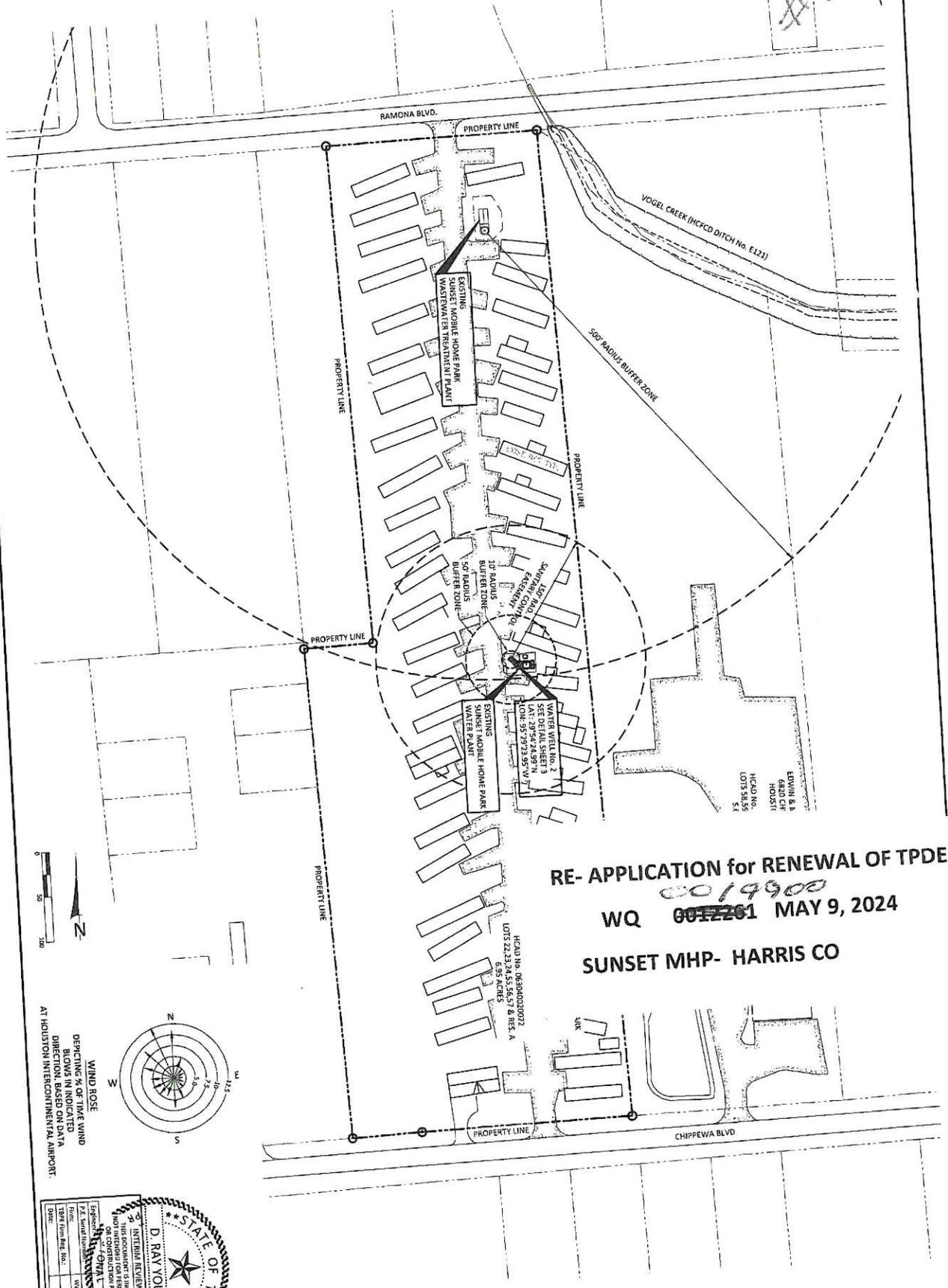
### OTHER REQUIREMENTS

1. The permittee shall employ or contract with one or more licensed wastewater treatment facility operators or wastewater system operations companies holding a valid license or registration according to the requirements of 30 TAC Chapter 30, Occupational Licenses and Registrations, and in particular 30 TAC Chapter 30, Subchapter J, Wastewater Operators and Operations Companies.

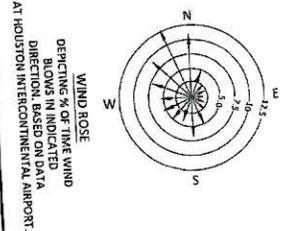
This Category C facility must be operated by a chief operator or an operator holding a Category C license or higher. The facility must be operated a minimum of five days per week by the licensed chief operator or an operator holding the required level of license or higher. The licensed chief operator or operator holding the required level of license or higher must be available by telephone or pager seven days per week. Where shift operation of the wastewater treatment facility is necessary, each shift which does not have the on-site supervision of the licensed chief operator must be supervised by an operator in charge who is licensed not less than one level below the category for the facility.

2. The facility is not located in the Coastal Management Program boundary.
3. The permittee shall comply with the requirements of 30 TAC § 309.13(a) through (d). In addition, by ownership of the required buffer zone area, the permittee shall comply with the requirements of 30 TAC § 309.13(e).
4. The permittee shall provide facilities for the protection of its wastewater treatment facility from a 100-year flood.
5. In accordance with 30 TAC § 319.9, a permittee that has at least twelve months of uninterrupted compliance with its bacteria limit may notify the commission in writing of its compliance and request a less frequent measurement schedule. To request a less frequent schedule, the permittee shall submit a written request to the TCEQ Wastewater Permitting Section (MC 148) for each phase that includes a different monitoring frequency. The request must contain all of the reported bacteria values (Daily Avg. and Daily Max/Single Grab) for the twelve consecutive months immediately prior to the request. If the Executive Director finds that a less frequent measurement schedule is protective of human health and the environment, the permittee may be given a less frequent measurement schedule. For this permit, 1/quarter may be reduced to 1/6 months. **A violation of any bacteria limit by a facility that has been granted a less frequent measurement schedule will require the permittee to return to the standard frequency schedule and submit written notice to the TCEQ Wastewater Permitting Section (MC 148).** The permittee may not apply for another reduction in measurement frequency for at least 24 months from the date of the last violation. The Executive Director may establish a more frequent measurement schedule if necessary to protect human health or the environment.

#10



RE-APPLICATION for RENEWAL OF TPDES  
 WQ ~~0012261~~ <sup>0019900</sup> MAY 9, 2024  
 SUNSET MHP- HARRIS CO



STATE OF TEXAS  
 D. RAY YOUNG  
 INTERIM REVIEW ONLY  
 THIS DOCUMENT IS NOT FOR CONSTRUCTION PURPOSES.  
 DATE: 2/4/2016

DATE:	2/4/2016
PROJECT NO.:	5203.1
SHEET NO.:	02 OF 03

SITE PLAN  
 SHEET NAME:

**SUNSET MOBILE HOME PARK NO. 2  
 WATER WELL NO. 2 AS-BUILT**  
 6911 ROMONA BLVD #51  
 HOUSTON, TEXAS 77086

**WaterEngineers, Inc.**  
 Water & Wastewater Treatment Consultants  
 TEXAS BOARD OF PROFESSIONAL ENGINEERS FIRM No. 2056  
 17230 HUFFMEISTER ROAD  
 CYPRESS, TEXAS 77429  
 TEL: 281-373-0500  
 FAX: 281-373-1123

REVISION	DATE

# TCEQ Core Data Form

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

*Attach 12*

## SECTION I: General Information

<b>1. Reason for Submission</b> (If other is checked please describe in space provided.) <input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.) <input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)			<input type="checkbox"/> Other
<b>2. Customer Reference Number</b> (if issued)  CN 600919559	Follow this link to search for CN or RN numbers in Central Registry**	<b>3. Regulated Entity Reference Number</b> (if issued)  RN 101218030	

## SECTION II: Customer Information

<b>4. General Customer Information – Estate of William D Smith</b>		<b>5. Effective Date for Customer Information Updates</b> 05/07/2024	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts) Update to Customer Information Change in Regulated Entity Ownership The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).			
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John) / [new Customer, enter previous Customer below:]  Smith, William Donald			
<b>7. TX SOS/CPA Filing Number</b>	<b>8. TX State Tax ID</b> (11 digits)	<b>9. Federal Tax ID</b> (9 digits)  331169559	<b>10. DUNS Number</b> (if applicable)
<b>11. Type of Customer:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Other:		<b>13. Independently Owned and Operated?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>12. Number of Employees</b> <input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<b>14. Customer Role</b> (Proposed or Actual) - as it relates to the Regulated Entity listed on this form. Please check one of the following <input checked="" type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Owner/ESA Applicant <input type="checkbox"/> Other:	
<b>15. Mailing Address:</b> 10706 Cora St #71 City: Houston State: TX ZIP: 77088 ZIP+4: 3241			
<b>16. Country Mailing Information</b> (if outside USA)		<b>17. E-Mail Address</b> (if applicable) kingmontmhp71@gmail.com	
<b>18. Telephone Number</b> 281-488-6836		<b>19. Extension or Code</b>	<b>20. Fax Number</b> (if applicable)

## SECTION III: Regulated Entity Information

**21. General Regulated Entity Information** (If "New Regulated Entity" is selected, a new permit application is also required.)

New Regulated Entity     Update to Regulated Entity Name     Update to Regulated Entity Information

The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).

**22. Regulated Entity Name** (Enter name of the site where the regulated action is taking place.)

Sunset Mobile Home Park 2

**23. Street Address of the Regulated Entity:** 6911 Romona Blvd  
(No PO Boxes)  
City: Houston    State: TX    ZIP: 77086    ZIP+4: 3337

**24. County** Harris

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

**25. Description to Physical Location:** LTS 22 23 24 55 56 & 57 BLK 2  
A L COAN  
5.8880 AC    State: TX    Nearest ZIP Code: 77088

**26. Nearest City** City of Houston    State: TX    Nearest ZIP Code: 77088

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

**27. Latitude (N) in Decimal:** 29.907028    **28. Longitude (W) in Decimal:** -95.490056

Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

**29. Primary SIC Code** (4 digits) 6515    **30. Secondary SIC Code** (4 digits)    **31. Primary NAICS Code** (5 or 6 digits) 531190    **32. Secondary NAICS Code** (5 or 6 digits)

**33. What is the Primary Business of this entity?**

Residential Single Family MHP

**34. Mailing Address:** 10706 Cora St #71  
City: Houston    State: TX    ZIP: 77088    ZIP+4: 3241

**35. E-Mail Address:** kingmontmhp71@gmail.com

**36. Telephone Number**    **37. Extension or Code**    **38. Fax Number (if applicable)**

(281) 448-6836

**39. TCEQ Programs and ID Numbers** Check all Programs and write in the permits/registform. See the Core Data Form instructions for additional guidance.

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	OossF	<input type="checkbox"/> Petroleum Storage Tank	1X1 PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	OTitleVAir	<input type="checkbox"/>	WQ0014900001
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Used Oil
				<input type="checkbox"/> Other:

### SECTION IV: Preparer Information

40. Name : Kisha Gomez		141. Title: Coordinator/Office Agent	
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(281)448-6836			Kingmontmhp71@gmail.com

### SECTION V: Authorized Signature

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

Company:	Sunset 2 Mobile Home Park	Job Title:	Acting Owner/Heir (see attachment)
Name (in Print):	Shawn Alex Smith	Phone:	(713) 409-7912
Signature:	<i>Shawn A Smith</i>	Date:	05/08/2024

*ed permit WQ*

RE- APPLICATION for RENEWAL OF TPD

WQ <sup>0014900</sup> ~~0012261~~ MAY 9, 2024



Texas COMMISSION ON ENVIRONMENTAL QUALITY

SUNSET MHP- HARRIS CO

SUGAR LAND, TEXAS 77498

## Public Involvement Plan Form for Permit and Registration Applications

The Public Involvement Plan is intended to provide applicants and the agency with information about how public outreach will be accomplished for certain types of applications in certain geographical areas of the state. It is intended to apply to new activities; major changes at existing plants, facilities, and processes; and to activities which are likely to have significant interest from the public. This preliminary screening is designed to identify applications that will benefit from an initial assessment of the need for enhanced public outreach.

All applicable sections of this form should be completed and submitted with the permit or registration application. For instructions on how to complete this form, see TCEQ-20960-inst.

### Section 1. Preliminary Screening

- New Permit or Registration Application
- New Activity - modification, registration, amendment, facility, etc. (see instructions)

**If neither of the above boxes are checked, completion of the form is not required and does not need to be submitted.**

### Section 2. Secondary Screening

- Requires public notice,
- Considered to have significant public interest, and
- Located within any of the following geographical locations:

- Austin
- Dallas
- Fort Worth
- Houston *(Maybe)*
- San Antonio
- West Texas
- Texas Panhandle
- Along the Texas/Mexico Border
- Other geographical locations should be decided on a case-by-case basis

**If all the above boxes are not checked, a Public Involvement Plan is not necessary. Stop after Section 2 and submit the form.**

- Public Involvement Plan not applicable to this application. Provide brief explanation:

*5 miles from City of Houston*

Is not located in any of the geographical locations that make a Public Involvement plan necessary.

**Section 3. Application Information**

Type of Application (check all that apply):

- Air  Initial  Federal  Amendment  Standard Permit  Title V
- Waste  Municipal Solid Waste  Industrial and Hazardous Waste  Scrap Tire  
 Radioactive Material Licensing  Underground Injection Control

Water Quality

- Texas Pollutant Discharge Elimination System (TPDES)  
 Texas Land Application Permit (TLAP)  
 State Only Concentrated Animal Feeding Operation (CAFO)  
 Water Treatment Plant Residuals Disposal Permit  
 Class B Biosolids Land Application Permit  
 Domestic Septage Land Application Registration

TPDES  
(reapplied) ~~TPDES~~

~~TPDES~~

Water Rights New Permit

- New Appropriation of Water  
 New or existing reservoir

Amendment to an Existing Water Right

- Add a New Appropriation of Water  
 Add a New or Existing Reservoir  
 Major Amendment that could affect other water rights or the environment

**Section 4. Plain Language Summary**

Provide a brief description of planned activities.

Conventional WWT including  
extended aeration bio plant

30 Ch 217 Approval has been  
granted

### Section 5. Community and Demographic Information

Community information can be found using EPA's EJ Screen, U.S. Census Bureau information, or generally available demographic tools.

Information gathered in this section can assist with the determination of whether alternative language notice is necessary. Please provide the following information.

(City) Several sites from City of Houston

(County) HARRIS

(Census Tract) Please indicate which of these three is the level used for gathering the following information.  
 City       County       Census Tract (Map - see instructions)

do not know

(a) Percent of people over 25 years of age who at least graduated from high school

(Mostly do to get with Long Beach worked area for years)

(b) Per capita income for population near the specified location

50K 140

(c) Percent of minority population and percent of population by race within the specified location

25%

(d) Percent of Linguistically Isolated Households by language within the specified location

25%

(e) Languages commonly spoken in area by percentage

English  
Spanish

(f) Community and/or Stakeholder Groups

(g) Historic public interest or involvement

19

**RELIABILITY**

- 1. LIFT STATION SERVING COLLECTION SYSTEM
- 2. A BLOWER
- 3. CLARIFIER DRIVE
- 4. CHLORINATION SYSTEM
- 5. BASIC LIGHTING

NOTE: A CONSTANT RECHARGED, POWER-PAC WITH AUTO-SWITCHOVER WILL ALLOW CONTINUOUS CHLORINE APPLICATION. SUFFICIENT SPARE PARTS INVENTORY FOR THE CHLORINATOR WILL BE REQUIRED.

**B. INTERLOCKED ALARMS SYSTEMS WILL ADVISE OF-**

- 1. GENERAL POWER OUTAGE
- 2. LIFT STA. HIGH LEVEL
- 3. CLARIFIER DRIVE FAILURE, OR TORQUE OVERLOAD

**C. OPERATING FLEXIBILITY FEATURES**

- 1. SLUDGE HOLDING HAS DUAL COMPARTMENTS FOR ALLOWING ONE TO BE EMPTIED WHILE SLUDGE IS WASTED TO OTHER
- 2. IF CC BASINS OUT OF SERVICE AND BY-PASSED CHLORINE CAN BE INTRODUCED INTO THE CLARIFIER FOR ALLOWING ADEQUATE DISTENTION TIME

**D. EQUIPMENT REDUNDANCY**

DUAL BLOWERS, EACH CAPABLE OF THE TOTAL AIR REQUIREMENTS  
 LIFT STATION AT WTP WILL HAVE DUAL PUMPS, EACH CAPABLE OF CAPX  
 WATER SYSTEM HAVING EMERGENCY GENERATOR WILL PROVIDE DUAL FEED TO THE WTP

**E. OVERFLOW PREVENTION - BASINS HAVE ADEQUATE FREEBOARD**

AT ADEQUATE SPECIFICATION FOR SEWER LINE TESTING, BOTH DURING CONSTRUCTION, AND LATER IN BEING RECOMMENDED

RE- APPLICATION for RENEWAL OF TPDES

WQ 0012261 MAY 9, 2024

SUNSET MHP- HARRIS CO

GEORGE H NELLIS ASSOC INC  
P.O. BOX 512  
STAFFORD, TEXAS 77477 281 450 7647

15  
TPDES APP

response to 30TAC 309.13 UNSUITABLE SITE CHARACTERISTICS

(c) THE PROPOSED SITE WILL NOT BE LOCATED IN A 100-YR FLOOD PLAIN

(b) - - - - - WETLANDS

(c) ~~THE WTP WILL BE LOCATED IN EXCESS OF 500 FT FROM A PUBLIC WATER WELL, OR RELATED FACILITIES~~

THE PROPOSED WTP-

(1) DOES NOT INCLUDE SURFACE IRRIGATION, NOR SOIL ABSORPTION SYSTEMS

(2) WILL BE LOCATED IN EXCESS OF 500 FT FROM POTABLE WATER STORAGE

(3) - - - - - 500 FT FROM A PUBLIC WATER WELL

(4) ~~WILL HAVE A GROUNDWATER SYSTEM WITH STATION POINT WITHIN 300 FT OF 300' FROM A PUBLIC WATER WELL~~

(5) ~~WILL HAVE NO SURFACE WATER TREATMENT PLANTS, INCLUDING, BUT NOT LIMITED TO, PROPOSED, WITHIN 500'~~

(d) THE PROPOSED WTP WILL HAVE NO SURFACE IMPOUNDMENT

(e) CONTROL OF THE MISPLANCE OF ODOR

(1) NO LAGOONS ARE PLANNED

(2) APPLICANT OWNS ALL PROPERTIES WITHIN 150' OF THE PROPOSED WTP. (SEE ATTACHED BUFFER PLAN. ATTACH 13)

(f) NO VARIANCE REQUEST IS REQUIRED

(g) NO ALTERNATIVE TO THE RULES IS REQUIRED

(h) NO RENEWAL IS REQUIRED AT THIS TIME

(i) PLANS/SPECS WERE NOT APPROVED PRIOR TO

RE- APPLICATION for RENEWAL OF TPD

WQ 0012261 MAY 9, 2024

SUNSET MHP- HARRIS CO

#16

7701112

WARRANTY DEED WITH VENDOR'S LIEN

Date: April 1, 1999  
Grantor: COLLIER INTERESTS, INC. 05/04/99 20950948 7701112 015.00

Grantor's Mailing Address (including county):  
COLLIER INTERESTS, INC.  
P.O. Box 19083  
Houston, Harris County, Texas 77224

Grantee: WILLIAM D. SMITH  
Grantee's Mailing Address (including county):  
WILLIAM D. SMITH  
1413 Aldine Mail Route  
Houston, Harris County, Texas 77039

Consideration: TEN AND NO/100 DOLLARS and other good and valuable consideration and the further consideration of a note of even date, that is in the principal amount of FIFTY THOUSAND TWO HUNDRED SEVENTY-SIX AND 20/100 DOLLARS (\$50,276.20) and is executed by Grantee, payable to the order of Grantor. It is secured by a vendor's lien retained in this deed and by a deed of trust of even date, from Grantee to Robert S. Pickelner, Trustee.

Property (including any improvements):  
Being a 5.888 acre tract of land being the residue of Lots Twenty-two (22), Twenty-three (23), Twenty-four (24), Fifty-five (55), Fifty-six (56) and Fifty-seven (57), in Block Two (2) of A.L. COAN, an addition in Harris County, Texas according to the map or plat thereof recorded in Volume 10, Page 5 of the Map Records of Harris County, Texas. Said 5.888 acre tract of land being more particularly described by metes and bounds in a Rider marked Exhibit "A" attached hereto and made a part hereof for all purposes.

Reservations From and Exceptions to Conveyance and Warranty:  
None

Grantor, for the consideration, receipt of which is acknowledged, and subject to the reservations from and exceptions to conveyance and warranty, grants, sells and conveys to Grantee the property, together with all and singular the rights and appurtenances thereto in any wise belonging, to have and hold it to Grantee, Grantee's heirs, executors, administrators, successors or assigns forever.

Warranty Deed with Vendor's Lien - Page 1 of 3

RE-APPLICATION for RENEWAL OF TPD  
WQ 0014900  
0012261 MAY 9, 2024  
SUNSET MHP- HARRIS CO

Confidential information may have been redacted from the document in compliance with the Public Information Act.

A Certified Copy  
Attest: 3/11/2016  
Stan Stanart, County Clerk  
Harris County, Texas

*Jessica Marie Contreras*  
JESSICA MARIE CONTRERAS Deputy



525-40-2581

Grantor binds Grantor and Grantor's heirs, executors, administrators and successors to warrant and forever defend all and singular the property to Grantee and Grantee's heirs, executors, administrators, successors and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the reservations from and exceptions to conveyance and warranty.

The vendor's lien against and superior title to the property are retained until each note described is fully paid according to its terms, at which time this deed shall become absolute.

This conveyance is made as a result of the Sales Contract for the property described herein, dated the 1<sup>st</sup> day of February, 1991 between William R. Collier as Seller and William D. Smith as Buyer.

When the context requires, singular nouns and pronouns include the plural.

COLLIER INTERESTS, INC.

By: Brenda Collier McNair  
Brenda Collier McNair  
Title: Pres.

By: Barbara Collier Strom  
Barbara Collier Strom  
Title: V.P.

**ACKNOWLEDGMENT**

STATE OF TEXAS

COUNTY OF HARRIS

§  
§  
§

This instrument was acknowledged before me on April 14th, 1999, by Brenda Collier McNair, President of COLLIER INTERESTS, INC., a Texas corporation, on behalf of said corporation.



Laura Harvell  
Notary Public, State of Texas

Warranty Deed with Vendor's Lien - Page 2 of 3

Confidential information may have been redacted from the document in compliance with the Public Information Act.

A Certified Copy  
Attest: 3/11/2016  
Stan Stanart, County Clerk  
Harris County, Texas

Jessica Marie Contreras  
JESSICA MARIE CONTRERAS Deputy



525-40-2582

**ACKNOWLEDGMENT**

STATE OF TEXAS  
COUNTY OF HARRIS

This instrument was acknowledged before me on April 14th, 1999, by Barbara Collier Strom, Vice-President of COLLIER INTERESTS, INC., a Texas corporation, on behalf of said corporation.



Laura Harvell  
Notary Public, State of Texas

PREPARED IN THE OFFICE OF:

Robert S. Picketner, P.C.  
6750 West Loop South, Suite 170  
Bellaire, Texas 77401

AFTER RECORDING RETURN TO:

William D. Smith  
1413 Aldine Mail Route  
Houston Texas 77039

Warranty Deed with Vendor's Lien - Page 3 of 3

Confidential information may have been redacted from the document in compliance with the Public Information Act.

A Certified Copy  
Attest: 3/11/2016  
Stan Stanart, County Clerk  
Harris County, Texas

Jessica Marie Contreras Deputy  
JESSICA MARIE CONTRERAS



525-40-2583

EXHIBIT 'A'

Being a 5.888 acre tract in the T.M. Dorsett Survey, Abstract No. 222, Harris County, Texas, the residue of Lots 22, 23, 24, 55, 56 and 57, Block 2 of the A.L. Coan Subdivision, as recorded in Volume 10, Page 1 of the Map Records of Harris County, Texas, said tract being more particularly described by metes and bounds as follows:

BEING: A concrete monument found for the South common corner of Lots 54 and 55 of said Subdivision, in the existing North right of way of Chippewa Blvd. (60 feet wide, called 50 feet);

THENCE, with the common line between Lots 54 and 55; 21 and 22; North 00 degrees 11 minutes 00 seconds West, 1089.00 feet (call: 1109.00 feet), to a one-half inch (1/2") iron rod set for the North common corner of said Lots 21 and 22, in the South right of way of Romana Blvd. (80 feet wide, called 50 feet);

THENCE, with the existing South right of way of Romana Blvd., North 89 degrees 49 minutes 00 seconds East, 235.50 feet to a one-half (1/2") inch iron rod set in same, for the North common corner of Lots 24 and 25 of said Subdivision;

THENCE, with the common line between Lots 24 and 25; 57 and 58; South 00 degrees 11 minutes 00 seconds East, 1089.00 feet (call: 1109.00 feet), to a one-half (1/2") inch iron rod set for the South common corner of Lots 57 and 58 of said Subdivision, in the North right of way of said Chippewa Blvd.;

THENCE, with the existing North right of way of Chippewa Blvd.; South 89 degrees 49 minutes 00 seconds West, 235.50 feet to the Place of Beginning, containing 256,459.500 square feet or 5.888 acres of land.

THIS INSTRUMENT BEING TRUE AND CORRECTLY THE SAME, AS SET OF BY THE FOREGOING ACKNOWLEDGMENT OF THE PARTIES TO SAID INSTRUMENT, AND AS SUCH INSTRUMENT HAS BEEN FILED FOR RECORD IN THE PUBLIC RECORDS OF THE COUNTY OF HARRIS, TEXAS.

MAY 4 1999



County Clerk  
HARRIS COUNTY TEXAS

RECORDED'S MEMORANDUM  
AT THE TIME OF RECORDATION, THIS INSTRUMENT WAS FOUND TO BE INADEQUATE FOR THE BEST PHOTOGRAPHIC REPRODUCTION BECAUSE OF ILLEGIBILITY, CARBON OR PHOTO COPY, UNBLENDED PAPER, ETC.

FILED  
99 MAY -4 PM 2:18

Confidential information may have been redacted from the document in compliance with the Public Information Act.

A Certified Copy  
Attest: 3/11/2016  
Stan Stanart, County Clerk  
Harris County, Texas

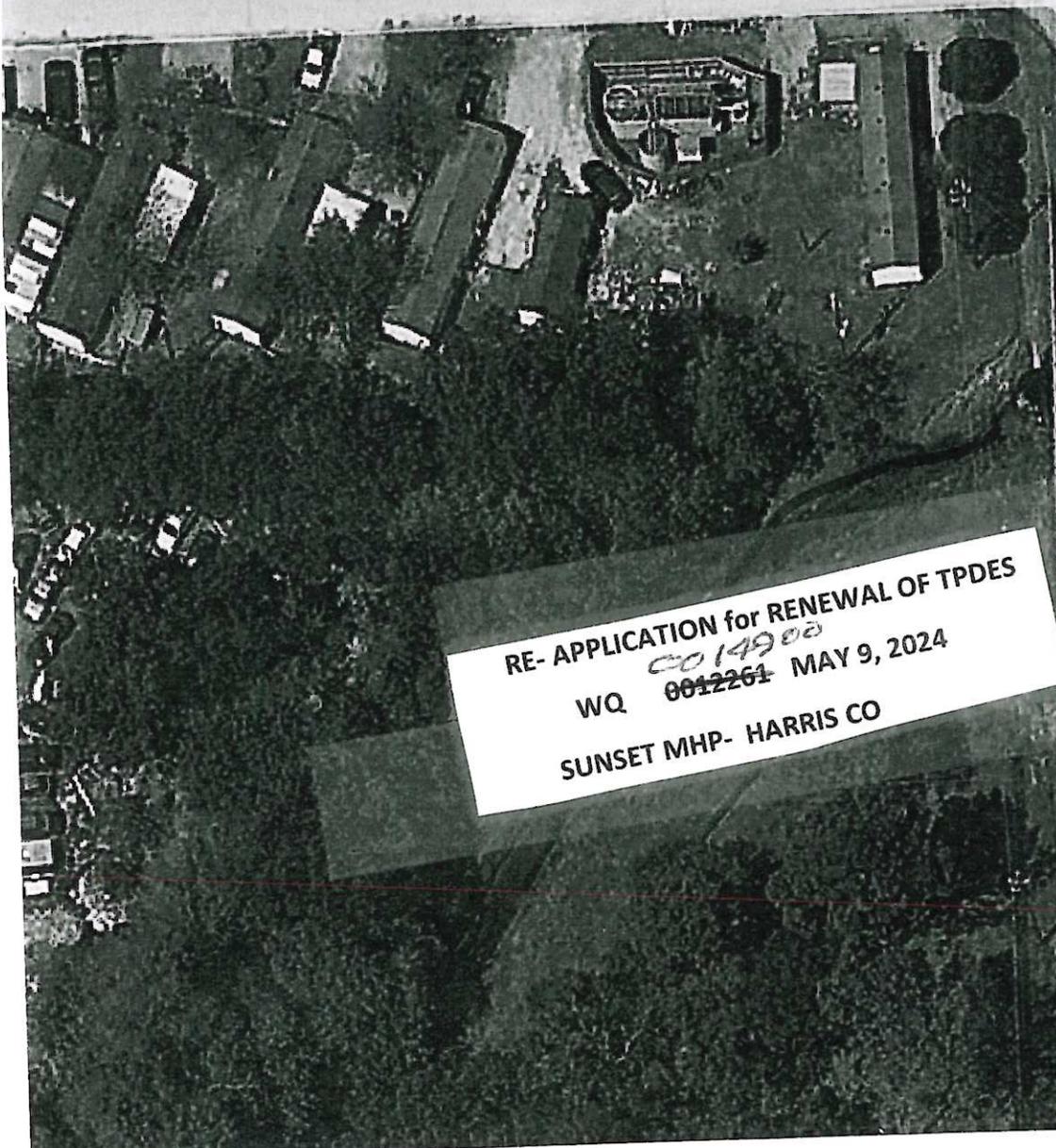
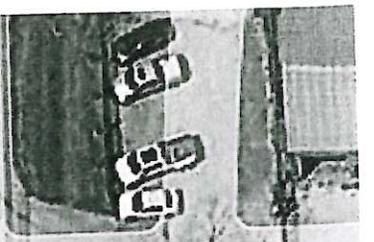
Jessica Marie Contreras Deputy  
JESSICA MARIE CONTRERAS



#11



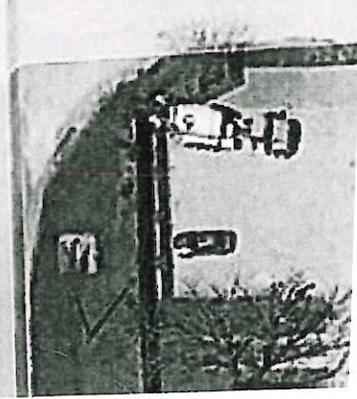
Romona Blvd



Romona Blvd

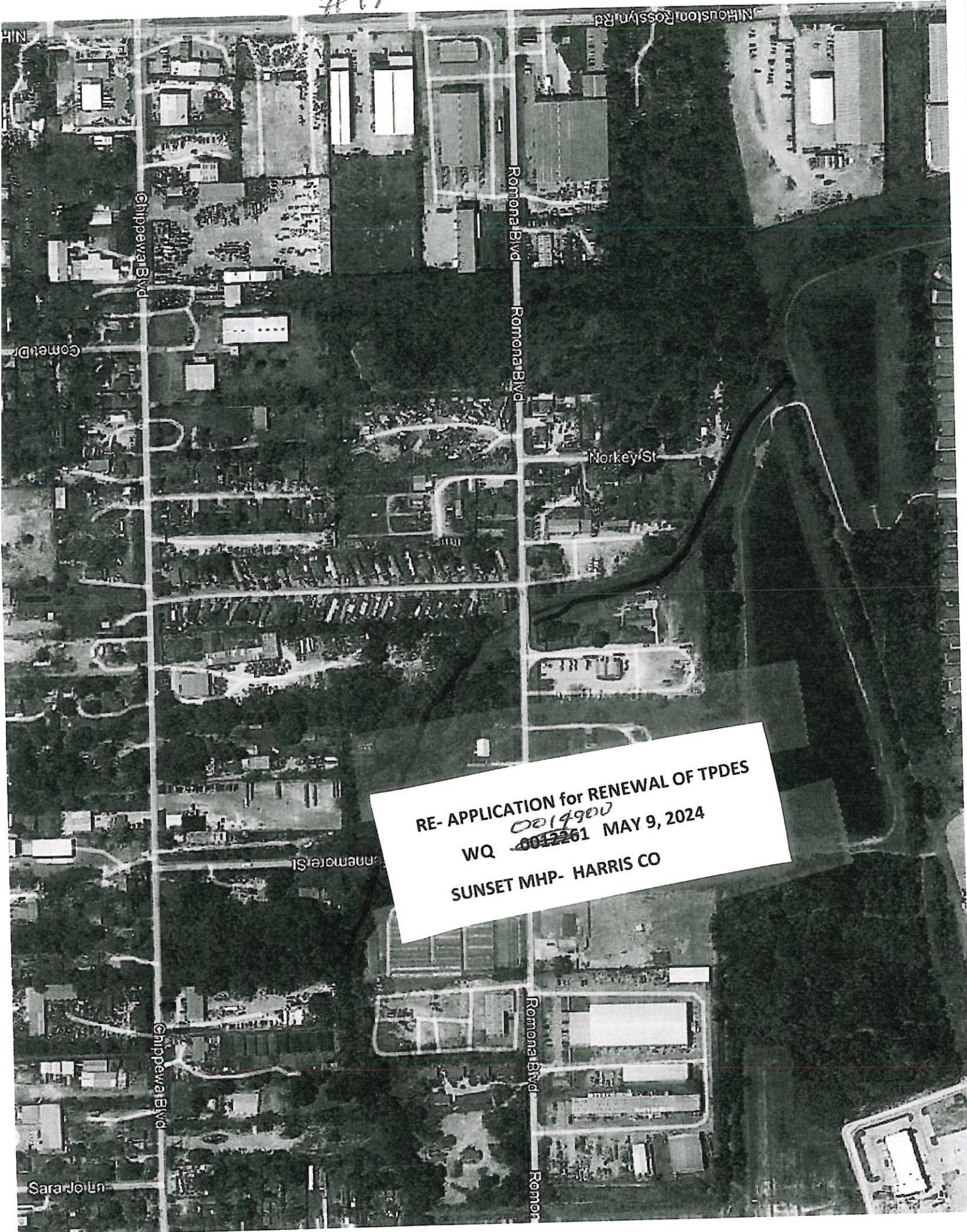


Romona Blvd



RE- APPLICATION for RENEWAL OF TPDES  
WQ <sup>CO 14900</sup> 0012261 MAY 9, 2024  
SUNSET MHP- HARRIS CO

7717



N Houston Rosslyn Rd

Romona Blvd  
Romona Blvd

Chippewa Blvd

Comet Dr

Norkey St

Annemore St

Chippewa Blvd

Romona Blvd  
Romona

Sara Jo Ln

RE- APPLICATION for RENEWAL OF TPDES  
WQ ~~0012261~~ <sup>0014900</sup> MAY 9, 2024  
SUNSET MHP- HARRIS CO

or a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., regional administrator of the EPA).

The signature page must bear the seal of a notary public. The date signed by the applicant must be the same as the date notarized. The signature page will not be acceptable if the dates are different.

If the transferee is unable to obtain the signature of the transferor, the permit may still be transferred by involuntary transfer if:

- the current permittee no longer owns the permitted facilities
- the facilities have not been built and the permittee no longer has sufficient property rights in the site of the proposed facilities
- proof of ownership of the site and treatment facility has been provided by the transferee
- the executive director has provided notice by certified mail to the permittee, using the last address of record, giving an opportunity for hearing
- the executive director did not receive a request for hearing from the permittee within 30 days from the date the notice was mailed.



### • **Attachment 1 Individual Information**

If the applicant or co-applicant is an individual, provide information on the individual as required by the Texas Water Code. The address provided must be the individual's home address.

ATTACHMENT 1

INDIVIDUAL INFORMATION

**Section 1. Individual Information**

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

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

Full legal name (first, middle, last): DAVID A MUNSON

Driver's License or State Identification Number: [REDACTED]

Date of Birth: [REDACTED]

Mailing Address: 118 N TAYLOR POINT DR.

City, State, and Zip Code: THE WOODLANDS, TX 77382

Phone Number: 713-517-1469

Fax Number: 936-242-1915

E-mail Address: dmunson@davidamunson.com

CN: 600919559

**For Commission Use Only:**

Customer Number:

Regulated Entity Number:

Permit Number:

*Owner*

**GEORGE H NEILL & ASSOC., INC**

**P.O. BOX 811 281 450 77647**

**ATHENS, TEXAS 75751 firm 2566 MAY 9, 2024**

**TO- MR ERWIN MADRID**

**WASTEWATER PERMITTING**

**MC 148**

**WATER QUALITY DIVN**

**TxCEQ**

**PO BOX 13087**

**AUSTIN, TEXAS 78711-3087**

**RE- APPLICATION for RENEWAL OF TPDES**

*0014900*  
**WQ ~~0012261~~ MAY 9, 2024**

**SUNSET MHP- HARRIS CO**

**PLEASE ACCEPT THIS TPDES RENEWAL APPLICATION**

**GEORGE H NEILL, PE**

**cc- SHAWN SMITH**





construction.

Attachment: 3

**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.

*see  
attachment 10*

Attachment: 10

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

located at 6911 Ramona Boulevard, in Harris County, Texas 77086

**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.

**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.

**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

*See refer LA*

If yes, provide the date(s) of approval for each phase: SEE ATTACH 3

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

**B. Buffer zones**

Have the buffer zone requirements been met?

Yes  No

*See attached to*

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

**C. Other actions required by the current permit**

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

Yes  No

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

**D. Grit and grease treatment**

**1. Acceptance of grit and grease waste**

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

Yes  No

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

## 2. Grit and grease processing

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

## 3. Grit disposal

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

Yes  No

If No, contact the TCEQ Municipal Solid Waste team at 512-239-0000. Note: A registration or permit is required for grit disposal. Grit shall not be combined with treatment plant sludge. See the instruction booklet for additional information on grit disposal requirements and restrictions.

Describe the method of grit disposal.

## 4. Grease and decanted liquid disposal

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

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

*Disposed*

**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 or TXRNE

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

Yes  No

**3. Conditional exclusion**

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

Yes  No

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

**4. Existing coverage in individual permit**

Is your stormwater discharge currently permitted through this individual

TPDES or TLAP permit?

Yes  No

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

**5. Zero stormwater discharge**

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

Yes  No

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

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

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

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

Yes  No

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

state.

**Note: Direct stormwater discharges to waters in the state authorized through this individual permit will require the development and implementation of a stormwater pollution 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<sub>5</sub> concentration of the sludge, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.**

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

## ***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<sub>5</sub> concentration of the septic waste, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

--

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

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

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

Yes  No

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



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

Is the facility in operation?

Yes  No

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

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

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

**Table 1.0(2) - Pollutant Analysis for Wastewater Treatment Facilities**

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l					
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)					

*see station 11*

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, umohs/cm, †					
Oil & Grease, mg/l					
Alkalinity (CaCO <sub>3</sub> )*, mg/l					

\*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 <sub>3</sub> ), mg/l					

**Section 8. Facility Operator (Instructions Page 60)**

Facility Operator Name: THOMAS GUNN

TEL NO 713-892 7568

Facility Operator's License Classification and Level:

Facility Operator's License Number:

THOMAS GUNN

**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:

**B. Sludge disposal site**

Disposal site name: WASTE MGMNT on WILSON RD, or REPUBLIC LFILL on McCARTY RD

TCEQ permit or registration number: 1307-B... or 261-B

County where disposal site is located: HARRIS

**C. Sludge transportation method**

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

Name of the hauler: SEE SLUDGENET LETTER- NOW MAGNAFLOW

Hauler registration number: 21484

Sludge is transported as a:

Liquid       semi-liquid       semi-solid       solid

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

**A. Beneficial use authorization**

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

Yes  No

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

Yes  No

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

Yes  No

**B. Sludge processing authorization**

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

Sludge Composting Yes  No

Marketing and Distribution of sludge Yes  No

Sludge Surface Disposal or Sludge Monofill Yes  No

Temporary storage in sludge lagoons Yes  No

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

Yes  No

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

Does this facility include sewage sludge lagoons?

Yes  No

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

**A. Location information**

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

- Original General Highway (County) Map:

**Attachment:**

- **USDA Natural Resources Conservation Service Soil Map:**

**Attachment:**

- **Federal Emergency Management Map:**

**Attachment:**

- **Site map:**

**Attachment:**

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:**

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

**B. Temporary storage information**

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

Nitrate Nitrogen, mg/kg:

Total Kjeldahl Nitrogen, mg/kg:

Total Nitrogen (=nitrate nitrogen + TKN), mg/kg:

Phosphorus, mg/kg:

Potassium, mg/kg:

pH, standard units:

Ammonia Nitrogen mg/kg:

Arsenic:

Cadmium:

Chromium:

Copper:

Lead:

Mercury:

Molybdenum:

Nickel:

Selenium:

Zinc:

Total PCBs:

N/A

Provide the following information:

Volume and frequency of sludge to the lagoon(s):

Total dry tons stored in the lagoons(s) per 365-day period:

Total dry tons stored in the lagoons(s) over the life of the unit:

### C. Liner information

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

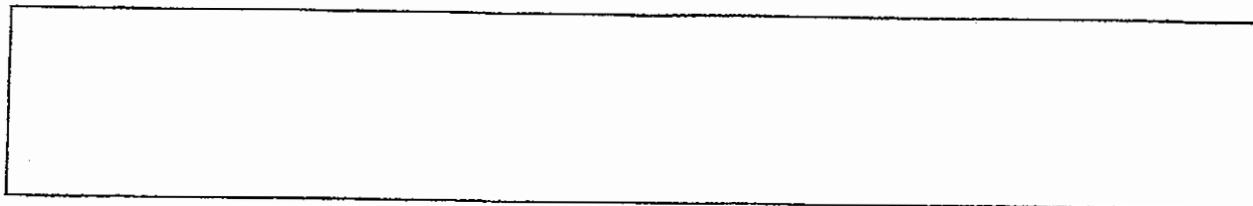
Yes

No

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

### D. Site development plan

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



Attach the following documents to the application.

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

Attachment:

- Copy of the closure plan

Attachment:

- Copy of deed recordation for the site

Attachment:

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

Attachment:

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

Attachment:

- Procedures to prevent the occurrence of nuisance conditions

Attachment:

#### 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:

## 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:

**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:

**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.

## **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

Other:

**B. Interim II Phase Design Effluent Quality**

Biochemical Oxygen Demand (5-day), mg/l:

Total Suspended Solids, mg/l:

Ammonia Nitrogen, mg/l:

Total Phosphorus, mg/l:

Dissolved Oxygen, mg/l:

Other:

**C. Final Phase Design Effluent Quality**

Biochemical Oxygen Demand (5-day), mg/l:

Total Suspended Solids, mg/l:

Ammonia Nitrogen, mg/l:

Total Phosphorus, mg/l:

Dissolved Oxygen, mg/l:

Other:

**D. Disinfection Method**

Identify the proposed method of disinfection.

- Chlorine: \_\_\_\_\_ mg/l after  
minutes detention time at peak flow  
Dechlorination process:
- Ultraviolet Light: \_\_\_\_\_ seconds contact time at peak  
flow
- Other:

**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: 3

**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.

EQUIP ABOVE GFPLAIN

*see sketch 7*

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

FEMA

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:

If no, provide the approximate date you anticipate submitting your application to the Corps:

**B. Wind rose**

Attach a wind rose. Attachment:

**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:**

#### **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:**

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

Attach a solids management plan to the application.

**Attachment:** 4

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.

**Attachment:**

- 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:

Title:

Signature: 

*Copy for review*

Date: *March 8, 2023*  
*May 8, 2024*



# TCEQ Core Data Form

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

## SECTION I: General Information

<b>1. Reason for Submission</b> (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input checked="" type="checkbox"/> Other <b>TRANSFER</b>	
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 600919559		RN 101703197

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)		11/5/2024	
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
ESTATE OF WILLIAM DONALD SMITH				WILLIAM DONALD SMITH	
<b>7. TX SOS/CPA Filing Number</b>		<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b>	<b>10. DUNS Number</b> (if applicable)
N/A		N/A		(9 digits) 926541968	
<b>11. Type of Customer:</b>		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
<b>12. Number of Employees</b>				<b>13. Independently Owned and Operated?</b>	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input checked="" type="checkbox"/> Other: CO-APPLICANT <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
<b>15. Mailing Address:</b>		10706 CORA ST #71			
City		HOUSTON		State TX	
ZIP		77088		ZIP + 4 3241	
<b>16. Country Mailing Information</b> (if outside USA)				<b>17. E-Mail Address</b> (if applicable)	
				kingmontmhp71@gmail.com	
<b>18. Telephone Number</b>		<b>19. Extension or Code</b>		<b>20. Fax Number</b> (if applicable)	

**SECTION III: Regulated Entity Information**

<b>21. General Regulated Entity Information</b> (If 'New Regulated Entity' is selected, a new permit application is also required.)									
<input type="checkbox"/> New Regulated Entity <input checked="" type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information									
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>									
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.)									
SUNSET MOBILE HOME PARK 2									
<b>23. Street Address of the Regulated Entity:</b> <i>(No PO Boxes)</i>		6911 ROMONA BLVD							
		City	HOUSTON	State	TX	ZIP	77086	ZIP + 4	3337
<b>24. County</b>		HARRIS							

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

<b>25. Description to Physical Location:</b>		LTS 22 23 24 55 56 & 57 BLK 2 A L COAN 5.8880 AC							
<b>26. Nearest City</b>		<b>State</b>			<b>Nearest ZIP Code</b>				
HOUSTON		TX			77088				
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>									
<b>27. Latitude (N) In Decimal:</b>		29.908611			<b>28. Longitude (W) In Decimal:</b>		-95.490056		
Degrees	Minutes	Seconds		Degrees	Minutes	Seconds			
<b>29. Primary SIC Code</b> (4 digits)		<b>30. Secondary SIC Code</b> (4 digits)		<b>31. Primary NAICS Code</b> (5 or 6 digits)		<b>32. Secondary NAICS Code</b> (5 or 6 digits)			
6515									
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)									
Mobile Home Park									
<b>34. Mailing Address:</b>		10706 CORA ST #71							
		City	HOUSTON	State	TX	ZIP	77088	ZIP + 4	3241
<b>35. E-Mail Address:</b>		kingmontmhp71@gmail.com							
<b>36. Telephone Number</b>			<b>37. Extension or Code</b>			<b>38. Fax Number</b> (if applicable)			
( 281 ) 448-6836						( ) -			

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

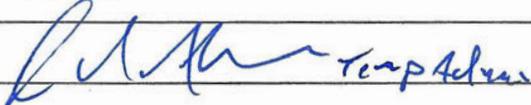
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input checked="" type="checkbox"/> PWS WQ0014900001
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

### **SECTION IV: Preparer Information**

<b>40. Name:</b>	Kisha Gomez	<b>41. Title:</b>	Coordinator/Office Agent
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 281 ) 448-6836		( ) -	kingmontmhp71@gmail.com

### **SECTION V: Authorized Signature**

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

<b>Company:</b>	Estate of William D Smith	<b>Job Title:</b>	Temporary Dependent Administrator Pending Contest
<b>Name (In Print):</b>	David Munson	<b>Phone:</b>	( 281 ) 448- 6836
<b>Signature:</b>	 <i>Temp Admin</i>	<b>Date:</b>	11/05/2024



TCEQ Use Only

# TCEQ Core Data Form

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

## SECTION I: General Information

<b>1. Reason for Submission</b> (If other is checked please describe in space provided.)		
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<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input checked="" type="checkbox"/> Other <b>TRANSFER</b>	
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 600919559		RN 101703197

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)		11/5/2024	
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
MUNSON, DAVID A				WILLIAM DONALD SMITH	
<b>7. TX SOS/CPA Filing Number</b>		<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b>	<b>10. DUNS Number</b> (if applicable)
N/A		N/A		(9 digits) 926541968	
<b>11. Type of Customer:</b>		<input type="checkbox"/> Corporation		<input checked="" type="checkbox"/> Individual	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
<b>12. Number of Employees</b>				<b>13. Independently Owned and Operated?</b>	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner		<input type="checkbox"/> Operator		<input checked="" type="checkbox"/> Other: TEMPORARY DEPENDENT ADMINISTRATOR	
<input type="checkbox"/> Occupational Licensee		<input type="checkbox"/> Responsible Party		<input type="checkbox"/> VCP/BSA Applicant	
				PENDING CONTEST	
<b>15. Mailing Address:</b>		10706 CORA ST #71			
City		HOUSTON		State TX	
ZIP		77088		ZIP + 4 3241	
<b>16. Country Mailing Information</b> (if outside USA)				<b>17. E-Mail Address</b> (if applicable)	
				Dmunson@davidamunsonpc.com	
<b>18. Telephone Number</b>		<b>19. Extension or Code</b>		<b>20. Fax Number</b> (if applicable)	

**SECTION III: Regulated Entity Information****21. General Regulated Entity Information** (If "New Regulated Entity" is selected, a new permit application is also required.)
 New Regulated Entity     Update to Regulated Entity Name     Update to Regulated Entity Information

*The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).*

**22. Regulated Entity Name** (Enter name of the site where the regulated action is taking place.)

SUNSET MOBILE HOME PARK 2

**23. Street Address of the Regulated Entity:**

6911 ROMONA BLVD

(No PO Boxes)

City	HOUSTON	State	TX	ZIP	77086	ZIP + 4	3337
------	---------	-------	----	-----	-------	---------	------

**24. County**

HARRIS

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

**25. Description to****Physical Location:**

LTS 22 23 24 55 56 &amp; 57 BLK 2 A L COAN 5.8880 AC

**26. Nearest City****State****Nearest ZIP Code**

HOUSTON

TX

77088

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

**27. Latitude (N) In Decimal:**

29.908611

**28. Longitude (W) In Decimal:**

-95.490056

Degrees

Minutes

Seconds

Degrees

Minutes

Seconds

**29. Primary SIC Code****30. Secondary SIC Code****31. Primary NAICS Code****32. Secondary NAICS Code**

(4 digits)

(4 digits)

(5 or 6 digits)

(5 or 6 digits)

6515

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

Mobile Home Park

**34. Mailing**

10706 CORA ST #71

**Address:**

City	HOUSTON	State	TX	ZIP	77088	ZIP + 4	3241
------	---------	-------	----	-----	-------	---------	------

**35. E-Mail Address:**

kingmontmhp71@gmail.com

**36. Telephone Number****37. Extension or Code****38. Fax Number** (if applicable)

( 281 ) 448-6836

( ) -

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

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input checked="" type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OossF	<input checked="" type="checkbox"/> Petroleum Storage Tank	<b>[8] PWS WQ0014900001</b>
<input type="checkbox"/> Sludge	<input checked="" type="checkbox"/> Storm Water	<input type="checkbox"/> OTitleVAir	<input type="checkbox"/> OTires	<input type="checkbox"/> Used Oil
<input checked="" type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

**SECTION IV: Preparer Information**

<b>40. Name:</b>   Kisha Gomez		<b>141. Title:</b>   Coordinator/Office Agent		
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>	
( 281 ) 448-6836		( I -	kingmontmhp71@gmail.com	

**SECTION V: Authorized Signature**

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

<b>Company:</b>	Estate of William D Smith	<b>Job Title:</b>	Temporary Dependent Administrator Pending Contest	
<b>Name (In Print):</b>	David Munson	<b>Phone:</b>	( 281 ) 448- 6836	
<b>Signature:</b>		<b>Date:</b>	11/05/2024	

July 29, 2024

Kisha Gomez – Smith MHPs  
10706 Cora St #71  
Houston, TX 77088

Francesca Findlay  
Application Review and Processing Team  
Water Quality Division – TCEQ  
P.O. Box 13087  
Austin, TX 78771-3087

RE: Application to Renew Permit No. WQ0014900001 (EPA ID TX0090735) NOD dated June 19, 2024

Dear Ms. Findlay

A few revisions have been made to CDF due to the transfer. I have included a paper copy with this packet and copies of the translated NORI. A copy of the entire packet and all its content will be sent to you via email as well.

Three paper copies of our response have been included with this cover letter as requested.

[NOD Requested Information](#)

1. Core Data Form Section II, item 18: Please provide a phone number. [281-448-6836](tel:281-448-6836)
2. Administrative Report 1.0: Please provide a check number for payment. [734](#)
3. Please provide a Transfer Form, and an additional fee of \$100.00. [TCEQ – 20031 provided w/fee](#)
4. Core Data Form Section II, Customer information, Item Please provide the TX SOS/CPA Filing Number. [N/A](#)
5. Core Data Form Section II, Customer information, Item 8: Please provide a TX State Tax ID. [N/A](#)
6. Please provide the Plain Language Summary for English and Spanish. [Paper copies included](#)
8. The following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions. The complete notice will be sent to you once the application is declared administratively complete. [The spelling of our street is Cora. It has Core on the sample provided.](#)

  
**GEORGE H NEILL & ASSOC., INC**

**P.O. BOX 811 281 450 77647**

**ATHENS, TEXAS 75751 firm 2566 MAY 11, 2024**

**RE- APPLICATION for RENEWAL OF TPDES**

**WQ 0014900-001**

**SUNSET 2 MHP- HARRIS CO**

**TO - ESTATE OF WILLIAM SMITH**

**10706 CORA ST # 71**

**HOUSTON, TEXAS 77088**

**INVOICE**

**PREP OF THE ABOVE, & SUBMITTAL TO TCEQ- ORIGINAL, & 2 COPIES; A COPY TO YOU**

**20 HRS @ \$ 150/HR**

**\$ 3000 NOW DUE**

*check 745  
5/15/2024*

**NOTES- LAB ANALYSIS FROM HARRISON WILLIAMS IS FORTHCOMING AND WILL BE SENT TO THE STATE UNDER SEPERATE COVER. COSTS FOR NEWSPAPER AND NORI NOTICES ARE NOT INCLUDED ABOVE**

*Thank you,  
Jenn*



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

Complete and submit this checklist with the application.

APPLICANT:

William Donald Smith

PERMIT NUMBER:

WQ 0014900-001

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

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

RE- APPLICATION for RENEWAL OF TPDES

0014900-001  
 WQ -0012261 MAY 9, 2024

SUNSET MHP- HARRIS CO

**For TCEQ Use Only**

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUNSET MHP- HARRIS CO

APPLICATION FOR A DOMESTIC ADMINISTRATIVE REPORT 1.0

If you have questions about completing this form please contact the Applications Review and Processing Team at 512-239-4671.

**Section 1. Application Fees (Instructions Page 29)**

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

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

Minor Amendment (for any flow) \$150.00

**Payment Information:**

Mailed  Check/Money Order Number:

Check/Money Order Amount:

Name Printed on Check:

EPAY  Voucher Number:

Copy of Payment Voucher enclosed? Yes

**Section 2. Type of Application (Instructions Page 29)**

- New TPDES
- Major Amendment with Renewal
- Major Amendment without Renewal
- Renewal without changes
- New TLAP
- Minor Amendment with Renewal
- Minor Amendment without Renewal
- Minor Modification of permit

For amendments or modifications, describe the proposed changes:

**For existing permits:**

Permit Number: WQ00 12700-001

EPA I.D. (TPDES only): TX 0290735

Expiration Date: Nov 5, 2024

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

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

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

William Donald Smith

(The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal documents forming the entity.)

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

CN:

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

Prefix (Mr., Ms., Miss):

First and Last Name:

WILLIAM SMITH

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

Title:

OWNER

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

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

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

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

CN:

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

Prefix (Mr., Ms., Miss):

First and Last Name:

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

Title:

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

**C. Core Data Form**

Complete the Core Data Form for each customer and include as an attachment. If the

customer type selected on the Core Data Form is **Individual**, complete Attachment 1 of Administrative Report 1.0.

Attachment:

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

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

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

First and Last Name: SHAWN SMITH, son of WILLIAM SMITH  
Credential (P.E, P.G., Ph.E 10607 CORA #71  
Title: HOUSTON, TEXAS 77088  
Organization Name: 281 448 6836 email KINGMONT71@GMAIL.COM  
Mailing Address:  
City, State, Zip Code:  
Phone No.: Ext.: Fax No.:

E-mail Address:

Check one or both:  Administrative Contact  Technical Contact

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

First and Last Name: George H Neill, PE  
Credential (P.E, P.G., Ph. GEORGE H NEILL & ASSOC., INC  
Title: PO 811 firm 2566  
Organization Name: ATHENS, TEXAS 75751 281 450 7647  
Mailing Address:  
City, State, Zip Code:  
Phone No.: Ext.: Fax No.:

E-mail Address:

Check one or both:  Administrative Contact  Technical Contact

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

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

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

First and Last Name:

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

Title:

Organization Name:

Mailing Address:

City, State, Zip Code:

Phone No.:

Ext.:

Fax No.:

SHAWN SMITH, son of WILLIAM SMITH

10607 CORA #71

HOUSTON, TEXAS 77088

281 448 6836 email KINGMONT71@GMAIL.COM

E-mail Address:

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

First and Last Name:

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

Title:

Organization Name:

Mailing Address:

City, State, Zip Code:

Phone No.:

Ext.:

10607 CORA #71

HOUSTON, TEXAS 77088

281 448 6836 email KINGMONT71@GMAIL.COM

E-mail Address:

KISHA GOMEZ

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

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

Prefix (Mr., Ms., Miss):

First and Last Name:

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

Title:

Organization Name:

Mailing Address:

City, State, Zip Code:

Phone No.:

Ext.:

Fax No.:

IQBAL KHOWAJA

3180 MAVERICK INVESTMENTS, LLC

59 CROWN ARBOR

SUGAR LAND, TEXAS 77498

E-mail Address:

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

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

Prefix (Mr., Ms., Miss):  
First and Last Name: SHAWN SMITH, son of WILLIAM SMITH  
Credential (P.E, P.G., Ph.D., etc.):  
Title: 10607 CORA #71  
Organization Name: HOUSTON, TEXAS 77088  
Mailing Address: 281 448 6836 email KINGMONT71@GMAIL.COM  
City, State, Zip Code:  
Phone No.: Ext.: Fax No.:  
E-mail Address:

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

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

**A. Individual Publishing the Notices**

Prefix (Mr., Ms., Miss): SHAWN SMITH, son of WILLIAM SMITH  
First and Last Name: 10607 CORA #71  
Credential (P.E, P.G., Ph.D., etc.): HOUSTON, TEXAS 77088  
Title: 281 448 6836 email KINGMONT71@GMAIL.COM  
Organization Name:  
Mailing Address:  
City, State, Zip Code:  
Phone No.: Ext.: Fax No.:  
E-mail Address:

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

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

- E-mail Address
- Fax
- Regular Mail

**C. Contact person to be listed in the Notices**

Prefix (Mr., Ms., Miss):

First and Last Name: SHAWN SMITH, son of WILLIAM SMITH  
 Credential (P.E, P.G., Ph.D., etc.): 10607 CORA #71  
 Title: HOUSTON, TEXAS 77088  
 Organization Name:  
 Phone No.: Ext.:  
 E-mail:

**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: High Meadows Library  
 Location within the building: 4500 ALDINE MAIL RT  
 Physical Address of Building: HOUSTON, TEXAS 77039  
 City: HOUSTON County: HARRIS  
 Contact Name:  
 Phone No.: Ext.: HOUSTON, TX 77039

**E. Bilingual Notice Requirements:**

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

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

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

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

Yes       No

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

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

Yes       No

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

Yes       No

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

Yes  No

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

**F. Public Involvement Plan Form**

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

Attachment: **23**

**Section 9. Regulated Entity and Permitted Site Information (Instructions Page 33)**

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

Search the TCEQ's Central Registry at <http://www15.tceq.texas.gov/crpub/> to determine if the site is currently regulated by TCEQ.

B. Name of project or site (the name known by the community where located):

**SUNSET MHP- HARRIS CO**

**6911 Ramona Blvd  
HOUSTON, TX**

C. Owner of treatment facility:

**SHAWN SMITH, son of WILLIAM SMITH**

Ownership of Facility:  Public  Private  Both  Federal

D. Owner of land where treatment facility is on:

**SHAWN SMITH, son of WILLIAM SMITH**

Prefix (Mr., Ms., Miss):

**10607 CORA #71**

First and Last Name:

**HOUSTON, TEXAS 77088**

Mailing Address:

City, State, Zip Code:

**281 448 6836 email KINGMONT71@GMAIL.COM**

Phone No.:

E-mail \_\_\_\_\_

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

Attachment:

E. Owner of effluent disposal site:

Prefix (Mr., Ms., Miss):

First and Last Name:

Mailing Address:

City, State, Zip Code:

Phone No.:

E-mail Address:

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

**Attachment:**

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

Prefix (Mr., Ms., Miss):

First and Last Name:

Mailing Address:

City, State, Zip Code:

Phone No.:

E-mail Address:

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

**Attachment:**

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

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

Yes     No

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

[Empty text box for description]

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

Yes     No

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

[Empty text box for description]

City nearest the outfall(s):

HOUSTON

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

HARRIS

Outfall Latitude:

29 54 30.03

Longitude:

95 29 24.02

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

Yes     No

If yes, indicate by a check mark if:

- Authorization granted       Authorization pending

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

Attachment:

WWTP IN SERVICE 15+ yrs

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

N/A

### Section 11. TLAP Disposal Information (Instructions Page 36)

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

- Yes       No

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

- B. City nearest the disposal site:

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

- D. Disposal Site Latitude:

Longitude:

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

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

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

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

- Yes       No

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

N/A

- Yes     No     Not Applicable

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

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

- Yes     No

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

D. Do you owe any fees to the TCEQ?

- Yes     No

If yes, provide the following information:

Account number:

Amount past due:

E. Do you owe any penalties to the TCEQ?

- Yes     No

If yes, please provide the following information:

Enforcement order number:

Amount past due:

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

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

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

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

- Applicant's property boundary
- Treatment facility boundary
- Labeled point of discharge for each discharge point (TPDES only)
- Highlighted discharge route for each discharge point (TPDES only)
- Onsite sewage sludge disposal site (if applicable)
- Effluent disposal site boundaries (TLAP only)

- New and future construction (if applicable)
  - 1 mile radius information
  - 3 miles downstream information (TPDES only)
  - All ponds.
- Attachment 1 for Individuals as co-applicants
- Other Attachments. Please specify: *see Table of Contents*

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

FOR AGENCIES REVIEWING  
TPDES WASTEWATER PERMITS

RE- APPLICATION for RENEWAL OF TPDES

Ob 14900-00  
WQ 0012261 MAY 9, 2024

**TCEQ USE ONLY:**

Application type:  Renewal  Major Amendment  Minor Amendment  New

County: \_\_\_\_\_ Segment Number: \_\_\_\_\_

Admin Complete Date: \_\_\_\_\_

Agency Receiving SPIF:

Texas Historical Commission  U.S. Fish and Wildlife  
 Texas Parks and Wildlife Department  U.S. Army Corps of Engineers

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

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

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

The following applies to all applications: **SHAWN SMITH, son of WILLIAM SMITH**

1. Permittee:

Permit No. WQ00

0014900-00

EPA ID No. TX

0090735

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

located at 6911 Ramona Boulevard, in Harris County, Texas 77086      s County, Texas 77523

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

Prefix (Mr., Ms., Miss): **SHAWN SMITH, son of WILLIAM SMITH**  
 First and Last Name: **10607 CORA #71**  
 Credential (P.E, P.G., Ph.D., etc.): **HOUSTON, TEXAS 77088**  
 Title: **281 448 6836 email KINGMONT71@GMAIL.COM**  
 Mailing Address:  
 City, State, Zip Code:  
 Phone No.: Ext.: Fax No.:  
 E-mail Address:

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

**N/A**

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

to Vogel Creek; thence to Whiteoak Bayou Above Tidal in Segment No. 1017 of the San Jacinto River Basin

- 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

*Improvements in place*

Disturbance of vegetation or wetlands

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

Improvements in place

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

See 6 Above

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

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

2020  
19

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

As

# WATER QUALITY PERMIT PAYMENT SUBMITTAL FORM

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

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

**Mail this form and the check or money order to:**

*BY REGULAR U.S. MAIL*

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

*BY OVERNIGHT/EXPRESS MAIL*

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

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

1. Check or Money Order Number:
2. Check or Money Order Amount:
3. Date of Check or Money Order:
4. Name on Check or Money Order:
5. APPLICATION INFORMATION

Name of Project or Site:

Physical Address of Project or Site:

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

**Staple Check or Money Order in This Space**

THIS PAGE INTENTIONALLY LEFT BLANK

ATTACHMENT 1

INDIVIDUAL INFORMATION

**Section 1. Individual Information (Instructions Page 50)**

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

Prefix (Mr., Ms., Miss):

Full legal name (first, middle, last):

Driver's License or State Identification Number:

Date of Birth:

Mailing Address:

City, State, and Zip Code:

Phone Number:

Fax Number:

E-mail Address:

CN:

**For Commission Use Only:**

Customer Number:

Regulated Entity Number:

Permit Number:

## CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

**Things to Know:**

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

Landowners Cross Reference List  N/A  Yes  
*(See instructions for landowner requirements)*

Landowners Labels or USB Drive attached  N/A  Yes  
*(See instructions for landowner requirements)*

Original signature per 30 TAC § 305.44 - Blue Ink Preferred  Yes  
*(If signature page is not signed by an elected official or principle executive officer,  
 a copy of signature authority/delegation letter must be attached)*

LIST OF ATTACHMENTS... TPDES RENEWAL APPLICATION

RE- APPLICATION for RENEWAL OF TPDES

WQ 0014900-001

~~MARCH~~, 2023

WQ ~~0012261~~ MAY 9, 2024

0014900

SUNSET MHP- HARRIS CO

1. USGS QUAD
2. L-OWNERS LIST NOT REQD THIS TIME
3. WWTP DESIGN INFO
4. SLUDGE MGMNT PLAN
5. LETTER TO LIBRARY - NOTICE TO PUBLIC (NORI FORMS)
6. WIND ROSE
7. FEMA FRAME
8. SLUDGE LETTER
9. OLD PERMIT EXCERTS
10. SITE PLAN -BUFFER PLAN
11. POLLUTION ANALYSIS
12. CORE DATA FORM
13. PUB INFON PLAN FORM
14. RELIABILITY
15. FORBIDDE FEATURES
16. OTHERS DEED
17. PHOTOS



A 1 18 8 U

RE-APPLICATION for RENEWAL OF TPDES

WQ 0014900  
0012261 MAY 9, 2024

SUNSET MHP- HARRIS CO

*ad permit WQ*

RE- APPLICATION for RENEWAL OF TPD

*0014400*

WQ ~~0012261~~ MAY 9, 2024



Texas COMMISSION ON ENVIRONMENTAL QUALITY

SUNSET MHP- HARRIS CO

NTS, LLC

SUGAR LAND, TEXAS 77498

## Public Involvement Plan Form for Permit and Registration Applications

The Public Involvement Plan is intended to provide applicants and the agency with information about how public outreach will be accomplished for certain types of applications in certain geographical areas of the state. It is intended to apply to new activities; major changes at existing plants, facilities, and processes; and to activities which are likely to have significant interest from the public. This preliminary screening is designed to identify applications that will benefit from an initial assessment of the need for enhanced public outreach.

All applicable sections of this form should be completed and submitted with the permit or registration application. For instructions on how to complete this form, see TCEQ-20960-inst.

### Section 1. Preliminary Screening

- New Permit or Registration Application
- New Activity - modification, registration, amendment, facility, etc. (see instructions)

If neither of the above boxes are checked, completion of the form is not required and does not need to be submitted.

### Section 2. Secondary Screening

- Requires public notice,
- Considered to have significant public interest, and
- Located within any of the following geographical locations:

- Austin
- Dallas
- Fort Worth
- Houston *(Maybe)*
- San Antonio
- West Texas
- Texas Panhandle
- Along the Texas/Mexico Border
- Other geographical locations should be decided on a case-by-case basis

If all the above boxes are not checked, a Public Involvement Plan is not necessary.  
Stop after Section 2 and submit the form.

- Public Involvement Plan not applicable to this application. Provide brief explanation:

*5 miles from City of Houston*

Is not located in any of the geographical locations that make a Public Involvement plan necessary.

**Section 3. Application Information**

Type of Application (check all that apply):

- Air  Initial  Federal  Amendment  Standard Permit  Title V  
Waste  Municipal Solid Waste  Industrial and Hazardous Waste  Scrap Tire  
 Radioactive Material Licensing  Underground Injection Control

Water Quality

- Texas Pollutant Discharge Elimination System (TPDES)  
 Texas Land Application Permit (TLAP)  
 State Only Concentrated Animal Feeding Operation (CAFO)  
 Water Treatment Plant Residuals Disposal Permit  
 Class B Biosolids Land Application Permit  
 Domestic Septage Land Application Registration

*TPDES  
(reapplied)*

Water Rights New Permit

- New Appropriation of Water  
 New or existing reservoir

Amendment to an Existing Water Right

- Add a New Appropriation of Water  
 Add a New or Existing Reservoir  
 Major Amendment that could affect other water rights or the environment

**Section 4. Plain Language Summary**

Provide a brief description of planned activities.

*Conventional WWT including  
extended aeration bio plant  
30 Ch 217 Approval has been  
granted*

**Section 5. Community and Demographic Information**

Community information can be found using EPA's EJ Screen, U.S. Census Bureau information, or generally available demographic tools.

Information gathered in this section can assist with the determination of whether alternative language notice is necessary. Please provide the following information.

(City) *Several miles from City of Houston*

(County) *HARRIS*

(Census Tract)

Please indicate which of these three is the level used for gathering the following information.

City       County       Census Tract

*(Map - see instructions)*

(a) Percent of people over 25 years of age who at least graduated from high school  
*Don't know*      *(Mostly do to get with Long Island worked area for years)*

(b) Per capita income for population near the specified location

*50K / yr*

(c) Percent of minority population and percent of population by race within the specified location

*25%*

(d) Percent of Linguistically Isolated Households by language within the specified location

*25%*

(e) Languages commonly spoken in area by percentage

*English  
Spanish*

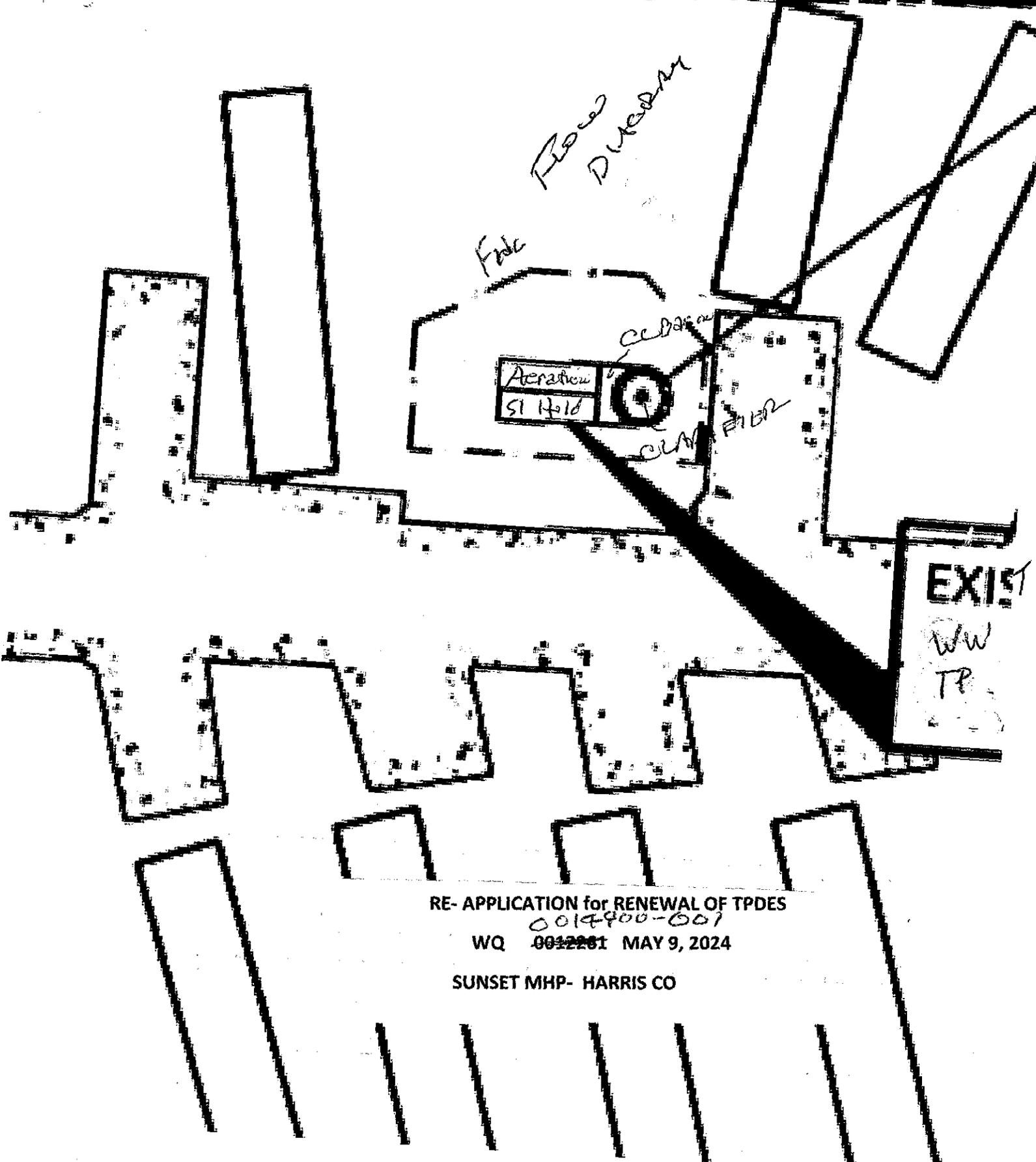
(f) Community and/or Stakeholder Groups

*\_\_\_\_\_*

(g) Historic public interest or involvement

*\_\_\_\_\_*

AR 2



RE- APPLICATION for RENEWAL OF TPDES

0014900-001

WQ 0012281 MAY 9, 2024

SUNSET MHP- HARRIS CO

APRIL 10, 2022

(4)

WASTE MANAGEMENT PLAN

1. TYPE PROCESS- *STAGE 1 NITRIFICATION*, ACTIVATED SLUDGE MODIFICATION
2. DIGESTION, AN INTEGRAL PART OF THE PROCESS, IS DONE IN A 100' RAS BASIN. AIRLIFTS ARE USED FOR WASTING FROM THE CLARIFIER. A PROCESS SCHEMATIC IS PART OF THIS APPLICATION.
3. SLUDGE PRODUCTION RATES- SEE pp 2
4. CONCENTRATION IN THE AERATION BASIN IS 3500 PPM MLSS
5. SLUDGE HANDLING-
  - A. WASTING SLUDGE -  
MLSS IS GENERATED IN THE AERATION BASIN, AND ALLOWED TO SETTLE IN THE CLARIFIER. COLLECTOR DIRECTS THE CLARIFIER UNDERFLOW TO THE CENTER AREA WHERE A DRAIN IS CONNECTED TO AIRLIFTS. WASTED SLUDGE (WAS) IS THEN DIRECTED TO THE SLUDGE HOLDING TANK FOR THICKENING (& SOME DIGESTION). HOLDING TANK SUPERNATANT FLOWS TO AERATION, WHILE THE CONCENTRATE IS PERIODICALLY EVACUATED VIA VACUUM TRUCK, AND WAS IS HAULED / DISPOSED BY LICENCED OPERATORS.
6. REMOVAL FREQUENCIES- SEE pp 2.

RECORDS INCLUDING TIME, DATE, WEIGHT OF WASTED SLUDGE TO BE KEPT ON FILE AT THE LICENSEE'S OFFICE WITH COPIES TO BE KEPT AT THE PROPOSED WTP SITE WITH COPIES OF THE PERMIT, FILES, AND O/M RECORDS.

NOTE: ESTIMATE OF DRY WEIGHT OF SLUDGE HAULED..

GAL. WASTED X 8.34( #/GAL) X 0.007\* = \_\_\_\_\_ # DRY WT OF HAULED SLUDGE

\* BASED ON 7000 ppm. USE LAB RESULTS OF ,MLSS IN RAS, IF AVAILABLE.

TRUCKS TO BE WEIGHED, AND COMPARED TO TARE FOR ACCURATE CHECK.

RE- APPLICATION for RENEWAL OF TPD

0014900  
WQ 001261 MAY 9, 2024

SUNSET MHP- HARRIS CO

**SLUDGE PRODUCTION DATA**

B11 1111

SHAWN SMITH, son of WILLIAM SMITH

10607 CORA #71

HOUSTON, TEXAS 77088

281 448 6836 email KINGMONT71@GMAIL.COM

WWTP- EXTENDED AERATION <sup>0.012</sup> 0.099 MGD

	0.005 MGD	0.010 MGD
BOD 5 REMOVED	12	23
# /DAY DRY SOLIDS	10	20
# WET SOLIDS/DAY	260	520
VOL WET SOLIDS/DAY FROM CLARIFIER		
TO SLUDGE HOLDING GAL/DAY	23	45
IF WASTED BY 6000 GAL TRUCK per event	800 DAYS	400 DAYS

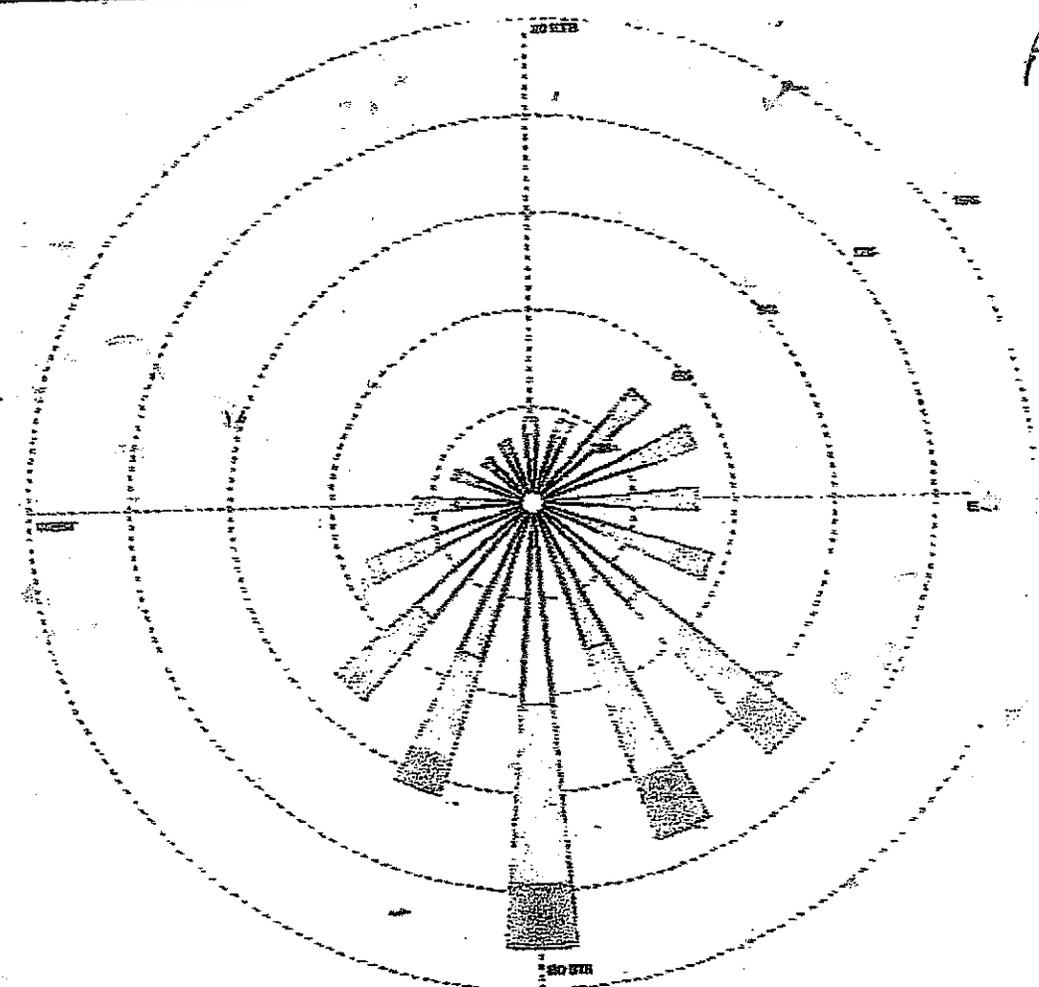
**NOTE: HAUL INTERVALS NOT RECOMMENDED TO EXCEED MORE THAN 180 DAYS**



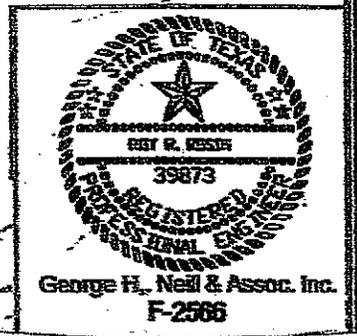
Revised  
 Mar 9, 2024

Jim 2566  
 Lee, PE  
 Feb 19, 2022

Attach



Wind Speed (mph)	WINDS	DIRE	COUNTRY NAME
0-1.115	Sera West	829/202	USDA-ARS
1.115-2.230	Direction	DIR	COUNTRY
2.230-3.345	Wind Speed	WS	
3.345-4.460	WIND SPEED	COUNTRY	
4.460-5.575	3.45 mph	829%	
5.575-6.690	DIRECTION	DIR	
6.690-7.805	Direction (clockwise)	1961 Jul 1 - 21 St Midnight - 11 PM	



RE- APPLICATION for RENEWAL OF TPDES

WQ <sup>001490</sup> 0012261 MAY 9, 2024

SUNSET MHP- HARRIS CO

MI 1880

FROM- GEORGE H NEILL, P.E.  
GHN ASSOC. INC.

P.O. BOX 811 firm 2566  
ATHENS, TEXAS 75751  
281 450 7647



To Whom It May Concern:

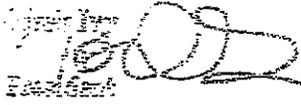
~~SECRET~~  
SUBJECT OF

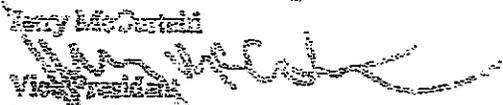
Attn 8

Mount Houston Road Municipal Utility District, owner of a Waste Water Treatment Plant (Permit #WQ001112-001) located approximately 1.3 miles northwest of the intersection of State Highway 249 and Veterans Memorial Drive, Houston, Texas, and Magna Flow Environmental, owner of the Processing Permit (Permit #WQ0005023000)

Magna Flow Environmental and Mount Houston Road Municipal Utility District have entered into a contractual agreement, where Magna Flow Environmental (T.C.E.Q. Transporter Permit # 21484) will dewater sewage sludge from other waste treatment plants at the Mount Houston Road Municipal Utility District treatment plant. Dewatered Sludge will then be disposed of at a T.C.E.Q. permitted disposal site. Mount Houston Road Municipal Utility District has the capacity to accept sludge from one at the mentioned plant.

Magna Flow Environmental agrees to accept and be responsible for the sludge dewatered at the plant. We will maintain responsibility for the life of the permit.

By:   
M. Marion Ivy & Associates  
Operator for MTH MUD

  
Terry McCortelli  
Vice President  
Magna Flow Environmental

RE- APPLICATION for RENEWAL OF TPDES  
0014900  
WQ 0012261 MAY 9, 2024  
SUNSET MHP- HARRIS CO

#19



TPDES PERMIT NO.  
WQ0014900001  
[For TCEQ office use only - EPA I.D.  
No. TX0090735]

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
P.O. Box 13087  
Austin, Texas 78711-3087

This is a renewal that replaces TPDES  
Permit No. WQ0014900001 issued on  
November 14, 2016.

PERMIT TO DISCHARGE WASTES  
under provisions of  
Section 402 of the Clean Water Act  
and Chapter 26 of the Texas Water Code

William Donald Smith

whose mailing address is

10706 Cora Street, Trailer 71  
Houston, Texas 77088

is authorized to treat and discharge wastes from the Sunset Mobile Home Park No.2 Wastewater  
Treatment Facility, SIC Code 6515

located at 6911 Ramona Boulevard, in Harris County, Texas 77086

to Vogel Creek; thence to Whiteoak Bayou Above Tidal in Segment No. 1017 of the San Jacinto River  
Basin

only according to effluent limitations, monitoring requirements, and other conditions set forth in this  
permit, as well as the rules of the Texas Commission on Environmental Quality (TCEQ), the laws of the  
State of Texas, and other orders of the TCEQ. The issuance of this permit does not grant to the  
permittee the right to use private or public property for conveyance of wastewater along the discharge  
route described in this permit. This includes, but is not limited to, property belonging to any individual,  
partnership, corporation or other entity. Neither does this permit authorize any invasion of personal  
rights nor any violation of federal, state, or local laws or regulations. It is the responsibility of the  
permittee to acquire property rights as may be necessary to use the discharge route.

This permit shall expire at midnight, **five years from the date of issuance.**

ISSUED DATE: November 5, 2019

A handwritten signature in black ink, appearing to read "T. G. Baker".

\_\_\_\_\_  
For the Commission

EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

Outfall Number 001

1. During the period beginning upon the date of issuance and lasting through the date of expiration, the permittee is authorized to discharge subject to the following effluent limitations:

The daily average flow of effluent shall not exceed 0.012 million gallons per day (MGD), nor shall the average discharge during any two-hour period (2-hour peak) exceed 30 gallons per minute (gpm).

<u>Effluent Characteristic</u>	<u>Discharge Limitations</u>				<u>Min. Self-Monitoring Requirements</u>	
	Daily Avg mg/l (lbs/day)	7-day Avg mg/l	Daily Max mg/l	Single Grab mg/l	Report Daily Avg. & Max. Single Grab Measurement Frequency	Sample Type
Flow, MGD	Report	N/A	Report	N/A	Five/week	Instantaneous
Carbonaceous Biochemical Oxygen Demand (5-day)	10 (1.0)	15	25	35	One/week	Grab
Total Suspended Solids	15 (1.5)	25	40	60	One/week	Grab
Ammonia Nitrogen	3 (0.30)	6	10	15	One/week	Grab
<i>E. coli</i> , CFU or MPN/100 ml	63	N/A	N/A	200	One/quarter	Grab

2. The effluent shall contain a chlorine residual of at least 1.0 mg/l and shall not exceed a chlorine residual of 4.0 mg/l after a detention time of at least 20 minutes (based on peak flow), and shall be monitored five times per week by grab sample. An equivalent method of disinfection may be substituted only with prior approval of the Executive Director.
3. The pH shall not be less than 6.0 standard units nor greater than 9.0 standard units and shall be monitored once per month by grab sample.
4. There shall be no discharge of floating solids or visible foam in other than trace amounts and no discharge of visible oil.
5. Effluent monitoring samples shall be taken at the following location(s): Following the final treatment unit.
6. The effluent shall contain minimum dissolved oxygen of 4.0 mg/l and shall be monitored once per week by grab sample.

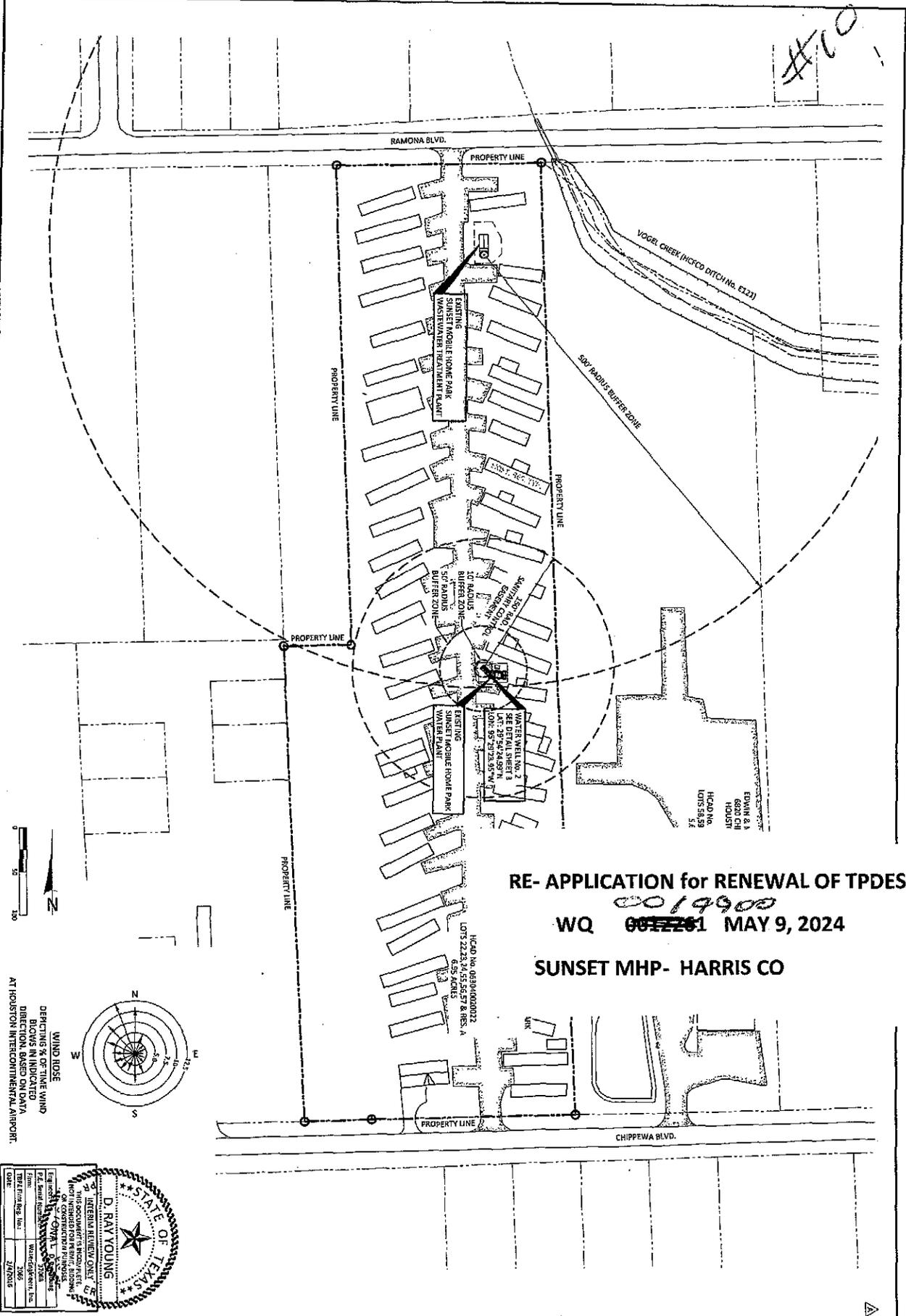
**OTHER REQUIREMENTS**

1. The permittee shall employ or contract with one or more licensed wastewater treatment facility operators or wastewater system operations companies holding a valid license or registration according to the requirements of 30 TAC Chapter 30, Occupational Licenses and Registrations, and in particular 30 TAC Chapter 30, Subchapter J, Wastewater Operators and Operations Companies.

This Category C facility must be operated by a chief operator or an operator holding a Category C license or higher. The facility must be operated a minimum of five days per week by the licensed chief operator or an operator holding the required level of license or higher. The licensed chief operator or operator holding the required level of license or higher must be available by telephone or pager seven days per week. Where shift operation of the wastewater treatment facility is necessary, each shift which does not have the on-site supervision of the licensed chief operator must be supervised by an operator in charge who is licensed not less than one level below the category for the facility.

2. The facility is not located in the Coastal Management Program boundary.
3. The permittee shall comply with the requirements of 30 TAC § 309.13(a) through (d). In addition, by ownership of the required buffer zone area, the permittee shall comply with the requirements of 30 TAC § 309.13(e).
4. The permittee shall provide facilities for the protection of its wastewater treatment facility from a 100-year flood.
5. In accordance with 30 TAC § 319.9, a permittee that has at least twelve months of uninterrupted compliance with its bacteria limit may notify the commission in writing of its compliance and request a less frequent measurement schedule. To request a less frequent schedule, the permittee shall submit a written request to the TCEQ Wastewater Permitting Section (MC 148) for each phase that includes a different monitoring frequency. The request must contain all of the reported bacteria values (Daily Avg. and Daily Max/Single Grab) for the twelve consecutive months immediately prior to the request. If the Executive Director finds that a less frequent measurement schedule is protective of human health and the environment, the permittee may be given a less frequent measurement schedule. For this permit, 1/quarter may be reduced to 1/6 months. **A violation of any bacteria limit by a facility that has been granted a less frequent measurement schedule will require the permittee to return to the standard frequency schedule and submit written notice to the TCEQ Wastewater Permitting Section (MC 148).** The permittee may not apply for another reduction in measurement frequency for at least 24 months from the date of the last violation. The Executive Director may establish a more frequent measurement schedule if necessary to protect human health or the environment.

#10

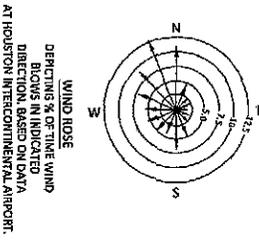


RE- APPLICATION for RENEWAL OF TPDES

WQ ~~001720~~ <sup>0019900</sup> MAY 9, 2024

SUNSET MHP- HARRIS CO

HEAD No. 06300000032  
 LOTS 2,23,24,55,56,57 & RES. A  
 6.95 ACRES



WIND ROSE  
 DEPICTING % OF TIME WIND  
 BLOWS FROM EACH DIRECTION  
 BASED ON 17A  
 AT HOUSTON INTERCONTINENTAL AIRPORT.

STATE OF TEXAS  
 D. RAY YOUNG  
 LICENSED PROFESSIONAL ENGINEER  
 LICENSE NO. 10588  
 WATERENGINEERS, INC.  
 17230 HUFFMEISTER ROAD  
 CYPRESS, TEXAS 77429

DESIGNED BY:	JLV
CHECKED BY:	DRV
PROJECT NO.:	5203.1
DATE:	2/4/2016
SHEET NO.:	02 OF 03

**SUNSET MOBILE HOME PARK NO. 2**  
**WATER WELL NO. 2 AS-BUILT**  
 6911 ROMONA BLVD #51  
 HOUSTON, TEXAS 77086

**WaterENGINEERS, INC.**  
 Water & Wastewater Treatment Consultants  
 TEXAS BOARD OF PROFESSIONAL ENGINEERS FIRM No. 2066  
 17230 HUFFMEISTER ROAD TEL: 281-375-0500  
 CYPRESS, TEXAS 77429 FAX: 281-373-1113

REVISION	DATE



19020 W. Little York Rd. - Katy, TX 77449  
 (281) 858-5988 - Mobile: (713) 283-4528

(9 pgs) 11

Water District Services  
 PO Box 690521  
 Houston, Texas 77269

June 6, 2024

Page 1 of 3

Permit Renewal  
 Sunset #2

Sample #	W24.07183	
LD.	Effluent	
Type	Grab	
Date	5/14/24	
Time	0857	
Samp By	AA	
Date Rec.	5/14/24	
pH* STU	7.38	SM 4500-H+ B
D.O.* mg/L	6.28	SM 4500-O G
Total Chlorine Residual* mg/L	1.15	SM 4500-CL G
E. Coli. MPN/100ml	<1.0	SM 9223 B Coli/rt
CBOD mg/L	<2.0	SM 5210B
TSS mg/L	3.00	SM 2540D
N-NH <sub>3</sub> mg/L	<0.10	SM 4500-NH3D
Alkalinity mg CaCO <sub>3</sub> /L	130	SM 2320 B Eastex **
Chloride mg/L	77.6	EPA 300.0 Eastex **
Conductivity µmhos/cm@25C	646	SM 2510 B Eastex **
Oil Grease, HEM mg/L	<5.6	EPA 1664A Eastex **
Nitrate as N mg/L	5.06	EPA 300.0 Eastex **
Sulfate mg/L	34.5	EPA 300.0 Eastex **
TDS mg/L	390	SM 2540 C Eastex **
TKN mg/L	1.7	EPA 351.2 Eastex **
Total Phosphorus mg/L	2.67	EPA 200.7 Eastex **

\* Analysis performed on grab sample at the time of collection.  
 \*\* Eastex is the subcontracted lab-See attached report.

*Rhonda J. Scroggin*  
 Rhonda J. Scroggin

Quality Manager  
 R&C Joy Inc.

In this report the CBOD/BOD, TSS, NH<sub>3</sub> & E. Coli. results relate only to these samples, are accredited analyses, and are in compliance with TWR Standards.  
 Report shall not be reproduced, except in full, without written approval from laboratory.

ENVIRONMENTAL CONSULTING • LABORATORY • PROCESS CONTROL • PRETREATMENT



# SAMPLE RECORD & CHAIN OF CUSTODY



**R&C JOY, Incorporated**  
 19020 W. Little York Rd.  
 Katy, TX 77449  
 281-858-5988

**Client:** Water District Ser  
**Street:** \_\_\_\_\_  
**City/State/Zip:** Houston TX 77069

**Sampled By:** Amel A **Facility:** Sunset #2

**Sample Information** | **Field Data** | **Containers** | **Preservation** | **Analyses**

Sample ID	Sample Location	Date Collected	Time Collected	Sample Method	Sample Matrix	Samp Temp (C)	pH (STU)	DO (mg/L)	Cl <sub>2</sub> Res (mg/L)	Flow (MGD)	Container ID	Container Type	Ice/Refrig	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	Na <sub>2</sub> S <sub>2</sub> O <sub>8</sub>	N-NH <sub>3</sub>	BOD	BOD	CO <sub>2</sub>	SS	SS	Solids %	Turbidity	NO <sub>2</sub> /NO <sub>3</sub>	Microscopic	O&G	TKN	Total Phos.	E.Coli		
W24.07193	Effluent	05/14/24	0857	G		27.1	7.36	6.36	1.15		None	X																				
W24.07193	Effluent	05/14/24	0857	G							a	P	✓																			
W24.07193	Effluent	05/14/24	0857	G							b	P	✓																			
W24.07193	Effluent	05/14/24	0857	G							c	G	✓																			
W24.07193	Effluent	05/14/24	0857	G							d	P	✓																			
W24.07193	Effluent	05/14/24	0857	G							e	P	✓																			
W24.07193	Effluent	05/14/24	0857	G							f	P	✓																			
W24.07193	Effluent	05/14/24	0857	G							g	P	✓																			

**Special Notes**

Permit Renewal

**Custody Changes**

**Relinquished By:** \_\_\_\_\_ **Date:** 05/14/24 **Time:** 1447

**Received By:** \_\_\_\_\_ **Date:** 05/14/24 **Time:** 1447

**Preservation Check**

**On Ice? Yes/No:** ✓/ ] **pH (STU):** 7.2 **Cl<sub>2</sub> Absent Yes/No:** ✓/ N/A/ ]

**Sample Temp (C):** 16.2 **CHK w/:** MN1000134

**Thermometer:** 22 **Bottle(s):** EFF a

**Bottle:** 500s

**Initials:** AA

**DPD Lot:** 230654

**DPD Exp:** 12/24



P.O. Box 1089 Cold Spring Tx 77331  
 Website: eastexlabs.com  
 Email: eastexlab@eastex.net  
 Tel: 281/653 3249



R and C Joy  
 R and C Joy  
 19020 W Little York Road  
 Katy, TX 77449

**LABORATORY ANALYTICAL REPORT**

Project: R and C Joy Effluent

Sample Site:	W24 07183	Sample Number:	G24E5151-01		Collector:					
Sample Type:	Grab				Sampled:	05/14/2024	8:57			
Sample Matrix:	Water				Received:	05/15/2024	14:20			
Client Matrix:	Water									
Analyte	Result	Reporting Limit	Units	Nelac Status	Batch	Analyzed	Analyst	Method	Notes	
Alkalinity	130	20.0	mgg CaCO <sub>3</sub> /L	A	B4E4434	05/24/2024 15:58	KRH	SM 2320 B		
Chloride	77.6	5.0	mg/L	A	B4E2775	05/15/2024 17:38	OCR	EPA 800.0		
Conductivity	646	10	µmhos/cm @25C	A	B4E2909	05/16/2024 15:29	ARB	SM 2510 B		
Nitrate as N	5.06	0.05	mg/L	A	B4E2773	05/15/2024 17:38	OCR	EPA 800.0		
Oil Grease, HEM	<5.6	5.6	mg/L	A	B4E4637	05/28/2024 08:21	MUP	EPA 1664A		
Sulfate	34.5	4.0	mg/L	A	B4E2775	05/15/2024 17:38	OCR	EPA 800.0		
TDS	390	10.0	mg/L	A	B4E2698	05/16/2024 15:39	ARB	SM 2540 C		
TKN	1.7	1.0	mg/L	A	B4E3189	06/05/2024 15:46	CNS	EPA 351.2		
Total Phosphorus	2.67	0.0600	mg/L	A	B4E1949	05/13/2024 16:25	KJH	EPA 200.7		

Eastex Environmental Laboratory - Cold Spring

The results in this report apply to the samples analyzed in accordance with the client's custody document.  
 This analytical report must be reproduced in its entirety. Accuracy warranted to pH 4.5 only.

\*NELAC Status: A=Accredited, N=Accreditation not offered, O=Not Accredited, P=Approved  
 Cold Spring All Inclusive YesQC.rpt Rev 6: 06/24/2021

Report Date: 06/06/24 15:40

Page 1 of 4



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 Tel: 836/653 3249



R and C Joy  
 R and C Joy  
 19020 W Little York Road  
 Kary, TX 77449

**EPA 3000--Quality Control**  
**Eastex Environmental Laboratory - Cold Spring**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B4E2773 - No Prep</b>										
<b>Blank (B4E2773-BLK1)</b> Prepared & Analyzed: 05/15/24										
Chloride	ND	5.0	mg/L							
Nitrate as N	ND	0.05	mg/L							
Sulfate	ND	4.0	mg/L							
<b>LCS (B4E2773-BS1)</b> Prepared & Analyzed: 05/15/24										
Chloride	23.3		mg/L	25.0		93.0	90-110			
Nitrate as N	1.4236		mg/L	1.50		94.9	90-110			
Sulfate	18.4		mg/L	20.0		92.1	90-110			
<b>Matrix Spike (B4E2773-MS1)</b> Source: C4E5147401 Prepared & Analyzed: 05/15/24										
Chloride	228	5.0	mg/L	125	111	93.7	80-120			
Nitrate as N	8.398	0.05	mg/L	7.50	0.6452	103	80-120			
Sulfate	116	4.0	mg/L	100	21.3	95.2	80-120			
<b>Matrix Spike Dup (B4E2773-MSD1)</b> Source: C4E5147401 Prepared & Analyzed: 05/15/24										
Chloride	228	5.0	mg/L	125	111	93.8	80-120	0.00517	20	
Nitrate as N	8.3977	0.05	mg/L	7.50	0.6452	103	80-120	0.00357	20	
Sulfate	116	4.0	mg/L	100	21.3	95.0	80-120	0.0964	20	
<b>Batch B4E2898 - No Prep</b>										
<b>Blank (B4E2898-BLK1)</b> Prepared & Analyzed: 05/16/24										
TDS	ND	100.0	mg/L							
<b>LCS (B4E2898-BS1)</b> Prepared & Analyzed: 05/16/24										
TDS	270		mg/L	300		90.0	80-120			
<b>Duplicate (B4E2898-DUP1)</b> Source: C4E3772401 Prepared & Analyzed: 05/16/24										
TDS	500	10.0	mg/L		520			1.94	10	

Eastex Environmental Laboratory - Cold Spring

*The results in this report apply to the samples analyzed in accordance with the chain of custody document.  
 This analytical report must be reproduced in its entirety. Alkalinity titrated to pH 4.5 endpoint.*



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 Email: eastexlab@eastex.net  
 Tel: 281-653-3249



R and C Joy  
 R and C Joy  
 19020 W Little York Road  
 Katy, TX 77449

**SM 2510EE - Quality Control**  
**Eastex Environmental Laboratory - Cold Spring**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B4E2909 - No Prep</b>										
<b>Blank (B4E2909-BLK1)</b> Prepared & Analyzed: 05/16/24										
Conductivity	ND	100	µmhos/cm @25C							
<b>LCS (B4E2909-BS1)</b> Prepared & Analyzed: 05/16/24										
Conductivity	1002		µmhos/cm @25C	1000		100	80-120			
<b>Duplicate (B4E2909-DUP1)</b> Source: C4E3778401 Prepared & Analyzed: 05/16/24										
Conductivity	847		µmhos/cm @25C		848			0.118	20	
<b>Batch B4E2949 - EPA 200.7</b>										
<b>Blank (B4E2949-BLK1)</b> Prepared: 05/16/24 Analyzed: 05/17/24										
Total Phosphorus	ND	0.0000	mg/L							
<b>LCS (B4E2949-BS1)</b> Prepared: 05/16/24 Analyzed: 05/17/24										
Total Phosphorus	2.63	0.0000	mg/L	2.52		104	85-115			
<b>Matrix Spike (B4E2949-MS1)</b> Source: C4E34009401 Prepared: 05/16/24 Analyzed: 05/17/24										
Total Phosphorus	5.98	0.0000	mg/L	2.52	3.21	110	70-130			
<b>Matrix Spike Dup (B4E2949-MSD1)</b> Source: C4E34009401 Prepared: 05/16/24 Analyzed: 05/17/24										
Total Phosphorus	5.62	0.0000	mg/L	2.52	3.21	107	70-130	1.10	20	
<b>Batch B4E3189 - No Prep</b>										
<b>Blank (B4E3189-BLK1)</b> Prepared: 05/18/24 Analyzed: 06/05/24										
IKN	ND	1.0	mg/L							
<b>LCS (B4E3189-BS1)</b> Prepared: 05/18/24 Analyzed: 06/05/24										
IKN	99.9		mg/L	100		99.9	90-110			
<b>Matrix Spike (B4E3189-MS1)</b> Source: C4E3848401 Prepared: 05/18/24 Analyzed: 06/05/24										
IKN	13.4	1.0	mg/L	10.0	4.53	99.1	80-120			
<b>Matrix Spike Dup (B4E3189-MSD1)</b> Source: C4E3848401 Prepared: 05/18/24 Analyzed: 06/05/24										
IKN	14.3	1.0	mg/L	10.0	4.53	97.7	80-120	6.19	20	

Eastex Environmental Laboratory - Cold Spring

The results in this report apply to the samples analyzed in accordance with the criteria of custody documents.  
 This analytical report shall be responsible to its custody. Allowing retention to pH 4.5 endpoint.



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R and C Joy  
 R and C Joy  
 19020 W Little York Road  
 Katy, TX 77449

**SM 2320E - Quality Control**  
**Eastex Environmental Laboratory - Coldspring**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B4E4434 - No Prep</b>										
<b>Blank (B4E4434-BLKI)</b>										
Prepared & Analyzed: 05/24/24										
Alkalinity	ND	20.0	mg/CaCO <sub>3</sub> -L							
<b>LCS (B4E4434-BS1)</b>										
Prepared & Analyzed: 05/24/24										
Alkalinity	52.0		mg/CaCO <sub>3</sub> -L	50.0		104	80-120			
<b>Duplicate (B4E4434-DUP1)</b>										
Source: C4E34556481										
Prepared & Analyzed: 05/24/24										
Alkalinity	204	20.0	mg/CaCO <sub>3</sub> -L		206			0.976	20	
<b>Batch B4E4627 - No Prep</b>										
<b>Blank (B4E4627-BLKI)</b>										
Prepared & Analyzed: 05/28/24										
Oil Grease, HEM	ND	5.00	mg/L							
<b>LCS (B4E4627-BS1)</b>										
Prepared & Analyzed: 05/28/24										
Oil Grease, HEM	40.2	5.00	mg/L	40.0		100	78-114			
<b>LCS Dup (B4E4627-BSD1)</b>										
Prepared & Analyzed: 05/28/24										
Oil Grease, HEM	40.1	5.00	mg/L	40.0		100	78-114	0.249	18	
<b>Matrix Spike (B4E4627-MS1)</b>										
Source: C4E34556481										
Prepared & Analyzed: 05/28/24										
Oil Grease, HEM	40.4	5.00	mg/L	40.0	ND	111	78-114			

*Mark Bourgeois*

Mark Bourgeois, Special Projects Manager

**Qualifiers**

Eastex Environmental Laboratory - Coldspring

This results in this report apply to the samples analyzed in accordance with the chain of custody document.  
 This analytical report must be reproduced in its entirety.

Alkalinity titrated to pH 4.5 endpoint.

\*NELAC Status: A=Accredited, N=Accreditation not offered, O=Not Accredited, P=Approved  
 Coldspring All Inclusive Yes QC rpt Rev #: 06242621

Report Date: 06/06/24 15:40

Page 4 of 4

# VENDOR PURCHASE ORDER



R&C JOY, Incorporated  
19020 W. Little York Rd.  
Katy, TX 77449  
281-858-5988

VP# 05152YA  
Send To Eastex Environmental Labs  
Street PO Box 1089  
City/State/Zip Coldspring, TX 77331

**Sample Method**  
C = Composite  
G = Grab

**Sample Matrix**  
E = Effluent  
I = Influent  
S = Sludge

**Codes**

**Container Type**  
P = Plastic  
G = Glass  
S = Sterile  
V = Vial

**Sample Information**

**Containers/Preservation**

**Analyses**

Special Notes	Sample ID	Sample Location	Date Collected	Time Collected	Sample Method	Sample Matrix	Container ID	Container Type	Ice/Refrig	H <sub>2</sub> O <sub>2</sub>	HNO <sub>3</sub>	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	Analyses
	W24.07183	Effluent	5/14/24	0857	G	E	C	G	✓	✓	✓	✓	X O+G TKN Total Phos Nitrate X Substrate Chloride TDS Conductivity Alkalinity
	W24.07183	Effluent	5/14/24	0857	G	E	d	P	✓	✓	✓	✓	X
	W24.07183	Effluent	5/14/24	0857	G	E	e	P	✓	✓	✓	✓	X
Short Hold Time X CUE 5151	W24.07183	Effluent	5/14/24	0857	G	E	gn. 3P	P					X X X X X X X

**Additional Notes**

Short List Permit Renewal - see attached list

**Custody Changes**

**Preservation Check**

Relinquished By	Date	Time	Received By	Date	Time	On Ice? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	NOI	PH (STU):	CHK W/:	Cl. Absent Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Jubelin	5/15/24	1142	DTD	5-15-24	1143		1		Sample Temp (C): 5 Thermometer: 15	DPD Let: DPD Exp: Bottle(s):
Jubelin	5-15-24	1140	DTD	5-15-24	1420		1		Bottle(s):	DPD Let: DPD Exp: Bottle(s):

W24-07183

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

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

BP

BP

\*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
<del>Total Suspended Solids, mg/l</del>					
<del>Total Dissolved Solids, mg/l</del>					
<del>pH, standard units</del>					
<del>Fluoride, mg/l</del>					
<del>Aluminum, mg/l</del>					
<del>Alkalinity (CaCO<sub>3</sub>), mg/l</del>					

BP

**Section 8. Facility Operator (Instructions Page 50)**

Facility Operator Name: Click to enter text.

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

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

# TCEQ Core Data Form

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

*Attach  
1/2*

## SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 600919559		RN 101218030

## SECTION II: Customer Information

4. General Customer Information – Estate of William D Smith		5. Effective Date for Customer Information Updates 05/07/2024	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts) Update to Customer Information Change in Regulated Entity Ownership			
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>			
6. Customer Legal Name (if an individual, print last name first: eg: Doe, John)		/New Customer, enter previous Customer below:	
Smith, William Donald			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
		331169559	
11. Type of Customer:		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
<input type="checkbox"/> Corporation		<input checked="" type="checkbox"/> Individual	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:	
12. Number of Employees		13. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) - as it relates to the Regulated Entity listed on this form. Please check one of the following			
<input checked="" type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Owner/Shareholder <input type="checkbox"/> Other:			
15. Mailing Address:		17. E-Mail Address (if applicable)	
10706 Cora St #71		kingmontmhp71@gmail.com	
City Houston State TX ZIP 77088 ZIP+4 3241			
16. Country Mailing Information (if outside USA)			
18. Telephone Number 281-488-6836		19. Extension or Code	
		20. Fax Number (if applicable)	

### SECTION III: Regulated Entity Information

<b>21. General Regulated Entity Information</b> <i>(If "New Regulated Entity" is selected, a new permit application is also required.)</i>								
<input type="checkbox"/> New Regulated Entity <input checked="" type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information								
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>								
<b>22. Regulated Entity Name</b> <i>(Enter name of the site where the regulated action is taking place.)</i>								
Sunset Mobile Home Park 2								
<b>23. Street Address of the Regulated Entity:</b>  <i>(No PO Boxes!)</i>	6911 Romona Blvd							
	<table border="1"> <tr> <td>City</td> <td>Houston</td> <td>State</td> <td>TX</td> <td>ZIP</td> <td>77086</td> <td>ZIP+4</td> <td>3337</td> </tr> </table>	City	Houston	State	TX	ZIP	77086	ZIP+4
City	Houston	State	TX	ZIP	77086	ZIP+4	3337	
<b>24. County</b>	Harris							

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

<b>25. Description to Physical Location:</b>	LTS 22 23 24 55 56 & 57 BLK 2 A L COAN 5.8880 AC				
<b>26. Nearest City</b>	City of Houston			<b>State</b>	<b>Nearest ZIP Code</b>
				TX	77088
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>					
<b>27. Latitude (N) In Decimal:</b>		29.907028		<b>28. Longitude (W) In Decimal:</b>	
				-95.490056	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
<b>29. Primary SIC Code</b>	<b>30. Secondary SIC Code</b>	<b>31. Primary NAICS Code</b>	<b>32. Secondary NAICS Code</b>		
(4 digits) 6515	(4 digits)	(5 or 6 digits) 531190	(5 or 6 digits)		
<b>33. What is the Primary Business of this entity?</b>					
Residential Single Family MHP					
<b>34. Mailing Address:</b>	10706 Cora St#71				
	City	Houston	State	TX	ZIP 77088
				ZIP +4	3241
<b>35. E-Mail Address:</b> kingmontmhp71@gmail.com					
<b>36. Telephone Number</b>		<b>37. Extension or Code</b>		<b>38. Fax Number</b> <i>(if applicable)</i>	
(281) 448-6836				( ) -	

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registform. See the Core Data Form Instructions for additional guidance.

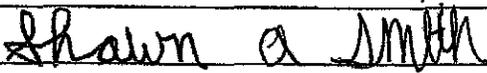
D Dam Safety	D Districts	D Edwards Aquifer	D Emissions Inventory Air	D Industrial Hazardous Waste
D Municipal Solid Waste	D New Source Review Air	OossF	D Petroleum Storage Tank	1X1 PWS
			<input type="checkbox"/>	WQ0014900001
O Sludge	D Storm Water	O Title V Air	Tires	O Used Oil
D Voluntary Cleanup	D Wastewater	D Wastewater Agriculture	D Water Rights	D Other:

### SECTION IV: Preparer Information

40. Name : Kisha Gomez		141. Title: Coordinator/Office Agent	
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(281)448-6836			<a href="mailto:Kingmontmhp71@gmail.com">Kingmontmhp71@gmail.com</a>

### SECTION V: Authorized Signature

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

Company:	Sunset 2 Mobile Home Park	Job Title:	Acting Owner/Heir (see attachment)
Name (In Print):	Shawn Alex Smith	Phone:	(713) 409-7912
Signature:		Date:	05/08/2024

**Section 14. Signature Page (Instructions Page 34)**

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

Permit Number: WQ0014900001

Applicant: Estate of William D Smith

Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

Signatory name (typed or printed): Shawn Alex Smith

Signatory title: Heir/Owner

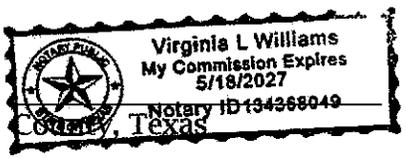
Signature: Shawn A Smith Date: 5-8-2024  
(Use blue ink)

Subscribed and Sworn to before me by the said Shawn A Smith  
on this 8<sup>th</sup> day of May, 2024.  
My commission expires on the 18<sup>th</sup> day of May, 2027.

*Virginia Williams*

Notary Public

[SEAL]



May 8, 2024

Permit No WQ0014900001

Renewal for PWS 1011972

Located at 6911 Romona Blvd Houston, TX 77086

Death certificate has been provided regarding Page 11 of 17. Section 14. Signature Page.

Printed Name: Shawn A. Smith

Signature: Shawn A. Smith

Date: 5-8-2024

Subscribed and Sworn to before me by the said Shawn A. Smith

on this 8<sup>th</sup> day of May, 2024.

My commission expires on the 18<sup>th</sup> day of May, 2027.

Virginia Williams

Notary Public

  
Virginia L. Williams  
My Commission Expires  
5/18/2027  
Notary ID 134368049  
County, Texas



17A

**RELIABILITY**

- 3. LIFT STATION SERVING COLLECTION SYSTEM
- 2. A BLOWER
- 3. CLANNER DRIVE
- 4. CHLORINATION SYSTEM
- 1. BASIC LIGHTING

**NOTE: A CONSTANT-RECHARGED, POWER-PAC WITH AUTO-SWITCHOVER WILL ALLOW CONTINUOUS CHLORINE APPLICATION. SUFFICIENT SPARE PARTS INVENTORY FOR THE CHLORINATOR WILL BE REQUIRED.**

**B. UNDESIRABLE FAILURE MODES WILL ADVISE OF-**

- 1. GENERAL POWER OUTAGE
- 2. LIFT STA. HIGH LEVEL
- 3. CLANNER DRIVE FAILURE, OF TORQUE OVERLOAD

**C. OPERATING ELEMENTARY FEATURES**

- 1. SLUDGE HOLDING HAS DUAL-COMPARTMENTS FOR ALLOWING ONE TO BE EMPLOYED WHILE SLUDGE IS WASTED TO OTHER.
- 2. IN CC BLOWERS OUT OF SERVICE AND BY-PASSED CHLORINE CAN BE INTRODUCED INTO THE CLANNER FOR ALLOWING ADEQUATE DETENTION TIME

**D. EQUIPMENT REDUNDANCY**

- DUAL BLOWERS, EACH CAPABLE OF THE TOTAL AIR REQUIREMENTS
- LIFT STATION AT WTP WILL HAVE DUAL PUMPS, EACH CAPABLE OF Q<sub>max</sub>
- WATER WORKS HAVING EMERGENCY GENERATOR WILL PROVIDE DUAL NEED TO THE WTP

**E. OVERFLOW PREVENTION - BASINS HAVE ADEQUATE FREEBOARD AT ADEQUATE SPECIFICATION FOR SEWER LIFT TESTING BOTH DURING CONSTRUCTION, AND LATER IS BEING RECOMMENDED**

RE-APPLICATION for RENEWAL OF TPDES

0014980

WQ 0012201 MAY 9, 2024

SUNSET MHP- HARRIS CO



7701112

525-40-2580

WARRANTY DEED WITH VENDOR'S LIEN

Date: April 1, 1999

Grantor: COLLIER INTERESTS, INC.

Grantor's Mailing Address (including county):

05/04/99 20050946 7701112 415.00

COLLIER INTERESTS, INC.  
P.O. Box 19083  
Houston, Harris County, Texas 77224

Grantee: WILLIAM D. SMITH

Grantee's Mailing Address (including county):

WILLIAM D. SMITH  
1413 Aldine Mail Route  
Houston, Harris County, Texas 77039

Consideration: TEN AND NO/100 DOLLARS and other good and valuable consideration and the further consideration of a note of even date, that is in the principal amount of FIFTY THOUSAND TWO HUNDRED SEVENTY-SIX AND 20/100 DOLLARS (\$50,276.20) and is executed by Grantee, payable to the order of Grantor. It is secured by a vendor's lien retained in this deed and by a deed of trust of even date, from Grantee to Robert S. Pickshier, Trustee.

Property (including any improvements):

Being a 5.888 acre tract of land being the residue of Lots Twenty-two (22), Twenty-three (23), Twenty-four (24), Fifty-five (55), Fifty-six (56) and Fifty-seven (57), in Block Two (2) of A.L. COAN, an addition in Harris County, Texas according to the map or plat thereof recorded in Volume 10, Page 5 of the Map Records of Harris County, Texas. Said 5.888 acre tract of land being more particularly described by metes and bounds in a Rider marked Exhibit "A" attached hereto and made a part hereof for all purposes.

Reservations From and Exceptions to Conveyance and Warranty:

None

Grantor, for the consideration, receipt of which is acknowledged, and subject to the reservations from and exceptions to conveyance and warranty, grants, sells and conveys to Grantee the property, together with all and singular the rights and appurtenances thereto in any wise belonging, to have and hold it to Grantee, Grantee's heirs, executors, administrators, successors or assigns forever.

Warranty Deed with Vendor's Lien - Page 1 of 3

RE-APPLICATION for RENEWAL OF TPD  
WQ 0014900  
0012261 MAY 9, 2024  
SUNSET MHP- HARRIS CO

Confidential information may have been redacted from the document in compliance with the Public Information Act.

A Certified Copy  
Attest: 3/11/2016  
Stan Stanart, County Clerk  
Harris County, Texas

*Jessica Marie Contreras*  
JESSICA MARIE CONTRERAS

Deputy





525-40-2582

**ACKNOWLEDGMENT**

STATE OF TEXAS

§  
§  
§

COUNTY OF HARRIS

This instrument was acknowledged before me on April 14th 1999, by Barbara Collier Strom, Vice-President of COLLIER INTERESTS, INC., a Texas corporation, on behalf of said corporation.



Laura Harwell  
Notary Public, State of Texas

PREPARED IN THE OFFICE OF:

Robert S. Pickelner, P.C.  
6750 West Loop South, Suite 170  
Bellaire, Texas 77401

AFTER RECORDING RETURN TO:

William D. Smith  
1913 Aldine Mail Route  
Houston Texas  
77039

Warranty Deed with Vendor's Lien - Page 3 of 3

Confidential information may have been redacted from the document in compliance with the Public Information Act.

A Certified Copy  
Attest: 3/11/2016  
Stan Stanart, County Clerk  
Harris County, Texas

Jessica Marie Contreras Deputy  
JESSICA MARIE CONTRERAS



525-40-2583

EXHIBIT 'A'

Being a 5.888 acre tract in the T.M. Donsett Survey, Abstract No. 222, Harris County, Texas, the residue of Lots 22, 23, 24, 55, 56 and 57, Block 2 of the A.L. Coan Subdivision, as recorded in Volume 10, Page 5 of the Map Records of Harris County, Texas, said tract being more particularly described by meters and bounds as follows:

BEGINS: A concrete monument found for the South common corner of Lots 54 and 55 of said Subdivision, in the existing North right of way of Chippewa Blvd. (60 feet wide, called 50 feet);

THENCE, with the common line between Lots 54 and 55; 21 and 22; North 00 degrees 11 minutes 00 seconds West, 1089.00 feet (call: 1109.00 feet), to a one-half inch (1/2") iron rod set for the North common corner of said Lots 21 and 22, in the South right of way of Romaona Blvd. (60 feet wide, called 50 feet);

THENCE, with the existing South right of way of Romaona Blvd., North 89 degrees 49 minutes 00 seconds East, 235.50 feet to a one-half (1/2") inch iron rod set in same, for the North common corner of Lots 24 and 25 of said Subdivision;

THENCE, with the common line between Lots 24 and 25; 57 and 58; South 00 degrees 11 minutes 00 seconds East, 1089.00 feet (call: 1109.00 feet), to a one-half (1/2") inch iron rod set for the South common corner of Lots 57 and 58 of said Subdivision, in the North right of way of said Chippewa Blvd.;

THENCE, with the existing North right of way of Chippewa Blvd; South 89 degrees 49 minutes 00 seconds West, 235.50 feet to the Place of Beginning, containing 256,459.566 square feet or 5.888 acres of land.

ALL RECORDS KEPT BY THE CLERK OF THE COUNTY CLERK OF HARRIS COUNTY, TEXAS, SHALL BE KEPT IN THE OFFICE OF THE COUNTY CLERK OF HARRIS COUNTY, TEXAS, IN THE CITY OF HOUSTON, TEXAS.

MAY 4 1999



County Clerk  
HARRIS COUNTY TEXAS

RECORDERS MEMORANDUM  
AT THE TIME OF RECORDED, THIS INSTRUMENT WAS FOUND TO BE INADEQUATE FOR THE BEST PRACTICES REPRODUCTION FOR THE PUBLIC INFORMATION, CAUTION FOR ORIGINAL OF UNREPRODUCED PAPER, ETC.

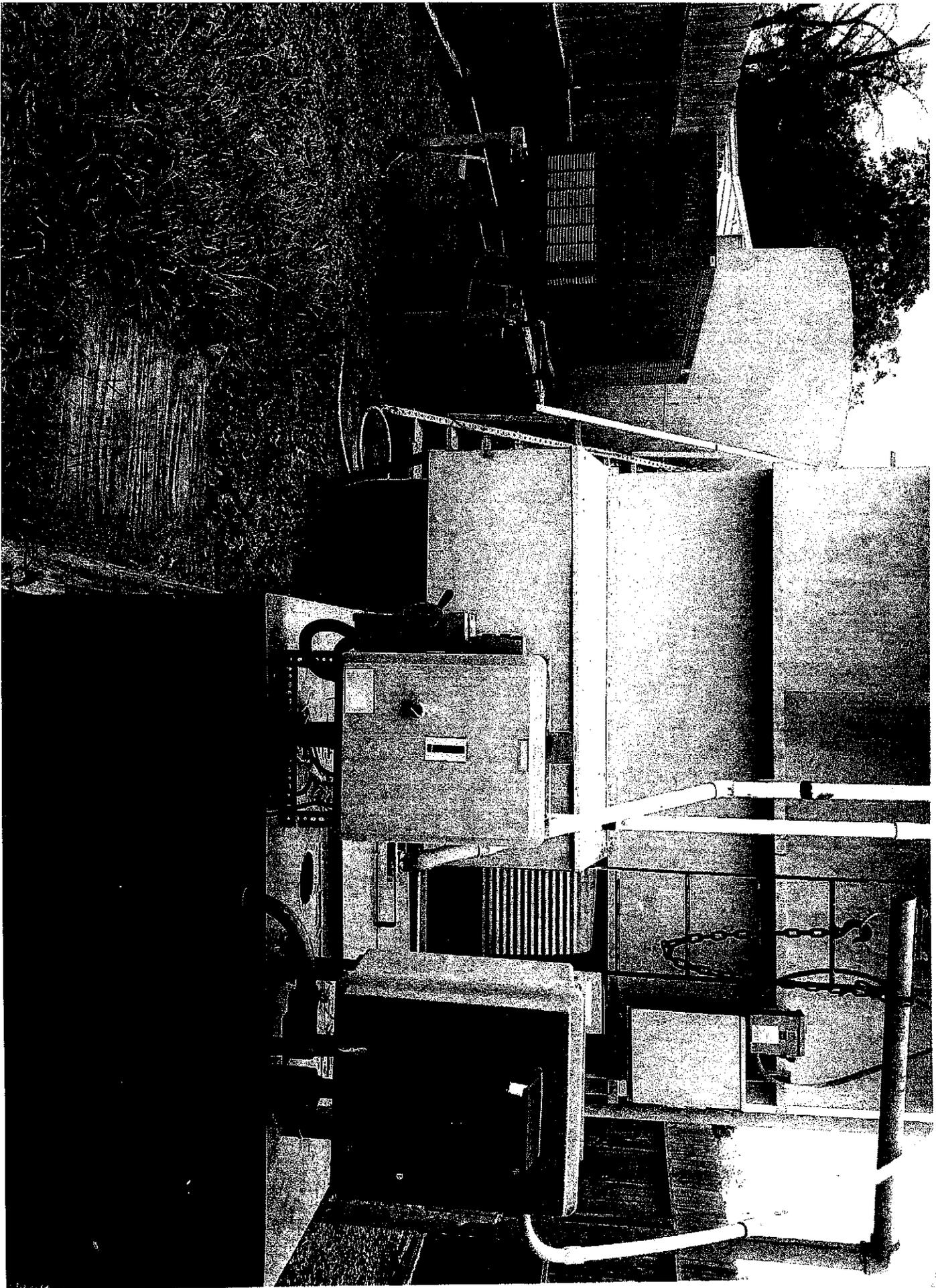
FILED  
99 MAY -4 PM 2:18

Confidential information may have been redacted from the document in compliance with the Public Information Act.

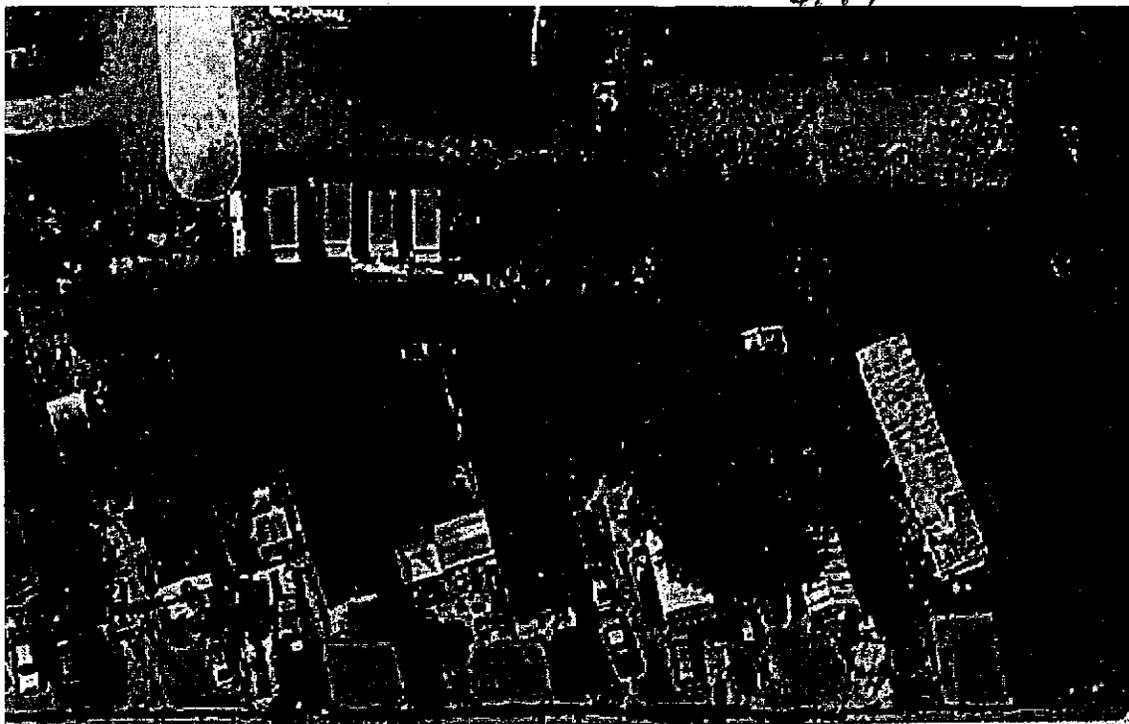
A Certified Copy  
Attest: 3/11/2016  
Stan Stanart, County Clerk  
Harris County, Texas

Jessica Marie Contreras Deputy  
JESSICA MARIE CONTRERAS

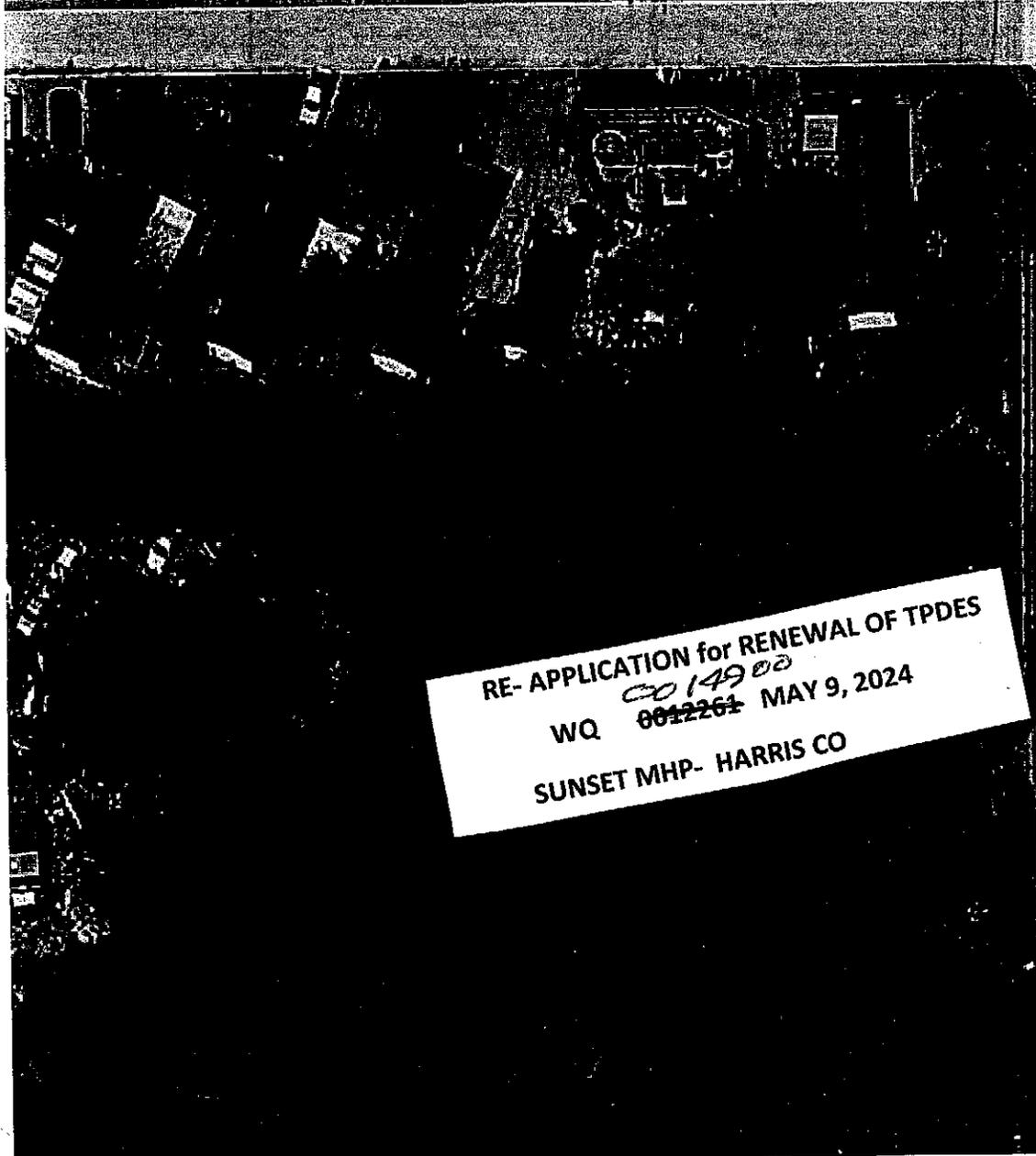
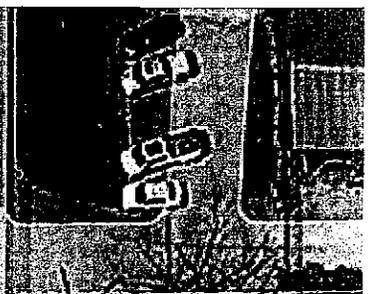




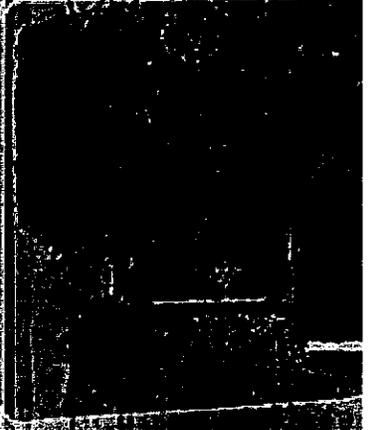
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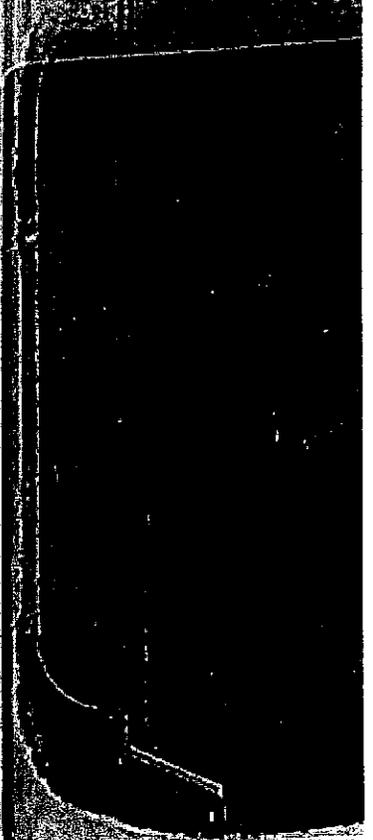
Romona Blvd



Romona Blvd

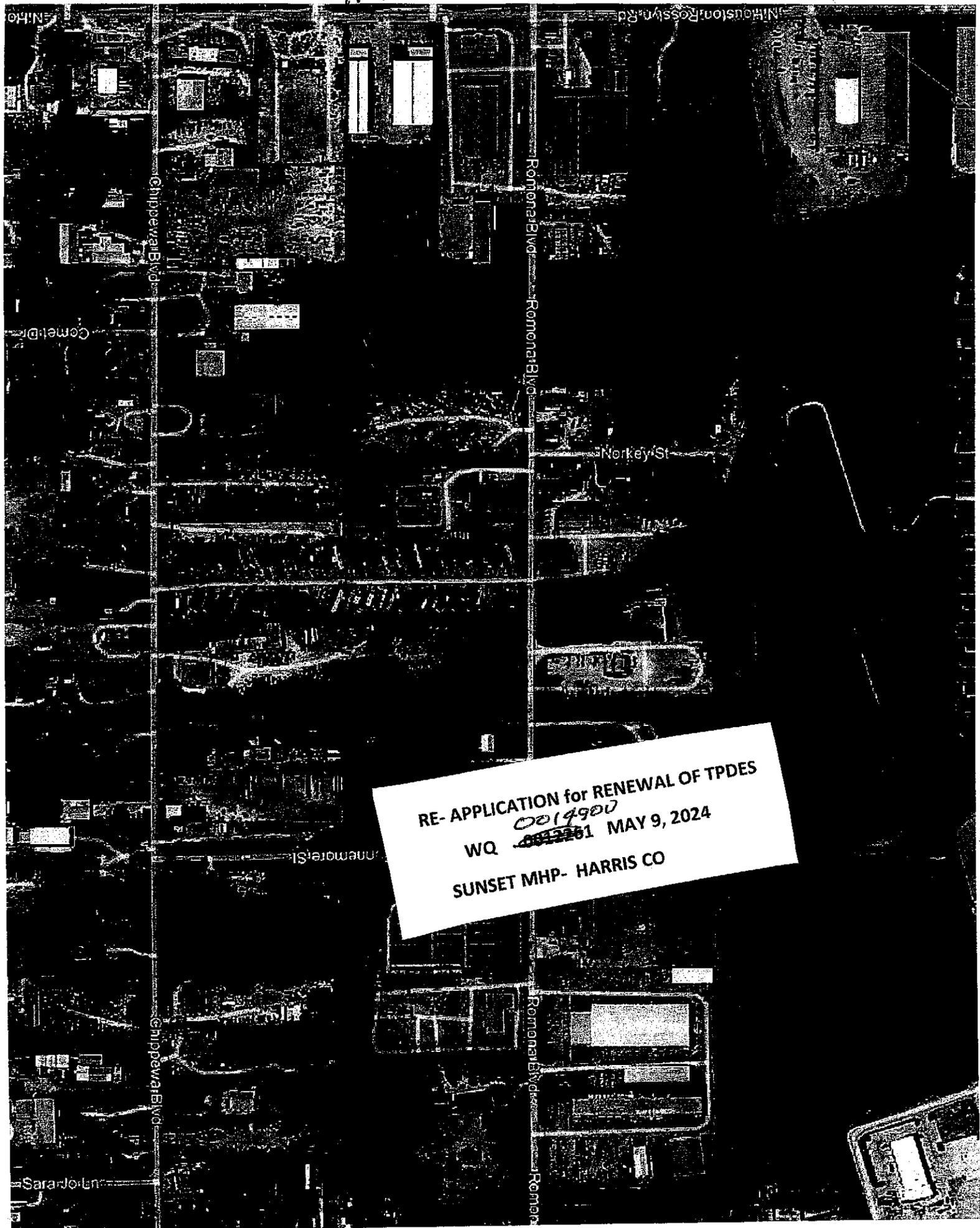


Romona Blvd



RE- APPLICATION for RENEWAL OF TPDES  
WQ <sup>CO 14900</sup> ~~0012261~~ MAY 9, 2024  
SUNSET MHP- HARRIS CO

# 61



RE- APPLICATION for RENEWAL OF TPDES  
 WQ ~~0019900~~ <sup>0019900</sup> MAY 9, 2024  
 SUNSET MHP- HARRIS CO

## Francesca Findlay

---

**From:** Kingmont MHP <kingmontmhp71@gmail.com>  
**Sent:** Monday, July 29, 2024 4:02 PM  
**To:** Francesca Findlay  
**Cc:** Tammy Smith (tammylynn)  
**Subject:** Fwd: Renewal/Transfer of permit WQ00149000-01  
**Attachments:** Cover Letter TCEQ.docx

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Kisha Gomez  
**Smith Mobile Home Parks**  
Kingmont MHP Office  
281-448-6836 Office  
281-939-9923 Cell  
[kingmontmhp71@gmail.com](mailto:kingmontmhp71@gmail.com)

----- Forwarded message -----

**From:** Kingmont MHP <[kingmontmhp71@gmail.com](mailto:kingmontmhp71@gmail.com)>  
**Date:** Mon, Jul 29, 2024 at 3:58 PM  
**Subject:** Re: Renewal/Transfer of permit WQ00149000-01  
**To:** Erwin Madrid <[Erwin.Madrid@tceq.texas.gov](mailto:Erwin.Madrid@tceq.texas.gov)>

Thank you for the information. We do want to proceed with the application but unfortunately the administrator is out of the office until Thursday. I expressed the importance of transfer and he said the earliest he could get them back to me is Wednesday. I have attached the cover letter for now in response to the other items listed on the NOD dated June 19th. Once I receive the notarized transfer forms back from the administrator, we will overnight the entire package to you guys with a money order to cover the additional transfer fee.

Please let me know if there is anything else I can do to ensure we continue to go forward with this process. And as always, thank you for your help.

Thank you  
Kisha Gomez  
**Smith Mobile Home Parks**  
Kingmont MHP Office  
281-448-6836 Office  
281-939-9923 Cell  
[kingmontmhp71@gmail.com](mailto:kingmontmhp71@gmail.com)

On Fri, Jul 26, 2024 at 10:30 AM Erwin Madrid <[Erwin.Madrid@tceq.texas.gov](mailto:Erwin.Madrid@tceq.texas.gov)> wrote:

Hello Kisha,

I received confirmation from our legal department that the permit cannot be transferred to an Estate. However, the Estate can be a co-permittee, but the Executor or another individual also needs to be listed as a co-permittee. Please let me know how you want to proceed with the permit renewal as we have exceeded our administrative review deadlines and will need to move the application for technical review or refer the application for return and remove it from our list of pending applications.

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.

---

**From:** Kingmont MHP <[kingmontmhp71@gmail.com](mailto:kingmontmhp71@gmail.com)>  
**Sent:** Wednesday, July 17, 2024 1:53 PM  
**To:** Erwin Madrid <[Erwin.Madrid@tceq.texas.gov](mailto:Erwin.Madrid@tceq.texas.gov)>  
**Cc:** [Francesca.Findley@tceq.texas.gov](mailto:Francesca.Findley@tceq.texas.gov); [mrz.smith11@gmail.com](mailto:mrz.smith11@gmail.com); [kingmont71@gmail.com](mailto:kingmont71@gmail.com)  
**Subject:** Renewal/Transfer of permit WQ00149000-01

Good afternoon Erwin

I have a question in regards to the NOD we received. That was followed up by an email stating the legal department requested a letter written from Shawn Smith (an Heir, Mr. William D Smith son) stating his father had passed and that he wanted the permit transferred into his name. (Along with the fee, of course) But Shawn does not want the permit transferred to him, we are in the middle of probate and we need to transfer it to the estate of William Donald Smith.

With that being said, do we still need to provide transfer form and fee since we are transferring ownership to the Estate of William Donald Smith and not another persons?

Please advise

Thank you as always

**Kisha Gomez**

**Smith Mobile Home Parks**

**Kingmont MHP Office**

**281-448-6836 Office**

**281-939-9923 Cell**

[kingmontmhp71@gmail.com](mailto:kingmontmhp71@gmail.com)

(FYI, this is last part to the NOD and I will be sending our response by end of day, pending the outcome of this inquiry.)

## Francesca Findlay

---

**From:** Kingmont MHP <kingmontmhp71@gmail.com>  
**Sent:** Tuesday, November 5, 2024 12:20 PM  
**To:** Francesca Findlay  
**Cc:** Tammy Smith (tammylynn)  
**Subject:** Re: WQ0014900001 William Donald Smith  
**Attachments:** CDF signed WQ0014900001 WORD.docx; Additional Information with DMunson info.pdf

Hey Francesca

Yes, we do want the Estate to be a co-applicant. I have attached the CDF with the administrator of the estate signature. Along with Attachment 1 Individual Information completed as well. If there is anything else you need please just let me know.

Kisha Gomez  
**Smith Mobile Home Parks**  
Kingmont MHP Office  
281-448-6836 Office  
281-939-9923 Cell  
[kingmontmhp71@gmail.com](mailto:kingmontmhp71@gmail.com)

On Mon, Oct 21, 2024 at 1:48 PM Francesca Findlay <[Francesca.Findlay@tceq.texas.gov](mailto:Francesca.Findlay@tceq.texas.gov)> wrote:

Good afternoon,

I am in the process of completing your Transfer Application. I wanted to verify that you are wanting the co-applicant to be the Estate of William Donald Smith. If you do want the Estate to be the co-applicant I will need a Core Data Form for the Estate of William Donald Smith.

I also need to have the Attachment 1. Individual information filled out. Th document I have has not been filled out. The requested documents can be emailed to me. Please let me know if have any questions.

Thank you,

Francesca Findlay

License & Permit Specialist

ARP Team | Water Quality Division

512-239-2441

Texas Commission on Environmental Quality



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

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

## Francesca Findlay

---

**From:** Francesca Findlay  
**Sent:** Monday, October 21, 2024 1:49 PM  
**To:** Kingmont MHP  
**Subject:** WQ0014900001 William Donald Smith

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Good afternoon,

I am in the process of completing your Transfer Application. I wanted to verify that you are wanting the co-applicant to be the Estate of William Donald Smith. If you do want the Estate to be the co-applicant I will need a Core Data Form for the Estate of William Donald Smith.  
I also need to have the Attachment 1. Individual information filled out. Th document I have has not been filled out. The requested documents can be emailed to me. Please let me know if have any questions.

Thank you,

Francesca Findlay  
License & Permit Specialist  
ARP Team | Water Quality Division  
512-239-2441  
Texas Commission on Environmental Quality



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

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

*Owner*

**GEORGE H NEILL & ASSOC., INC**

**P.O. BOX 811 281 450 77647**

**ATHENS, TEXAS 75751 firm 2566 MAY 9, 2024**

**TO- MR ERWIN MADRID**

**WASTEWATER PERMITTING**

**MC 148**

**WATER QUALITY DIVN**

**TxCEQ**

**PO BOX 13087**

**AUSTIN, TEXAS 78711-3087**

**RE- APPLICATION for RENEWAL OF TPDES**

*0014900*  
**WQ ~~0012261~~ MAY 9, 2024**

**SUNSET MHP- HARRIS CO**

**PLEASE ACCEPT THIS TPDES RENEWAL APPLICATION**

**GEORGE H NEILL, PE**

**cc- SHAWN SMITH**





construction.

Attachment: 3

**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.

*see  
attachment 10*

Attachment: 10

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

located at 6911 Ramona Boulevard, in Harris County, Texas 77086

**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.

**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.

**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

*See refer LA*

If yes, provide the date(s) of approval for each phase: SEE ATTACH 3

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

**B. Buffer zones**

Have the buffer zone requirements been met?

Yes  No

*See attached to*

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

**C. Other actions required by the current permit**

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

Yes  No

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

**D. Grit and grease treatment**

**1. Acceptance of grit and grease waste**

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

Yes  No

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

## ***2. Grit and grease processing***

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

## ***3. Grit disposal***

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

Yes  No

If No, contact the TCEQ Municipal Solid Waste team at 512-239-0000. Note: A registration or permit is required for grit disposal. Grit shall not be combined with treatment plant sludge. See the instruction booklet for additional information on grit disposal requirements and restrictions.

Describe the method of grit disposal.

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

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

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

*Disposed*

**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 or TXRNE

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

Yes  No

**3. Conditional exclusion**

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

Yes  No

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

**4. Existing coverage in individual permit**

Is your stormwater discharge currently permitted through this individual

TPDES or TLAP permit?

Yes  No

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

**5. Zero stormwater discharge**

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

Yes  No

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

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

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

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

Yes  No

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

state.

**Note: Direct stormwater discharges to waters in the state authorized through this individual permit will require the development and implementation of a stormwater pollution 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<sub>5</sub> concentration of the sludge, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.**

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

## ***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<sub>5</sub> concentration of the septic waste, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

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

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

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

Yes  No

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



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

Is the facility in operation?

Yes  No

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

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

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

**Table 1.0(2) - Pollutant Analysis for Wastewater Treatment Facilities**

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l					
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)					

*see station 11*

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, umohs/cm, †					
Oil & Grease, mg/l					
Alkalinity (CaCO <sub>3</sub> )*, mg/l					

\*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 <sub>3</sub> ), mg/l					

**Section 8. Facility Operator (Instructions Page 60)**

Facility Operator Name: THOMAS GUNN

TEL NO 713-892 7568

Facility Operator's License Classification and Level:

Facility Operator's License Number:

THOMAS GUNN

**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:

**B. Sludge disposal site**

Disposal site name: WASTE MGMNT on WILSON RD, or REPUBLIC LFILL on McCARTY RD

TCEQ permit or registration number: 1307-B... or 261-B

County where disposal site is located: HARRIS

**C. Sludge transportation method**

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

Name of the hauler: SEE SLUDGENET LETTER- NOW MAGNAFLOW

Hauler registration number: 21484

Sludge is transported as a:

Liquid       semi-liquid       semi-solid       solid

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

**A. Beneficial use authorization**

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

Yes  No

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

Yes  No

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

Yes  No

**B. Sludge processing authorization**

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

Sludge Composting Yes  No

Marketing and Distribution of sludge Yes  No

Sludge Surface Disposal or Sludge Monofill Yes  No

Temporary storage in sludge lagoons Yes  No

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

Yes  No

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

Does this facility include sewage sludge lagoons?

Yes  No

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

**A. Location information**

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

- Original General Highway (County) Map:

**Attachment:**

- **USDA Natural Resources Conservation Service Soil Map:**

**Attachment:**

- **Federal Emergency Management Map:**

**Attachment:**

- **Site map:**

**Attachment:**

**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:**

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

**B. Temporary storage information**

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

**Nitrate Nitrogen, mg/kg:**

**Total Kjeldahl Nitrogen, mg/kg:**

**Total Nitrogen (=nitrate nitrogen + TKN), mg/kg:**

**Phosphorus, mg/kg:**

**Potassium, mg/kg:**

pH, standard units:

Ammonia Nitrogen mg/kg:

Arsenic:

Cadmium:

Chromium:

Copper:

Lead:

Mercury:

Molybdenum:

Nickel:

Selenium:

Zinc:

Total PCBs:

N/A

Provide the following information:

Volume and frequency of sludge to the lagoon(s):

Total dry tons stored in the lagoons(s) per 365-day period:

Total dry tons stored in the lagoons(s) over the life of the unit:

**C. Liner information**

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

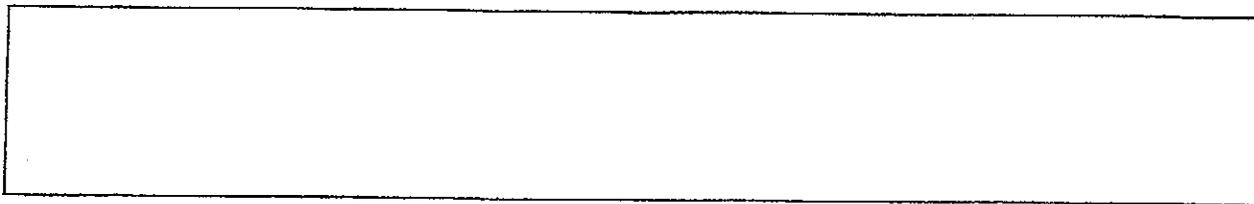
Yes

No

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

**D. Site development plan**

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



Attach the following documents to the application.

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

Attachment:

- Copy of the closure plan

Attachment:

- Copy of deed recordation for the site

Attachment:

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

Attachment:

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

Attachment:

- Procedures to prevent the occurrence of nuisance conditions

Attachment:

#### 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:

## 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:

**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:

**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.

## **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

Other:

**B. Interim II Phase Design Effluent Quality**

Biochemical Oxygen Demand (5-day), mg/l:

Total Suspended Solids, mg/l:

Ammonia Nitrogen, mg/l:

Total Phosphorus, mg/l:

Dissolved Oxygen, mg/l:

Other:

**C. Final Phase Design Effluent Quality**

Biochemical Oxygen Demand (5-day), mg/l:

Total Suspended Solids, mg/l:

Ammonia Nitrogen, mg/l:

Total Phosphorus, mg/l:

Dissolved Oxygen, mg/l:

Other:

**D. Disinfection Method**

Identify the proposed method of disinfection.

Chlorine: \_\_\_\_\_ mg/l after  
minutes detention time at peak flow

Dechlorination process:

Ultraviolet Light: \_\_\_\_\_ seconds contact time at peak  
flow

Other:

**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: 3

**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.

EQUIP ABOVE GFPLAIN

*see sketch 7*

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

FEMA

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:

If no, provide the approximate date you anticipate submitting your application to the Corps:

**B. Wind rose**

Attach a wind rose. Attachment:

**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:**

#### **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:**

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

Attach a solids management plan to the application.

**Attachment:** 4

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.

**Attachment:**

- 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:

Title:

Signature: 

*Copy for review*

Date: *March 8, 2023*  
*May 8, 2024*

Jon Niermann, *Chairman*  
Bobby Janecka, *Commissioner*  
Catarina R. Gonzales, *Commissioner*  
Kelly Keel, *Executive Director*



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

*Protecting Texas by Reducing and Preventing Pollution*

June 19, 2024

### **CERTIFIED MAIL**

Mr. Shawn Smith  
10607 Cora Street, TRLR 71  
Houston, Texas 77088

Re: Application to Renew Permit No. WQ0014900001 (EPA ID TX0090735)  
Issued to William Donald Smith (CN600919559)  
Sunset MHP 2 WWTP (RN101703197)

Dear Mr. Smith:

Our records indicate that we have not received a complete response to the Notice of Deficiency email sent May 21, 2024. The complete response to the Notice of Deficiency was due no later than June 4, 2024.

Applicants are required to respond to the Notice of Deficiency in a timely manner and failure to do so will result in the return of the permit application. If the complete response is not received within 30 days from the date of this letter, the permit application will be removed from our list of pending applications and the permit will be allowed to expire on November 5, 2024. If you have submitted your response to our requests for information, please disregard this letter.

This is the final notice that will be sent requesting information to administratively complete the application. Please mail a complete response and two copies to the attention of Ms. Francesca Findlay. If you have any questions, please do not hesitate to call me at (512) 239-2191.

Sincerely,

A handwritten signature in cursive script that reads "Erika Crespo".

Erika Crespo, Assistant Deputy Director  
Water Quality Division

EC/em

cc: Mr. George H. Neill, P.E., Consultant, George H. Neill & Associates, Inc., P.O. Box 811,  
Athens, Texas 75751

Jon Niermann, *Chairman*  
Bobby Janecka, *Commissioner*  
Catarina R. Gonzales, *Commissioner*  
Kelly Keel, *Executive Director*



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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June 19, 2024

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This is the final notice that will be sent requesting information to administratively complete the application. Please mail a complete response and two copies to the attention of Ms. Francesca Findlay. If you have any questions, please do not hesitate to call me at (512) 239-2191.

Sincerely,

A handwritten signature in cursive script that reads "Erika Crespo".

Erika Crespo, Assistant Deputy Director  
Water Quality Division

EC/em

cc: Mr. George H. Neill, P.E., Consultant, George H. Neill & Associates, Inc., P.O. Box 811,  
Athens, Texas 75751

## Francesca Findlay

---

**From:** Todd Galiga  
**Sent:** Wednesday, May 22, 2024 11:38 AM  
**To:** Francesca Findlay  
**Cc:** Erwin Madrid  
**Subject:** RE: WQ0014900001 William Donald Smith

In addition to the normal transfer form I think all we need is a letter from the son stating that his father is deceased and that he is requesting that the permit be transferred to him.

---

**From:** Francesca Findlay <Francesca.Findlay@tceq.texas.gov>  
**Sent:** Tuesday, May 21, 2024 11:25 AM  
**To:** Todd Galiga <Todd.Galiga@tceq.texas.gov>  
**Cc:** Erwin Madrid <Erwin.Madrid@tceq.texas.gov>  
**Subject:** WQ0014900001 William Donald Smith

Good morning,

I am working on a Renewal Permit WQ0014900001 William Donald Smith. The applicant is deceased, the son Mr. Shawn Smith has applied for the Renewal Permit. My question is What documents will be needed to do a Transfer since the applicant is deceased.

Thank you,

Francesca Findlay  
License & Permit Specialist  
ARP Team | Water Quality Division  
512-239-2441  
Texas Commission on Environmental Quality



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

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

## Francesca Findlay

---

**From:** Francesca Findlay  
**Sent:** Wednesday, May 22, 2024 1:15 PM  
**To:** kingmont71@gmail.com  
**Cc:** georgehneill@yahoo.com  
**Subject:** RE: WQ0014900001 William Donald Smith

Good afternoon,

I have received an email from our Legal Department regarding the application for WQ0014900001. The Legal Department have requested a letter from Mr. Shawn Smith stating that his father is deceased and that he is requesting that the permit be transferred to him, along with the Transfer form and an additional fee of \$100.00. Please let me know if you have any questions.

Thank you,

Francesca Findlay  
License & Permit Specialist  
ARP Team | Water Quality Division  
512-239-2441  
Texas Commission on Environmental Quality



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

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

---

**From:** Francesca Findlay  
**Sent:** Tuesday, May 21, 2024 1:35 PM  
**To:** kingmont71@gmail.com  
**Cc:** georgehneill@yahoo.com  
**Subject:** RE: WQ0014900001 William Donald Smith

I have updated the email with the correct file number and contact information.

Dear Mr. Smith:

The attached Notice of Deficiency letter sent on May 21, 2024, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention June 4, 2024.

Thank you,

*Sean Sindelar*

Francesca Findlay  
License & Permit Specialist  
ARP Team | Water Quality Division  
512-239-2441  
Texas Commission on Environmental Quality



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

## Francesca Findlay

---

**From:** Erwin Madrid  
**Sent:** Thursday, June 13, 2024 4:49 PM  
**To:** Francesca Findlay  
**Subject:** FW: Renewal for WQ0014900-001 Sunset MHP #2  
**Attachments:** Application for WQ00149001 May 9th.pdf; Domestic Tech Report SS2 Permit 2024.pdf; List of Attachments WQ0014900001.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Hi Fran, can you please look into this and let me know what this is? Is this a response? Looks like a G. Neill.

---

**From:** Kingmont MHP <kingmontmhp71@gmail.com>  
**Sent:** Wednesday, June 12, 2024 3:31 PM  
**To:** Erwin Madrid <Erwin.Madrid@tceq.texas.gov>  
**Cc:** mrz.smith11@gmail.com  
**Subject:** Renewal for WQ0014900-001 Sunset MHP #2

Good afternoon Erwin

I was instructed to send you a copy of attachments for the recently submitted (May 9th, 2024) application for renewal of our TPDES. I have sent 3 attachments and please let me know if this is not what you are looking for.

**Kisha Gomez**  
**Smith Mobile Home Parks**  
Kingmont MHP Office  
281-448-6836 Office  
281-939-9923 Cell  
[kingmontmhp71@gmail.com](mailto:kingmontmhp71@gmail.com)

## Erwin Madrid

---

**From:** Erwin Madrid  
**Sent:** Wednesday, June 19, 2024 11:24 AM  
**To:** 'kingmont71@gmail.com'  
**Cc:** George Neill; Francesca Findlay  
**Subject:** Application for Permit No. WQ0014900001 – Notice of Deficiency 30-Day Will Return Letter  
**Attachments:** WQ0014900001\_Will Return Ltr.pdf  
**Importance:** High

Dear applicant,

The attached Notice of Deficiency 30-Day Will Return Letter was mailed on **June 19, 2024**, requesting additional information needed to declare the application administratively complete. Please mail an original and two copies (with a cover letter) of the complete response by **July 19, 2024**.

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.

## Francesca Findlay

---

**From:** Erwin Madrid  
**Sent:** Wednesday, July 17, 2024 4:20 PM  
**To:** Anthony Tatu  
**Cc:** Francesca Findlay; Todd Galiga  
**Subject:** FW: Renewal/Transfer of permit WQ00149000-01  
**Attachments:** WQ0014900001-nod1 draft.pdf; WQ0014900001\_Will Return Ltr.pdf; Email TCEQ Notice of Deficiency 30-Day Will Return Letter.eml.mht

Hi Anthony,

Can you please help us with the question proposed by the applicant below (highlighted part)? Originally, the had indicated that the permit owner (William Donald Smith) has passed away and if they could transfer the permit to his son Shawn Smith. It now appears that they want the permit to stay in the estate of William Donald Smith, I have not had to go through a situation like this, can you please advise?

If you need any additional information, please contact me or Fran Findlay.

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.

---

**From:** Kingmont MHP <kingmontmhp71@gmail.com>  
**Sent:** Wednesday, July 17, 2024 1:53 PM  
**To:** Erwin Madrid <Erwin.Madrid@tceq.texas.gov>  
**Cc:** Francesca.Findley@tceq.texas.gov; mrz.smith11@gmail.com; kingmont71@gmail.com  
**Subject:** Renewal/Transfer of permit WQ00149000-01

Good afternoon Erwin

I have a question in regards to the NOD we received. That was followed up by an email stating the legal department requested a letter written from Shawn Smith (an Heir, Mr. William D Smith son) stating his father had passed and that he wanted the permit transferred into his name. (Along with the fee, of course) But Shawn does not want the permit transferred to him, we are in the middle of probate and we need to transfer it to the estate of William Donald Smith.

With that being said, do we still need to provide transfer form and fee since we are transferring ownership to the Estate of William Donald Smith and not another persons?

Please advise

Thank you as always

**Kisha Gomez**  
**Smith Mobile Home Parks**  
Kingmont MHP Office  
281-448-6836 Office  
281-939-9923 Cell  
[kingmontmhp71@gmail.com](mailto:kingmontmhp71@gmail.com)

(FYI, this is last part to the NOD and I will be sending our response by end of day, pending the outcome of this inquiry.)

## Francesca Findlay

---

**From:** Kingmont MHP <kingmontmhp71@gmail.com>  
**Sent:** Thursday, July 18, 2024 2:46 PM  
**To:** Francesca Findlay  
**Subject:** Fwd: Renewal/Transfer of permit WQ00149000-01  
**Attachments:** WQ0014900001-nod1 draft.pdf; WQ0014900001\_Will Return Ltr.pdf; Email TCEQ Notice of Deficiency 30-Day Will Return Letter.eml.mht

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Hello again

I have not heard back from Erwin as of now, so just gonna move forward and send the transfer form just in case.

Couple questions though, tomorrow is the deadline and on the notices, it states to mail 1 original and 2 copies of requested information. Can I not just email them to you and cc Erwin or does it have to be mailed? If the answer is yes then, will it be okay as far as the deadline is concerned, if it is postmarked on the 19th? Nobody is going to be here before the post office closes today to sign the check but I can express mail it first thing in the morning.

Last thing, the administrator of the Estate is the individual on transfer form. Page 11, attachment 1, asks for personal information of that individual. I sent him that one page via email and along with your email address so he may forward that to you personally rather than that information being shared with the office here. Is that okay?

**Kisha Gomez**  
**Smith Mobile Home Parks**  
Kingmont MHP Office  
281-448-6836 Office  
281-939-9923 Cell  
[kingmontmhp71@gmail.com](mailto:kingmontmhp71@gmail.com)

## Forwarded Conversation

**Subject: Renewal/Transfer of permit WQ00149000-01**

-----

From: Kingmont MHP <[kingmontmhp71@gmail.com](mailto:kingmontmhp71@gmail.com)>  
Date: Wed, Jul 17, 2024 at 1:52 PM  
To: Erwin Madrid <[erwin.madrid@tceq.texas.gov](mailto:erwin.madrid@tceq.texas.gov)>  
Cc: <[Francesca.Findley@tceq.texas.gov](mailto:Francesca.Findley@tceq.texas.gov)>, <[mrz.smith11@gmail.com](mailto:mrz.smith11@gmail.com)>, [kingmont71@gmail.com](mailto:kingmont71@gmail.com) <[kingmont71@gmail.com](mailto:kingmont71@gmail.com)>

Good afternoon Erwin

I have a question in regards to the NOD we received. That was followed up by an email stating the legal department requested a letter written from Shawn Smith (an Heir, Mr. William D Smith son) stating his father had passed and that he wanted the permit transferred into his name. (Along with

the fee, of course) But Shawn does not want the permit transferred to him, we are in the middle of probate and we need to transfer it to the estate of William Donald Smith.

With that being said, do we still need to provide transfer form and fee since we are transferring ownership to the Estate of William Donald Smith and not another persons?  
Please advise

Thank you as always  
**Kisha Gomez**  
**Smith Mobile Home Parks**  
Kingmont MHP Office  
281-448-6836 Office  
281-939-9923 Cell  
[kingmontmhp71@gmail.com](mailto:kingmontmhp71@gmail.com)

(FYI, this is last part to the NOD and I will be sending our response by end of day, pending the outcome of this inquiry.)

-----  
From: **Kingmont MHP** <[kingmontmhp71@gmail.com](mailto:kingmontmhp71@gmail.com)>  
Date: Wed, Jul 17, 2024 at 2:51 PM  
To: <[francesca.findlay@tceq.texas.gov](mailto:francesca.findlay@tceq.texas.gov)>

Sorry for the delay, I spelled your last name wrong when I sent it earlier. Haven't heard back from Erwin so you didn't miss anything.

Hope to soon though :)

**Kisha Gomez**  
**Smith Mobile Home Parks**  
Kingmont MHP Office  
281-448-6836 Office  
281-939-9923 Cell  
[kingmontmhp71@gmail.com](mailto:kingmontmhp71@gmail.com)

----- Forwarded message -----  
From: **Kingmont MHP** <[kingmontmhp71@gmail.com](mailto:kingmontmhp71@gmail.com)>  
Date: Wed, Jul 17, 2024 at 1:52 PM  
Subject: Renewal/Transfer of permit WQ00149000-01  
To: Erwin Madrid <[erwin.madrid@tceq.texas.gov](mailto:erwin.madrid@tceq.texas.gov)>  
Cc: <[Francesca.Findley@tceq.texas.gov](mailto:Francesca.Findley@tceq.texas.gov)>, <[mrz.smith11@gmail.com](mailto:mrz.smith11@gmail.com)>, [kingmont71@gmail.com](mailto:kingmont71@gmail.com)  
<[kingmont71@gmail.com](mailto:kingmont71@gmail.com)>

## Francesca Findlay

---

**From:** Kingmont MHP <kingmontmhp71@gmail.com>  
**Sent:** Friday, July 19, 2024 10:00 AM  
**To:** Francesca Findlay  
**Subject:** Re: Renewal/Transfer of permit WQ00149000-01

Yes ma'am, I will hold onto everything until I receive instructions as to our next step.

Thank you for all your help

Kisha Gomez

**Smith Mobile Home Parks**

Kingmont MHP Office

281-448-6836 Office

281-939-9923 Cell

[kingmontmhp71@gmail.com](mailto:kingmontmhp71@gmail.com)

On Thu, Jul 18, 2024 at 3:43 PM Francesca Findlay <[Francesca.Findlay@tceq.texas.gov](mailto:Francesca.Findlay@tceq.texas.gov)> wrote:

Good afternoon,

I just sent an email to Erwin Madrid, and he advised me to let you know he send the information to our Legal team. Hold off on sending anything until we hear back from them.

Thank you,

Francesca Findlay

License & Permit Specialist

ARP Team | Water Quality Division

512-239-2441

Texas Commission on Environmental Quality



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**From:** Kingmont MHP <[kingmontmhp71@gmail.com](mailto:kingmontmhp71@gmail.com)>  
**Sent:** Thursday, July 18, 2024 2:46 PM  
**To:** Francesca Findlay <[Francesca.Findlay@tceq.texas.gov](mailto:Francesca.Findlay@tceq.texas.gov)>  
**Subject:** Fwd: Renewal/Transfer of permit WQ00149000-01

Hello again

I have not heard back from Erwin as of now, so just gonna move forward and send the transfer form just in case.

Couple questions though, tomorrow is the deadline and on the notices, it states to mail 1 original and 2 copies of requested information. Can I not just email them to you and cc Erwin or does it have to be mailed? If the answer is yes then, will it be okay as far as the deadline is concerned, if it is postmarked on the 19th? Nobody is going to be here before the post office closes today to sign the check but I can express mail it first thing in the morning.

Last thing, the administrator of the Estate is the individual on transfer form. Page 11, attachment 1, asks for personal information of that individual. I sent him that one page via email and along with your email address so he may forward that to you personally rather than that information being shared with the office here. Is that okay?

**Kisha Gomez**

**Smith Mobile Home Parks**

**Kingmont MHP Office**

**281-448-6836 Office**

**281-939-9923 Cell**

[kingmontmhp71@gmail.com](mailto:kingmontmhp71@gmail.com)

## Forwarded Conversation

Subject: Renewal/Transfer of permit WQ00149000-01

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From: Kingmont MHP <[kingmontmhp71@gmail.com](mailto:kingmontmhp71@gmail.com)>

Date: Wed, Jul 17, 2024 at 1:52 PM

To: Erwin Madrid <[erwin.madrid@tceq.texas.gov](mailto:erwin.madrid@tceq.texas.gov)>

Cc: <[Francesca.Findley@tceq.texas.gov](mailto:Francesca.Findley@tceq.texas.gov)>, <[mrz.smith11@gmail.com](mailto:mrz.smith11@gmail.com)>, [kingmont71@gmail.com](mailto:kingmont71@gmail.com) <[kingmont71@gmail.com](mailto:kingmont71@gmail.com)>

Good afternoon Erwin

I have a question in regards to the NOD we received. That was followed up by an email stating the legal department requested a letter written from Shawn Smith (an Heir, Mr. William D Smith son) stating his father had passed and that he wanted the permit transferred into his name. (Along with the fee, of course) But Shawn does not want the permit transferred to him, we are in the middle of probate and we need to transfer it to the estate of William Donald Smith.

With that being said, do we still need to provide transfer form and fee since we are transferring ownership to the Estate of William Donald Smith and not another persons?

Please advise

Thank you as always

**Kisha Gomez**

**Smith Mobile Home Parks**

**Kingmont MHP Office**

**281-448-6836 Office**

**281-939-9923 Cell**

[kingmontmhp71@gmail.com](mailto:kingmontmhp71@gmail.com)

(FYI, this is last part to the NOD and I will be sending our response by end of day, pending the outcome of this inquiry.)

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From: **Kingmont MHP** <[kingmontmhp71@gmail.com](mailto:kingmontmhp71@gmail.com)>  
Date: Wed, Jul 17, 2024 at 2:51 PM  
To: <[francesca.findlay@tceq.texas.gov](mailto:francesca.findlay@tceq.texas.gov)>

Sorry for the delay, I spelled your last name wrong when I sent it earlier. Haven't heard back from Erwin so you didn't miss anything.

Hope to soon though :)

**Kisha Gomez**

**Smith Mobile Home Parks**

**Kingmont MHP Office**

**281-448-6836 Office**

**281-939-9923 Cell**

[kingmontmhp71@gmail.com](mailto:kingmontmhp71@gmail.com)

----- Forwarded message -----

From: **Kingmont MHP** <[kingmontmhp71@gmail.com](mailto:kingmontmhp71@gmail.com)>  
Date: Wed, Jul 17, 2024 at 1:52 PM  
Subject: Renewal/Transfer of permit WQ00149000-01  
To: Erwin Madrid <[erwin.madrid@tceq.texas.gov](mailto:erwin.madrid@tceq.texas.gov)>  
Cc: <[Francesca.Findley@tceq.texas.gov](mailto:Francesca.Findley@tceq.texas.gov)>, <[mrz.smith11@gmail.com](mailto:mrz.smith11@gmail.com)>, [kingmont71@gmail.com](mailto:kingmont71@gmail.com)  
<[kingmont71@gmail.com](mailto:kingmont71@gmail.com)>

## Francesca Findlay

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**From:** Kingmont MHP <kingmontmhp71@gmail.com>  
**Sent:** Monday, November 18, 2024 2:33 PM  
**To:** Francesca Findlay  
**Cc:** Tammy Smith (tammylynn)  
**Subject:** Re: WQ0014900001 William Donald Smith  
**Attachments:** Spanish NORI WQ0014900001 Word.docx

Good afternoon Francesca

My apologies for getting back to you this late in the afternoon. I am under the weather today and just made it to the office. I have attached a copy of the spanish NORI and please let me know if there is anything else you need from me.

Again thank you for your patience

Kisha Gomez

**Smith Mobile Home Parks**

Kingmont MHP Office

281-448-6836 Office

281-939-9923 Cell

[kingmontmhp71@gmail.com](mailto:kingmontmhp71@gmail.com)

On Tue, Nov 12, 2024 at 4:25 PM Francesca Findlay <[Francesca.Findlay@tceq.texas.gov](mailto:Francesca.Findlay@tceq.texas.gov)> wrote:

No worries, I kept thinking I was going crazy 😊

Thank you,

Francesca Findlay

License & Permit Specialist

ARP Team | Water Quality Division

512-239-2441

Texas Commission on Environmental Quality



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**From:** Kingmont MHP <[kingmontmhp71@gmail.com](mailto:kingmontmhp71@gmail.com)>  
**Sent:** Tuesday, November 12, 2024 4:23 PM  
**To:** Francesca Findlay <[Francesca.Findlay@tceq.texas.gov](mailto:Francesca.Findlay@tceq.texas.gov)>  
**Subject:** Re: WQ0014900001 William Donald Smith

My apologies Francesca, I sent the wrong one. I have attached the revised CDF naming the estate. Again, my apologies for sending the wrong one yesterday.

**Kisha Gomez**

**Smith Mobile Home Parks**

**Kingmont MHP Office**

**281-448-6836 Office**

**281-939-9923 Cell**

[kingmontmhp71@gmail.com](mailto:kingmontmhp71@gmail.com)

On Tue, Nov 12, 2024 at 4:10 PM Francesca Findlay <[Francesca.Findlay@tceq.texas.gov](mailto:Francesca.Findlay@tceq.texas.gov)> wrote:

Good afternoon,

I am looking at the Core Data Form you sent me, I need item 6 to be The Estate of William Donald Smith. I have to have a Core Data Form for both applicants. Please let me know if you have any questions.

Thank you,

Francesca Findlay

License & Permit Specialist

ARP Team | Water Quality Division

512-239-2441

Texas Commission on Environmental Quality



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**From:** Kingmont MHP <[kingmontmhp71@gmail.com](mailto:kingmontmhp71@gmail.com)>  
**Sent:** Tuesday, November 5, 2024 12:20 PM  
**To:** Francesca Findlay <[Francesca.Findlay@tceq.texas.gov](mailto:Francesca.Findlay@tceq.texas.gov)>  
**Cc:** Tammy Smith (tammylynn) <[mrz.smith11@gmail.com](mailto:mrz.smith11@gmail.com)>  
**Subject:** Re: WQ0014900001 William Donald Smith

Hey Francesca

Yes, we do want the Estate to be a co-applicant. I have attached the CDF with the administrator of the estate signature. Along with Attachment 1 Individual Information completed as well.

If there is anything else you need please just let me know.

**Kisha Gomez**

**Smith Mobile Home Parks**

Kingmont MHP Office

281-448-6836 Office

281-939-9923 Cell

[kingmontmhp71@gmail.com](mailto:kingmontmhp71@gmail.com)

On Mon, Oct 21, 2024 at 1:48 PM Francesca Findlay <[Francesca.Findlay@tceq.texas.gov](mailto:Francesca.Findlay@tceq.texas.gov)> wrote:

Good afternoon,

I am in the process of completing your Transfer Application. I wanted to verify that you are wanting the co-applicant to be the Estate of William Donald Smith. If you do want the Estate to be the co-applicant I will need a Core Data Form for the Estate of William Donald Smith.

I also need to have the Attachment 1. Individual information filled out. Th document I have has not been filled out. The requested documents can be emailed to me. Please let me know if have any questions.

Thank you,

Francesca Findlay

License & Permit Specialist

ARP Team | Water Quality Division

512-239-2441

Texas Commission on Environmental Quality



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