



# Administrative Package Cover Page

**This file contains the following documents:**

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

### **DOMESTIC WASTEWATER/STORMWATER**

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

McMullen County, McMullen County Water Control and Improvement District No. 1 (CN600900955) (CN600737092) operates Tilden Wastewater Treatment Plant (RN101919611), a Wastewater Treatment Plant. The facility is located at located 240 Feet West from Intersection Texas Highway 16 and Old Fowlerton Road, in Tilden, McMullen County, Texas 78072. This application is for a renewal to discharge 96,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain Ecoli, Ammonia-N,. Processed Wastewater are treated by an aerobic treatment process.

**For additional information please contact Kristian Freeze at 361-777-6690 or at [kfreeze@nueces-ra.org](mailto:kfreeze@nueces-ra.org)**

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0014945001

**APPLICATION.** McMullen County and McMullen County Water Control and Improvement District No. 1, P.O. Box 4, Tilden, Texas 78072, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0014945001 (EPA I.D. No. TX0132675) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 960,000 gallons per day. The domestic wastewater treatment facility is located approximately 240 feet west of the intersection of Old Fowlerton Road and State Highway 16, in McMullen County, Texas 78072. The discharge route is from the plant site to an unnamed tributary, thence to Frio River Above Choke Canyon. TCEQ received this application on December 3, 2025. The permit application will be available for viewing and copying at McMullen County Courthouse, 501 River Street, Tilden, in McMullen County, Texas prior to the date this notice is published in the newspaper. The application and associated notices are available electronically at the following webpage: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-98.553302,28.452251&level=18>

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

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

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

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

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

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

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

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

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



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

Further information may also be obtained from McMullen County and McMullen County Water Control and Improvement District No. 1 at the address stated above or by calling Mr. Kristian Freeze, Nueces River Authority, at 361-777-6690.

Issuance Date: December 19, 2025

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



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

*Protecting Texas by Reducing and Preventing Pollution*

December 3, 2025

Re: Confirmation of Submission of the Renewal with changes for Public Domestic Wastewater Authorization.

Dear Applicant:

This is an acknowledgement that you have successfully completed Renewal with changes for the Public Domestic Wastewater authorization.

ER Account Number: ER109377

Application Reference Number: 804397

Authorization Number: WQ0014945001

Site Name: Tilden WWTP

Regulated Entity: RN101919611 - Tilden Wastewater Treatment Plant

Customer(s): CN600900955 - McMullen County, CN600737092 - McMullen County Water Control & Improvement District No. 1

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

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

Sincerely,  
Applications Review and Processing Team  
Water Quality Division

## Texas Commission on Environmental Quality

Update Domestic or Industrial Individual Permit

WQ0014945001

### Site Information (Regulated Entity)

What is the name of the site to be authorized?	TILDEN WWTP
Does the site have a physical address?	No
Because there is no physical address, describe how to locate this site:	LOCATED ADJACENT TO THE W SIDE OF SH 16 AND DUE SSW OF THE INTERX OF SH 16 AND FM 72
City	TILDEN
State	TX
ZIP	78072
County	MCMULLEN
Latitude (N) (##.#####)	28.452251
Longitude (W) (-###.#####)	-98.553302
Primary SIC Code	4952
Secondary SIC Code	
Primary NAICS Code	221320
Secondary NAICS Code	
<b>Regulated Entity Site Information</b>	
What is the Regulated Entity's Number (RN)?	RN101919611
What is the name of the Regulated Entity (RE)?	TILDEN WASTEWATER TREATMENT PLANT
Does the RE site have a physical address?	Yes
<b>Physical Address</b>	
Number and Street	WEST SIDE OF HWY 16 07 MILES SOUTH OF HWY 72
City	TILDEN
State	TX
ZIP	78072
County	MCMULLEN
Latitude (N) (##.#####)	28.453
Longitude (W) (-###.#####)	-98.555
Facility NAICS Code	
What is the primary business of this entity?	DOEMSTIC

# McMulle-Customer (Applicant) Information (Owner)

How is this applicant associated with this site?	Owner
What is the applicant's Customer Number (CN)?	CN600900955
Type of Customer	County Government
<b>Full legal name of the applicant:</b>	
Legal Name	McMullen County
Texas SOS Filing Number	
Federal Tax ID	746002405
State Franchise Tax ID	
State Sales Tax ID	
Local Tax ID	
DUNS Number	
Number of Employees	
Independently Owned and Operated?	No
I certify that the full legal name of the entity applying for this permit has been provided and is legally authorized to do business in Texas.	Yes
<b>Responsible Authority Contact</b>	
Organization Name	McMullen County
Prefix	THE HONORABLE
First	James
Middle	E
Last	Teal
Suffix	
Credentials	
Title	County Judge
<b>Responsible Authority Mailing Address</b>	
Enter new address or copy one from list:	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 4
Routing (such as Mail Code, Dept., or Attn:)	
City	TILDEN
State	TX
ZIP	78072
Phone (###-###-####)	3612743900
Extension	

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

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

E-mail

judge.teal@mcmullencounty.org

## McMulle-Customer (Applicant) Information (Operator)

How is this applicant associated with this site?

Operator

What is the applicant's Customer Number (CN)?

CN600737092

Type of Customer

Other Government

**Full legal name of the applicant:**

Legal Name

McMullen County Water Control & Improvement  
District No. 1

Texas SOS Filing Number

Federal Tax ID

742118230

State Franchise Tax ID

State Sales Tax ID

Local Tax ID

DUNS Number

Number of Employees

0-20

Independently Owned and Operated?

No

I certify that the full legal name of the entity applying for this permit has been provided and is legally authorized to do business in Texas.

Yes

**Responsible Authority Contact**

Organization Name

McMullen County Water Control & Improvement  
District No. 1

Prefix

MR

First

Kristian

Middle

Last

Freeze

Suffix

Credentials

Title

Utilities Manager

**Responsible Authority Mailing Address**

Enter new address or copy one from list:

Address Type

Domestic

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

539 S HIGHWAY 83

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

City

UVALDE

State	TX
ZIP	78801
Phone (###-###-####)	3617776690
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	kfreeze@nueces-ra.org

## Billing Contact

<b>Responsible contact for receiving billing statements:</b>	
Select the permittee that is responsible for payment of the annual fee.	CN600900955, McMullen County
Organization Name	McMullen County
Prefix	MS
First	Jill
Middle	
Last	Atkinson
Suffix	
Credentials	
Title	County treasurer
Enter new address or copy one from list:	
<b>Mailing Address</b>	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 37
Routing (such as Mail Code, Dept., or Attn:)	
City	TILDEN
State	TX
ZIP	78072
Phone (###-###-####)	3612743685
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	ap@mcmullencounty.org

## Application Contact

Person TCEQ should contact for questions about this application:

Same as another contact?

CN600737092, McMullen County Water Control & Improvement District No. 1

Organization Name

Nueces River Authority

Prefix

MR

First

Kristian

Middle

Last

Freeze

Suffix

Credentials

Title

Utilities Manager

Enter new address or copy one from list:

**Mailing Address**

Address Type

Domestic

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

539 S HIGHWAY 83

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

City

UVALDE

State

TX

ZIP

78801

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

3617776690

Extension

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

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

E-mail

kfreeze@nueces-ra.org

Technical Contact

**Person TCEQ should contact for questions about this application:**

Same as another contact?

CN600737092, McMullen County Water Control & Improvement District No. 1

Organization Name

McMullen County Water Control & Improvement District No. 1

Prefix

MR

First

Kristian

Middle

Last

Freeze

Suffix

Credentials

Title

Utilities Manager

Enter new address or copy one from list:

**Mailing Address**

Address Type

Domestic

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

539 S HIGHWAY 83

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

City

UVALDE

State

TX

ZIP

78801

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

3617776690

Extension

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

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

E-mail

kfreeze@nueces-ra.org

## DMR Contact

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

Same as another contact?

CN600737092, McMullen County Water Control & Improvement District No. 1

Organization Name

McMullen County Water Control & Improvement District No. 1

Prefix

MR

First

Kristian

Middle

Last

Freeze

Suffix

Credentials

Title

Utilities Manager

Enter new address or copy one from list:

**Mailing Address:**

Address Type

Domestic

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

539 S HIGHWAY 83

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

City

UVALDE

State

TX

ZIP

78801

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

3617776690



Extension

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

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

E-mail

kfreeze@nueces-ra.org

## Section 1# Permit Contact

### Permit Contact#: 1

**Person TCEQ should contact throughout the permit term.**

1) Same as another contact?

CN600737092, McMullen County Water Control & Improvement District No. 1

2) Organization Name

McMullen County Water Control & Improvement District No. 1

3) Prefix

MR

4) First

Kristian

5) Middle

6) Last

Freeze

7) Suffix

8) Credentials

9) Title

Utilities Manager

### Mailing Address

10) Enter new address or copy one from list

11) Address Type

Domestic

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

539 S HIGHWAY 83

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

11.3) City

UVALDE

11.4) State

TX

11.5) ZIP

78801

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

3617776690

13) Extension

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

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

16) E-mail

kfreeze@nueces-ra.org

## Owner Information

### Owner of Treatment Facility

1) Prefix	
2) First and Last Name	
3) Organization Name	McMullen County
4) Mailing Address	PO Box 37
5) City	Tilden
6) State	TX
7) Zip Code	78072
8) Phone (###-###-####)	3612743900
9) Extension	
10) Email	judge.teal@mcmullencounty.org
11) What is ownership of the treatment facility?	Public
<b>Owner of Land (where treatment facility is or will be)</b>	
12) Prefix	
13) First and Last Name	
14) Organization Name	McMullen County
15) Mailing Address	PO Box 37
16) City	Tilden
17) State	TX
18) Zip Code	78072
19) Phone (###-###-####)	3612743900
20) Extension	
21) Email	judge.teal@mcmullencounty.org
22) Is the landowner the same person as the facility owner or co-applicant?	Yes

## General Information Renewal-Amendment

1) Current authorization expiration date:	01/07/2026
2) Current Facility operational status:	Active
3) Is the facility located on or does the treated effluent cross American Indian Land?	No
4) What is the application type that you are seeking?	Renewal with changes
4.1) Describe the proposed changes:	Operators
5) Current Authorization type:	Public Domestic Wastewater
5.1) What is the proposed total flow in MGD discharged at the facility?	0.099
5.2) Select the applicable fee	>= .05 & < .10 MGD - Renewal - \$515
6) What is the classification for your authorization?	TPDES
6.1) What is the EPA Identification Number?	TX0132675
6.2) Is the wastewater treatment facility location in the existing permit accurate?	Yes

6.3) Are the point(s) of discharge and the discharge route(s) in the existing permit correct?	Yes
6.4) City nearest the outfall(s):	Tilden
6.5) County where the outfalls are located:	MCMULLEN
6.6) Is or will the treated wastewater discharge to a city, county, or state highway right-of-way, or a flood control district drainage ditch?	No
6.7) Is the daily average discharge at your facility of 5 MGD or more?	No
7) Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?	No

## Public Notice Information

### Individual Publishing the Notices

1) Prefix	MR
2) First and Last Name	Dale Patterson
3) Credential	
4) Title	
5) Organization Name	
6) Mailing Address	PO BOX 37
7) Address Line 2	
8) City	TILDEN
9) State	TX
10) Zip Code	78072
11) Phone (###-###-####)	3612743900
12) Extension	
13) Fax (###-###-####)	
14) Email	dale.patterson@mcmullencounty.org

### Contact person to be listed in the Notices

15) Prefix	MR
16) First and Last Name	Kristian Freeze
17) Credential	
18) Title	Utilities Manager
19) Organization Name	
20) Phone (###-###-####)	3617776690
21) Fax (###-###-####)	
22) Email	kfreeze@nueces-ra.org

### Bilingual Notice Requirements

23) Is a bilingual education program required by the Texas Education Code at the elementary or middle school nearest to the facility or proposed facility?	No
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## Section 1# Public Viewing Information

### County#: 1

1) County	MCMULLEN
2) Public building name	McMullen County Courthouse
3) Location within the building	
4) Physical Address of Building	501 River St
5) City	Tilden
6) Contact Name	
7) Phone (###-###-####)	3612743900
8) Extension	
9) Is the location open to the public?	Yes

## Plain Language

1) Plain Language	
[File Properties]	
File Name	LANG_Tilden WWTP PN.docx
Hash	E8C143CA85EC463863BDCDD81F4D47ABEE23B6045634BB22E6EAD5A5CD11A4F7
MIME-Type	application/vnd.openxmlformats-officedocument.wordprocessingml.document

## Supplemental Permit Information Form

1) Supplemental Permit Information Form (SPIF)	
[File Properties]	
File Name	SPIF_Tilden SPIF.docx
Hash	268DB7A156C1561AE7146070A691BC8D5FC83CD4D3CC85AE2F535088912D610B
MIME-Type	application/vnd.openxmlformats-officedocument.wordprocessingml.document

## Domestic Attachments

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

File Name	MAP_Map.pdf
Hash	BA2CFA6C9080B0330F77E09FD93B465DD3A14C6FA3DCA6A92792A932A1147443
MIME-Type	application/pdf

2) I confirm that all required sections of Technical Report 1.0 are complete and will be included in the Technical Attachment.	Yes
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2.1) I confirm that Worksheet 2.0 (Receiving Waters) is complete and included in the Technical Attachment.	Yes
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2.2) Are you planning to include Worksheet 2.1 (Stream Physical Characteristics) in the Technical Attachment?	No
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2.3) Are you planning to include Worksheet 4.0 (Pollutant Analyses Requirements) in the Technical Attachment?	No
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2.4) Are you planning to include Worksheet 5.0 (Toxicity Testing Requirements) in the Technical Attachment?	No
---	----

2.5) I confirm that Worksheet 6.0 (Industrial Waste Contribution) is complete and included in the Technical Attachment.	Yes
---	-----

2.6) Are you planning to include Worksheet 7.0 (Class V Injection Well Inventory/Authorization Form) in the Technical Attachment?	No
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2.7) Technical Attachment

[File Properties]

File Name	TECH_Tilden Tech Form.docx
Hash	D9B89AC06CA86080B12D9F145CB6DB822517F3C7355345576B41D41FA88EE6B0
MIME-Type	application/vnd.openxmlformats-officedocument.wordprocessingml.document

3) Buffer Zone Map

4) Flow Diagram

[File Properties]

File Name	FLDIA_TILDEN WWTP PLANS 12.1990.pdf
Hash	96195D5C02F762AA10036B4FA2B37E1F527EDA83BCE49A1D3430053407AFBCCD
MIME-Type	application/pdf

5) Site Drawing

[File Properties]

File Name	SITEDR_TILDEN WWTP PLANS 12.1990.pdf
Hash	96195D5C02F762AA10036B4FA2B37E1F527EDA83BCE49A1D3430053407AFBCCD
MIME-Type	application/pdf

6) Design Calculations

[File Properties]

File Name	DES_CAL_TILDEN WWTP PLANS 12.1990.pdf
Hash	96195D5C02F762AA10036B4FA2B37E1F527EDA83BCE49A1D3430053407AFBCCD
MIME-Type	application/pdf

- 7) Solids Management Plan
- 8) Water Balance
- 9) Other Attachments

## Certification

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

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

1. I am Kristian Freeze, the owner of the STEERS account ER109377.
2. I have the authority to sign this data on behalf of the applicant named above.
3. I have personally examined the foregoing and am familiar with its content and the content of any attachments, and based upon my personal knowledge and/or inquiry of any individual responsible for information contained herein, that this information is true, accurate, and complete.
4. I further certify that I have not violated any term in my TCEQ STEERS participation agreement and that I have no reason to believe that the confidentiality or use of my password has been compromised at any time.
5. I understand that use of my password constitutes an electronic signature legally equivalent to my written signature.
6. I also understand that the attestations of fact contained herein pertain to the implementation, oversight and enforcement of a state and/or federal environmental program and must be true and complete to the best of my knowledge.
7. I am aware that criminal penalties may be imposed for statements or omissions that I know or have reason to believe are untrue or misleading.
8. I am knowingly and intentionally signing Update Domestic or Industrial Individual Permit WQ0014945001.
9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

OPERATOR Signature: Kristian Freeze OPERATOR

Customer Number:	CN600737092
Legal Name:	McMullen County Water Control & Improvement District No. 1
Account Number:	ER109377
Signature IP Address:	104.28.97.16
Signature Date:	2025-12-03
Signature Hash:	0AB4A0E59CE4B043451F3D62F5A788F0F20558C293D0714CCF5F5632BC9610F0
Form Hash Code at time of Signature:	6927231EB6A0F35DB3191599F1BAA38D687357270C056E00E0C2E0E63AAE0EAA

## Certification

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

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons

directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

- 1. I am Kristian Freeze, the owner of the STEERS account ER109377.
- 2. I have the authority to sign this data on behalf of the applicant named above.
- 3. I have personally examined the foregoing and am familiar with its content and the content of any attachments, and based upon my personal knowledge and/or inquiry of any individual responsible for information contained herein, that this information is true, accurate, and complete.
- 4. I further certify that I have not violated any term in my TCEQ STEERS participation agreement and that I have no reason to believe that the confidentiality or use of my password has been compromised at any time.
- 5. I understand that use of my password constitutes an electronic signature legally equivalent to my written signature.
- 6. I also understand that the attestations of fact contained herein pertain to the implementation, oversight and enforcement of a state and/or federal environmental program and must be true and complete to the best of my knowledge.
- 7. I am aware that criminal penalties may be imposed for statements or omissions that I know or have reason to believe are untrue or misleading.
- 8. I am knowingly and intentionally signing Update Domestic or Industrial Individual Permit WQ0014945001.
- 9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

OWNER Signature: Kristian Freeze OWNER	
Customer Number:	CN600900955
Legal Name:	McMullen County
Account Number:	ER109377
Signature IP Address:	104.28.97.16
Signature Date:	2025-12-03
Signature Hash:	0AB4A0E59CE4B043451F3D62F5A788F0F20558C293D0714CCF5F5632BC9610F0
Form Hash Code at time of Signature:	6927231EB6A0F35DB3191599F1BAA38D687357270C056E00E0C2E0E63AAE0EAA

Fee Payment

Transaction by:	The application fee payment transaction was made by ER109377/Kristian Freeze
Paid by:	The application fee was paid by KRISTIAN FREEZE
Fee Amount:	\$500.00
Paid Date:	The application fee was paid on 2025-12-03
Transaction/Voucher number:	The transaction number is 582EA000698511 and the voucher number is 797362

Submission

Reference Number:	The application reference number is 804397
Submitted by:	The application was submitted by ER109377/Kristian Freeze
Submitted Timestamp:	The application was submitted on 2025-12-03 at 15:54:47 CST
Submitted From:	The application was submitted from IP address 146.75.164.1
Confirmation Number:	The confirmation number is 704508

Steers Version:

The STEERS version is 6.93

Permit Number:

The permit number is WQ0014945001

## Additional Information

Application Creator: This account was created by Kristian Freeze



### **DOMESTIC WASTEWATER/STORMWATER**

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

McMullen County, (CN600900955) operates Tilden Wastewater Treatment Plant (RN101919611), a Wastewater Treatment Plant. The facility is located at WEST SIDE OF HWY 16 07 MILES SOUTH OF HWY 72, in Tilden, McMullen County, Texas 78072. renewal to discharge 99,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain Ecoli, Ammonia-N,. Processed Wastewater are treated by an aerobic treatment process.

**For additional information please contact Kristian Freeze at 361-777-6690 or at [kfreeze@nueces-ra.org](mailto:kfreeze@nueces-ra.org)**



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

### FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

#### TCEQ USE ONLY:

Application type: \_\_\_\_Renewal \_\_\_\_Major Amendment \_\_\_\_Minor Amendment \_\_\_\_New

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

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

Agency Receiving SPIF:

\_\_\_\_ Texas Historical Commission

\_\_\_\_ U.S. Fish and Wildlife

\_\_\_\_ Texas Parks and Wildlife Department

\_\_\_\_ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: Tilden Wastewater Treatment Plant

Permit No. WQ00 14945001

EPA ID No. TX 0132675

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

West side of State Highway 16 and immediately south of the intersection of State Highway 16 and Farm-to-Market Road 72, in McMullen County, Texas 78072

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

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

First and Last Name: Kristian Freeze

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

Title: Utiltiy Manager

Mailing Address: 539 S Hwy 83

City, State, Zip Code: Uvalde, TX, 78801

Phone No.: 361-777-6690 Ext.:  Fax No.:

E-mail Address: kfreeze@nueces-ra.org

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

McMullen County

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.

Frio River Above Choke Canyon in Segment No. 2117 of the Nueces River Basin

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

N/A

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

N/A

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

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

[REDACTED]

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

[REDACTED]



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

#### A. Existing/Interim I Phase

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

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

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

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

#### B. Interim II Phase

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

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

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

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

#### C. Final Phase

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

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

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

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

#### D. Current Operating Phase

Provide the startup date of the facility: [Click to enter text.](#)

### Section 2. Treatment Process (Instructions Page 42)

#### A. Current Operating Phase

Provide a detailed description of the treatment process. **Include the type of treatment plant, mode of operation, and all treatment units.** Start with the plant's head works and

finish with the point of discharge. Include all sludge processing and drying units. **If more than one phase exists or is proposed, a description of *each phase* must be provided.**

2 Aerobic Aeration Basin into a rectangular clarifier into a Aerated Digester and a 3 chamber chlorine contact basin and discharges into the frio river

## B. Treatment Units

In Table 1.0(1), provide the treatment unit type, the number of units, and dimensions (length, width, depth) of **each treatment unit, accounting for *all* phases of operation.**

**Table 1.0(1) - Treatment Units**

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Aeration	1	64.5 x 15.5 x 6.75
Aeration	1	28.0 x 15.5 x 6.75

## C. Process Flow Diagram

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

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

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

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

- Latitude: 28.452251
- Longitude: -98.553302

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

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

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

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

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

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

Tilden Texas
--------------

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

**Collection System Information**

Collection System Name	Owner Name	Owner Type	Population Served
McMullen County Tilden	McMullen County	Publicly Owned	618
McMullen County Calliham	McMullen County	Publicly Owned	300
		Choose an item.	
		Choose an item.	

**Section 4. Unbuilt Phases (Instructions Page 44)**

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.
----------------------

**Section 5. Closure Plans (Instructions Page 44)**

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

☒ Yes ☐ No



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

☐ Yes ☒ No

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

Clarifier will be taken out of service for maintenance

## Section 6. Permit Specific Requirements (Instructions Page 44)

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

### A. Summary transmittal

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

☐ Yes ☐ No

If **yes**, provide the date(s) of approval for each phase: Click to enter text.

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

Click to enter text.

### B. Buffer zones

Have the buffer zone requirements been met?

☐ Yes ☐ No

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

Click to enter text.

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

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

☒ Yes ☐ No

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

TCLP of the sludge

### D. Grit and grease treatment

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

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

☐ Yes ☒ No

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

#### 2. Grit and grease processing

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

Click to enter text.

#### 3. Grit disposal

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

☐ Yes ☐ No

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

Describe the method of grit disposal.

Click to enter text.

#### 4. Grease and decanted liquid disposal

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

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

Click to enter text.

### E. Stormwater management

#### 1. Applicability

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

#### 2. MSGP coverage

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

☐ Yes ☐ No

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

TXR05 Click to enter text. or TXRNE Click to enter text.

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

☐ Yes ☐ No

#### 3. Conditional exclusion

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

☐ Yes ☐ No

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

Click to enter text.

**4. Existing coverage in individual permit**

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

☐ Yes ☐ No

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

Click to enter text.

**5. Zero stormwater discharge**

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

☐ Yes ☐ No

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

intend to divert stormwater to the treatment plant headworks and indirectly discharge it to water in the state.

[Click to enter text.](#)

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

#### F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

[Click to enter text.](#)

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

##### 1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the 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.

[Click to enter text.](#)

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

##### 2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If **yes to any of the above**, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the 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.

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

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

Is the facility in operation?

☒ Yes ☐ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l	19	19	1	Grab	10/22/25
Total Suspended Solids, mg/l	37	37	1	Grab	10/22/25
Ammonia Nitrogen, mg/l	5.5	5.5	1	Grab	10/22/25
Nitrate Nitrogen, mg/l					
Total Kjeldahl Nitrogen, mg/l					
Sulfate, mg/l					
Chloride, mg/l					
Total Phosphorus, mg/l					
pH, standard units	4.3	4.3	5	Grab	10/2025
Dissolved Oxygen*, mg/l	7.09	7.70	5	Grab	10/2025
Chlorine Residual, mg/l	1.70	4.03	20	Grab	10/2025
<i>E.coli</i> (CFU/100ml) freshwater	1	1	1	Grab	09/2025
Enterococci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, $\mu$ mohs/cm, †					
Oil & Grease, mg/l					
Alkalinity (CaCO <sub>3</sub> )*, mg/l					

\*TPDES permits only

†TLAP permits only

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

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

## Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Kristian Freeze

Facility Operator's License Classification and Level: Treatment C

Facility Operator's License Number: WW0080769

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

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

Check all that apply. See instructions for guidance

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

### B. WWTP's Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

- ☒ Aerobic Digestion
- ☒ Air Drying (or sludge drying beds)
- ☐ Lower Temperature Composting
- ☐ Lime Stabilization
- ☐ Higher Temperature Composting
- ☐ Heat Drying
- ☐ Thermophilic Aerobic Digestion
- ☐ Beta Ray Irradiation
- ☐ Gamma Ray Irradiation
- ☐ Pasteurization
- ☐ Preliminary Operation (e.g. grinding, de-gritting, blending)
- ☐ Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)
- ☐ Sludge Lagoon
- ☐ Temporary Storage ( $<$  2 years)
- ☐ Long Term Storage ( $\geq$  2 years)
- ☐ Methane or Biogas Recovery
- ☐ Other Treatment Process: [Click to enter text.](#)

### C. Sewage Sludge or Biosolids Management

Provide information on the *intended* sewage sludge or biosolids management practice. Do not enter every management practice that you want authorized in the permit, as the



permit will authorize all sewage sludge or biosolids management practices listed in the instructions. Rather indicate the management practice the facility plans to use.

#### Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Other	Off-site Third-Party Handler or Preparer	Bulk	9	Class B: PSRP Air Drying	Option 5: Aerobic process for 14 days at >40C
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

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

#### D. Disposal site

Disposal site name: 101 Bar Ranch

TCEQ permit or registration number: WQ0004859000

County where disposal site is located: San Patricio

#### E. Transportation method

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

Name of the hauler: 101 Bar Ranch

Hauler registration number: Click to enter text.

Sludge is transported as a:

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

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

#### A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

## B. Sludge processing authorization

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

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

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

☐ Yes ☐ No

## Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

### A. Location information

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

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

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

- ☐ Overlap a designated 100-year frequency flood plain
- ☐ Soils with flooding classification
- ☐ Overlap an unstable area
- ☐ Wetlands
- ☐ Located less than 60 meters from a fault
- ☐ None of the above

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

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

[Click to enter text.](#)

## B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

## C. Liner information

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

☐ Yes ☐ No

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

[Click to enter text.](#)

#### D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

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

#### E. Groundwater monitoring

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

☐ Yes ☐ No

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

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

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

### A. Additional authorizations

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

☐ Yes ☒ No

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

Click to enter text.

### B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Click to enter text.

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

### A. RCRA hazardous wastes

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

☐ Yes ☒ No

**B. Remediation activity wastewater**

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

☐ Yes ☐ No

**C. Details about wastes received**

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

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

## Section 14. Laboratory Accreditation (Instructions Page 55)

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

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

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

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

### CERTIFICATION:

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

Printed Name: Kristian Freeze

Title: Utilities Manager

Signature: 

Date:

# DOMESTIC WASTEWATER PERMIT APPLICATION

## TECHNICAL REPORT 1.1

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

### Section 1. Justification for Permit (Instructions Page 56)

#### A. Justification of permit need

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

[Click to enter text.](#)

#### B. Regionalization of facilities

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

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

##### 1. *Municipally incorporated areas*

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

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

☐ Yes ☒ No ☐ Not Applicable

If yes, within the city limits of: [Click to enter text.](#)

If yes, attach correspondence from the city.

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

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

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

##### 2. *Utility CCN areas*

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

☐ Yes ☒ No

---

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



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

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

### 3. *Nearby WWTPs or collection systems*

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

☐ Yes ☒ No

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

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

If **yes**, attach proof of mailing a request for service to each facility and collection system, the letters requesting service, and correspondence from each facility and collection system.

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

If the facility or collection system agrees to provide service, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the facility or collection system versus the cost of the proposed facility or expansion.

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

## Section 2. Proposed Organic Loading (Instructions Page 58)

Is this facility in operation?

☒ Yes ☐ No

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

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

### A. Current organic loading

Facility Design Flow (flow being requested in application): 99,000

Average Influent Organic Strength or BOD<sub>5</sub> Concentration in mg/l: 13.25

Average Influent Loading (lbs/day = total average flow X average BOD<sub>5</sub> conc. X 8.34): 4.6

Provide the source of the average organic strength or BOD<sub>5</sub> concentration.

Domestic Waste

## B. Proposed organic loading

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

**Table 1.1(1) – Design Organic Loading**

Source	Total Average Flow (MGD)	Influent BOD <sub>5</sub> Concentration (mg/l)
Municipality		
Subdivision		
Trailer park - transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources		
AVERAGE BOD <sub>5</sub> from all sources		

## Section 3. Proposed Effluent Quality and Disinfection (Instructions Page 58)

### A. Existing/Interim I Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: 25

Total Suspended Solids, mg/l: 40

Ammonia Nitrogen, mg/l: 10

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

Dissolved Oxygen, mg/l: 4

Other: Click to enter text.

## B. Interim II Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: [Click to enter text.](#)

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

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

Dissolved Oxygen, mg/l: [Click to enter text.](#)

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

## C. Final Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: [Click to enter text.](#)

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

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

Dissolved Oxygen, mg/l: [Click to enter text.](#)

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

## D. Disinfection Method

Identify the proposed method of disinfection.

☒ Chlorine: 4 mg/l after 20 minutes detention time at peak flow

Dechlorination process: [Click to enter text.](#)

☐ Ultraviolet Light: [Click to enter text.](#) seconds contact time at peak flow

☐ Other: [Click to enter text.](#)

## Section 4. Design Calculations (Instructions Page 58)

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

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

## Section 5. Facility Site (Instructions Page 59)

### A. 100-year floodplain

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

☒ Yes ☐ No

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

[Click to enter text.](#)

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

[Click to enter text.](#)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

If **yes**, provide the permit number: [Click to enter text.](#)

If **no**, provide the approximate date you anticipate submitting your application to the Corps: [Click to enter text.](#)

#### B. Wind rose

Attach a wind rose: [Click to enter text.](#)

## Section 6. Permit Authorization for Sewage Sludge Disposal (Instructions Page 59)

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

#### B. Sludge processing authorization

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

- ☐ Sludge Composting
- ☐ Marketing and Distribution of sludge
- ☐ Sludge Surface Disposal or Sludge Monofill

If **any of the above**, sludge options are selected, attach the completed **Domestic Wastewater Permit Application: Sewage Sludge Technical Report (TCEQ Form No. 10056)**: [Click to enter text.](#)

## Section 7. Sewage Sludge Solids Management Plan (Instructions Page 60)

Attach a solids management plan to the application.

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

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

- Treatment units and processes dimensions and capacities
- Solids generated at 100, 75, 50, and 25 percent of design flow
- Mixed liquor suspended solids operating range at design and projected actual flow

- Quantity of solids to be removed and a schedule for solids removal
- Identification and ownership of the ultimate sludge disposal site
- For facultative lagoons, design life calculations, monitoring well locations and depths, and the ultimate disposal method for the sludge from the facultative lagoon

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

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

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

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

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

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

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

#### A. Receiving water outfall

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

#### B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

[Click to enter text.](#)

#### C. Sea grasses

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

☐ Yes ☐ No

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

[Click to enter text.](#)

### Section 3. Classified Segments (Instructions Page 63)

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

☐ Yes ☒ No

If **yes**, this Worksheet is complete.

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

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

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

#### A. Receiving water type

Identify the appropriate description of the receiving waters.

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

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

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

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

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

#### B. Flow characteristics

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

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

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

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

### C. Downstream perennial confluences

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

[Click to enter text.](#)

### D. Downstream characteristics

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

☐ Yes ☒ No

If yes, discuss how.

[Click to enter text.](#)

### E. Normal dry weather characteristics

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

River is dry

Date and time of observation: 12/3/25

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

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

### A. Upstream influences

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

☐ Oil field activities

☐ Urban runoff

☐ Upstream discharges

☒ Agricultural runoff

☐ Septic tanks

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



## B. Waterbody uses

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

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

## C. Waterbody aesthetics

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

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

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 2.1: STREAM PHYSICAL CHARACTERISTICS

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

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

### Section 1. General Information (Instructions Page 65)

Date of study: [Click to enter text.](#) Time of study: [Click to enter text.](#)

Stream name: [Click to enter text.](#)

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

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

☐ Perennial ☐ Intermittent with perennial pools

### Section 2. Data Collection (Instructions Page 65)

Number of stream bends that are well defined: [Click to enter text.](#)

Number of stream bends that are moderately defined: [Click to enter text.](#)

Number of stream bends that are poorly defined: [Click to enter text.](#)

Number of riffles: [Click to enter text.](#)

Evidence of flow fluctuations (check one):

☐ Minor ☐ moderate ☐ severe

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

[Click to enter text.](#)

## Stream transects

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

**Table 2.1(1) - Stream Transect Records**

<b>Stream type at transect</b> Select riffle, run, glide, or pool. See Instructions, Definitions section.	<b>Transect location</b>	<b>Water surface width (ft)</b>	<b>Stream depths (ft)</b> at 4 to 10 points along each transect from the channel bed to the water surface. Separate the measurements with commas.
<a href="#">Choose an item.</a>			
<a href="#">Choose an item.</a>			
<a href="#">Choose an item.</a>			
<a href="#">Choose an item.</a>			
<a href="#">Choose an item.</a>			
<a href="#">Choose an item.</a>			
<a href="#">Choose an item.</a>			
<a href="#">Choose an item.</a>			
<a href="#">Choose an item.</a>			
<a href="#">Choose an item.</a>			

## Section 3. Summarize Measurements (Instructions Page 65)

Streambed slope of entire reach, from USGS map in feet/feet: [Click to enter text.](#)

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

Length of stream evaluated, in feet: [Click to enter text.](#)

Number of lateral transects made: [Click to enter text.](#)

Average stream width, in feet: [Click to enter text.](#)

Average stream depth, in feet: [Click to enter text.](#)

Average stream velocity, in feet/second: [Click to enter text.](#)

Instantaneous stream flow, in cubic feet/second: [Click to enter text.](#)

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

Size of pools (large, small, moderate, none): [Click to enter text.](#)

Maximum pool depth, in feet: [Click to enter text.](#)

# DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND DISPOSAL OF EFFLUENT

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

## Section 1. Type of Disposal System (Instructions Page 67)

Identify the method of land disposal:

- |   |  |
|---|--|
| <input type="checkbox"/> Surface application  | <input type="checkbox"/> Subsurface application                |
| <input type="checkbox"/> Irrigation   | <input type="checkbox"/> Subsurface soils absorption           |
| <input type="checkbox"/> Drip irrigation system   | <input type="checkbox"/> Subsurface area drip dispersal system |
| <input type="checkbox"/> Evaporation  | <input type="checkbox"/> Evapotranspiration beds               |
| <input type="checkbox"/> Other (describe in detail): <a href="#">Click to enter text.</a> |  |

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

For existing authorizations, provide Registration Number: [Click to enter text.](#)

## Section 2. Land Application Site(s) (Instructions Page 67)

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

**Table 3.0(1) – Land Application Site Crops**

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

### Section 3. Storage and Evaporation Lagoons/Ponds (Instructions Page 67)

**Table 3.0(2) – Storage and Evaporation Ponds**

Pond Number	Surface Area (acres)	Storage Volume (acre-feet)	Dimensions	Liner Type

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

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

### Section 4. Flood and Runoff Protection (Instructions Page 67)

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

☐ Yes ☐ No

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

[Click to enter text.](#)

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

[Click to enter text.](#)

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

[Click to enter text.](#)

## Section 5. Annual Cropping Plan (Instructions Page 67)

Attach an Annual Cropping Plan which includes a discussion of each of the following items. If not applicable, provide a detailed explanation indicating why. **Attachment:** [Click to enter text.](#)

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

## Section 6. Well and Map Information (Instructions Page 68)

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation indicating why. **Attachment:** [Click to enter text.](#)

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

List and cross reference all water wells located within a half-mile radius of the disposal site or property boundaries shown on the USGS map in the following table. Attach additional pages as necessary to include all of the wells.

**Table 3.0(3) – Water Well Data**

Well ID	Well Use	Producing? Y/N	Open, cased, capped, or plugged?	Proposed Best Management Practice
			<a href="#">Choose an item.</a>	
			<a href="#">Choose an item.</a>	
			<a href="#">Choose an item.</a>	
			<a href="#">Choose an item.</a>	
			<a href="#">Choose an item.</a>	

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

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

## Section 7. Groundwater Quality (Instructions Page 68)

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

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

Are groundwater monitoring wells available onsite? ☐ Yes ☐ No

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

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

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

## Section 8. Soil Map and Soil Analyses (Instructions Page 69)

### A. Soil map

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

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

### B. Soil analyses

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

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

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

**Table 3.0(4) – Soil Data**

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number

## Section 9. Effluent Monitoring Data (Instructions Page 70)

Is the facility in operation?

☒ Yes ☐ No

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

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

**Table 3.0(5) – Effluent Monitoring Data**

[illegible]



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

New Operators and additional training

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 3.1: SURFACE LAND DISPOSAL OF EFFLUENT

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

### Section 1. Surface Disposal (Instructions Page 71)

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

#### A. Irrigation

Area under irrigation, in acres: [Click to enter text.](#)

Design application frequency:

hours/day [Click to enter text.](#) And days/week [Click to enter text.](#)

Land grade (slope):

average percent (%): [Click to enter text.](#)

maximum percent (%): [Click to enter text.](#)

Design application rate in acre-feet/acre/year: [Click to enter text.](#)

Design total nitrogen loading rate, in lbs N/acre/year: [Click to enter text.](#)

Soil conductivity (mmhos/cm): [Click to enter text.](#)

Method of application: [Click to enter text.](#)

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

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

#### B. Evaporation ponds

Daily average effluent flow into ponds, in gallons per day: [Click to enter text.](#)

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

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

#### C. Evapotranspiration beds

Number of beds: [Click to enter text.](#)

Area of bed(s), in acres: [Click to enter text.](#)

Depth of bed(s), in feet: [Click to enter text.](#)

Void ratio of soil in the beds: [Click to enter text.](#)

Storage volume within the beds, in acre-feet: [Click to enter text.](#)

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

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

#### D. Overland flow

Area used for application, in acres: [Click to enter text.](#)

Slopes for application area, percent (%): [Click to enter text.](#)

Design application rate, in gpm/foot of slope width: [Click to enter text.](#)

Slope length, in feet: [Click to enter text.](#)

Design BOD<sub>5</sub> loading rate, in lbs BOD<sub>5</sub>/acre/day: [Click to enter text.](#)

Design application frequency:

hours/day: [Click to enter text.](#) And days/week: [Click to enter text.](#)

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

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

## Section 2. Edwards Aquifer (Instructions Page 72)

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

☐ Yes ☒ No

If **yes**, is the facility located on the Edwards Aquifer Recharge Zone?

☐ Yes ☐ No

If **yes**, attach a geological report addressing potential recharge features.

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

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 3.2: SURFACE LAND DISPOSAL OF EFFLUENT

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

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

### Section 1. Subsurface Application (Instructions Page 73)

Identify the type of system:

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

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

Area of drainfield, in square feet: [Click to enter text.](#)

Application rate, in gal/square foot/day: [Click to enter text.](#)

Depth to groundwater, in feet: [Click to enter text.](#)

Area of trench, in square feet: [Click to enter text.](#)

Dosing duration per area, in hours: [Click to enter text.](#)

Number of beds: [Click to enter text.](#)

Dosing amount per area, in inches/day: [Click to enter text.](#)

Infiltration rate, in inches/hour: [Click to enter text.](#)

Storage volume, in gallons: [Click to enter text.](#)

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

Soil Classification: [Click to enter text.](#)

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

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

### Section 2. Edwards Aquifer (Instructions Page 73)

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

- ☐ Yes ☐ No

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

- ☐ Yes ☐ No

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

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 3.3: SUBSURFACE AREA DRIP DISPERSAL (SADDS) LAND DISPOSAL OF EFFLUENT

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

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

### Section 1. Administrative Information (Instructions Page 74)

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

B. Click to enter text. Is the owner of the land where the treatment facility is located the same as the owner of the treatment facility?

☐ Yes ☐ No

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

Click to enter text.

C. Owner of the subsurface area drip dispersal system: Click to enter text.

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

☐ Yes ☐ No

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

Click to enter text.

E. Owner of the land where the subsurface area drip dispersal system is located: Click to enter text.

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

☐ Yes ☐ No

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

Click to enter text.

## Section 2. Subsurface Area Drip Dispersal System (Instructions Page 74)

### A. Type of system

- ☐ Subsurface Drip Irrigation
- ☐ Surface Drip Irrigation
- ☐ Other, specify: [Click to enter text.](#)

### B. Irrigation operations

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

Infiltration Rate, in inches/hour: [Click to enter text.](#)

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

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

Storage volume, in gallons: [Click to enter text.](#)

Major soil series: [Click to enter text.](#)

Depth to groundwater, in feet: [Click to enter text.](#)

### C. Application rate

Is the facility located **west** of the boundary shown in *30 TAC § 222.83* **and** also using a vegetative cover of non-native grasses over seeded with cool season grasses during the winter months (October-March)?

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

Hydraulic application rate, in gal/square foot/day: [Click to enter text.](#)

Nitrogen application rate, in lbs/gal/day: [Click to enter text.](#)

### D. Dosing information

Number of doses per day: [Click to enter text.](#)

Dosing duration per area, in hours: [Click to enter text.](#)

Rest period between doses, in hours: [Click to enter text.](#)

Dosing amount per area, in inches/day: [Click to enter text.](#)

Number of zones: [Click to enter text.](#)

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

☐ Yes ☐ No

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

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

### Section 3. Required Plans (Instructions Page 74)

#### A. Recharge feature plan

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

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

#### B. Soil evaluation

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

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

#### C. Site preparation plan

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

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

#### D. Soil sampling/testing

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

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

### Section 4. Floodway Designation (Instructions Page 75)

#### A. Site location

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

☐ Yes ☐ No

#### B. Flood map

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

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

### Section 5. Surface Waters in the State (Instructions Page 75)

#### A. Buffer Map

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

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

**B. Buffer variance request**

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

☐ Yes ☐ No

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

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

**Section 6. Edwards Aquifer (Instructions Page 75)**

**A.** Is the SADDs located over the Edwards Aquifer Recharge Zone as mapped by TCEQ?

☐ Yes ☐ No

**B.** Is the SADDs located over the Edwards Aquifer Transition Zone as mapped by TCEQ?

☐ Yes ☐ No

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



# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 4.0: POLLUTANT ANALYSIS REQUIREMENTS

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

This worksheet is not required minor amendments without renewal.

### Section 1. Toxic Pollutants (Instructions Page 76)

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

Grab ☐ Composite ☐

Date and time sample(s) collected: [Click to enter text.](#)

**Table 4.0(1) – Toxics Analysis**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrylonitrile				50
Aldrin				0.01
Aluminum				2.5
Anthracene				10
Antimony				5
Arsenic				0.5
Barium				3
Benzene				10
Benzidine				50
Benzo(a)anthracene				5
Benzo(a)pyrene				5
Bis(2-chloroethyl)ether				10
Bis(2-ethylhexyl)phthalate				10
Bromodichloromethane				10
Bromoform				10
Cadmium				1
Carbon Tetrachloride				2
Carbaryl				5
Chlordane*				0.2
Chlorobenzene				10
Chlorodibromomethane				10

<b>Pollutant</b>	<b>AVG Effluent Conc. (µg/l)</b>	<b>MAX Effluent Conc. (µg/l)</b>	<b>Number of Samples</b>	<b>MAL (µg/l)</b>
Chloroform				10
Chlorpyrifos				0.05
Chromium (Total)				3
Chromium (Tri) (*1)				N/A
Chromium (Hex)				3
Copper				2
Chrysene				5
p-Chloro-m-Cresol				10
4,6-Dinitro-o-Cresol				50
p-Cresol				10
Cyanide (*2)				10
4,4'- DDD				0.1
4,4'- DDE				0.1
4,4'- DDT				0.02
2,4-D				0.7
Demeton (O and S)				0.20
Diazinon				0.5/0.1
1,2-Dibromoethane				10
m-Dichlorobenzene				10
o-Dichlorobenzene				10
p-Dichlorobenzene				10
3,3'-Dichlorobenzidine				5
1,2-Dichloroethane				10
1,1-Dichloroethylene				10
Dichloromethane				20
1,2-Dichloropropane				10
1,3-Dichloropropene				10
Dicofol				1
Dieldrin				0.02
2,4-Dimethylphenol				10
Di-n-Butyl Phthalate				10
Diuron				0.09
Endosulfan I (alpha)				0.01

<b>Pollutant</b>	<b>AVG Effluent Conc. (µg/l)</b>	<b>MAX Effluent Conc. (µg/l)</b>	<b>Number of Samples</b>	<b>MAL (µg/l)</b>
Endosulfan II (beta)				0.02
Endosulfan Sulfate				0.1
Endrin				0.02
Epichlorohydrin				---
Ethylbenzene				10
Ethylene Glycol				---
Fluoride				500
Guthion				0.1
Heptachlor				0.01
Heptachlor Epoxide				0.01
Hexachlorobenzene				5
Hexachlorobutadiene				10
Hexachlorocyclohexane (alpha)				0.05
Hexachlorocyclohexane (beta)				0.05
gamma-Hexachlorocyclohexane (Lindane)				0.05
Hexachlorocyclopentadiene				10
Hexachloroethane				20
Hexachlorophene				10
4,4'-Isopropylidenediphenol				1
Lead				0.5
Malathion				0.1
Mercury				0.005
Methoxychlor				2
Methyl Ethyl Ketone				50
Methyl tert-butyl ether				---
Mirex				0.02
Nickel				2
Nitrate-Nitrogen				100
Nitrobenzene				10
N-Nitrosodiethylamine				20
N-Nitroso-di-n-Butylamine				20
Nonylphenol				333

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Parathion (ethyl)				0.1
Pentachlorobenzene				20
Pentachlorophenol				5
Phenanthrene				10
Polychlorinated Biphenyls (PCB's) (*3)				0.2
Pyridine				20
Selenium				5
Silver				0.5
1,2,4,5-Tetrachlorobenzene				20
1,1,2,2-Tetrachloroethane				10
Tetrachloroethylene				10
Thallium				0.5
Toluene				10
Toxaphene				0.3
2,4,5-TP (Silvex)				0.3
Tributyltin (see instructions for explanation)				0.01
1,1,1-Trichloroethane				10
1,1,2-Trichloroethane				10
Trichloroethylene				10
2,4,5-Trichlorophenol				50
TTHM (Total Trihalomethanes)				10
Vinyl Chloride				10
Zinc				5

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

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

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

## Section 2. Priority Pollutants

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

Grab ☐ Composite ☐

Date and time sample(s) collected: [Click to enter text.](#)

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

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

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

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

**Table 4.0(2)B – Volatile Compounds**

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

**Table 4.0(2)C – Acid Compounds**

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

**Table 4.0(2)D – Base/Neutral Compounds**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acenaphthene				10
Acenaphthylene				10
Anthracene				10
Benzidine				50
Benzo(a)Anthracene				5
Benzo(a)Pyrene				5
3,4-Benzofluoranthene				10
Benzo(ghi)Perylene				20
Benzo(k)Fluoranthene				5
Bis(2-Chloroethoxy)Methane				10
Bis(2-Chloroethyl)Ether				10
Bis(2-Chloroisopropyl)Ether				10
Bis(2-Ethylhexyl)Phthalate				10
4-Bromophenyl Phenyl Ether				10
Butyl benzyl Phthalate				10
2-Chloronaphthalene				10
4-Chlorophenyl phenyl ether				10
Chrysene				5
Dibenzo(a,h)Anthracene				5
1,2-(o)Dichlorobenzene				10
1,3-(m)Dichlorobenzene				10
1,4-(p)Dichlorobenzene				10
3,3-Dichlorobenzidine				5
Diethyl Phthalate				10
Dimethyl Phthalate				10
Di-n-Butyl Phthalate				10
2,4-Dinitrotoluene				10
2,6-Dinitrotoluene				10
Di-n-Octyl Phthalate				10
1,2-Diphenylhydrazine (as Azo- benzene)				20
Fluoranthene				10



<b>Pollutant</b>	<b>AVG Effluent Conc. (µg/l)</b>	<b>MAX Effluent Conc. (µg/l)</b>	<b>Number of Samples</b>	<b>MAL (µg/l)</b>
Fluorene				10
Hexachlorobenzene				5
Hexachlorobutadiene				10
Hexachlorocyclo-pentadiene				10
Hexachloroethane				20
Indeno(1,2,3-cd)pyrene				5
Isophorone				10
Naphthalene				10
Nitrobenzene				10
N-Nitrosodimethylamine				50
N-Nitrosodi-n-Propylamine				20
N-Nitrosodiphenylamine				20
Phenanthrene				10
Pyrene				10
1,2,4-Trichlorobenzene				10

**Table 4.0(2)E - Pesticides**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Aldrin				0.01
alpha-BHC (Hexachlorocyclohexane)				0.05
beta-BHC (Hexachlorocyclohexane)				0.05
gamma-BHC (Hexachlorocyclohexane)				0.05
delta-BHC (Hexachlorocyclohexane)				0.05
Chlordane				0.2
4,4-DDT				0.02
4,4-DDE				0.1
4,4,-DDD				0.1
Dieldrin				0.02
Endosulfan I (alpha)				0.01
Endosulfan II (beta)				0.02
Endosulfan Sulfate				0.1
Endrin				0.02
Endrin Aldehyde				0.1
Heptachlor				0.01
Heptachlor Epoxide				0.01
PCB-1242				0.2
PCB-1254				0.2
PCB-1221				0.2
PCB-1232				0.2
PCB-1248				0.2
PCB-1260				0.2
PCB-1016				0.2
Toxaphene				0.3

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

### Section 3. Dioxin/Furan Compounds

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

- ☐ 2,4,5-trichlorophenoxy acetic acid  
Common Name 2,4,5-T, CASRN 93-76-5
- ☐ 2-(2,4,5-trichlorophenoxy) propanoic acid  
Common Name Silvex or 2,4,5-TP, CASRN 93-72-1
- ☐ 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate  
Common Name Erbon, CASRN 136-25-4
- ☐ 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate  
Common Name Ronnel, CASRN 299-84-3
- ☐ 2,4,5-trichlorophenol  
Common Name TCP, CASRN 95-95-4
- ☐ hexachlorophene  
Common Name HCP, CASRN 70-30-4

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

[Click to enter text.](#)

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

☐ Yes ☐ No

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

[Click to enter text.](#)

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

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

Grab ☐ Composite ☐

Date and time sample(s) collected: [Click to enter text.](#)

**Table 4.0(2)F – Dioxin/Furan Compounds**

Compound	Toxic Equivalenc y Factors	Wastewater Concentration (ppq)	Wastewater Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Equivalents (ppt)	MAL (ppq)
2,3,7,8 TCDD	1					10
1,2,3,7,8 PeCDD	0.5					50
2,3,7,8 HxCDDs	0.1					50
1,2,3,4,6,7,8 HpCDD	0.01					50
2,3,7,8 TCDF	0.1					10
1,2,3,7,8 PeCDF	0.05					50
2,3,4,7,8 PeCDF	0.5					50
2,3,7,8 HxCDFs	0.1					50
2,3,4,7,8 HpCDFs	0.01					50
OCDD	0.0003					100
OCDF	0.0003					100
PCB 77	0.0001					0.5
PCB 81	0.0003					0.5
PCB 126	0.1					0.5
PCB 169	0.03					0.5
Total						

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 5.0: TOXICITY TESTING REQUIREMENTS

The following **is required** for facilities with a current operating design flow of **1.0 MGD or greater**, with an EPA-approved **pretreatment** program (or those required to have one under 40 CFR Part 403), or are required to perform Whole Effluent Toxicity testing. See Page 86 of the instructions for further details.

This worksheet is not required minor amendments without renewal.

### Section 1. Required Tests

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

7-day Chronic: [Click to enter text.](#)

48-hour Acute: [Click to enter text.](#)

### Section 2. Toxicity Reduction Evaluations (TREs)

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

☐ Yes ☐ No

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

[Click to enter text.](#)

### Section 3. Summary of WET Tests

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

**Table 5.0(1) Summary of WET Tests**

Test Date	Test Species	NOEC Survival	NOEC Sub-lethal

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

### Section 1. All POTWs (Instructions Page 87)

#### A. Industrial users (IUs)

Provide the number of each of the following types of industrial users (IUs) that discharge to your POTW and the daily flows from each user. See the Instructions for definitions of Categorical IUs, Significant IUs – non-categorical, and Other IUs.

**If there are no users, enter 0 (zero).**

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs – non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

#### B. Treatment plant interference

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

☐ Yes ☒ No

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

Click to enter text.

### C. Treatment plant pass through

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

☐ Yes ☒ No

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

Click to enter text.

### D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

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

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

## Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 87)

### A. Substantial modifications

Have there been any **substantial modifications** to the approved pretreatment program that have not been submitted to the TCEQ for approval according to *40 CFR §403.18*?

☐ Yes ☐ No

If **yes**, identify the modifications that have not been submitted to TCEQ, including the purpose of the modification.

Click to enter text.



## B. Non-substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

## C. Effluent parameters above the MAL

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

**Table 6.0(1) – Parameters Above the MAL**

Pollutant	Concentration	MAL	Units	Date

## D. Industrial user interruptions

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

☐ Yes ☐ No

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

Click to enter text.

## Section 3. Significant Industrial User (SIU) Information and Categorical Industrial User (CIU) (Instructions Page 88)

### A. General information

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

SIC Code: [Click to enter text.](#)

Contact name: [Click to enter text.](#)

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

City, State, and Zip Code: [Click to enter text.](#)

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

Email address: [Click to enter text.](#)

### B. Process information

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

[Click to enter text.](#)

### C. Product and service information

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

[Click to enter text.](#)

### D. Flow rate information

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

Process Wastewater:

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

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

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

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

## E. Pretreatment standards

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

## F. Industrial user interruptions

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

☐ Yes ☐ No

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

[Click to enter text.](#)

# WORKSHEET 7.0

## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

### CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:

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

For TCEQ Use Only

Reg. No. \_\_\_\_\_

Date Received \_\_\_\_\_

Date Authorized \_\_\_\_\_

#### Section 1. General Information (Instructions Page 90)

##### 1. TCEQ Program Area

Program Area (PST, VCP, IHW, etc.): [Click to enter text.](#)

Program ID: [Click to enter text.](#)

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

Phone Number: [Click to enter text.](#)

##### 2. Agent/Consultant Contact Information

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

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

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

##### 3. Owner/Operator Contact Information

☐ Owner ☐ Operator

Owner/Operator Name: [Click to enter text.](#)

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

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

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

##### 4. Facility Contact Information

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

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

City, State, and Zip Code: [Click to enter text.](#)

Location description (if no address is available): [Click to enter text.](#)

Facility Contact Person: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

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

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

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

Method of determination (GPS, TOPO, etc.): [Click to enter text.](#)

Attach topographic quadrangle map as attachment A.

6. **Well Information**

Type of Well Construction, select one:

- ☐ Vertical Injection
- ☐ Subsurface Fluid Distribution System
- ☐ Infiltration Gallery
- ☐ Temporary Injection Points
- ☐ Other, Specify: [Click to enter text.](#)

Number of Injection Wells: [Click to enter text.](#)

7. **Purpose**

Detailed Description regarding purpose of Injection System:

[Click to enter text.](#)

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

8. **Water Well Driller/Installer**

Water Well Driller/Installer Name: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

License Number: [Click to enter text.](#)

## Section 2. Proposed Down Hole Design

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

**Table 7.0(1) – Down Hole Design Table**

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

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

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

System(s) Dimensions: [Click to enter text.](#)

System(s) Construction: [Click to enter text.](#)

### Section 4. Site Hydrogeological and Injection Zone Data

1. Name of Contaminated Aquifer: [Click to enter text.](#)
2. Receiving Formation Name of Injection Zone: [Click to enter text.](#)
3. Well/Trench Total Depth: [Click to enter text.](#)
4. Surface Elevation: [Click to enter text.](#)
5. Depth to Ground Water: [Click to enter text.](#)
6. Injection Zone Depth: [Click to enter text.](#)
7. Injection Zone vertically isolated geologically? ☐ Yes ☐ No  
Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:  
Name: [Click to enter text.](#)  
Thickness: [Click to enter text.](#)
8. Provide a list of contaminants and the levels (ppm) in contaminated aquifer  
Attach as Attachment E.
9. Horizontal and Vertical extent of contamination and injection plume  
Attach as Attachment F.
10. Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc.  
Attach as Attachment G.
11. Injection Fluid Chemistry in PPM at point of injection  
Attach as Attachment H.
12. Lowest Known Depth of Ground Water with < 10,000 PPM TDS: [Click to enter text.](#)
13. Maximum injection Rate/Volume/Pressure: [Click to enter text.](#)
14. Water wells within 1/4 mile radius (attach map as Attachment I): [Click to enter text.](#)
15. Injection wells within 1/4 mile radius (attach map as Attachment J): [Click to enter text.](#)
16. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K): [Click to enter text.](#)
17. Sampling frequency: [Click to enter text.](#)
18. Known hazardous components in injection fluid: [Click to enter text.](#)

## Section 5. Site History

1. Type of Facility: [Click to enter text.](#)
2. Contamination Dates: [Click to enter text.](#)
3. Original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations (attach as Attachment L): [Click to enter text.](#)
4. Previous Remediation (attach results of any previous remediation as attachment M): [Click to enter text.](#)

**NOTE: Authorization Form should be completed in detail and authorization given by the TCEQ before construction, operation, and/or conversion can begin. Attach additional pages as necessary.**

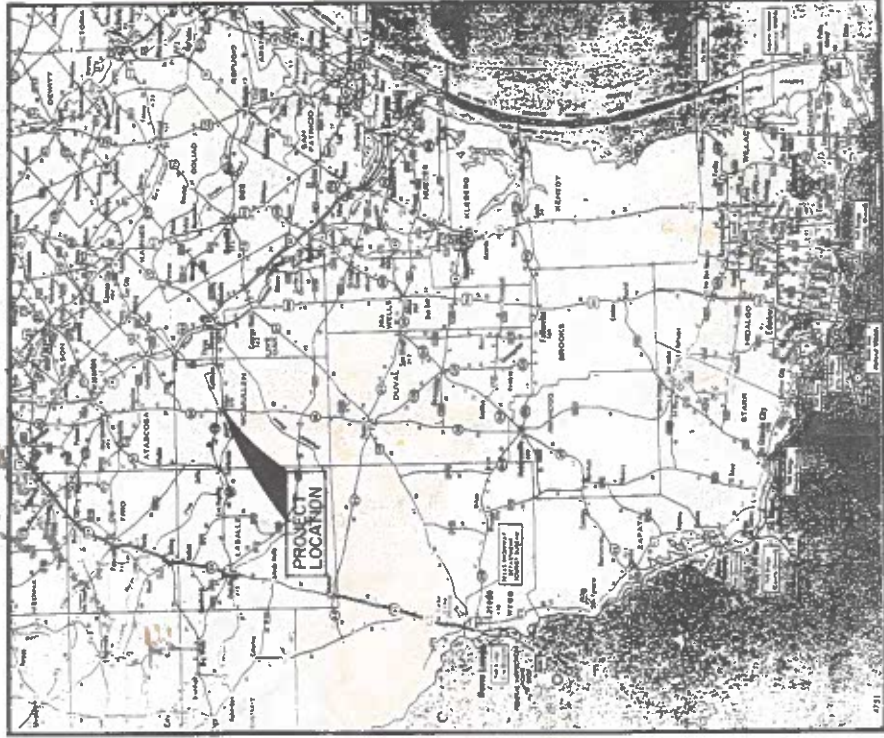
### *Class V Injection Well Designations*

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

CONSTRUCTION PLANS OF  
**TILDEN WASTEWATER TREATMENT PLANT**  
**CONTRACT TWO**  
FOR  
**McMULLEN COUNTY, TEXAS**

COUNTY OFFICIALS

COUNTY JUDGE. . . . . ELAINE E FRANKLIN  
COMMISSIONER PCT. 1 . . . . . ALLEN GOFF  
COMMISSIONER PCT. 2 . . . . . RODNEY SWAIM  
COMMISSIONER PCT. 3 . . . . . HERMAN SMITH  
COMMISSIONER PCT. 4 . . . . . MAX G QUINTANILLA, JR



Scale: 1" = 23 miles

INDEX OF DRAWINGS

<u>SHEET</u>	<u>DESCRIPTION</u>
1	COVER SHEET
2	HYDRAULIC PROFILE & PROCESS FLOW DIAGRAM
3	SITE PLAN & YARD PIPING
4	TREATMENT UNIT PLAN & SECTION
5	TREATMENT UNIT SECTIONS
6	BASE SLAB DETAILS
7	SLUDGE DRYING BEDS
8	EFFLUENT DISCHARGE LINE PLAN & PROFILE
9	WASHINGTON STREET LIFT STATION-SITE PLAN
10	WASHINGTON STREET LIFT STATION-DETAILS
E1	ELECTRICAL PLAN-WASTEWATER TREATMENT PLANT
E2	ELECTRICAL PLAN-WASHINGTON ST LIFT STATION







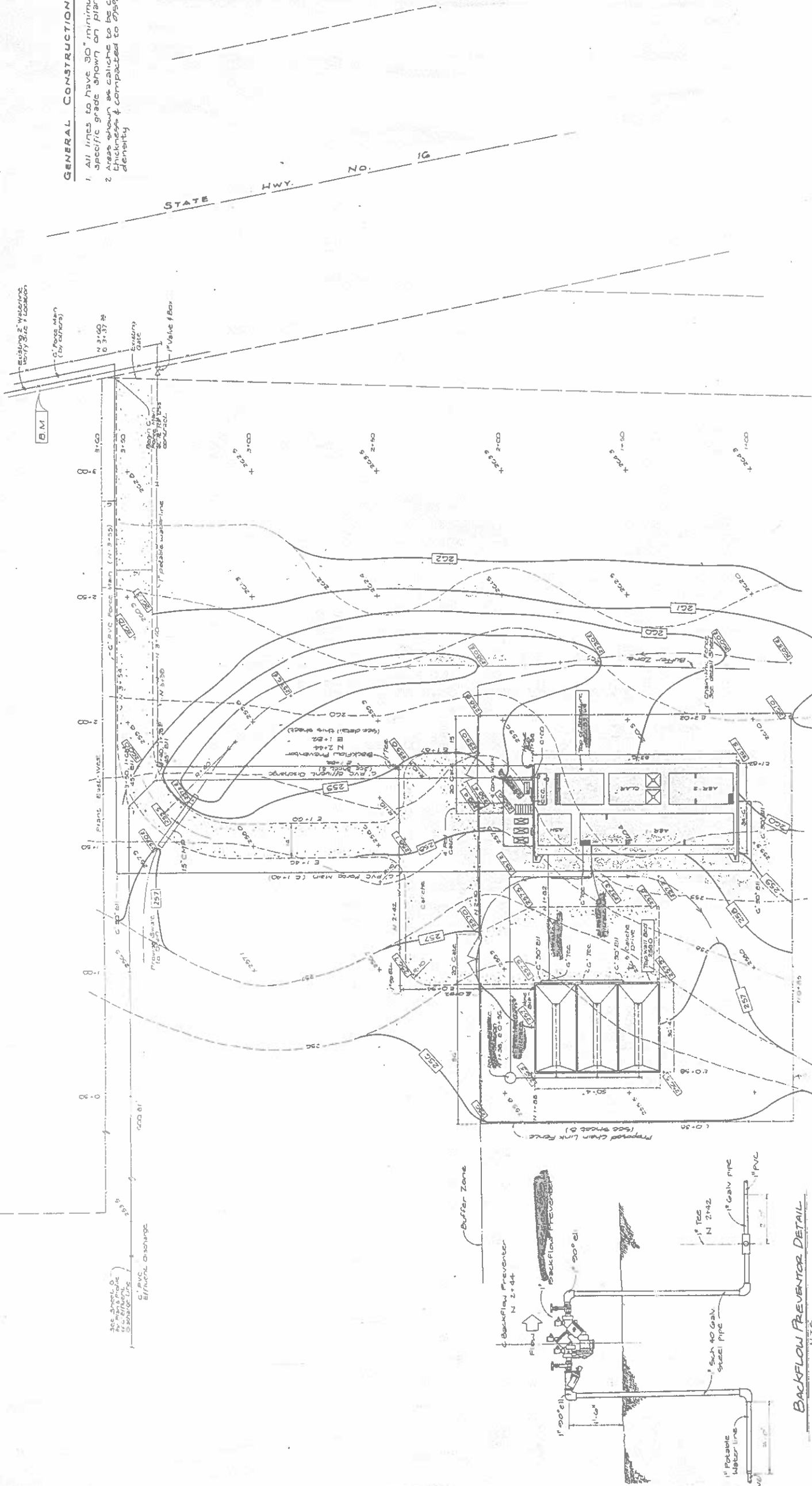
PROJECT BENCHMARK

ELEV: 203.68

Project Benchmark is Top of T.H.B. ROW marker approximately 25' North of the N.E. corner of plat property on West ROW of State Hwy. No. 16.

GENERAL CONSTRUCTION NOTES:

- All lines to have 30" minimum cover unless specific grade shown on plans
- Areas shown as caiche to be constructed to 6" thickness & compacted to 95% modified proctor density

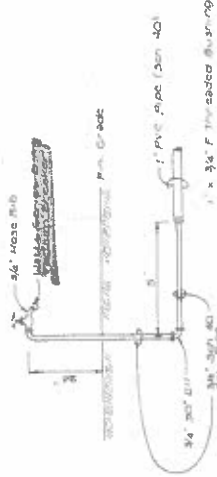


BACKFLOW PREVENTOR DETAIL

N.T.S.

PIPING SCHEDULE  
(YARD PIPING ONLY)

LINE	SIZE	MATERIAL	PRESSURE CLASS/D.R.
Filtrate Drain	6"	PVC	Sch. 40
Filtrate Return	2"	PVC	Class 160 SDR 26
Force Main	6"	PVC	Class 160 SDR 26
Waste Sludge (Below Ground)	6"	PVC	Class 50
Waste Sludge (Above Ground)	6"	DUCTILE IRON	Class 160 SDR 26
Effluent Discharge	6"	PVC	Sch. 40
Potable Water Supply	1"	PVC	Sch. 40
		GALV	Sch. 40 (see plan)



HOSE BIB DETAIL

N.T.S.

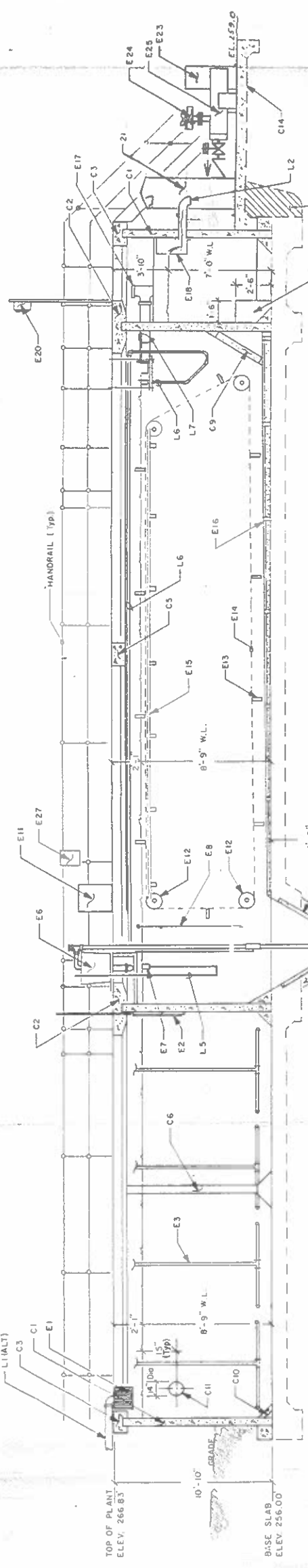


**Coyne & Rehmet Engineering Co., Inc.**  
Consulting Engineers & Surveyors Alice, Texas

**TILDEN WASTEWATER TREATMENT PLANT**  
**CONTRACT II**  
McMULLEN COUNTY, TEXAS

**SITE PLAN & YARD PIPING**

Designed	EDGR	Scale	1" = 20'	Date	12/1/90
Checked	PWC	Job No.	90-4210		
Drawn	YDL	Approved	PWC	Sheet	3 of 11



SECTION A-A

6" GRAVEL CUSHION FOR LAYING, BY CONTRACTOR

UNDISTURBED SOIL

Cement Stabilized Sand Backfill

Handrail (Typ)

8'-9" W.L.

4'-9"

2'-1"

1'-4" (Typ)

10'-10"

TOP OF PLANT ELEV. 266.83

BASE SLAB ELEV. 256.00

1'-4" (Typ)

1'-4" (Typ)

1'-4" (Typ)

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1'-4" (Typ)

1'-4" (Typ)

PIPING SCHEDULE, AIR

SYMBOL	ITEM	SIZE	MATERIAL
A1	Blower Discharger	4 in.	GALV
A2	Blower Reader	4 in.	GALV
A3	Air Supply	4 in.	GALV
A4	Air Supply	4 in.	GALV
A5	Air Supply	1-1/4 in.	GALV
A6	Air Supply	1-1/4 in.	GALV
A7	Air Supply	1 in.	GALV
A8	Air Supply	3/4 in.	GALV

EQUIPMENT

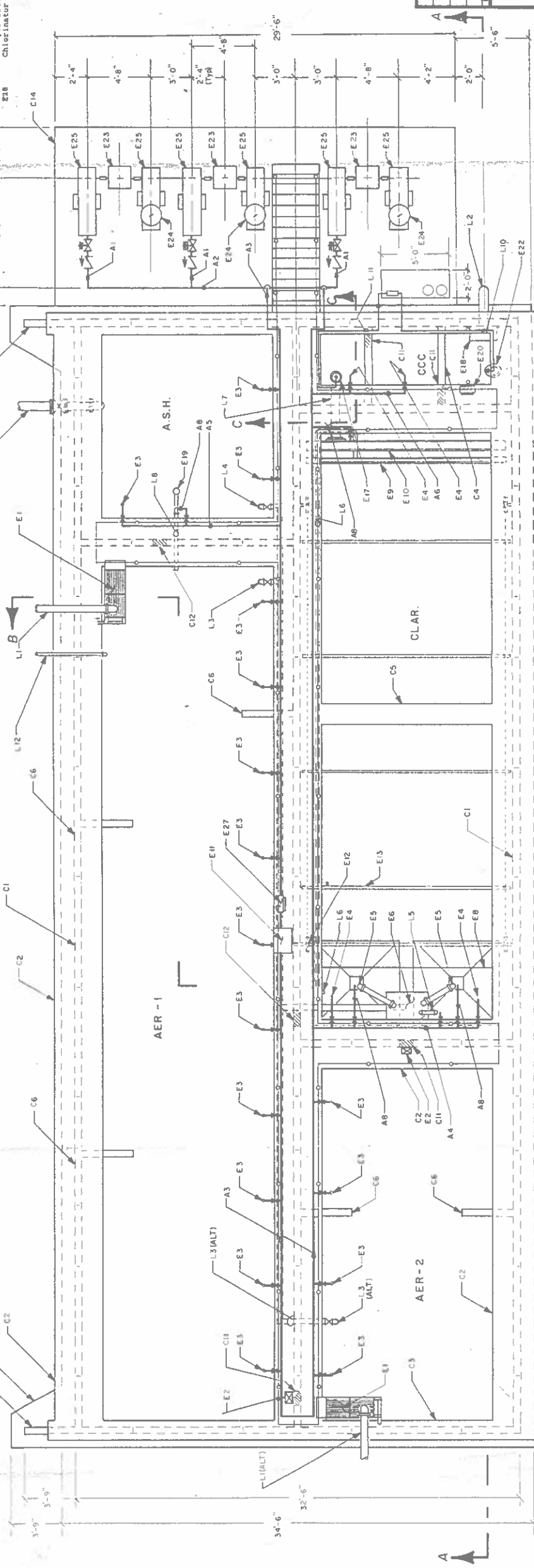
SYMBOL	ITEM	SIZE	MATERIAL
E1	Bar Screen/Trash Basket	16 in.	GALV
E2	Air Diffuser Assembly	16 in.	GALV
E3	Air Diffuser Assembly	16 in.	GALV
E4	Air Diffuser Assembly	16 in.	GALV
E5	Air Diffuser Assembly	16 in.	GALV
E6	Air Diffuser Assembly	16 in.	GALV
E7	Air Diffuser Assembly	16 in.	GALV
E8	Air Diffuser Assembly	16 in.	GALV
E9	Air Diffuser Assembly	16 in.	GALV
E10	Air Diffuser Assembly	16 in.	GALV
E11	Air Diffuser Assembly	16 in.	GALV
E12	Air Diffuser Assembly	16 in.	GALV
E13	Air Diffuser Assembly	16 in.	GALV
E14	Air Diffuser Assembly	16 in.	GALV
E15	Air Diffuser Assembly	16 in.	GALV
E16	Air Diffuser Assembly	16 in.	GALV
E17	Air Diffuser Assembly	16 in.	GALV
E18	Air Diffuser Assembly	16 in.	GALV
E19	Air Diffuser Assembly	16 in.	GALV
E20	Air Diffuser Assembly	16 in.	GALV
E21	Air Diffuser Assembly	16 in.	GALV
E22	Air Diffuser Assembly	16 in.	GALV
E23	Air Diffuser Assembly	16 in.	GALV
E24	Air Diffuser Assembly	16 in.	GALV
E25	Air Diffuser Assembly	16 in.	GALV
E26	Air Diffuser Assembly	16 in.	GALV
E27	Air Diffuser Assembly	16 in.	GALV
E28	Air Diffuser Assembly	16 in.	GALV

PIPING SCHEDULE, LIQUID

SYMBOL	ITEM	SIZE	MATERIAL
L1	Influent, (By Contractor)	6 in.	D.I.
L2	Return Activated Sludge	4 in.	PVC
L3	Waste Activated Sludge	4 in.	PVC
L4	Clarifier Inlet Sluice	4 in.	PVC
L5	Clarifier Inlet Sluice	3 in.	PVC
L6	Clarifier Inlet Sluice	3 in.	PVC
L7	Clarifier Inlet Sluice	3 in.	PVC
L8	Clarifier Inlet Sluice	3 in.	PVC
L9	Clarifier Inlet Sluice	3 in.	PVC
L10	Clarifier Inlet Sluice	3 in.	PVC
L11	Clarifier Inlet Sluice	3 in.	PVC
L12	Clarifier Inlet Sluice	3 in.	PVC

BASIN DIMENSIONS & CAPACITIES

AER-1 Aeration No. 1	64.5' x 15.5' x 8.75' W.L. = 65,434 Gal
AER-2 Aeration No. 2	28.0' x 15.5' x 8.75' W.L. = 28,405 Gal
A.S.M. Aeration Sludge Holding	5.5' x 15.5' x 9.25' W.L. = 16,623 Gal
Clar. Clarifier	65.75' x 15.5' x 8.75' W.L. = 46,412 Gal
Clarifier Effective Area	41.74' x 15.5' = 647 Sq. Ft.
C.C.C. Chlorine Contact Chamber	5.75' x 15.5' x 7.0' W.L. = 4,667 Gal



PLAN VIEW

8'-6"

83'-6"



1	9/9/91	Revised for Sand Backfill	1
2	10/1/91	Revised for Sand Backfill	2

COYNE & REHMET ENGINEERING CO., INC.

Consulting Engineers & Surveyors

ALICE, TEXAS

TILDEN WASTEWATER TREATMENT PLANT

CONTRACT II

McMULLEN COUNTY, TEXAS

TREATMENT UNIT PLAN & SECTION

Department: Engr.

Scale: As Noted

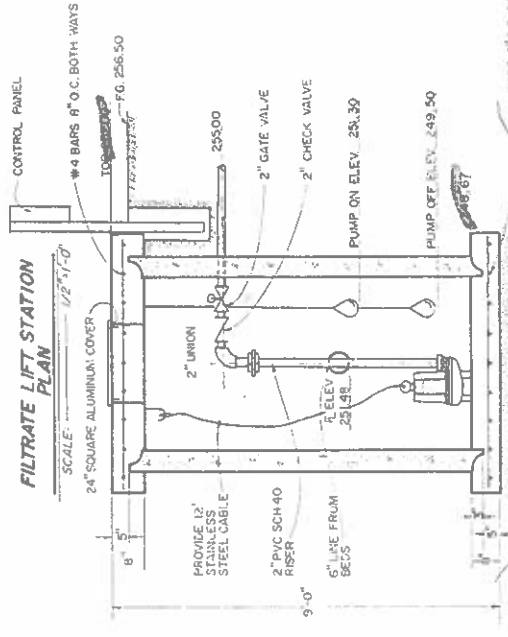
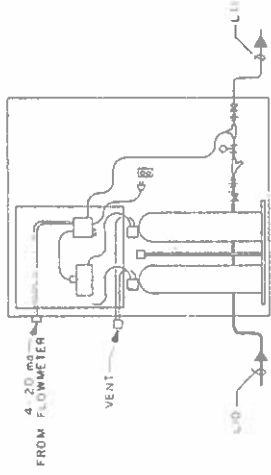
Date: 12/1/90

Designed: P.W.C.


Job No: 90-4210

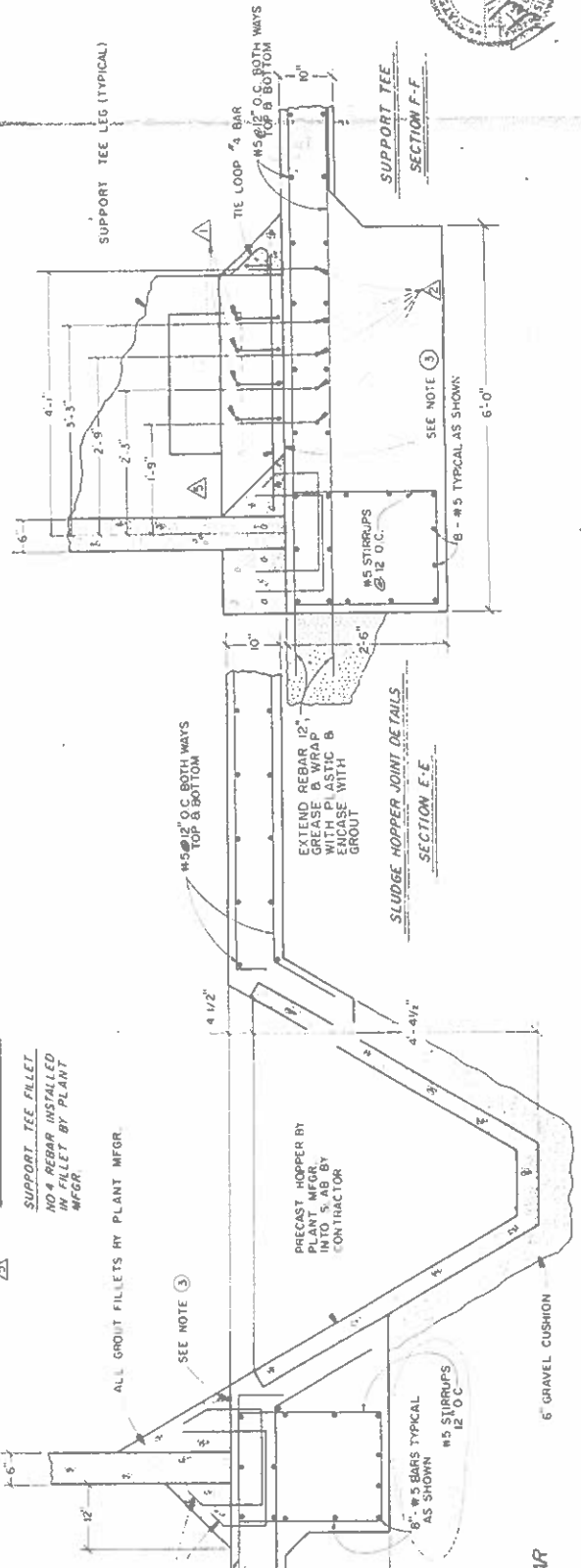
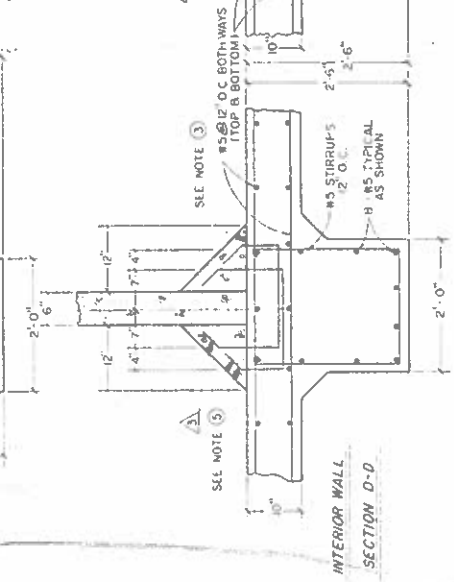
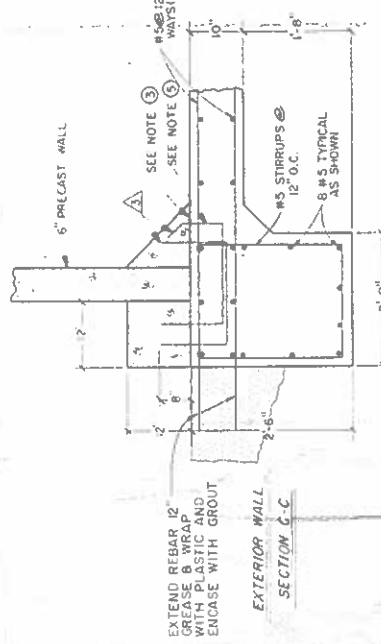
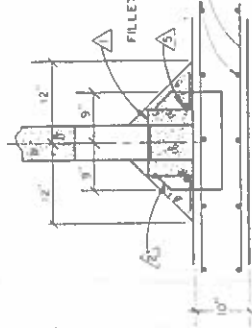
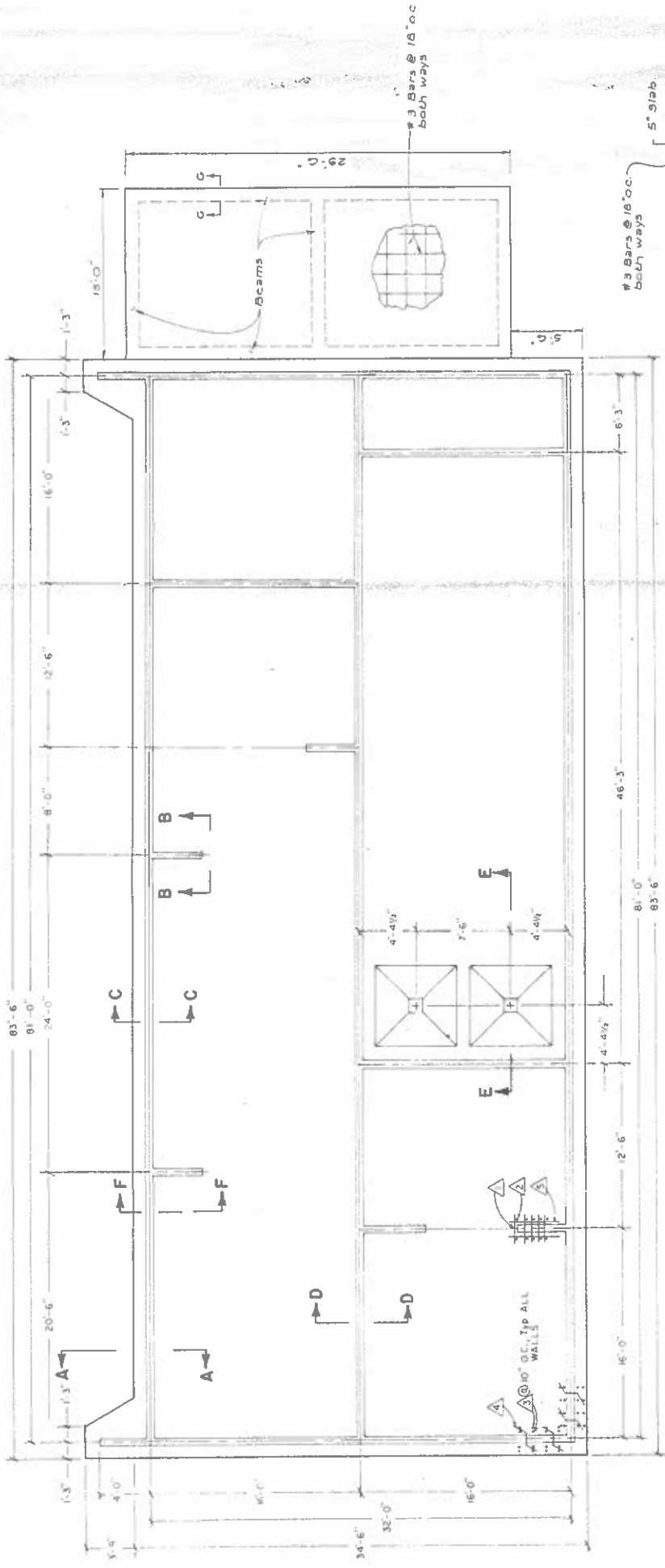
Drawn: C.A.

Sheet: 4 of 11



SYMBOL	ITEM	SIZE	MATERIAL
E1	Bar Screen/Trash Basket		Galv
E2	Air Diffuser Assembly		Galv
E3	Air Diffuser Assembly		Galv
E4	Air Diffuser Assembly		Galv
E5	RG Collection Box		Galv
E6	Inlet Skimmer		Galv
E7	Inlet Baffle		FRP
E8	Chlorine Mix Tube	9 in.	FRP
E9	Chlorinator		Galv
E10	Chlorinator House Panel		Galv

 <b>Coyote Engineering Co., Inc.</b> Consulting Engineers & Surveyors Alice, Texas	<b>TILDEN WASTEWATER TREATMENT PLANT          CONTRACT II          MC MULLEN COUNTY, TEXAS</b>				<b>TREATMENT UNIT SECTIONS</b>	
Department <b>Eng'g</b> Designed <b>PWC</b> Drawn <b>SG--</b>	Scale <b>As Noted</b> Checked <b>PWC</b> Approved <b>PWC</b>	Date <b>12/30</b> Job No <b>90-4210</b> Sheet <b>5 of 11</b>				



- |       |     |     |   |     |   |     |   |     |   |     |   |     |
|-------|-----|-----|---|-----|---|-----|---|-----|---|-----|---|-----|
| NOTES | V   | E   | U | F   | E | C   | B | R   | R | R   | N | F   |
|       | (1) | (2) |   | (3) |   | (4) |   | (5) |   | (6) |   | (7) |

VERIFY ALL DIMENSIONS PRIOR TO POURING BASE SLAB.  
EXERCISE CARE TO MAINTAIN CORRECT ALIGNMENT OF  
REBAR EXTENSIONS AND TO PROVIDE A LEVEL SURFACE  
UNDER WALLS.  
FOR ALL WALLS BROOM OR ROUGHEN FINISH SLAB 15"  
EACH SIDE OF WALL CENTERLINE.  
CONTRACTOR TO BEND OR CUT DOWELS UNDER WALLS  
BEFORE POURING SLAB.  
REBAR  $\Delta$  AND  $\Delta$  TIED TO MAT. DOWELS ARE BENT AS  
REQUIRED WHEN FILLETS ARE PROVIDED.  
REBAR  $\Delta$  AND  $\Delta$  PROVIDED AND INSTALLED BY PLANT  
MFGN.  
PROVIDE 1-1/2 SACK /CY CEMENT STABILIZED SAND  
BACKFILL UNDER EQUIPMENT SLAB ADJACENT TO  
MAIN FOUNDATION.

EQUIPMENT SLAB  
SECTION G-G

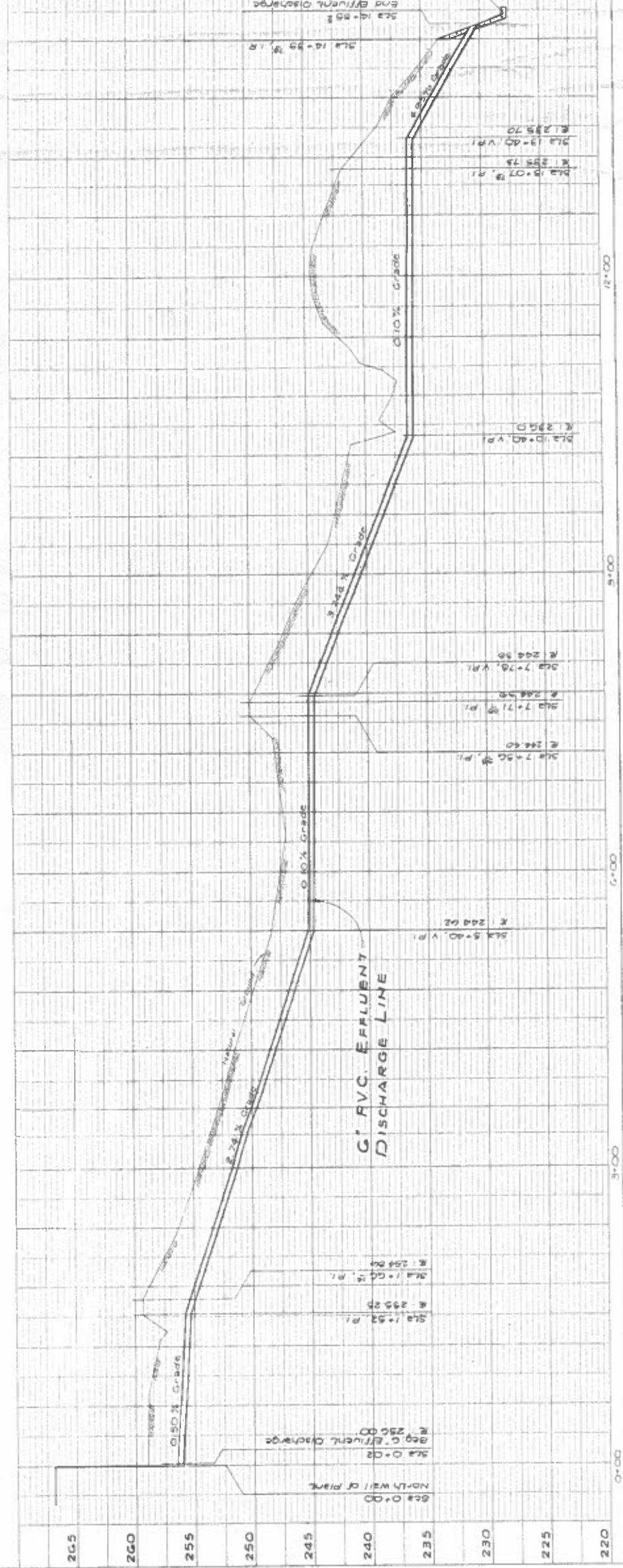
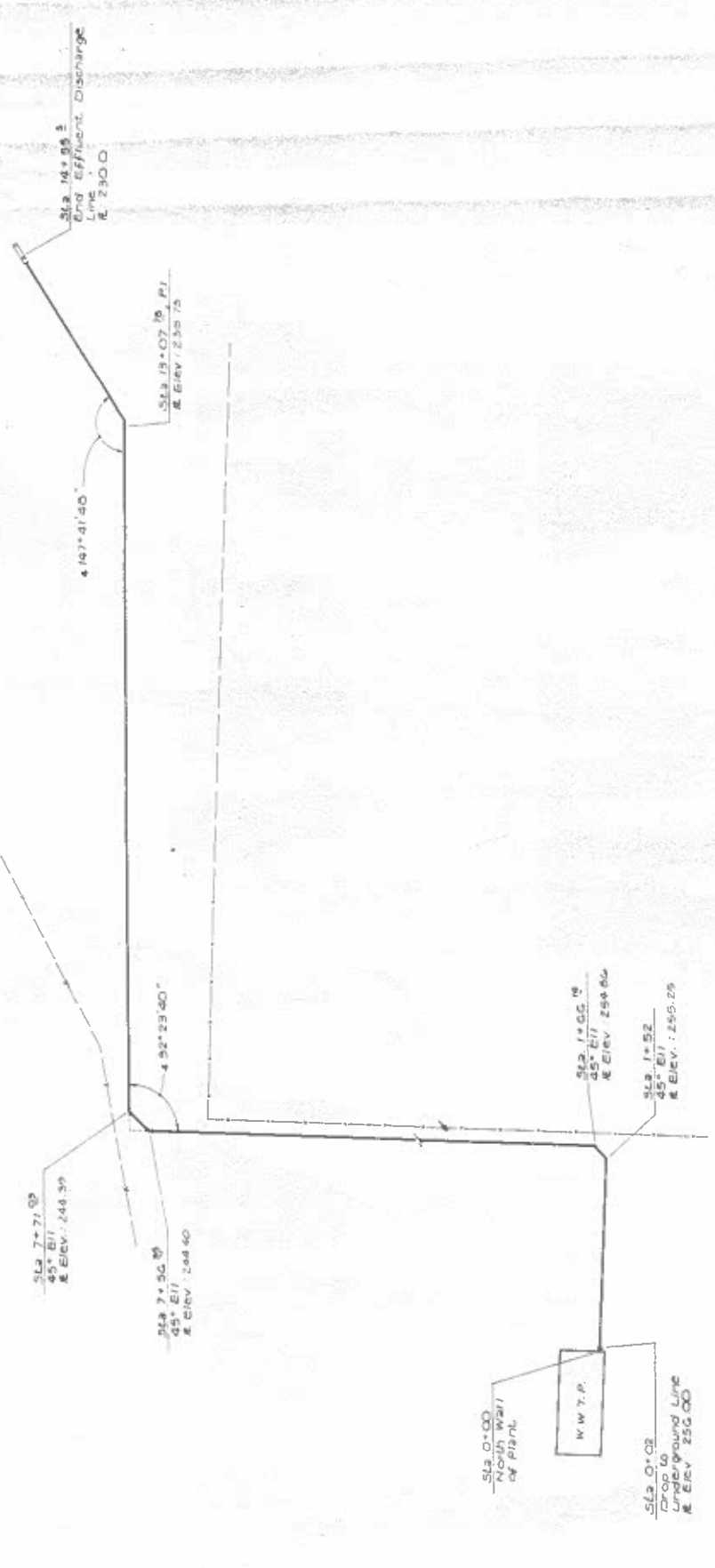
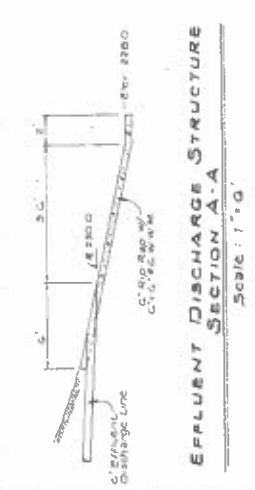
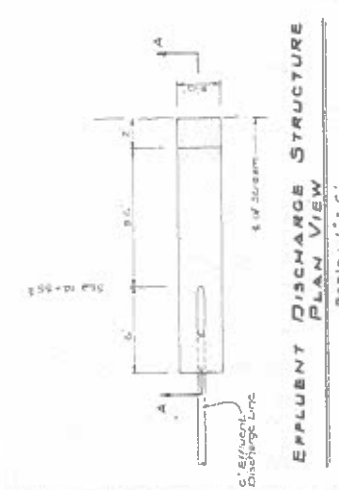
DOWELS MARKED ② AND ③ ARE TO BE FIELD BENT BENDING TO BE BY PLANT MFR.

[illegible]

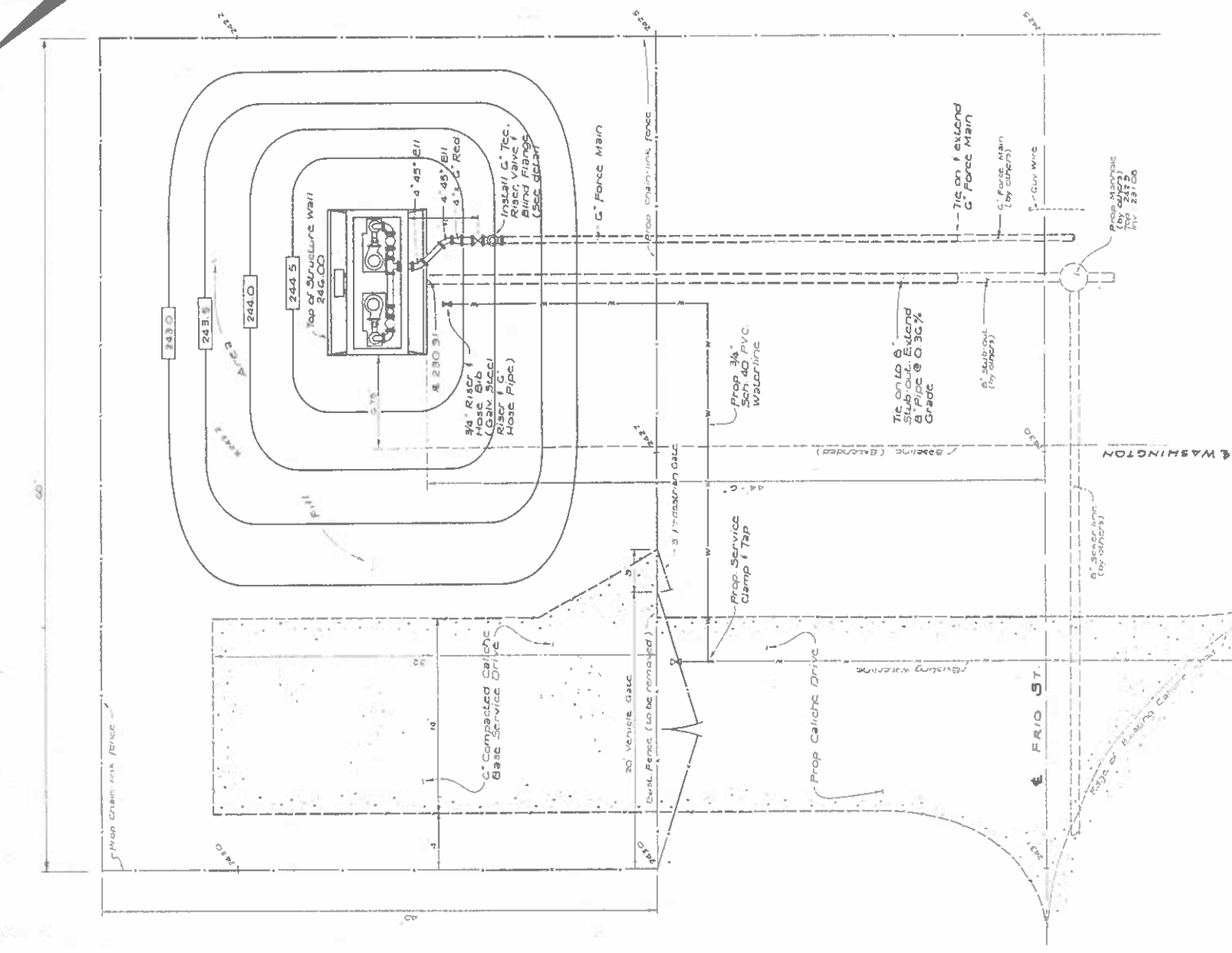
NOTE: ENGINEER TO PROVIDE DIMENSION, BAR SPACING & BAR SIZING AS REQUIRED FOR SOIL CONDITIONS.





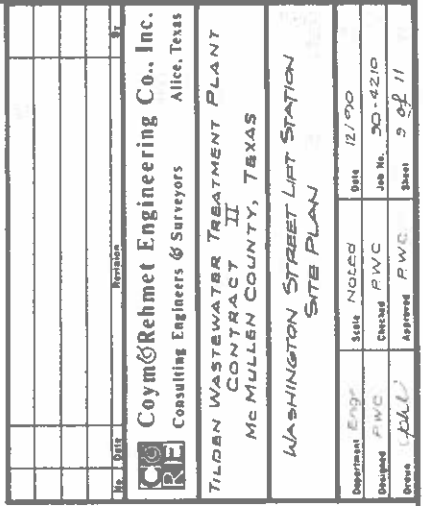


<b>Coyne &amp; Rehmet Engineering Co., Inc.</b> Consulting Engineers & Surveyors Alice, Texas	
<b>TILDEN WASTEWATER TREATMENT PLANT CONTRACT II MC MULLEN COUNTY, TEXAS</b>	
<b>EFFLUENT DISCHARGE LINE PLAN &amp; PROFILE</b>	
Engineer Date: Jan 1951	Scale: 1" = 6' Check: P.W.C.
Designer Date: Jan 1951	Check: P.W.C.
Drafter Date: Jan 1951	Check: P.W.C.



8  
N.T.S.

Scale: 1" = 5'







**PUMP DATA**

MANUFACTURER	MODEL
HP	RPM
DISCH SIZE	
GPM	TQH
MAX	SOLIDS

**CONTROLLER DATA**

INCOMING POWER	VOLTS	PHASE	WIRE
ENCLOSURE	NEMA		
WIRING	DIAGRAM		
WIRING	SCHEMATIC		

[illegible]

EXCAVATION SLOPED  
FOR SAFETY

$$E_{\text{eff}} = \frac{1}{2} \left( \frac{1}{E_1} + \frac{1}{E_2} \right) \quad (1)$$

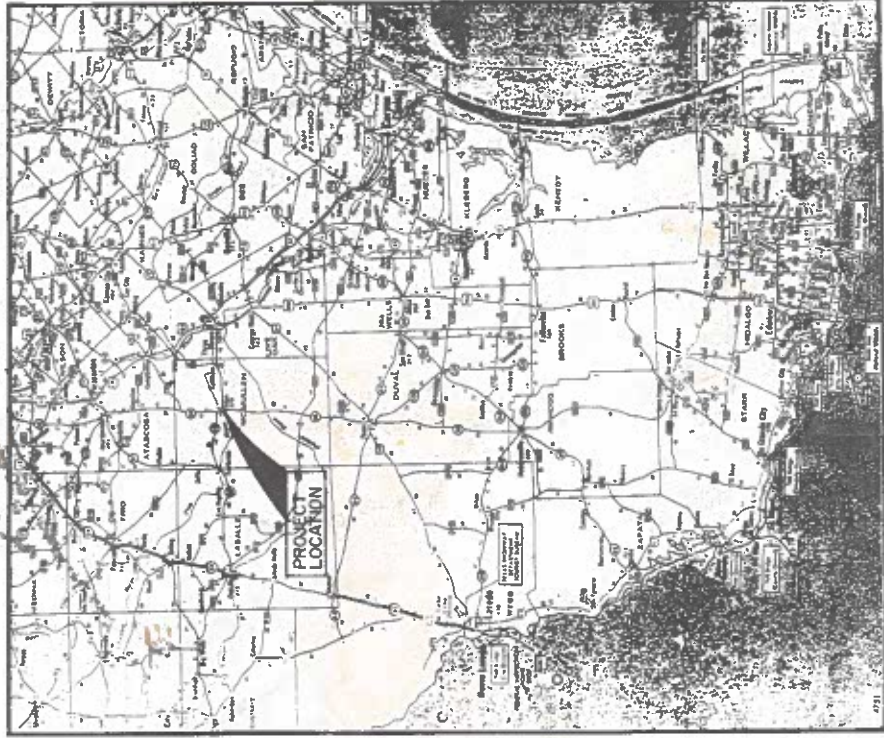




CONSTRUCTION PLANS OF  
**TILDEN WASTEWATER TREATMENT PLANT**  
**CONTRACT TWO**  
FOR  
**McMULLEN COUNTY, TEXAS**

COUNTY OFFICIALS

COUNTY JUDGE. . . . . ELAINE E FRANKLIN  
COMMISSIONER PCT. 1 . . . . . ALLEN GOFF  
COMMISSIONER PCT. 2 . . . . . RODNEY SWAIM  
COMMISSIONER PCT. 3 . . . . . HERMAN SMITH  
COMMISSIONER PCT. 4 . . . . . MAX G QUINTANILLA, JR



Scale: 1" = 23 miles

INDEX OF DRAWINGS

SHEET

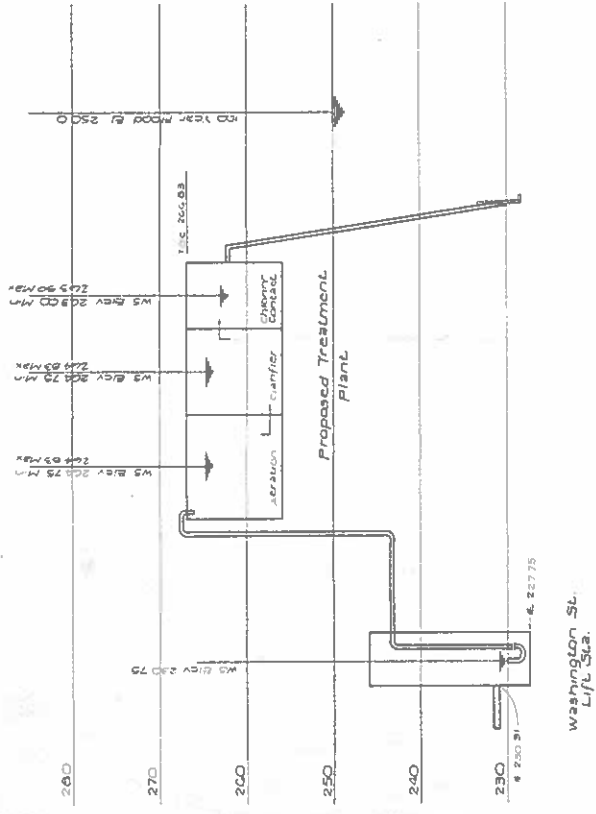
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8  
9  
10  
E1  
E2

DESCRIPTION

COVER SHEET  
HYDRAULIC PROFILE & PROCESS FLOW DIAGRAM  
SITE PLAN & YARD PIPING  
TREATMENT UNIT PLAN & SECTION  
TREATMENT UNIT SECTIONS  
BASE SLAB DETAILS  
SLUDGE DRYING BEDS  
EFFLUENT DISCHARGE LINE PLAN & PROFILE  
WASHINGTON STREET LIFT STATION-SITE PLAN  
WASHINGTON STREET LIFT STATION-DETAILS  
ELECTRICAL PLAN-WASTEWATER TREATMENT PLANT  
ELECTRICAL PLAN-WASHINGTON ST LIFT STATION

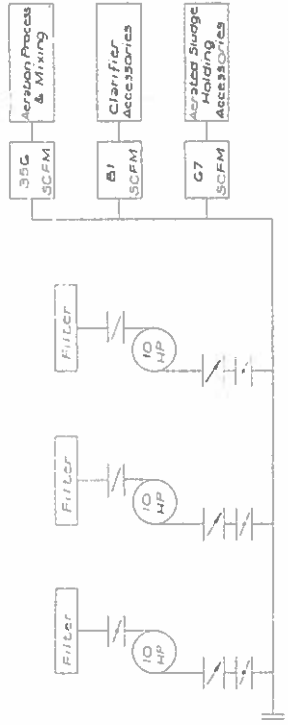
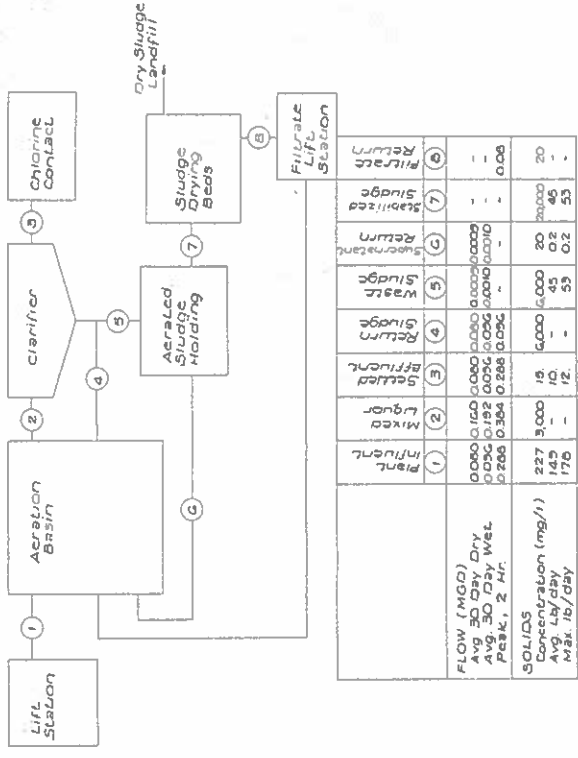







## WASTEWATER TREATMENT

## HYDRAULIC PROFILE



# PLANT AIR SUPPLY



No.	Date	Revision		By
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <p><b>Coyne &amp; Rehmet Engineering Co., Inc.</b> Consulting Engineers &amp; Surveyors</p> </div> <div style="text-align: center;"> <p><b>TILDEN WASTEWATER TREATMENT PLANT CONTRACT II MC MULLEN COUNTY, TEXAS</b></p> </div> <div style="text-align: center;"> <p><b>ALICE, TEXAS</b></p> </div> </div>				
Designed	EWG	Scale	N.T.S.	Date
Checked	EWG	Checked	P.W.C.	Job No.
Approved	EWG	Approved	P.W.C.	Sheet
Drawn	EWG			2 of 11
<h1>HYDRAULIC PROFILE &amp; FLOW DIAGRAM</h1>				

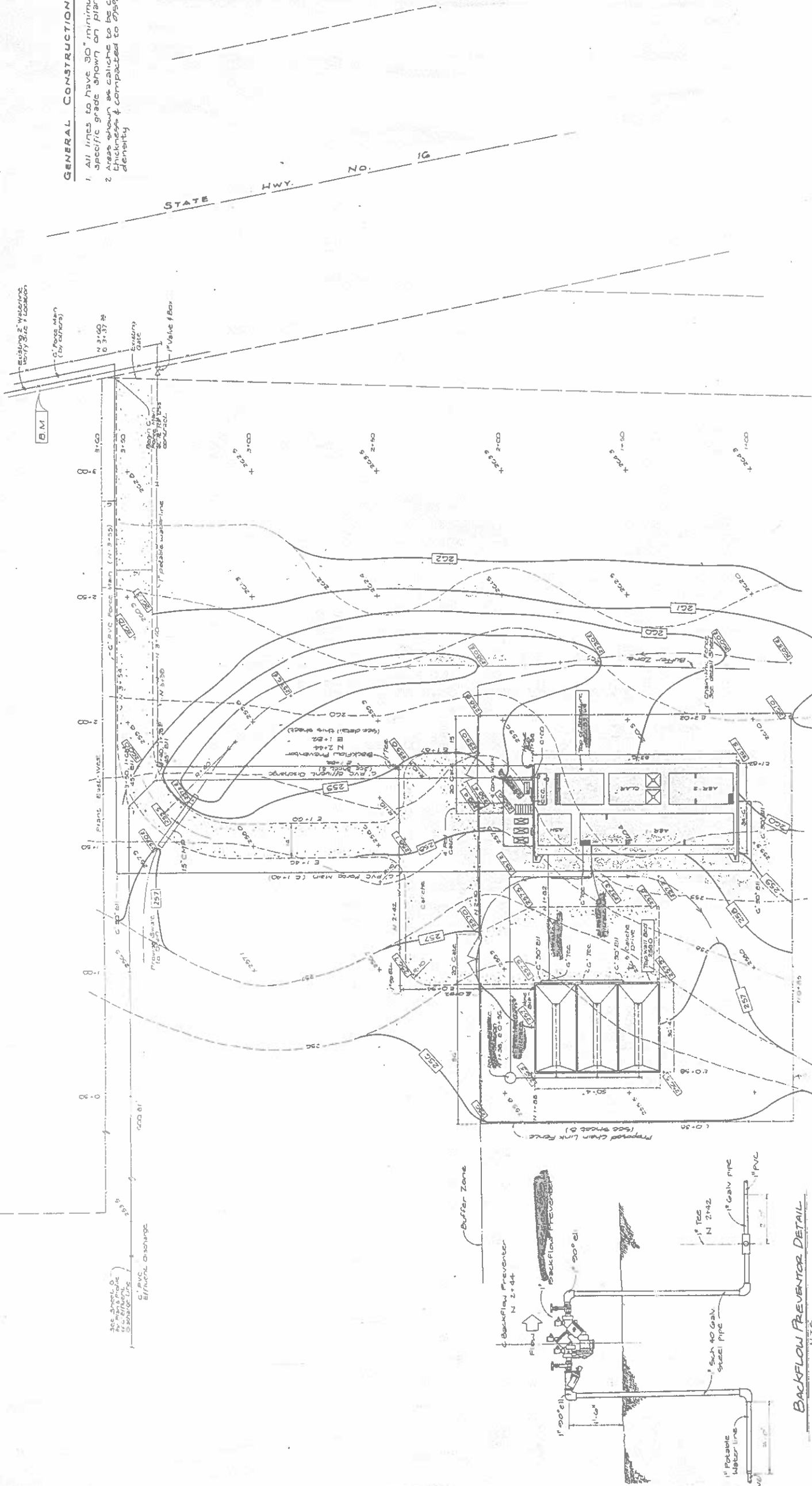
PROJECT BENCHMARK

ELEV: 203.68

Project Benchmark is Top of T.H.B. ROW marker approximately 25' North of the N.E. corner of plat property on West ROW of State Hwy. No. 16.

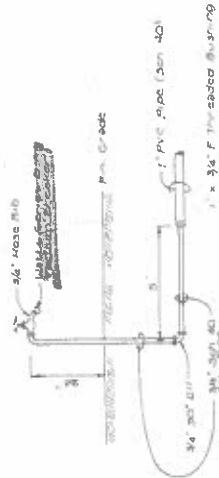
GENERAL CONSTRUCTION NOTES:

1. All lines to have 30" minimum cover unless specific grade shown on plans
2. Areas shown as caiche to be constructed to 6" thickness & compacted to 95% modified proctor density



BACKFLOW PREVENTOR

N.T.S.



HOSE BIB DETAIL

N.T.S.

PIPING SCHEDULE  
(YARD PIPING ONLY)

LINE	SIZE	MATERIAL	PRESSURE CLASS/D.R.
Filtrate Drain	6"	PVC	Sch. 40
Filtrate Return	2"	PVC	Class 160 SDR 26
Force Main	6"	PVC	Class 160 SDR 26
Waste Sludge (Below Ground)	6"	PVC	Class 50
Waste Sludge (Above Ground)	6"	DUCTILE IRON	Class 160 SDR 26
Effluent Discharge	6"	PVC	Sch. 40
Potable Water Supply	1"	PVC	Sch. 40
		GALV	Sch. 40 (see plan)



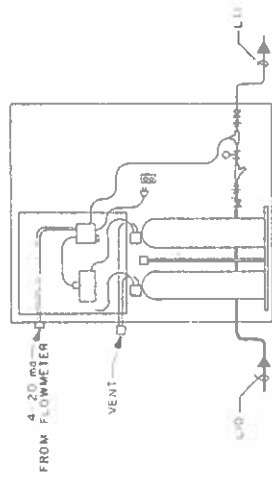
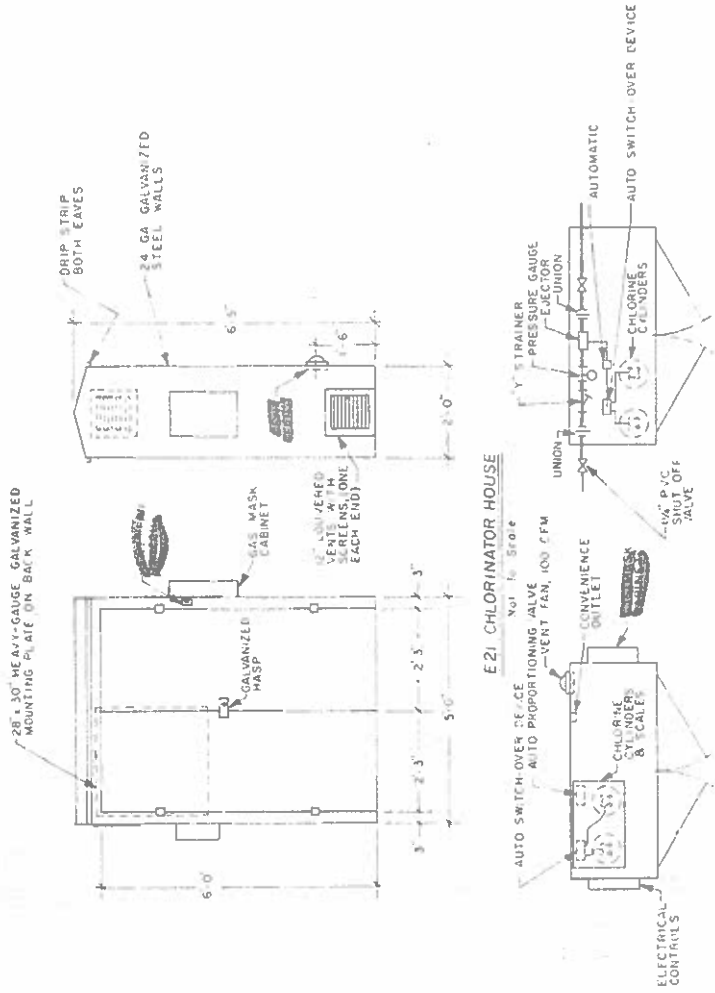
**Coyne & Rehmet Engineering Co., Inc.**  
Consulting Engineers & Surveyors Alice, Texas

**TILDEN WASTEWATER TREATMENT PLANT**  
**CONTRACT II**  
McMULLEN COUNTY, TEXAS

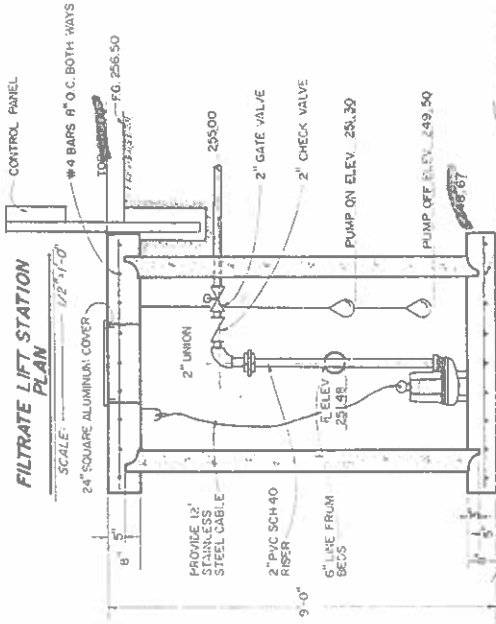
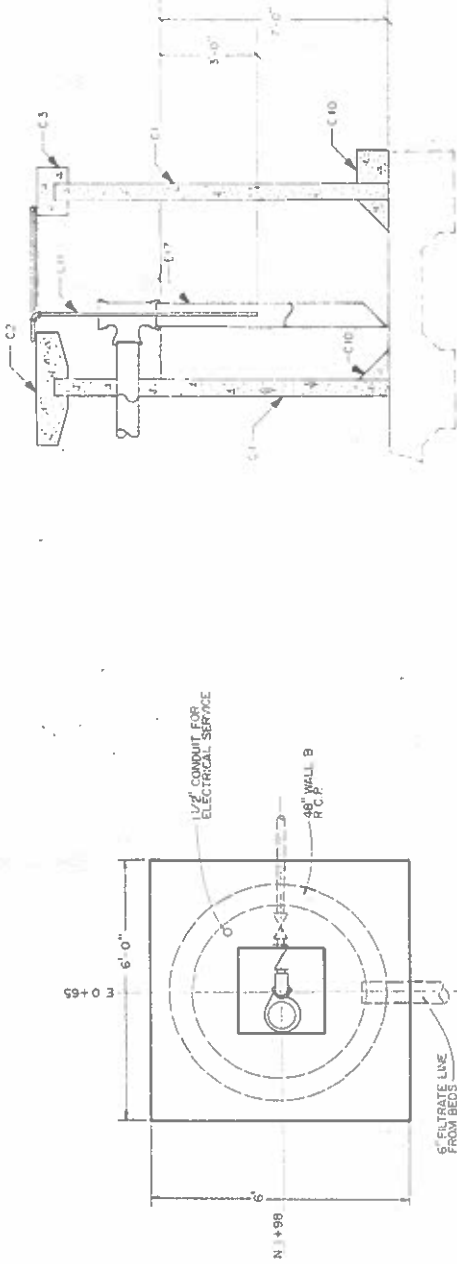
**SITE PLAN & YARD PIPING**

Designed	EDGR	Scale	1" = 20'	Date	12/1/90
Checked	PWC	Job No.	90-4210		
Drawn	YDL	Approved	PWC	Sheet	3 of 11





CHLORINATION SYSTEM SCHEMATIC  
Not To Scale



FILTRATE LIFT STATION  
SCALE: 1/2\"/>

SYMBOL	ITEM	CONCRETE	SCHEDULE	MATERIAL
C1	Wall: Water Tight			Precast
C2	Cap Beam			Precast
C3	Support			Precast
C4	Support			Precast
C5	Support			Precast
C6	Hopper			Precast
C7	Flow Port/Opening			3000 PSI
C8	Flow Port/Opening			---
C9	Flow Port/Opening			---
C10	Flow Port/Opening			---
C11	Flow Port/Opening			---
C12	Flow Port/Opening			---

SYMBOL	ITEM	LIQUID	SIZE	MATERIAL
L1	Return Activated Sludge		4 in.	PVC
L2	Clarifier Inlet Skimmer		3 in.	PVC
L3	Clarifier Effluent Skimmer		3 in.	PVC
L4	Clarifier Effluent Supply		3 in.	PVC
L5	Clarifier Effluent Supply		3 in.	PVC
L6	Clarifier Effluent Supply		3 in.	PVC
L7	Clarifier Effluent Supply		3 in.	PVC
L8	Clarifier Effluent Supply		3 in.	PVC
L9	Clarifier Effluent Supply		3 in.	PVC
L10	Clarifier Effluent Supply		3 in.	PVC
L11	Clarifier Effluent Supply		3 in.	PVC
L12	Clarifier Effluent Supply		3 in.	PVC

SYMBOL	ITEM	PIPING SCHEDULE	SIZE	MATERIAL
A1	Air Supply		4 in.	GALV
A2	Air Supply		4 in.	GALV
A3	Air Supply		4 in.	GALV
A4	Air Supply		4 in.	GALV
A5	Air Supply		4 in.	GALV
A6	Air Supply		4 in.	GALV
A7	Air Supply		4 in.	GALV
A8	Air Supply		4 in.	GALV
A9	Air Supply		4 in.	GALV
A10	Air Supply		4 in.	GALV
A11	Air Supply		4 in.	GALV
A12	Air Supply		4 in.	GALV

SYMBOL	ITEM	EQUIPMENT	SIZE	MATERIAL
E1	Bar Screen/Trash Basket			GALV
E2	Air Diffuser Assembly			GALV
E3	Air Diffuser Assembly			GALV
E4	Air Diffuser Assembly			GALV
E5	Air Diffuser Assembly			GALV
E6	Air Diffuser Assembly			GALV
E7	Air Diffuser Assembly			GALV
E8	Air Diffuser Assembly			GALV
E9	Air Diffuser Assembly			GALV
E10	Air Diffuser Assembly			GALV
E11	Air Diffuser Assembly			GALV
E12	Air Diffuser Assembly			GALV

Phil W. [Signature]

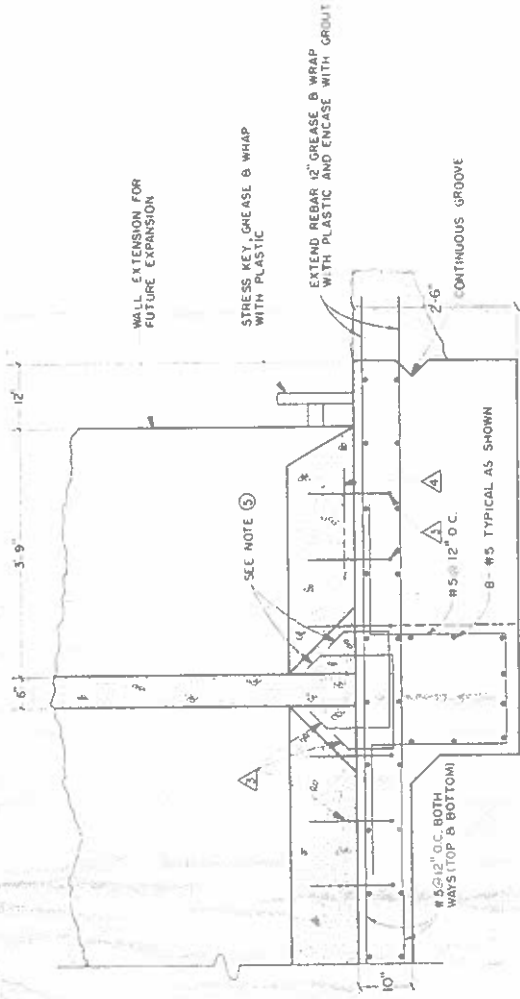
Department	Engt.	Scale	As Noted	Date	12/1/90
Designed	PWC	Checked	PWC	Job No	90-4210
Drawn	SG	Approved	PWC	Sheet	5 of 11

**Coym & Rehmet Engineering Co., Inc.**  
Consulting Engineers & Surveyors  
Alicia, Texas

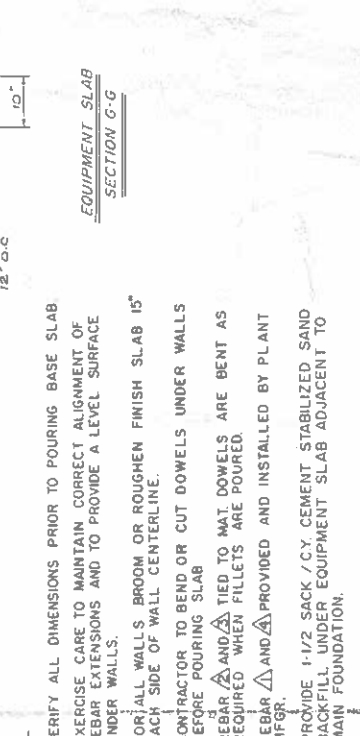
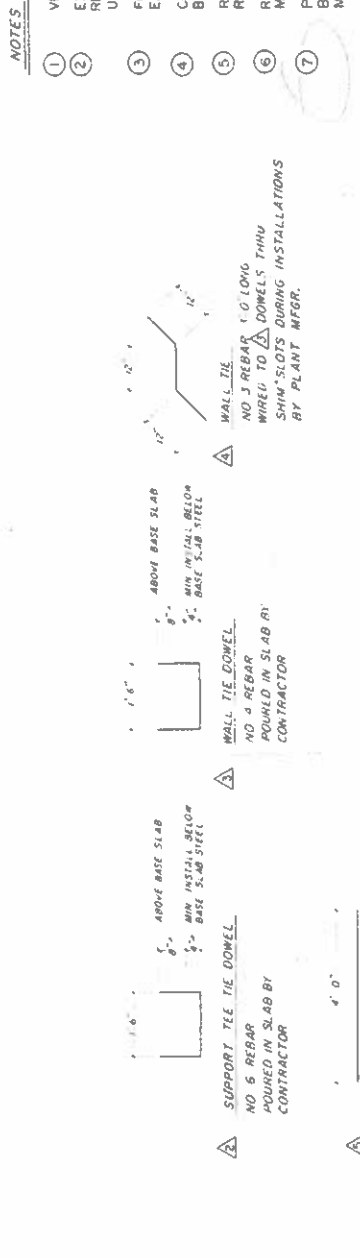
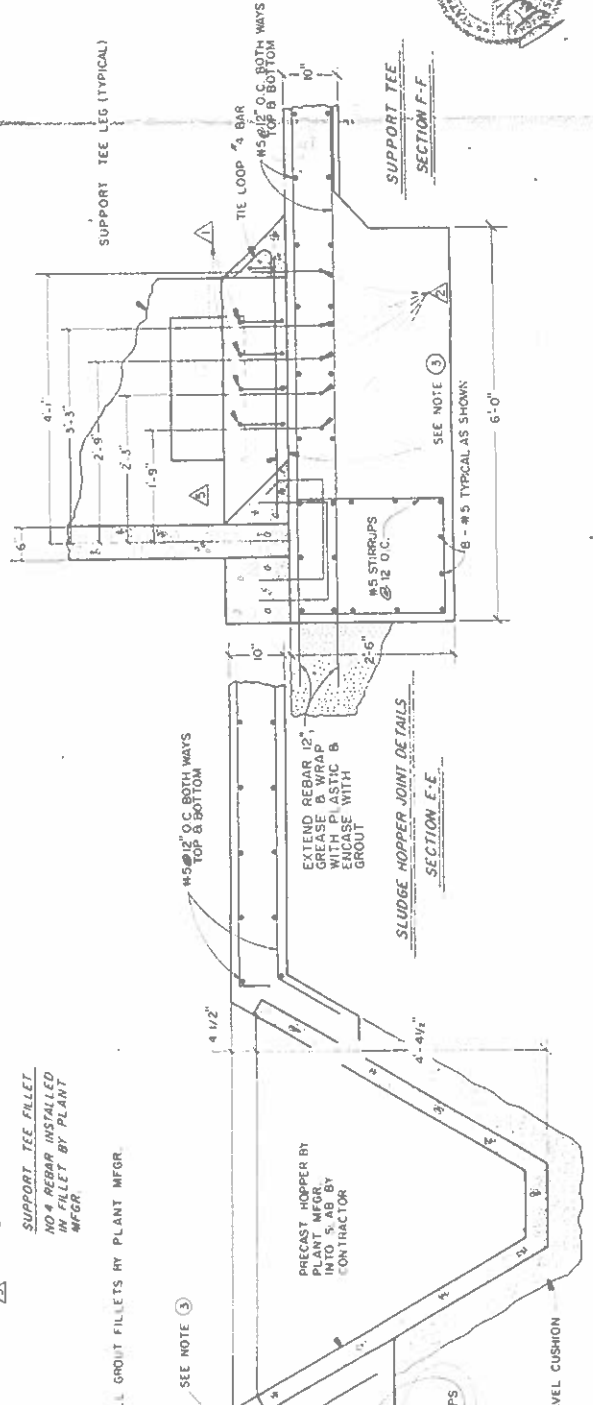
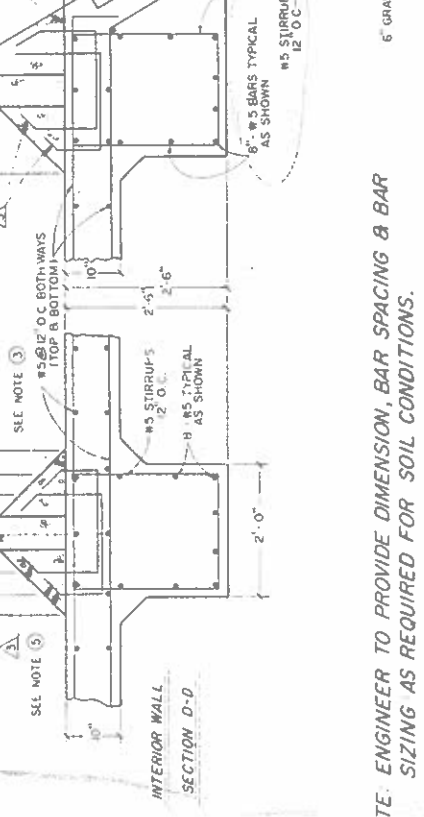
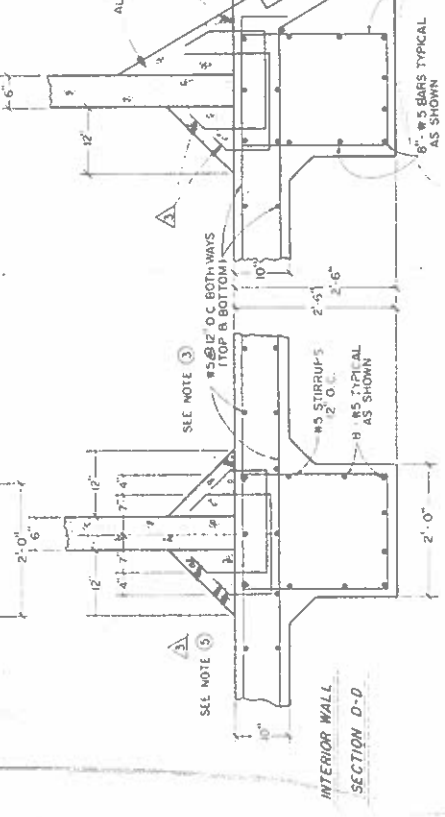
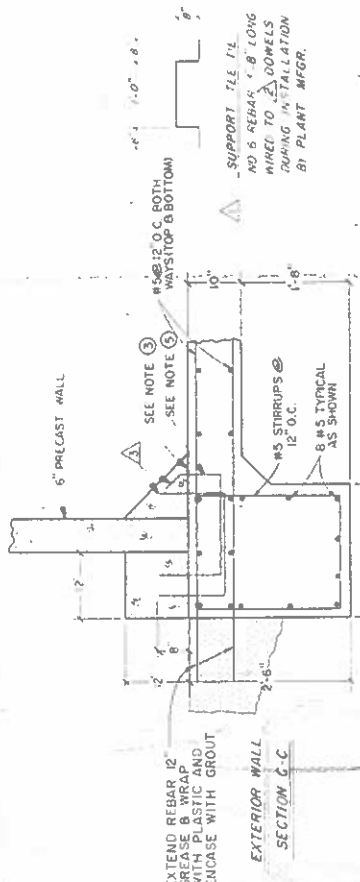
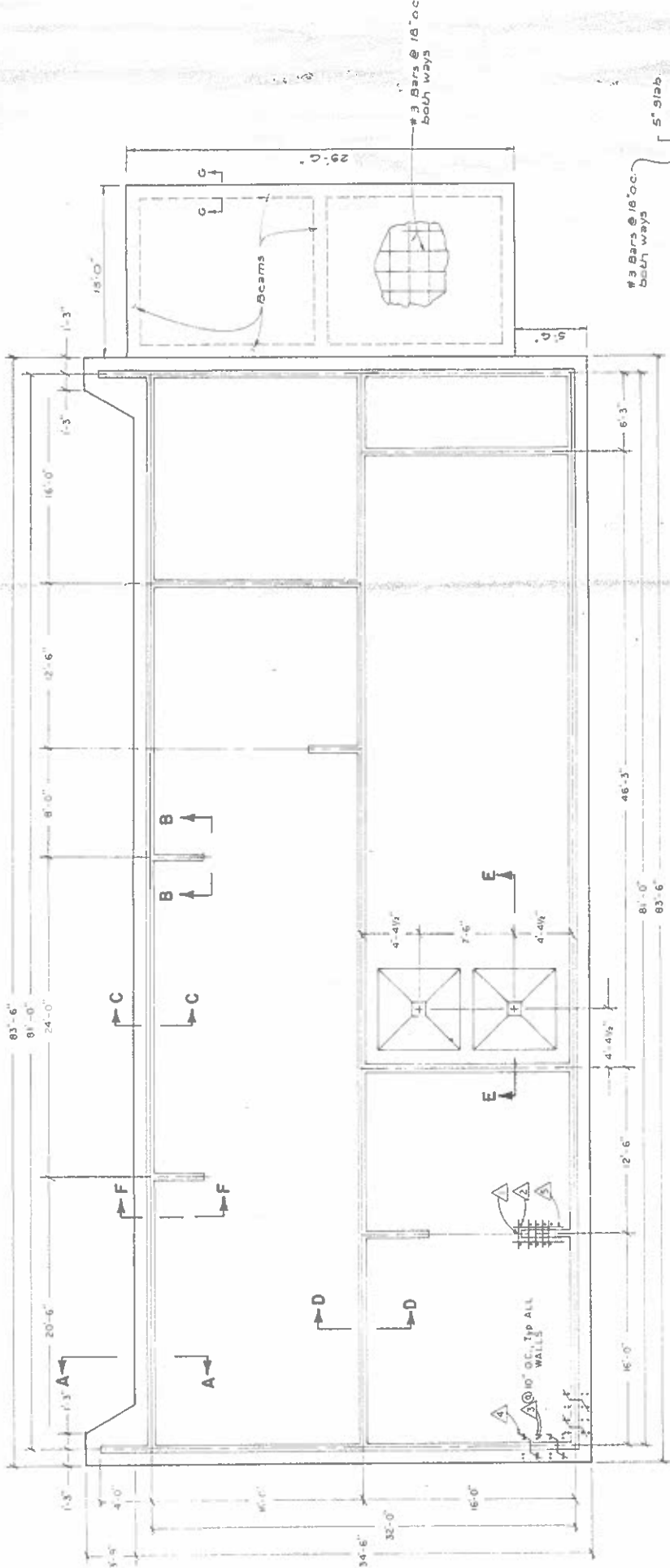
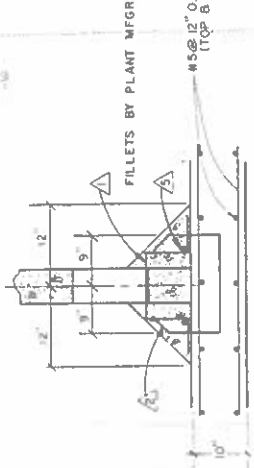
**TILDEN WASTEWATER TREATMENT PLANT**  
CONTRACT II  
MCMULLEN COUNTY, TEXAS

**TREATMENT UNIT SECTIONS**





EXPANSION TEE  
SECTION A-A



- NOTES:
- VERIFY ALL DIMENSIONS PRIOR TO POURING BASE SLAB
  - EXERCISE CARE TO MAINTAIN CORRECT ALIGNMENT OF REBAR EXTENSIONS AND TO PROVIDE A LEVEL SURFACE UNDER WALLS.
  - FOR ALL WALLS BROOM OR ROUGHEN FINISH SLAB 15" EACH SIDE OF WALL CENTERLINE.
  - CONTRACTOR TO BEND OR CUT DOWELS UNDER WALLS BEFORE POURING SLAB
  - REBAR AND DOWELS TIED TO MAT. DOWELS ARE BENT AS REQUIRED WHEN FILLETS ARE POURED
  - REBAR AND DOWELS PROVIDED AND INSTALLED BY PLANT MFR.
  - PROVIDE 1-1/2 SACK / CY CEMENT STABILIZED SAND BACKFILL UNDER EQUIPMENT SLAB ADJACENT TO MAIN FOUNDATION.

DOWELS MARKED /2 AND /3 ARE TO BE FIELD BENT BENDING TO BE BY PLANT MFR.



1	1/2" x 1/2" x 1/2"	Added Rebar Dowels for Expansion & Contraction	ALL
2	1/2" x 1/2" x 1/2"	Added Equipment Slab Details	ALL

<b>Coyne &amp; Rehmet Engineering Co., Inc.</b>		Alice, Texas
Consulting Engineers & Surveyors		
<b>TILDEN WASTEWATER TREATMENT PLANT</b>		
<b>CONTRACT II</b>		
<b>McMULLEN COUNTY, TEXAS</b>		
<b>BASE SLAB DETAILS</b>		

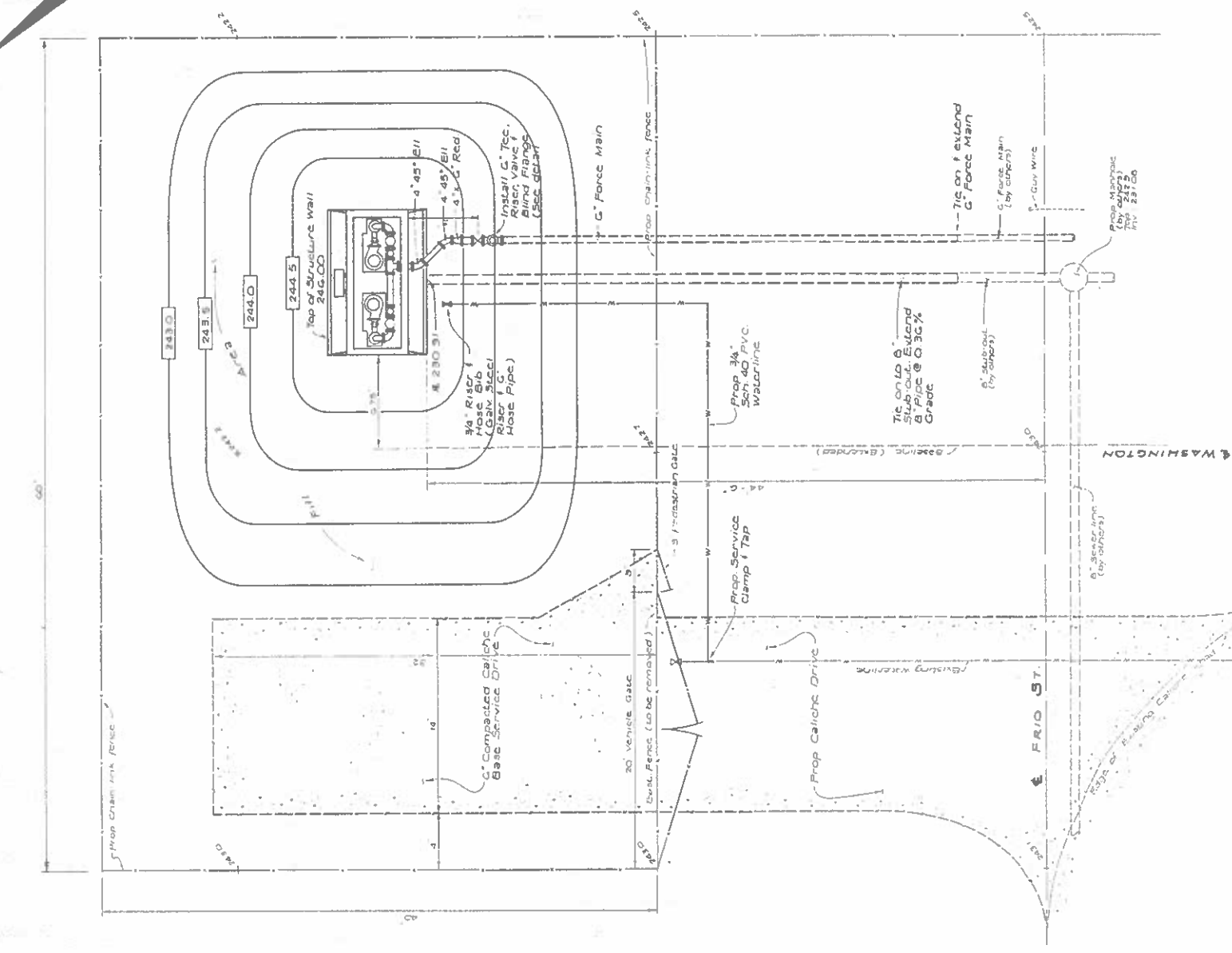
  

Drawn	SG	Scale	As Noted	Date	12.19.90
Designed	PLK	Checked	PLK	Job No.	90-4210
Revised		Approved	PLK	Sheet	6 of 11

NOTE: ENGINEER TO PROVIDE DIMENSION, BAR SPACING & BAR SIZING AS REQUIRED FOR SOIL CONDITIONS.

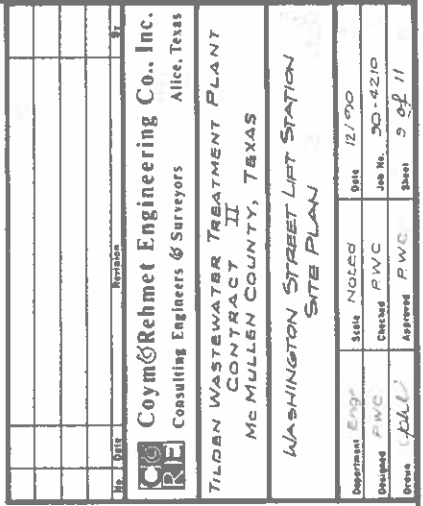






8  
N.T.S.

Scale: 1" = 5'





**PUMP DATA**

MANUFACTURER	MODEL
HP	RPM
DISCH SIZE	
GPM	TQH
MAX	SOLIDS

**CONTROLLER DATA**

INCOMING POWER	VOLTS	PHASE	WIRE
ENCLOSURE	NEMA		
WIRING	DIAGRAM		
WIRING	SCHEMATIC		

[illegible]

EXCAVATION SLOPED  
FOR SAFETY

$$E_{\text{eff}} = \frac{1}{2} \left( \frac{1}{E_1} + \frac{1}{E_2} \right) \left( \frac{1}{E_1} + \frac{1}{E_2} \right) \left( \frac{1}{E_1} + \frac{1}{E_2} \right)$$



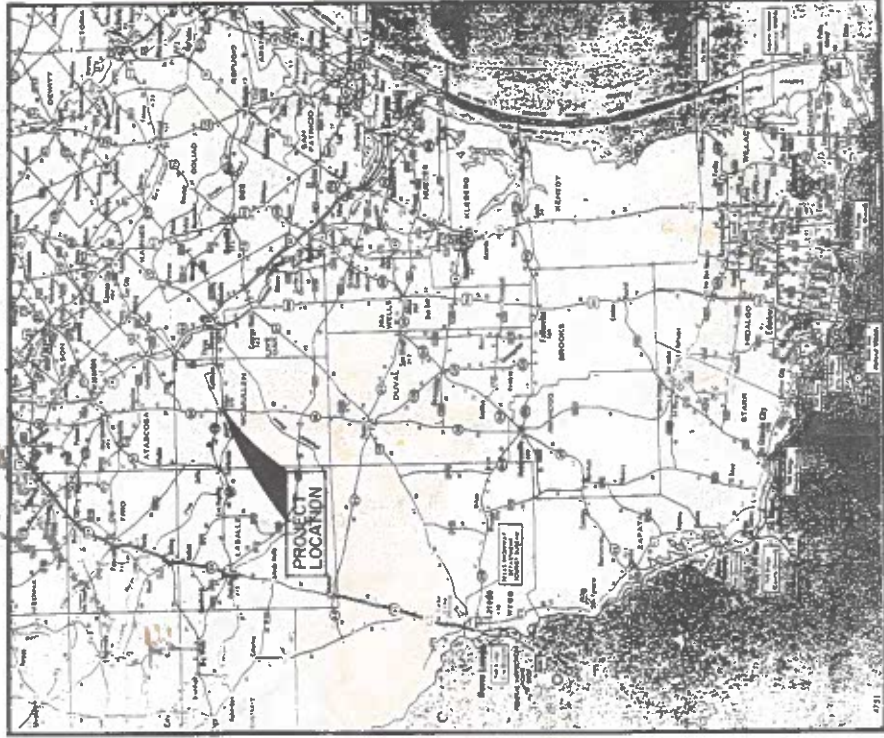




CONSTRUCTION PLANS OF  
**TILDEN WASTEWATER TREATMENT PLANT**  
**CONTRACT TWO**  
FOR  
**McMULLEN COUNTY, TEXAS**

COUNTY OFFICIALS

COUNTY JUDGE. . . . . ELAINE E FRANKLIN  
COMMISSIONER PCT. 1 . . . . . ALLEN GOFF  
COMMISSIONER PCT. 2 . . . . . RODNEY SWAIM  
COMMISSIONER PCT. 3 . . . . . HERMAN SMITH  
COMMISSIONER PCT. 4 . . . . . MAX G QUINTANILLA, JR



Scale: 1" = 23 miles

INDEX OF DRAWINGS

SHEET

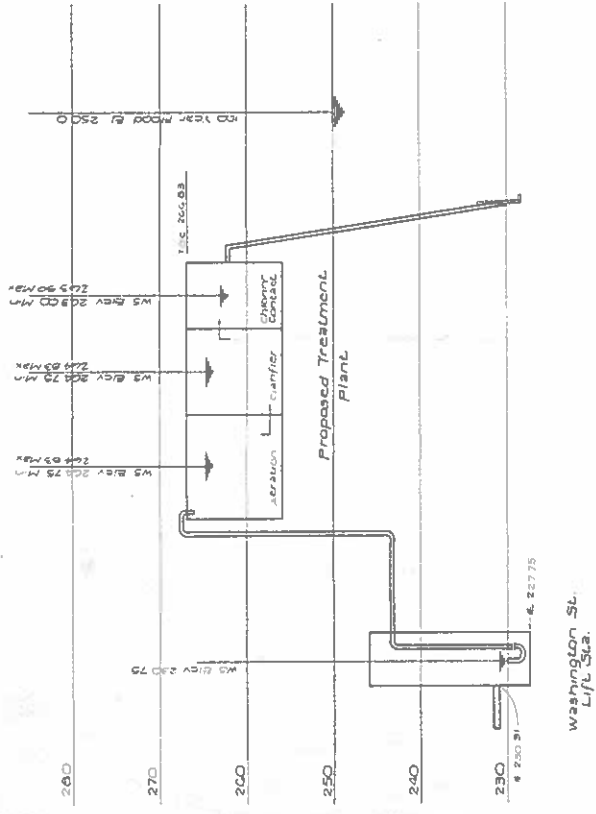
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E1  
E2

DESCRIPTION

COVER SHEET  
HYDRAULIC PROFILE & PROCESS FLOW DIAGRAM  
SITE PLAN & YARD PIPING  
TREATMENT UNIT PLAN & SECTION  
TREATMENT UNIT SECTIONS  
BASE SLAB DETAILS  
SLUDGE DRYING BEDS  
EFFLUENT DISCHARGE LINE PLAN & PROFILE  
WASHINGTON STREET LIFT STATION-SITE PLAN  
WASHINGTON STREET LIFT STATION-DETAILS  
ELECTRICAL PLAN-WASTEWATER TREATMENT PLANT  
ELECTRICAL PLAN-WASHINGTON ST LIFT STATION

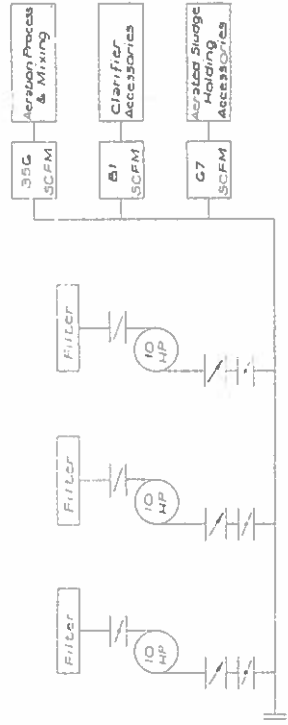
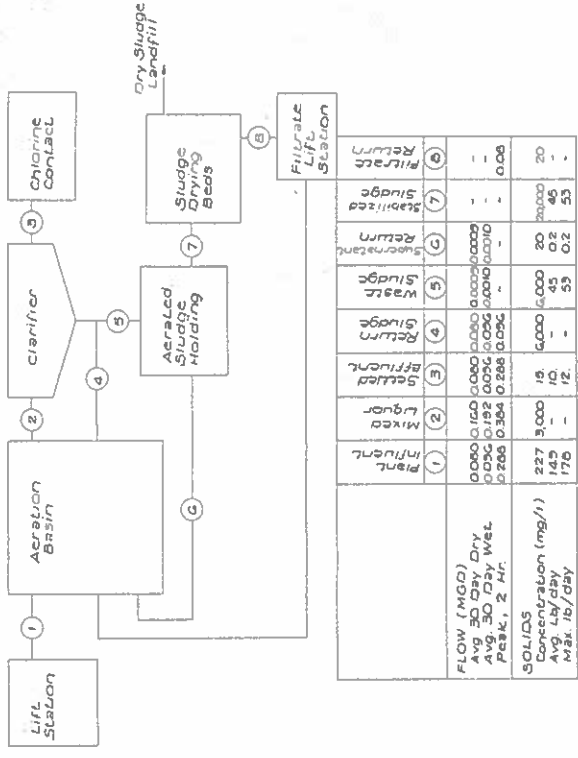






## WASTEWATER TREATMENT

## HYDRAULIC PROFILE



# PLANT AIR SUPPLY



No.	Date		Revised	S.
CORE RE	<b>Coyne &amp; Rehmet Engineering Co., Inc.</b> <b>Consulting Engineers &amp; Surveyors     Altec, Texas</b>			
TILDEN WASTEWATER TREATMENT PLANT CONTRACT II MC MULLEN COUNTY, TEXAS				
Dwelling	Elev.	Scale	N.T.S.	Date
Dwelled P.W.C. Drawn J.H.L.	Checked P.W.C. Approved J.H.L.	P.W.C.	P.W.C.	JAN 20 - 96 Sheet 2 of 7-11

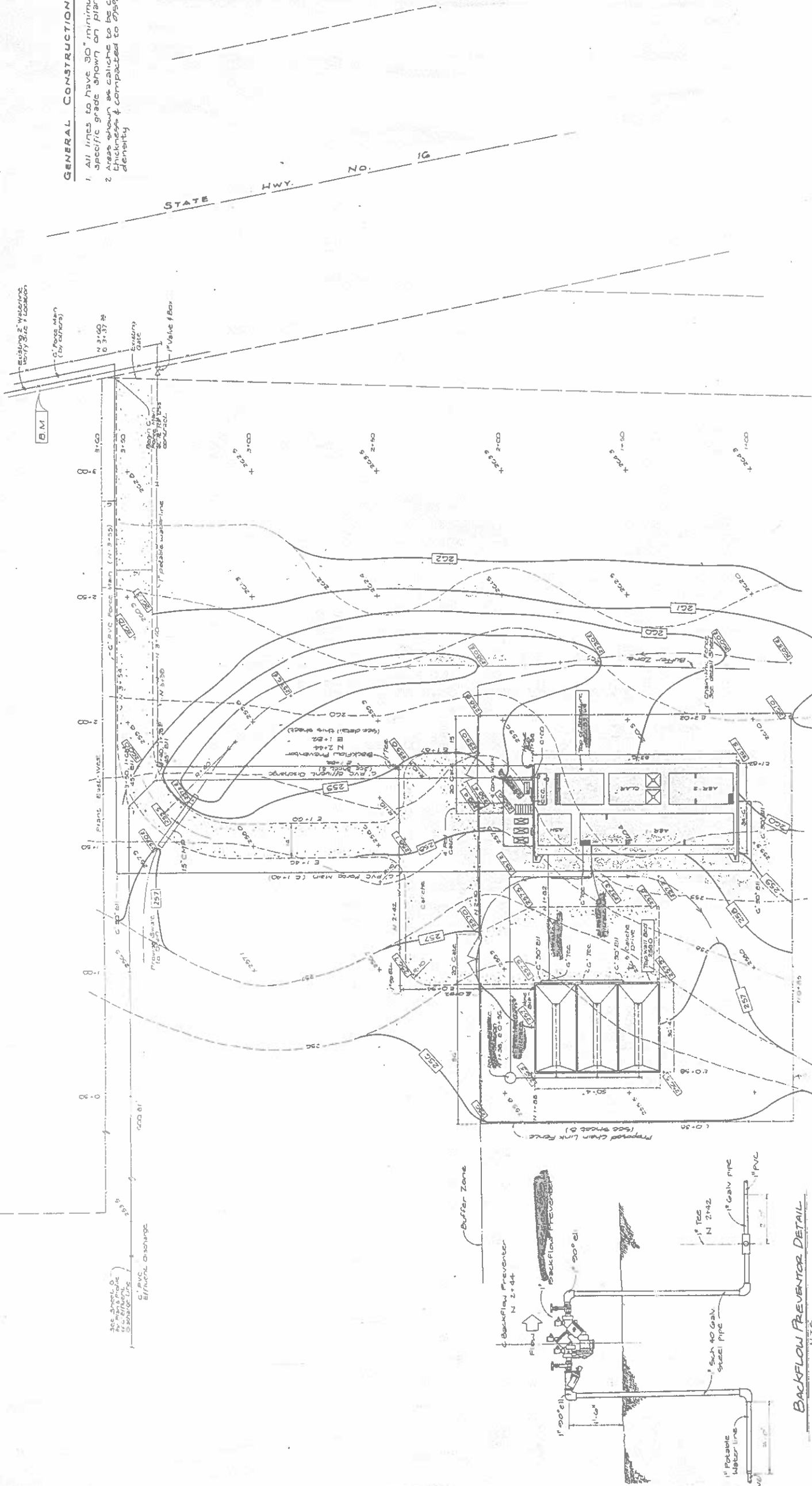
PROJECT BENCHMARK

ELEV: 203.68

Project Benchmark is Top of T.H.B. ROW marker approximately 25' North of the N.E. corner of plat property on West ROW of State Hwy. No. 16.

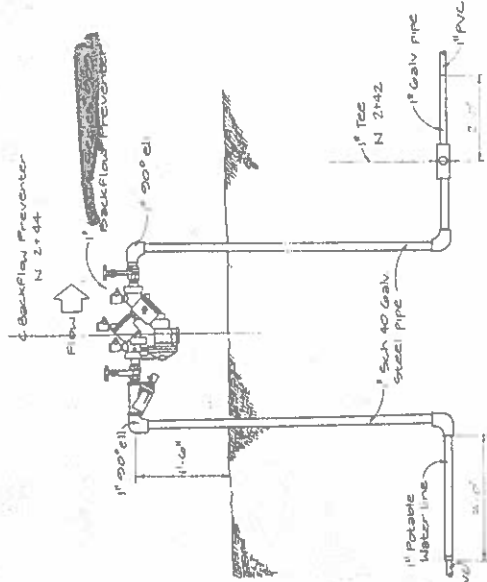
GENERAL CONSTRUCTION NOTES:

- 1. All lines to have 30" minimum cover unless specific grade shown on plans
- 2. Areas shown as caiche to be constructed to 6" thickness & compacted to 95% modified proctor density



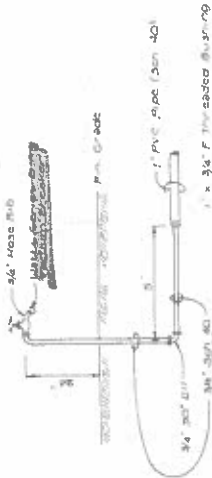
BACKFLOW PREVENTOR

N.T.S.



PIPING SCHEDULE  
(YARD PIPING ONLY)

LINE	SIZE	MATERIAL	PRESSURE CLASS/D.R.
Filtrate Drain	6"	PVC	Sch. 40
Filtrate Return	2"	PVC	Class 160 SDR 26
Force Main	6"	PVC	Class 160 SDR 26
Waste Sludge (Below Ground)	6"	PVC	Class 50
Waste Sludge (Above Ground)	6"	DUCTILE IRON	Class 160 SDR 26
Effluent Discharge	6"	PVC	Sch. 40
Potable Water Supply	1"	GALV	Sch. 40 (see plan)



HOSE BIB DETAIL

N.T.S.



Coyne & Rehmet Engineering Co., Inc.  
Consulting Engineers & Surveyors Alice, Texas

TILDEN WASTEWATER TREATMENT PLANT  
CONTRACT II  
McMULLEN COUNTY, TEXAS

SITE PLAN & YARD PIPING

Designed	EDG	Scale	1" = 20'	Date	12/1/90
Checked	PWC	Job No.	90-4210		
Drawn	PL	Approved	PWC	Sheet	3 of 11

EQUIPMENT

SECTION A-A		UNDISTURBED SOIL		BASIN DIMENSIONS & CAPACITIES		PIPEWORK SCHEDULE, LIQUID	
CONTRACTOR	DATE	NO.	DESCRIPTION	ITEM	SYMBOL	ITEM	SYMBOL
ABR - 1	Arrestion	1	64.5" x 15.5" x 8.75" N.L. = 55,434 gal	L1	Influent (By Contractor)	4	6
ABR - 2	Arrestion	2	26.0" x 15.5" x 8.75" N.L. = 55,405 gal	L2	Influent (By Contractor)	4	6
ABR - 3	Arrestion	3	26.0" x 15.5" x 8.75" N.L. = 55,439 gal	L3	Return Activated Sludge	4	4
ABR - 4	Arrestion	4		L4	Waste Activated Sludge	4	4
ABR - 5	Arrestion	5		L5	Clarifier Influent Sludge	3	3
ABR - 6	Arrestion	6		L6	Clarifier Influent Sludge	3	3
ABR - 7	Arrestion	7		L7	Clarifier Influent Sludge	3	3
ABR - 8	Arrestion	8		L8	A.S. Decant	2	2
ABR - 9	Arrestion	9		L9	Clarifier Influent Sludge	3	3
ABR - 10	Arrestion	10		L10	Clarifier Influent Sludge	3	3
ABR - 11	Arrestion	11		L11	Clarifier Influent Sludge	3	3
ABR - 12	Arrestion	12		L12	Return Filtrate (By Contractor)	3	3

## BASIN DIMENSIONS & CAPACITIES

E24 Blower/motor assembly  
E24 Blower inlet filter  
E25 Blower silencer  
E26 Blower Control Panel  
E27 Scraper Drive Control Panel  
E28 Chlorinator Control Panel

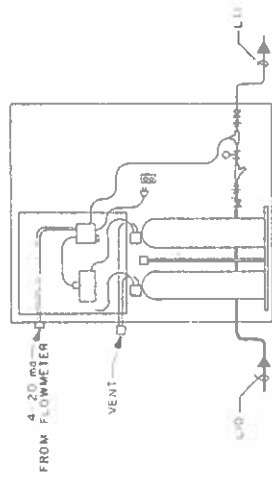
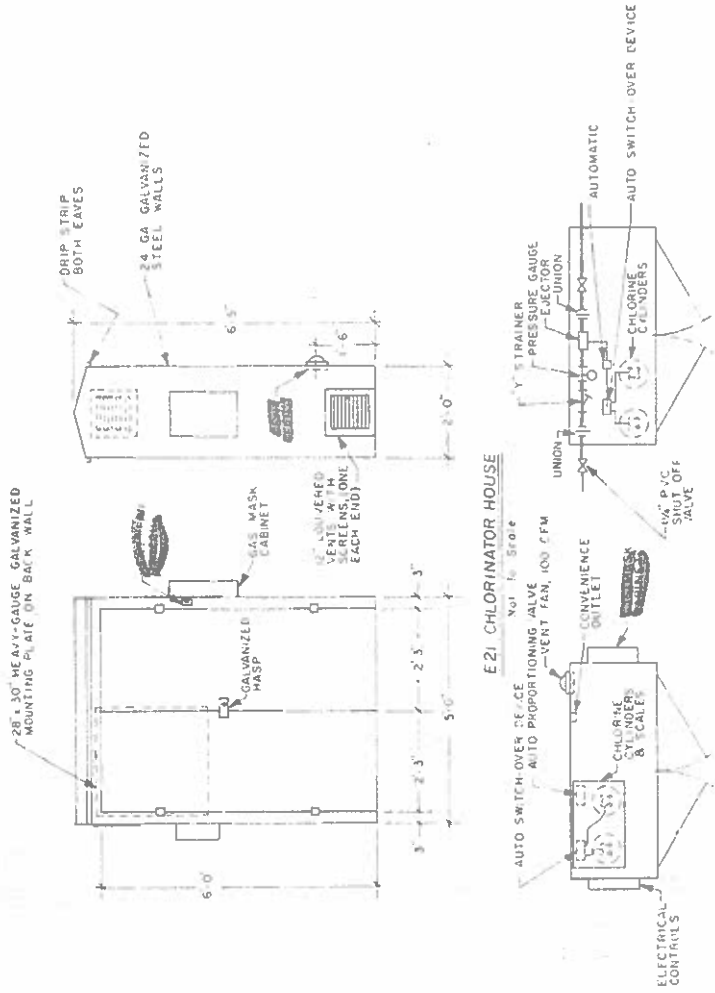


**Coym&Rehmet Engineering Co., Inc.**  
Consulting Engineers & Surveyors  
Alice, Texas

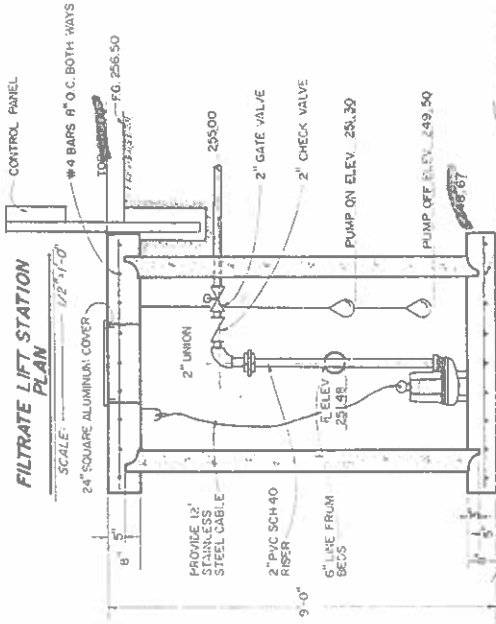
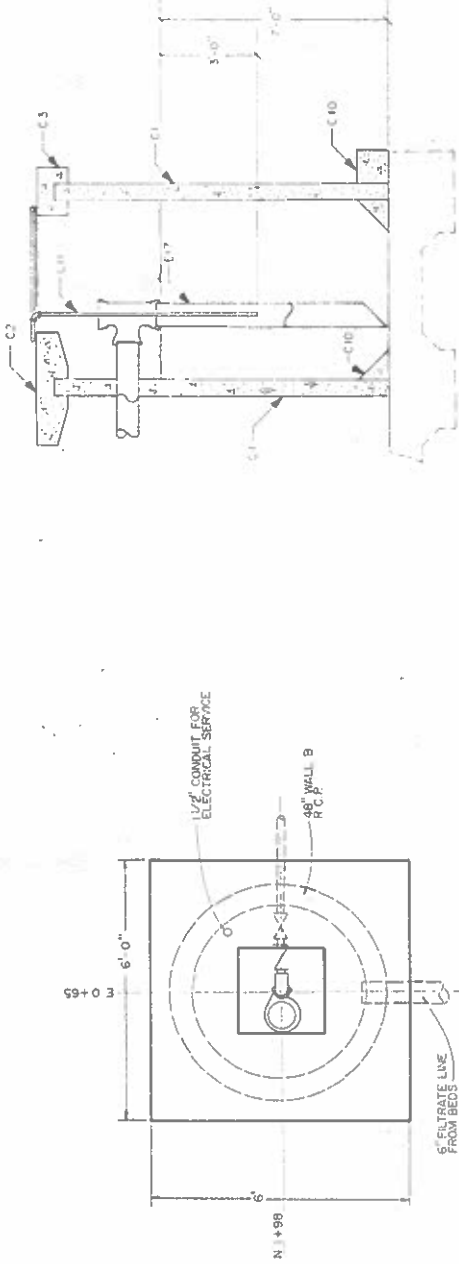
TILPEN WASTEWATER TREATMENT PLANT  
CONTRACT II  
McMULLEN COUNTY, TEXAS

TREATMENT UNIT PLAN &amp; SECTION

Department Engr.	Scale As Noted	Date 12/1/00
Designed PWC	Checked PWC	Job No. 00-4210
Drawn CG	Reviewed PWC	Sheet 4 of 11



CHLORINATION SYSTEM SCHEMATIC  
Not To Scale



FILTRATE LIFT STATION  
Scale 1/2\"/>

SYMBOL	ITEM	CONCRETE	REINFORCE	MATERIAL
C1	Wall: Water Tight			Precast
C2	Cap Beam			Precast
C3	Support			Precast
C4	Support			Precast
C5	Support			Precast
C6	Hopper			Precast
C7	Flow Port/Opening			3000 PSI
C8	Flow Port/Opening			---
C9	Flow Port/Opening			---
C10	Flow Port/Opening			---
C11	Flow Port/Opening			---
C12	Flow Port/Opening			---

SYMBOL	ITEM	PIPING SCHEDULE	LIQUID	SIZE	MATERIAL
L1	Return Activated Sludge			4 in.	PVC
L2	Clarifier Inlet Skimmer			3 in.	PVC
L3	Clarifier Effluent Skimmer			3 in.	PVC
L4	Clarifier Effluent Supply			3 in.	PVC
L5	Clarifier Effluent Supply			3 in.	PVC
L6	Clarifier Effluent Supply			3 in.	PVC
L7	Clarifier Effluent Supply			3 in.	PVC
L8	Clarifier Effluent Supply			3 in.	PVC
L9	Clarifier Effluent Supply			3 in.	PVC
L10	Clarifier Effluent Supply			3 in.	PVC
L11	Clarifier Effluent Supply			3 in.	PVC
L12	Clarifier Effluent Supply			3 in.	PVC

SYMBOL	ITEM	PIPING SCHEDULE	AIR	SIZE	MATERIAL
A1	Air Supply			4 in.	GALV
A2	Air Supply			4 in.	GALV
A3	Air Supply			4 in.	GALV
A4	Air Supply			4 in.	GALV
A5	Air Supply			4 in.	GALV
A6	Air Supply			4 in.	GALV
A7	Air Supply			4 in.	GALV
A8	Air Supply			4 in.	GALV
A9	Air Supply			4 in.	GALV
A10	Air Supply			4 in.	GALV
A11	Air Supply			4 in.	GALV
A12	Air Supply			4 in.	GALV

SYMBOL	ITEM	EQUIPMENT	SIZE	MATERIAL
E1	Bar Screen/Trash Basket			GALV
E2	Air Diffuser Assembly			GALV
E3	Air Diffuser Assembly			GALV
E4	Air Diffuser Assembly			GALV
E5	Air Diffuser Assembly			GALV
E6	Air Diffuser Assembly			GALV
E7	Air Diffuser Assembly			GALV
E8	Air Diffuser Assembly			GALV
E9	Air Diffuser Assembly			GALV
E10	Air Diffuser Assembly			GALV
E11	Air Diffuser Assembly			GALV
E12	Air Diffuser Assembly			GALV
E13	Air Diffuser Assembly			GALV
E14	Air Diffuser Assembly			GALV
E15	Air Diffuser Assembly			GALV
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E18	Air Diffuser Assembly			GALV
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E22	Air Diffuser Assembly			GALV
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E30	Air Diffuser Assembly			GALV
E31	Air Diffuser Assembly			GALV
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E33	Air Diffuser Assembly			GALV
E34	Air Diffuser Assembly			GALV
E35	Air Diffuser Assembly			GALV
E36	Air Diffuser Assembly			GALV
E37	Air Diffuser Assembly			GALV
E38	Air Diffuser Assembly			GALV
E39	Air Diffuser Assembly			GALV
E40	Air Diffuser Assembly			GALV
E41	Air Diffuser Assembly			GALV
E42	Air Diffuser Assembly			GALV
E43	Air Diffuser Assembly			GALV
E44	Air Diffuser Assembly			GALV
E45	Air Diffuser Assembly			GALV
E46	Air Diffuser Assembly			GALV
E47	Air Diffuser Assembly			GALV
E48	Air Diffuser Assembly			GALV
E49	Air Diffuser Assembly			GALV
E50	Air Diffuser Assembly			GALV
E51	Air Diffuser Assembly			GALV
E52	Air Diffuser Assembly			GALV
E53	Air Diffuser Assembly			GALV
E54	Air Diffuser Assembly			GALV
E55	Air Diffuser Assembly			GALV
E56	Air Diffuser Assembly			GALV
E57	Air Diffuser Assembly			GALV
E58	Air Diffuser Assembly			GALV
E59	Air Diffuser Assembly			GALV
E60	Air Diffuser Assembly			GALV
E61	Air Diffuser Assembly			GALV
E62	Air Diffuser Assembly			GALV
E63	Air Diffuser Assembly			GALV
E64	Air Diffuser Assembly			GALV
E65	Air Diffuser Assembly			GALV
E66	Air Diffuser Assembly			GALV
E67	Air Diffuser Assembly			GALV
E68	Air Diffuser Assembly			GALV
E69	Air Diffuser Assembly			GALV
E70	Air Diffuser Assembly			GALV
E71	Air Diffuser Assembly			GALV
E72	Air Diffuser Assembly			GALV
E73	Air Diffuser Assembly			GALV
E74	Air Diffuser Assembly			GALV
E75	Air Diffuser Assembly			GALV
E76	Air Diffuser Assembly			GALV
E77	Air Diffuser Assembly			GALV
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E79	Air Diffuser Assembly			GALV
E80	Air Diffuser Assembly			GALV
E81	Air Diffuser Assembly			GALV
E82	Air Diffuser Assembly			GALV
E83	Air Diffuser Assembly			GALV
E84	Air Diffuser Assembly			GALV
E85	Air Diffuser Assembly			GALV
E86	Air Diffuser Assembly			GALV
E87	Air Diffuser Assembly			GALV
E88	Air Diffuser Assembly			GALV
E89	Air Diffuser Assembly			GALV
E90	Air Diffuser Assembly			GALV
E91	Air Diffuser Assembly			GALV
E92	Air Diffuser Assembly			GALV
E93	Air Diffuser Assembly			GALV
E94	Air Diffuser Assembly			GALV
E95	Air Diffuser Assembly			GALV
E96	Air Diffuser Assembly			GALV
E97	Air Diffuser Assembly			GALV
E98	Air Diffuser Assembly			GALV
E99	Air Diffuser Assembly			GALV
E100	Air Diffuser Assembly			GALV

Phil W. [Signature]

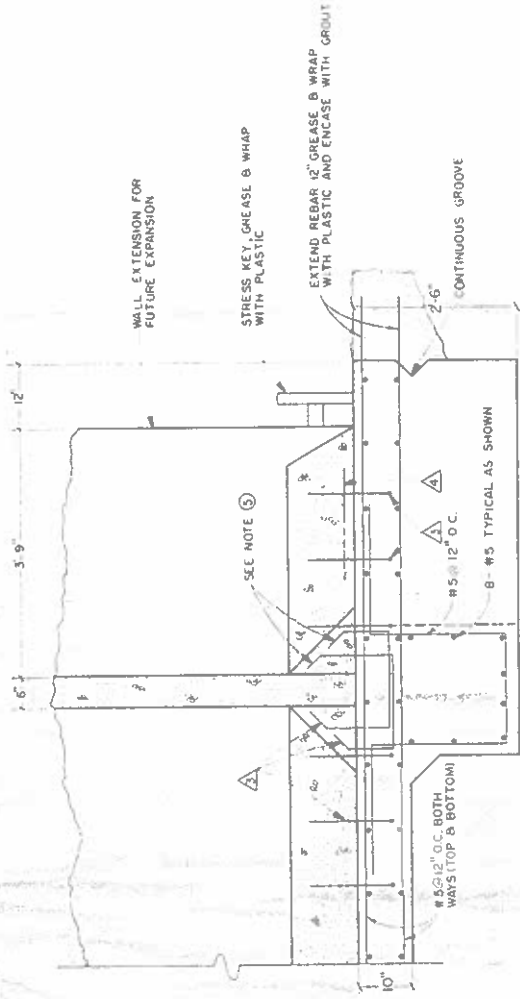
No.	Date	Revised	By
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2	12/1/90		
3	12/1/90		
4	12/1/90		
5	12/1/90		
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7	12/1/90		
8	12/1/90		
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100	12/1/90		

TREATMENT UNIT SECTIONS

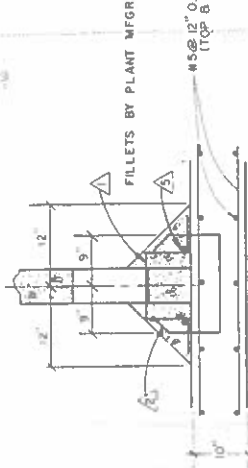
TILDEN WASTEWATER TREATMENT PLANT  
CONTRACT II  
MCMULLEN COUNTY, TEXAS

Coym & Rehmet Engineering Co., Inc.  
Consulting Engineers & Surveyors  
Alicia, Texas

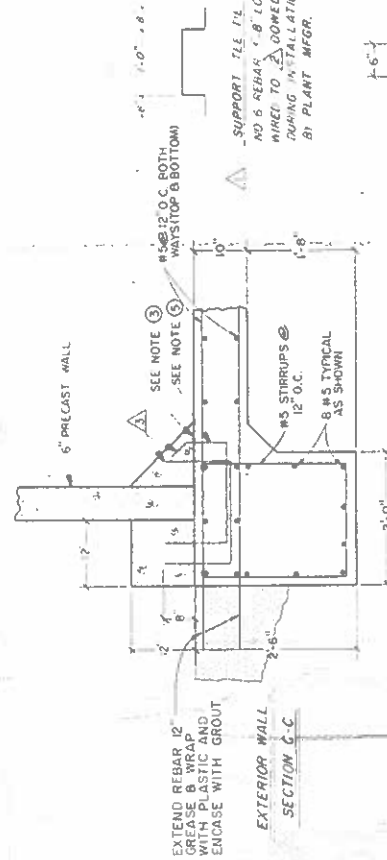
Department: Eng  
Designed: PWC  
Drawn: SP  
Scale: As Noted  
Checked: PWC  
Approved: PWC  
Date: 12/1/90  
Job No: 90-4210  
Sheet: 5 of 11



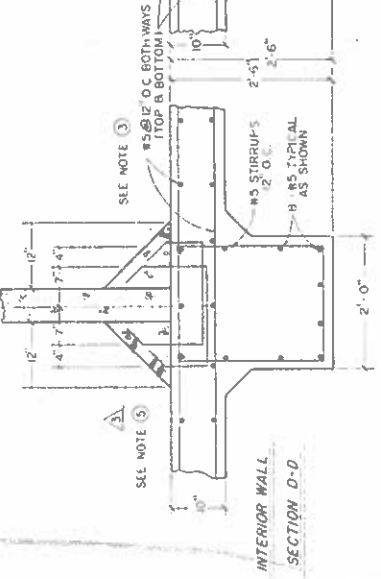
EXPANSION TEE  
SECTION A-A



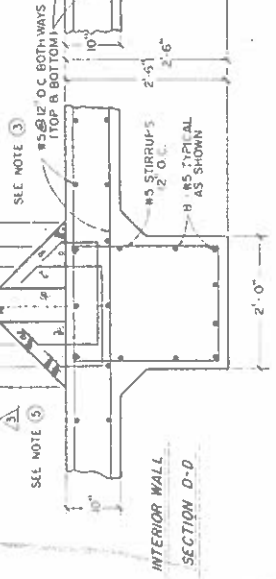
SUPPORT TEE  
SECTION B-B



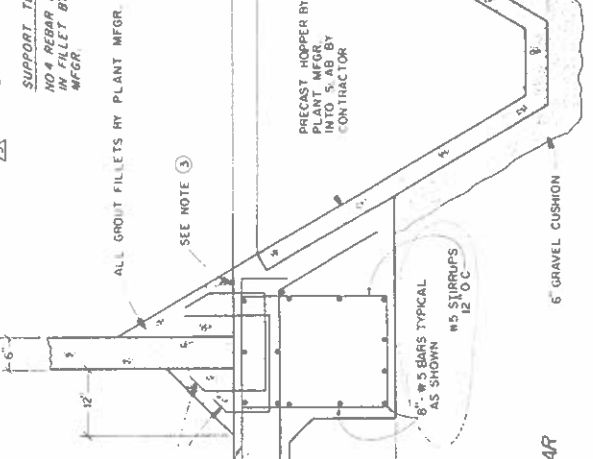
EXTERIOR WALL  
SECTION C-C



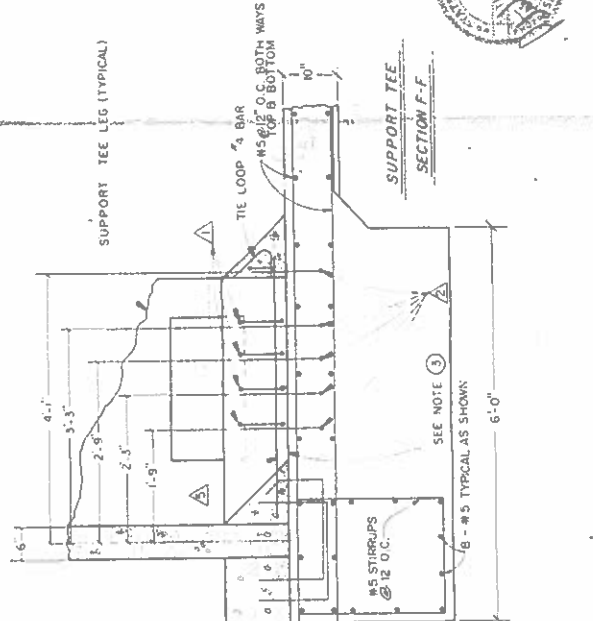
INTERIOR WALL  
SECTION D-D



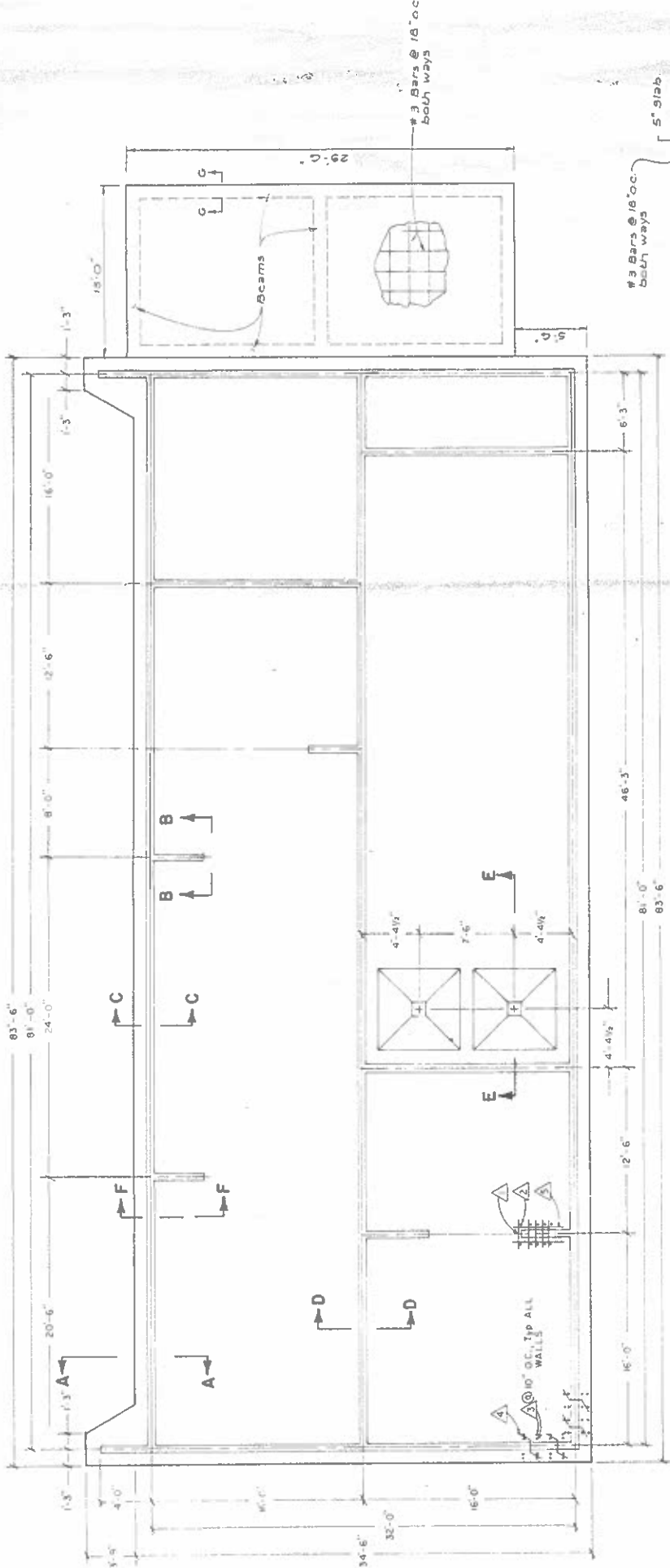
SLUDGE HOPPER JOINT DETAILS  
SECTION E-E



SUPPORT TEE  
SECTION F-F



EQUIPMENT SLAB  
SECTION G-G



NOTES

1. VERIFY ALL DIMENSIONS PRIOR TO POURING BASE SLAB
2. EXERCISE CARE TO MAINTAIN CORRECT ALIGNMENT OF REBAR EXTENSIONS AND TO PROVIDE A LEVEL SURFACE UNDER WALLS.
3. FOR ALL WALLS, BROOM OR ROUGHEN FINISH SLAB 15" EACH SIDE OF WALL CENTERLINE.
4. CONTRACTOR TO BEND OR CUT DOWELS UNDER WALLS BEFORE POURING SLAB.
5. REBAR AND DOWELS TIED TO MAT. DOWELS ARE BENT AS REQUIRED WHEN FILLETS ARE POURED.
6. REBAR AND DOWELS PROVIDED AND INSTALLED BY PLANT MFR.
7. PROVIDE 1-1/2 SACK / CY CEMENT STABILIZED SAND BACKFILL UNDER EQUIPMENT SLAB ADJACENT TO MAIN FOUNDATION.



DOWELS MARKED  $\Delta$  AND  $\nabla$  ARE TO BE FIELD BENT BENDING TO BE BY PLANT MFR.



1	Added Rebar Dowels for Expansion & Contraction	ALL
2	Added Equipment Slab Details	ALL
3	Added Rebar Dowels for Expansion & Contraction	ALL

<b>Coyne &amp; Rehmet Engineering Co., Inc.</b>	Alice, Texas
Consulting Engineers & Surveyors	
<b>TILDEN WASTEWATER TREATMENT PLANT</b>	
<b>CONTRACT II</b>	
<b>McMULLEN COUNTY, TEXAS</b>	
<b>BASE SLAB DETAILS</b>	

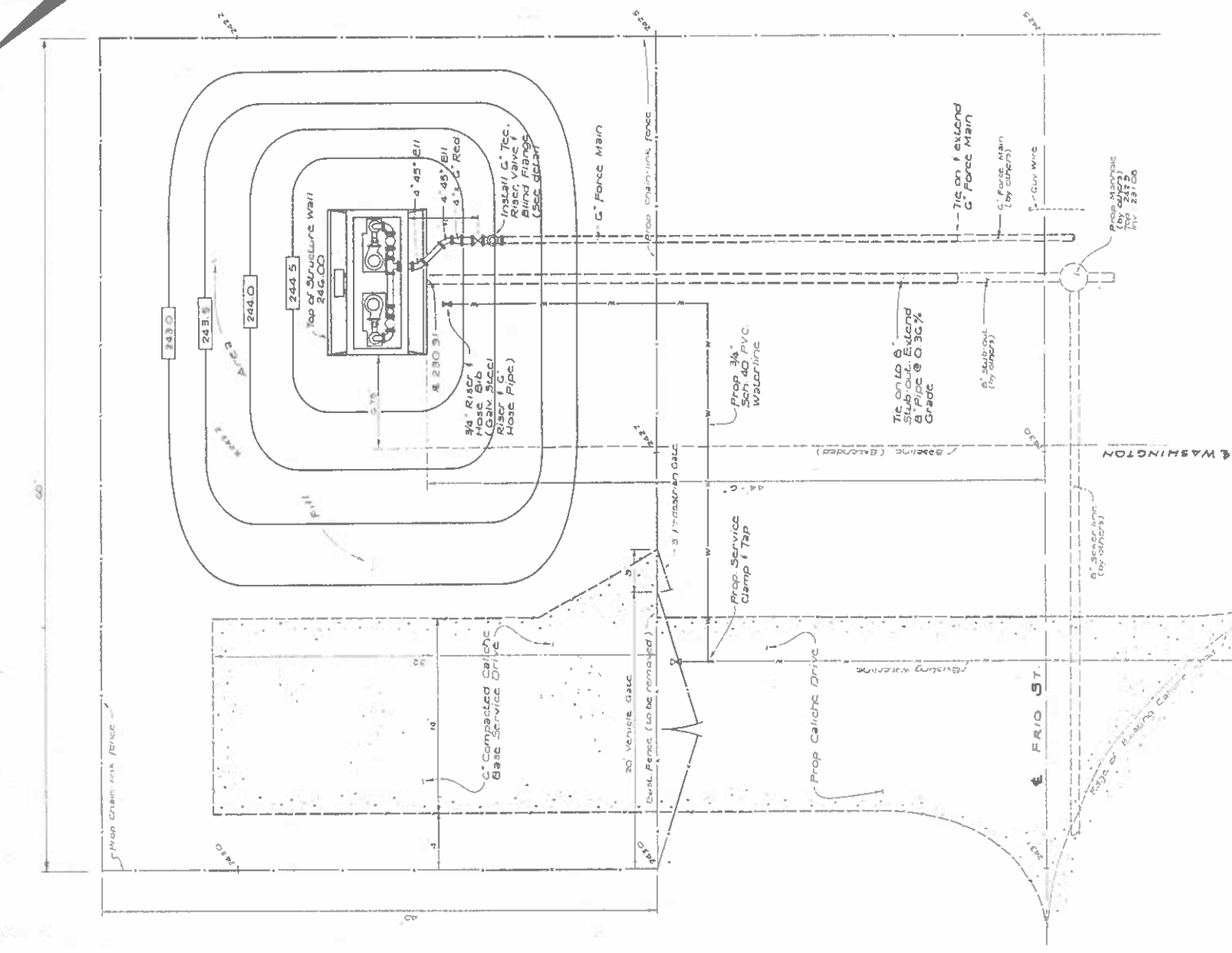
Drawn	SG	Scale	As Noted	Date	12.19.90
Designed	PKC	Checked	PKC	Job No.	90-4210
Revised		Approved	PKC	Sheet	6 of 11

NOTE: ENGINEER TO PROVIDE DIMENSION, BAR SPACING & BAR SIZING AS REQUIRED FOR SOIL CONDITIONS.









FENCE & GATE DETAIL  
N.T.S.

## Scale: 1" = 5'

[illegible]





**PUMP DATA**

MANUFACTURER \_\_\_\_\_ MODEL \_\_\_\_\_

HP \_\_\_\_\_ RPM \_\_\_\_\_ DISCH SIZE \_\_\_\_\_

GPM \_\_\_\_\_ TDH \_\_\_\_\_ MAX SOLIDS \_\_\_\_\_

**CONTROLLER DATA**

INCOMING POWER \_\_\_\_\_ VOLTS \_\_\_\_\_ PHASE \_\_\_\_\_ WIRE \_\_\_\_\_

ENCLOSURE NEMA \_\_\_\_\_

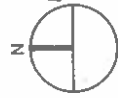
WIRING DIAGRAM \_\_\_\_\_

WIRING SCHEMATIC \_\_\_\_\_

[illegible]

EVACUATION SLOPED  
FOR SAFETY





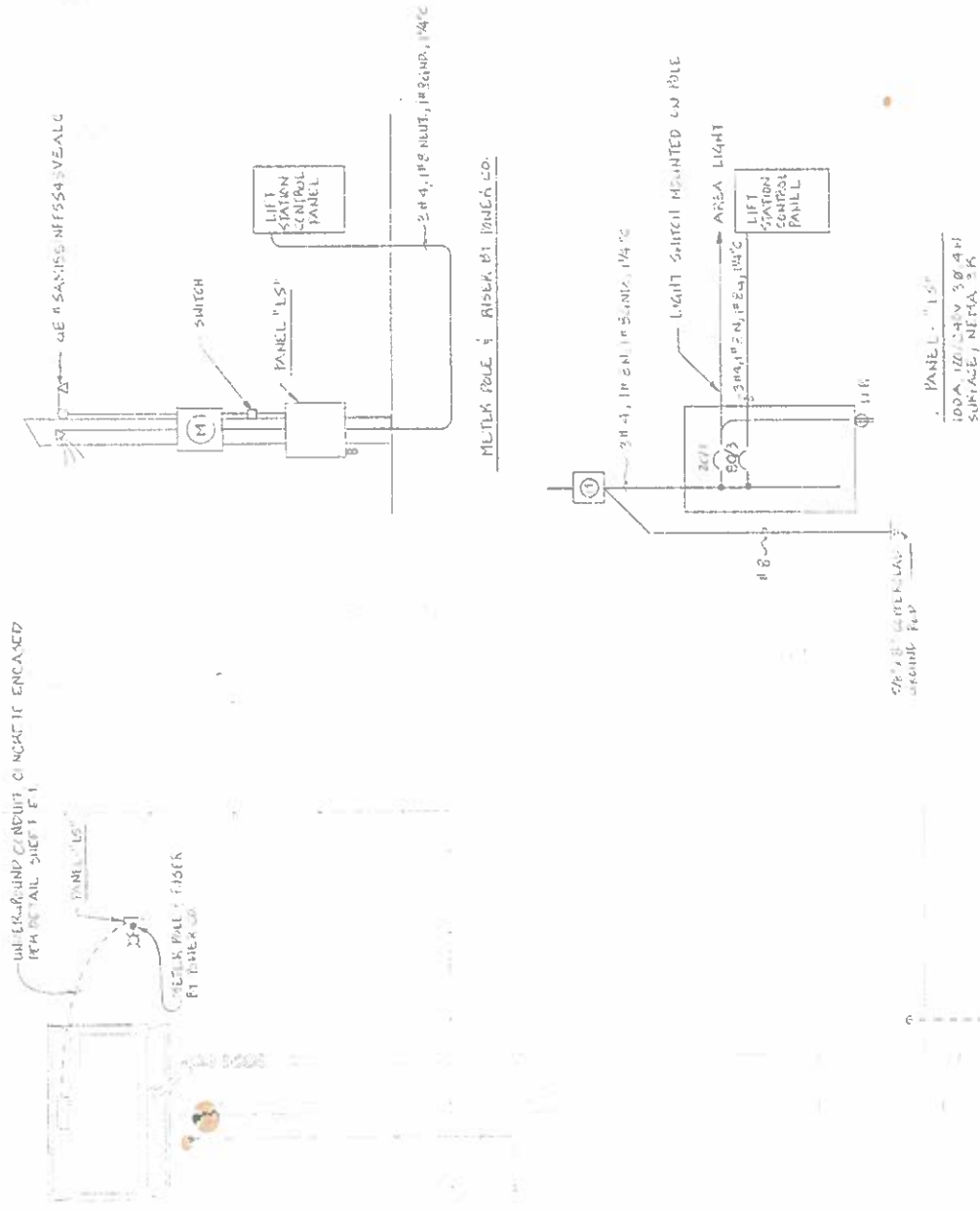
LIFT STATION ELECTRICAL SITE PLAN

SCALE: 1" = 5'

LEEM INC.  
1231 AGNES STREET  
CORPUS CHRISTI, TX. 78409  
(912) 882-3161

PROJECT NO. 12-11-90  
DATE 12-11-90  
JOB NO. 12-11-90

PROJECT TITLE: TILDEN WASTEWATER TREATMENT PLANT  
CONTRACT NO. 12-11-90  
SHEET NO. E-2



## Rainee Trevino

---

**From:** Kristian Freeze <kfreeze@nueces-ra.org>  
**Sent:** Tuesday, December 16, 2025 11:37 AM  
**To:** Rainee Trevino  
**Subject:** Re: Application to Renew Permit No. WQ0014945001- Notice of Deficiency Letter  
**Attachments:** Screenshot 2025-12-15 at 3.42.43 PM.png

Here you go,

How long does the approval process usually take?

Thank you for your patience

Kristian Freeze  
Utilities System Manager  
Nueces River Authority  
(361) 777-6690  
[kfreeze@nueces-ra.org](mailto:kfreeze@nueces-ra.org)



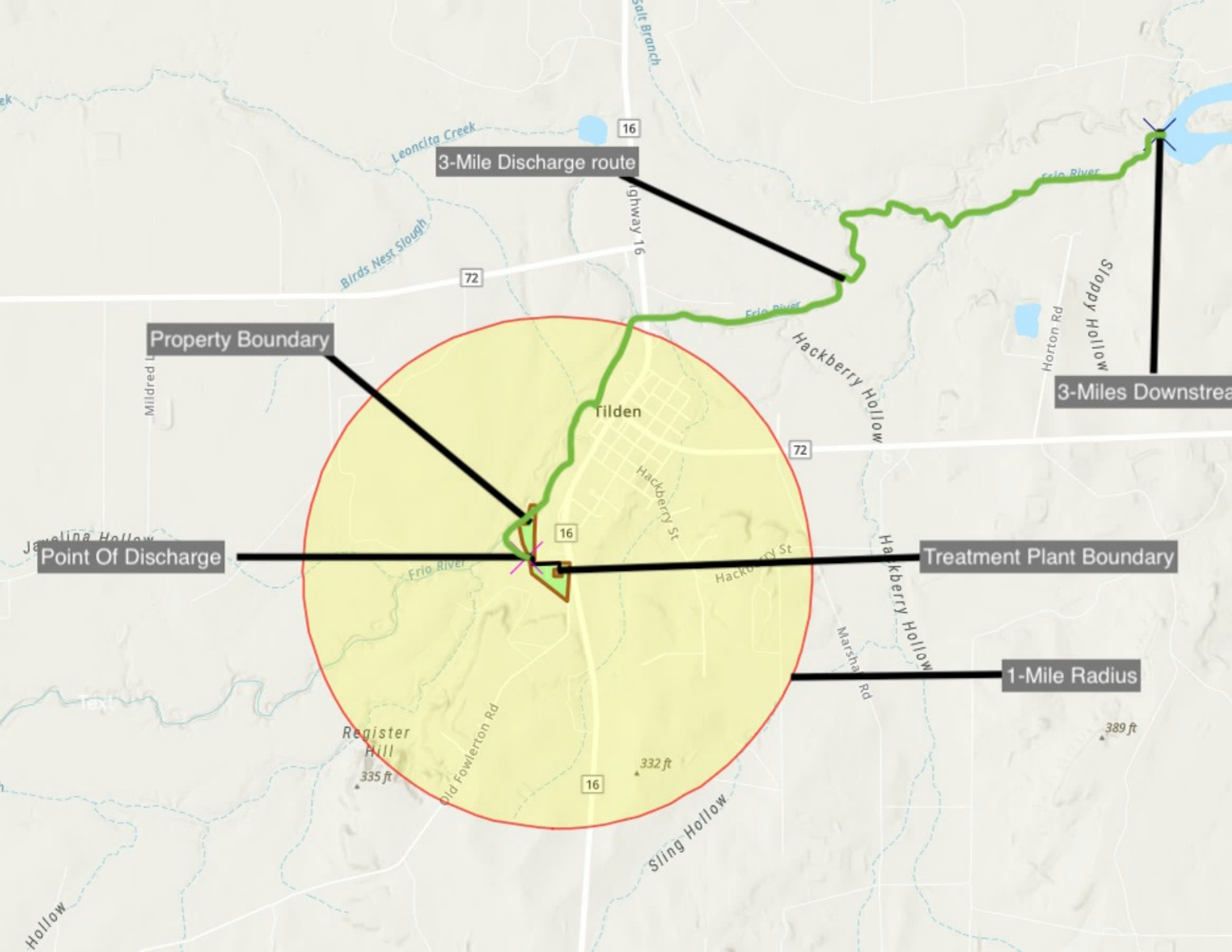
---

**From:** Rainee Trevino <Rainee.Trevino@tceq.texas.gov>  
**Date:** Tuesday, December 16, 2025 at 11:20 AM  
**To:** Kristian Freeze <kfreeze@nueces-ra.org>  
**Subject:** RE: Application to Renew Permit No. WQ0014945001- Notice of Deficiency Letter

Thank you, Kristian.

Can you add the discharge route highlighted on the map please? That is the only item needed. The SPIF and Core Data Form are good to go.

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



## Rainee Trevino

---

**From:** Kristian Freeze <kfreeze@nueces-ra.org>  
**Sent:** Monday, December 15, 2025 3:57 PM  
**To:** Rainee Trevino  
**Subject:** Re: Application to Renew Permit No. WQ0014945001- Notice of Deficiency Letter  
**Attachments:** Screenshot 2025-12-15 at 3.42.43 PM.png; doc00293920251210095459.pdf; Tilden SPIF.docx

**Categories:** NOD Response Review

I found a better map that showed where the discharge point is

Everything looks good, hopefully we got it this time

Kristian Freeze  
Utilities System Manager  
Nueces River Authority  
(361) 777-6690  
[kfreeze@nueces-ra.org](mailto:kfreeze@nueces-ra.org)



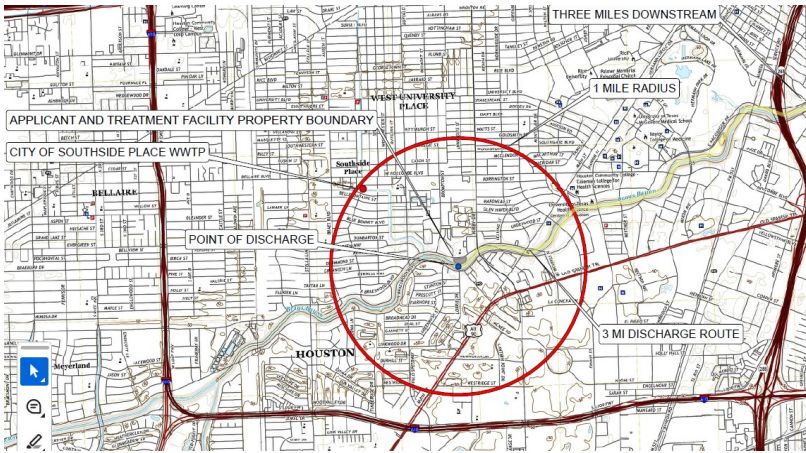
---

**From:** Rainee Trevino <Rainee.Trevino@tceq.texas.gov>  
**Date:** Monday, December 15, 2025 at 12:50 PM  
**To:** Kristian Freeze <kfreeze@nueces-ra.org>  
**Subject:** RE: Application to Renew Permit No. WQ0014945001- Notice of Deficiency Letter

Good morning,

I have provided an example for Item 6 of what is needed regarding the one-mile radius on the map.





Item 2: I apologize; I should have mentioned in my previous email that the coordinates provided in the Core Data Form are different that what we currently have. What we have now is 28.452251 -98.553302. The distance from the coordinates provided does not match. Can you send the form updated with the correct coordinates? That will take care of that description discrepancy.

Item 5: The PLS just had one small correction to be made. I added McMullen County WCID No. 1 and their CN. I also revised the summary statement. Please see the attached PLS and advise if this is sufficient or needs any additional information or corrections. I also did not see the revised SPIF in the previous emails.

Kind Regards,

**Rainee Trevino**

Water Quality Division | ARP Team

Texas Commission on Environmental Quality

512-239-4324




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**From:** Kristian Freeze <kfreeze@nueces-ra.org>

**Sent:** Friday, December 12, 2025 1:31 PM

**To:** Rainee Trevino <Rainee.Trevino@tceq.texas.gov>

**Subject:** Re: Application to Renew Permit No. WQ0014945001- Notice of Deficiency Letter

I believe we should be good now

Kristian Freeze

Utilities System Manager

Nueces River Authority

### **DOMESTIC WASTEWATER/STORMWATER**

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

McMullen County, McMullen County Water Control and Improvement District No. 1 (CN600900955) (CN600737092) operates Tilden Wastewater Treatment Plant (RN101919611), a Wastewater Treatment Plant. The facility is located at located 240 Feet West from Intersection Texas Highway 16 and Old Fowlerton Road, in Tilden, McMullen County, Texas 78072. This application is for a renewal to discharge 96,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain Ecoli, Ammonia-N,. Processed Wastewater are treated by an aerobic treatment process.

**For additional information please contact Kristian Freeze at 361-777-6690 or at [kfreeze@nueces-ra.org](mailto:kfreeze@nueces-ra.org)**





# 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 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)	<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 600737092		RN 101919611

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)		
<input type="checkbox"/> New Customer <input 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>	
<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)	<b>10. DUNS Number</b> (if applicable)	
<b>11. Type of Customer:</b>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other	<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:	
<b>12. Number of Employees</b>		<b>13. Independently Owned and Operated?</b>		
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input 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 type="checkbox"/> Other:				
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant				
<b>15. Mailing Address:</b>				
	City	State	ZIP	ZIP + 4
<b>16. Country Mailing Information</b> (if outside USA)			<b>17. E-Mail Address</b> (if applicable)	

<b>18. Telephone Number</b>	<b>19. Extension or Code</b>	<b>20. Fax Number (if applicable)</b>
(   ) -		(   ) -

### 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 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.)								
Tilden Wastewater Treatment Plant								
<b>23. Street Address of the Regulated Entity:</b>  (No PO Boxes)								
		City		State		ZIP		ZIP + 4
<b>24. County</b>								

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

<b>25. Description to Physical Location:</b>		located 240 Feet West from Intersection Texas Highway 16 and Old Fowlerton Road, in McMullen County							
<b>26. Nearest City</b>				<b>State</b>		<b>Nearest ZIP Code</b>			
Tilden				TX		78072			
<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>			28.452251			<b>28. Longitude (W) In Decimal:</b>			
Degrees			Minutes		Seconds		Degrees		
<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)		(4 digits)		(5 or 6 digits)		(5 or 6 digits)			
4952				221320					
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)									
Aerobic Digestic Plant									
<b>34. Mailing Address:</b>		PO Box 4							
		City	Tilden	State	TX	ZIP	78072	ZIP + 4	
<b>35. E-Mail Address:</b>		kfreeze@nueces-ra.org							
<b>36. Telephone Number</b>				<b>37. Extension or Code</b>		<b>38. Fax Number (if applicable)</b>			
( 361 ) 777-6690						(   ) -			

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

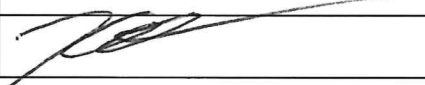
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review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

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

<b>40. Name:</b>	Kristian Freeze	<b>41. Title:</b>	Utility Manager
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 361 ) 777-6690		( ) -	kfreeze@nueces-ra.org

#### **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>	Nueces River Authority	<b>Job Title:</b>	Utiliy Manager
<b>Name (In Print):</b>	Kristian Freeze	<b>Phone:</b>	( 361 ) 777- 6690
<b>Signature:</b>		<b>Date:</b>	12/10/2025

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

### FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

#### TCEQ USE ONLY:

Application type: \_\_\_\_Renewal \_\_\_\_Major Amendment \_\_\_\_Minor Amendment \_\_\_\_New

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

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

Agency Receiving SPIF:

\_\_\_\_ Texas Historical Commission

\_\_\_\_ U.S. Fish and Wildlife

\_\_\_\_ Texas Parks and Wildlife Department

\_\_\_\_ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: Tilden Wastewater Treatment Plant

Permit No. WQ00 14945001

EPA ID No. TX 0132675

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

located 240 Feet West from Intersection Texas Highway 16 and Old Fowlerton Road

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

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

First and Last Name: Kristian Freeze

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

Title: Utility Manager

Mailing Address: 539 S Hwy 83

City, State, Zip Code: Uvalde, TX, 78801

Phone No.: 361-777-6690 Ext.:  Fax No.:

E-mail Address: kfreeze@nueces-ra.org

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

McMullen County

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.

Frio River Above Choke Canyon in Segment No. 2117 of the Nueces River Basin

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

N/A

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

N/A

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

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

[REDACTED]

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

[REDACTED]

## Rainee Trevino

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**From:** Kristian Freeze <kfreeze@nueces-ra.org>  
**Sent:** Wednesday, December 10, 2025 10:17 AM  
**To:** Rainee Trevino  
**Subject:** Re: Application to Renew Permit No. WQ0014945001- Notice of Deficiency Letter  
**Attachments:** doc00293920251210095459.pdf; doc00294220251210100320.pdf; Tilden WWTP PN.docx; Screenshot 2025-12-10 at 10.08.53 AM.png

I apologize this is my first renewal; here is what was requested

1. New operators are the change with me being the chief operator
2. Core Data Form Attached
3. Flow is 0.96 MGD
4. Technical Report 1.0 Attached
5. Summary Attached
6. Topographic Map Attached
7. NORI is good

Kristian Freeze  
Utilities System Manager  
Nueces River Authority  
(361) 777-6690  
[kfreeze@nueces-ra.org](mailto:kfreeze@nueces-ra.org)



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**From:** Rainee Trevino <Rainee.Trevino@tceq.texas.gov>  
**Date:** Monday, December 8, 2025 at 4:01 PM  
**To:** Kristian Freeze <kfreeze@nueces-ra.org>  
**Subject:** Application to Renew Permit No. WQ0014945001- Notice of Deficiency Letter

You don't often get email from rainee.trevino@tceq.texas.gov. [Learn why this is important](#)

Good afternoon,

The attached Notice of Deficiency letter sent on December 8, 2025, requests additional information needed to declare the application administratively complete. Please send the complete response to my attention by December 22, 2025.

Thank you,

**Rainee Trevino**

Water Quality Division | ARP Team

Texas Commission on Environmental Quality

512-239-4324







# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

#### A. Existing/Interim I Phase

Design Flow (MGD): 0.96

2-Hr Peak Flow (MGD): 0.08

Estimated construction start date: Renewal

Estimated waste disposal start date: Renewal

#### B. Interim II Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

#### C. Final Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

#### D. Current Operating Phase

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

### Section 2. Treatment Process (Instructions Page 42)

#### A. Current Operating Phase

Provide a detailed description of the treatment process. **Include the type of treatment plant, mode of operation, and all treatment units.** Start with the plant's head works and