



Administrative Package Cover Page

This file contains the following documents:

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



Portada de Paquete Administrativo

Este archivo contiene los siguientes documentos:

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

Plain Language Summary

Trinity Bay Conservation District (CN600675417) operates the Hankamer Wastewater Treatment Plant (RN102076304). The facility is an activated sludge wastewater treatment system. The facility is located adjacent to the intersection of Spring Branch and White's Bayou, approximately 5,200 feet northeast of the intersection of Interstate Highway 10 and State Highway 61, in Chambers County, Texas.

This application is for a renewal of the wastewater treatment facility with a daily average discharge of 300,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), ammonia nitrogen (NH₃-N), and *Escherichia coli*. Domestic wastewater is treated by an activated sludge process plant and the treatment units will include screening, grit removal, Aeration, clarifier, aerobic sludge digesters, sludge dewatering equipment, and disinfection, before discharge to the receiving stream.

Resumen en lenguaje sencillo

El Distrito de Conservación de Trinity Bay (CN600675417) opera la Planta de Tratamiento de Aguas Residuales de Hankamer (RN102076304). La instalación es un sistema de tratamiento de aguas residuales de lodos activados. La instalación está ubicada junto a la intersección de Spring Branch y White's Bayou, aproximadamente a 5,200 pies al noreste de la intersección de la autopista interestatal 10 y la carretera estatal 61, en el condado de Chambers, Texas.

Esta solicitud es para una renovación de la instalación de tratamiento de aguas residuales con una descarga promedio diaria de 300,000 galones por día de aguas residuales domésticas tratadas.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonoso (CBOD5) de cinco días, sólidos suspendidos totales (TSS), nitrógeno amoniacal (NH₃-N) y *Escherichia coli*. Las aguas residuales domésticas son tratadas por una planta de proceso de lodos activados y las unidades de tratamiento incluirán cribado, eliminación de arena, aireación, clarificador, digestores aeróbicos de lodos, equipos de deshidratación de lodos y desinfección, antes de la descarga a la corriente receptora.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0015039001

APPLICATION. Trinity Bay Conservation District, P.O. Box 599, Stowell, Texas 77661, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0015039001 (EPA I.D. No. TX0133523) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 300,000 gallons per day. The domestic wastewater treatment facility is located approximately 5,200 feet northeast of the intersection of Interstate Highway 10 and State Highway 61, near the city of Hankamer, in Chambers County, Texas 77560. The discharge route is from the plant site to an unnamed ditch; thence to Spring Branch; thence to Turtle Bayou; thence to Anahuac Lake; thence to Trinity River Tidal (unclassified); thence to Trinity Bay. TCEQ received this application on September 17, 2025. The permit application will be available for viewing and copying at Trinity Bay Conservation District Office, Lobby, 2500 State Highway 124, Stowell, in Chambers County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage:

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

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-94.640833,29.853611&level=18>

ALTERNATIVE LANGUAGE NOTICE. Alternative language notice in Spanish is available at:

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

El aviso de idioma alternativo en español está disponible en

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

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

PUBLIC COMMENT / PUBLIC MEETING. You may submit public comments or request a public meeting on this application. The purpose of a public meeting is to provide the

opportunity to submit comments or to ask questions about the application. TCEQ will hold a public meeting if the Executive Director determines that there is a significant degree of public interest in the application or if requested by a local legislator. A public meeting is not a contested case hearing.

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

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

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

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

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

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

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

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

Further information may also be obtained from Trinity Bay Conservation District at the address stated above or by calling Mr. Jerry Shadden, General Manager, at 409-296-3602.

Issuance Date: October 6, 2025

Comisión de Calidad Ambiental del Estado de Texas



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

PERMISO NO. WQ0015039001

APLICACIÓN. El Distrito de Conservación de Trinity Bay, P.O. Box 599, Stowell, Texas 77661, ha solicitado a la Comisión de Calidad Ambiental de Texas (TCEQ) la renovación del Permiso No. WQ0015039001 (Nº de identificación de la EPA) TX0133523) autorizar la descarga de aguas residuales tratadas en un volumen que no exceda un flujo promedio diario de 300,000 galones por día. La instalación de tratamiento de aguas residuales domésticas está ubicada aproximadamente a 5,200 pies al noreste de la intersección de la carretera interestatal 10 y la carretera estatal 61, cerca de la ciudad de Hankamer, en el condado de Chambers, Texas 77560. La ruta de descarga es desde el sitio de la planta hasta una zanja sin nombre; de allí a Spring Branch; de allí a Turtle Bayou; de allí al lago Anáhuac; de allí a Trinity River Tidal (sin clasificar); de allí a Trinity Bay. La TCEQ recibió esta solicitud el 17 de septiembre de 2025. La solicitud de permiso estará disponible para su visualización y copia en la Oficina del Distrito de Conservación de Trinity Bay, Lobby, 2500 State Highway 124, Stowell, en el condado de Chambers, Texas, antes de la fecha en que se publique este aviso en el periódico. La solicitud, incluidas las actualizaciones y los avisos asociados, están disponibles electrónicamente en la siguiente página web: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. Este enlace a un mapa electrónico de la ubicación general del sitio o instalación se proporciona como cortesía pública y no como parte de la solicitud o aviso. Para conocer la ubicación exacta, consulte la aplicación. <https://gisweb.tceq.texas.gov/LocationMapper/?marker=-94.640833,29.853611&level=18>

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

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

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar comentarios públicos o pedir una reunión pública sobre esta solicitud. El propósito de una reunión pública es dar la oportunidad de presentar comentarios o hacer preguntas acerca de la solicitud. La TCEQ realiza una reunión pública si el Director Ejecutivo determina que hay un grado de interés público suficiente en la solicitud o si un legislador local lo pide. Una reunión pública no es una audiencia administrativa de lo contencioso.

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

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

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

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

LISTA DE CORREO. Si somete comentarios públicos, un pedido para una audiencia administrativa de lo contencioso o una reconsideración de la decisión del Director Ejecutivo, la Oficina del Secretario Principal enviará por correo los avisos públicos en relación con la solicitud. Además, puede pedir que la TCEQ ponga su nombre en una o más de las listas correos siguientes (1) la lista de correo permanente para recibir los avisos del solicitante indicado por nombre y número del permiso específico y/o (2) la lista de correo de todas las solicitudes en un condado específico. Si desea que se agregue su nombre en una de las listas designe cual lista(s) y envía por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

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

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

También se puede obtener más información del Distrito de Conservación de Trinity Bay en el dirección indicada anteriormente o llamando al Sr. Jerry Shadden, Gerente General, al 409-296-3602.

Fecha de emisión: 6 de octubre de 2025



September 11, 2025

Texas Commission on Environmental Quality
Water Quality Division
Applications Review and Processing Team

**RE: TPDES Domestic Wastewater Permit application
Trinity Bay Conservation District (CN600675417)
Permit No. WQ0015039001
(EPA ID. No. TX0133523)(RN102076304)**

Enclosed for you review and approval is the TPDES Domestic Wastewater Permit Renewal Application for the Trinity Bay Conservation District Hankamer Wastewater Treatment Facility, Permit No. WQ0015039001. One original and three copies of the application are provided a copy of the application fee check is also included. The original fee check has been submitted under a separate cover.

Lab results for Technical report 1.0 will be submitted under a separate cover as soon as results are made available.

Please Feel Free to Contact me at 409-554-8972 for questions and/or additional information.

Thank you,

A handwritten signature in blue ink, appearing to read "Brian French", is written over a horizontal line. The signature is fluid and stylized, with a long horizontal stroke extending to the right.

Brian French, CPESC
Environmental Scientist
LJA Engineering, Inc.

**APPLICATION FOR RENEWAL TO
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
DOMESTIC WASTEWATER PERMIT NO. WQ0015039001**

**FOR
Trinity Bay Conservation District
HANKAMER WASTEWATER TREATMENT FACILITY
September 2025**

Prepared For:

**Trinity Bay Conservation District
PO Box 599
Stowell, TX 77661**

Prepared By:

**LJA Engineering, Inc.
2615 Calder Avenue, Suite 500
Beaumont, TX 77702
(409) 833-3363**



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Trinity Bay Conservation District (Hankamer Wastewater Treatment Facility)

PERMIT NUMBER (If new, leave blank): WQ0015039001

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

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

For TCEQ Use Only

Segment Number _____ County

Expiration Date _____

Region _____

Permit Number _____



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

For any questions about this form, please contact the Applications Review and Processing Team at 512-239-4671.

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00 ☐

Payment Information:

Mailed Check/Money Order Number: Click to enter text.
Check/Money Order Amount: Click to enter text.
Name Printed on Check: Click to enter text.
EPAY Voucher Number: Click to enter text.
Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

a. Check the box next to the appropriate authorization type.

- ☒ Publicly Owned Domestic Wastewater
- ☐ Privately-Owned Domestic Wastewater
- ☐ Conventional Water Treatment

b. Check the box next to the appropriate facility status.

- ☒ Active ☐ Inactive

c. Check the box next to the appropriate permit type.

- ☒ TPDES Permit
- ☐ TLAP
- ☐ TPDES Permit with TLAP component
- ☐ Subsurface Area Drip Dispersal System (SADDs)

d. Check the box next to the appropriate application type

- ☐ New
- ☐ Major Amendment with Renewal
- ☐ Major Amendment without Renewal
- ☒ Renewal without changes
- ☐ Minor Amendment with
- ☐ Minor Amendment without
- ☐ Minor Modification of permit

e. For amendments or modifications, describe the proposed changes: Click to enter text.

f. For existing permits:

Permit Number: WQ00 15039001

EPA I.D. (TPDES only): TX 0133523

Expiration Date: 06/02/2026

Section 3. Facility Owner (Applicant) and Co-Applcant Information (Instructions Page 26)

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

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

Trinity Bay Conservation District

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

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

CN: 600675419

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

Prefix: Mr.

Last Name, First Name: Shadden, Jerry

Title: General Manager

Credential: Click to enter text.

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

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

Click to enter text.

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

If the co-applicant is currently a customer with the TCEQ, what is the Customer Number (CN)? You may search for your CN on the TCEQ website at:

<http://www15.tceq.texas.gov/crpub/>

CN: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

Provide a brief description of the need for a co-permittee: Click to enter text.

C. Core Data Form

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

Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: Mr.

Last Name, First Name: French, Brian

Title: Project Manager

Credential: Click to enter text.

Organization Name: LJA Engineering, Inc.

Mailing Address: 2615 Calder Avenue Suite 500
Texas 77702

City, State, Zip Code: Beaumont,

Phone No.: 409-554-8972

E-mail Address: bfrench@lja.com

Check one or both:
Contact



Administrative Contact



Technical

B. Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: [Click to enter text.](#) City, State, Zip Code: [Click to enter text.](#)
Phone No.: [Click to enter text.](#) E-mail Address: [Click to enter text.](#)
Check one or both: ☐ Administrative Contact ☐ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

Provide the names and contact information for two individuals that can be contacted throughout the permit term.

- A. Prefix: Mr. Last Name, First Name: Shadden, Jerry
Title: General Manager Credential: [Click to enter text.](#)
Organization Name: Trinity Bay Conservation District
Mailing Address: P.O. Box 580 City, State, Zip Code: Anahuac, Texas
77514
Phone No.: 409-296-3602 E-mail Address: jerry@tbcd.org
- B. Prefix: Mr. Last Name, First Name: Mouton, Joey
Title: Chief Operator Credential: [Click to enter text.](#)
Organization Name: Trinity Bay Conservation District
Mailing Address: P.O. Box 580 City, State, Zip Code: Anahuac, Texas
77514
Phone No.: 409-277-0967 E-mail Address: joey@tbcd.org

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mr. Last Name, First Name: Shadden, Jerry
Title: General Manager Credential: [Click to enter text.](#)
Organization Name: Trinity Bay Conservation District
Mailing Address: P.O. Box 580 City, State, Zip Code: Anahuac, Texas
77514
Phone No.: 409-296-3602 E-mail Address: jerry@tbcd.org

Section 7. DMR/MER Contact Information (Instructions Page 27)

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

Prefix: Mr.

Last Name, First Name: Mouton, Joey

Title: Chief Operator

Credential: Click to enter text.

Organization Name: Trinity Bay Conservation District

Mailing Address: P.O. Box 580
77514

City, State, Zip Code: Anahuac, Texas

Phone No.: 409-277-0967

E-mail Address: joey@tbcd.org

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mr.

Last Name, First Name: French, Brian

Title: Project Manager

Credential: Click to enter text.

Organization Name: LJA Engineering, Inc.

Mailing Address: 2615 Calder Avenue Suite 500
Texas 77702

City, State, Zip Code: Beaumont,

Phone No.: 409-554-8972

E-mail Address: bfrench@lja.com

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

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

☒ E-mail Address

☐ Fax

☐ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Mr.

Last Name, First Name: Shadden, Jerry

Title: General Manager

Credential: Click to enter text.

Organization Name: Trinity Bay Conservation District

Mailing Address: P.O. Box 580
77514

City, State, Zip Code: Anahuac, Texas

Phone No.: 409-296-3602

E-mail Address: jerry@tbcd.org

D. Public Viewing Information

If the facility or outfall is located in more than one county, a public viewing place for

each county must be provided.

Public building name: Trinity Bay Conservation District Office

Location within the building: Lobby

Physical Address of Building: 2500 Highway 124 Stowell, Texas 77661

City: Stowell

County: Chambers

Contact (Last Name, First Name): Shadden, Jerry

Phone No.: 409-296-3602 Ext.: Click to enter text.

E. Bilingual Notice Requirements

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

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

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

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

☒ Yes ☐ No

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

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

F. Summary of Application in Plain Language Template

Complete the F. Summary of Application in Plain Language Template (TCEQ Form 20972), also known as the plain language summary or PLS, and include as an attachment.

Attachment: Attachment D

G. Public Involvement Plan Form

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

Attachment: Click to enter text.

Section 9. Regulated Entity and Permitted Site Information (Instructions Page 29)

- A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 102026304

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

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

Hankamer Wastewater Treatment Facility

- C. Owner of treatment facility: Trinity Bay Conservation District

Ownership of Facility: ☒ Public ☐ Private ☐ Both ☐ Federal

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

Prefix: Click to enter text. Last Name, First Name: Trinity Bay Conservation District

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Hankamer Wastewater Treatment Facility

Mailing Address: Click to enter text. City, State, Zip Code: Click to enter text.

Phone No.: Click to enter text. E-mail Address: Click to enter text.

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

Attachment: Click to enter text.

- E. Owner of effluent disposal site:

Prefix: Click to enter text. Last Name, First Name: N/A

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City, State, Zip Code: Click to enter text.

Phone No.: Click to enter text. E-mail Address: Click to enter text.

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

Attachment: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: N/A

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text.

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

Phone No.: Click to enter text.

E-mail Address: Click to enter text.

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

Attachment: Click to enter text.

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

Click to enter text.

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

☒ Yes ☐ No

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

Click to enter text.

City nearest the outfall(s): Hankamer

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

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

☒ Yes ☐ No

If **yes**, indicate by a check mark if:

☒ Authorization granted ☐ Authorization pending

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

Attachment: N/A

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☐ No

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

N/A

- B. City nearest the disposal site: Click to enter text.
- C. County in which the disposal site is located: Click to enter text.
- D. For TLAPs, describe the routing of effluent from the treatment facility to the disposal site:

Click to enter text.

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

Click to enter text.

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account number: Click to enter text.

Amount past due: Click to enter text.

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

Enforcement order number: Click to enter text.

Amount past due: Click to enter text.

Section 13. Attachments (Instructions Page 33)

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

- ☐ Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.
- ☒ Original full-size USGS Topographic Map with the following information:
 - Applicant's property boundary
 - Treatment facility boundary
 - Labeled point of discharge for each discharge point (TPDES only)
 - Highlighted discharge route for each discharge point (TPDES only)
 - Onsite sewage sludge disposal site (if applicable)
 - Effluent disposal site boundaries (TLAP only)
 - New and future construction (if applicable)
 - 1 mile radius information
 - 3 miles downstream information (TPDES only)
 - All ponds.
- ☐ Attachment 1 for Individuals as co-applicants
- ☐ Other Attachments. Please specify: Click to enter text.

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ001503901

Applicant: Trinity Bay Conservation District

Certification:

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

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

Signatory name (typed or printed): Jerry Shadden

Signatory title: General Manager

Signature: _____

(Use blue ink)

Date: _____

9-11-2025

Subscribed and Sworn to before me by the said Jerry Shadden

on this 11th day of September, 20 25.

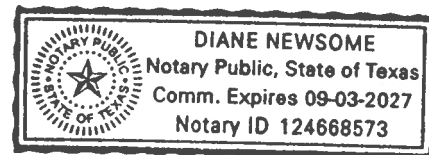
My commission expires on the 3rd day of September, 20 27.

Diane Newsome

Notary Public

[SEAL]

Chambers
County, Texas



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____ Renewal ____ Major Amendment ____ Minor Amendment ____ New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

____ Texas Historical Commission

____ U.S. Fish and Wildlife

____ Texas Parks and Wildlife Department

____ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: Trinity Bay Conservation District Hankamer Wastewater Treatment Facility

Permit No. WQ00 15039001

EPA ID No. TX 0133523

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

Located adjacent to the intersection of Spring Branch and White's Bayou, approximately 5,200 feet northeast of the intersection of Interstate Highway 10 and State Highway 61, in Chambers County, Texas 77560

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: Jerry Shadden

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

Title: General Manager

Mailing Address: P.O. Box 580

City, State, Zip Code: Anahuac, Texas 77514

Phone No.: 409-296-3602 Ext.:

Fax No.: 409-296-3745

E-mail Address:

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

N/A

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

To an unnamed ditch; thence to Spring Branch; thence to Turtle Bayou; thence to Lake Anahuac; thence to the Trinity River Tidal in Segment No. 0801 of the Trinity 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:

Construction dates for the current facility was 2000

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

The property was a residential property prior to being used as a wastewater treatment facility.



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 0.3

2-Hr Peak Flow (MGD): 1.2

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

B. Interim II Phase

Design Flow (MGD): N/A

2-Hr Peak Flow (MGD): N/A

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

C. Final Phase

Design Flow (MGD): N/A

2-Hr Peak Flow (MGD): N/A

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

D. Current Operating Phase

Provide the startup date of the facility: April 11, 2024

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.**

The Hankamer WWTP is a “package” conventional activated sludge wastewater treatment facility consisting of a bar screen, aeration, digestion, secondary clarification, and disinfection.

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)
See attachment G		

C. Process Flow Diagram

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

Attachment: B

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

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

- Latitude: 29.852929
- Longitude: -94.640885

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

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

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

The boundaries of the treatment facility;

The boundaries of the area served by the treatment facility;

If land disposal of effluent, the boundaries of the disposal site and all storage/holding ponds; and

If sludge disposal is authorized in the permit, the boundaries of the land application or disposal site.

Attachment: C

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

City of Hankamer

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
City of Hankamer	Trinity Bay Conservation District	Publicly Owned	Approx. 950
		Choose an item.	
		Choose an item.	
		Choose an item.	

Section 4. Unbuilt Phases (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

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.

Click to enter text.

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: December 2020

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*.

Click to enter text.

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

2. Grit and grease processing

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

N/A

3. Grit disposal

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

☐ Yes ☒ No

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

Describe the method of grit disposal.

[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 BOD₅ concentration of the sludge, and the design BOD₅ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

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

Is the facility in operation?

☒ Yes ☐ No

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

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

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

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

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

*TPDES permits only

†TLAP permits only

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

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

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Chris DavisFacility Operator's License Classification and Level: Click to enter text.Facility Operator's License Number: WW0036467

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

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

Check all that apply. See instructions for guidance

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

B. WWTP's Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

- ☒ Aerobic Digestion
- ☐ Air Drying (or sludge drying beds)
- ☐ Lower Temperature Composting
- ☐ Lime Stabilization
- ☐ Higher Temperature Composting
- ☐ Heat Drying
- ☐ Thermophilic Aerobic Digestion
- ☐ Beta Ray Irradiation
- ☐ Gamma Ray Irradiation
- ☐ Pasteurization
- ☐ Preliminary Operation (e.g. grinding, de-gritting, blending)
- ☐ Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)
- ☐ Sludge Lagoon
- ☐ Temporary Storage (< 2 years)
- ☐ Long Term Storage (≥ 2 years)
- ☐ Methane or Biogas Recovery
- ☐ Other Treatment Process: 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
Disposal in Landfill	Off-site Third-Party Handler or Preparer	Not Applicable		N/A: Disposal in Landfill	N/A: Disposal in Landfill
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): [Click to enter text.](#)

D. Disposal site

Disposal site name: N/A

TCEQ permit or registration number: [Click to enter text.](#)

County where disposal site is located: [Click to enter text.](#)

E. Transportation method

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

Name of the hauler: N/A

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 1×10^{-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: Brian French

Title: Project Manager

Signature: _____

Date: _____

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

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

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

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

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

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

A. Receiving water outfall

Width of the receiving water at the outfall, in feet: N/A

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.

Turtle Bayou

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.

Discharge flow was clear and low volume; area is surrounded by natural vegetation

Date and time of observation: Click to enter text.

Was the water body influenced by stormwater runoff during observations?

- ☐ Yes ☒ No

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

A. Upstream influences

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

- | | |
|---|--|
| <input type="checkbox"/> Oil field activities | <input type="checkbox"/> Urban runoff |
| <input type="checkbox"/> Upstream discharges | <input checked="" type="checkbox"/> Agricultural runoff |
| <input type="checkbox"/> Septic tanks | <input type="checkbox"/> Other(s), specify: 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 checked="" type="checkbox"/> Other(s), specify: Drainage Channel |

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 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: None

Average Daily Flows, in MGD: 0

Significant IUs - non-categorical:

Number of IUs: None

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: None

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 1.0(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

A. General information

Company Name: N/A

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).

N/A

C. Product and service information

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

N/A

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.

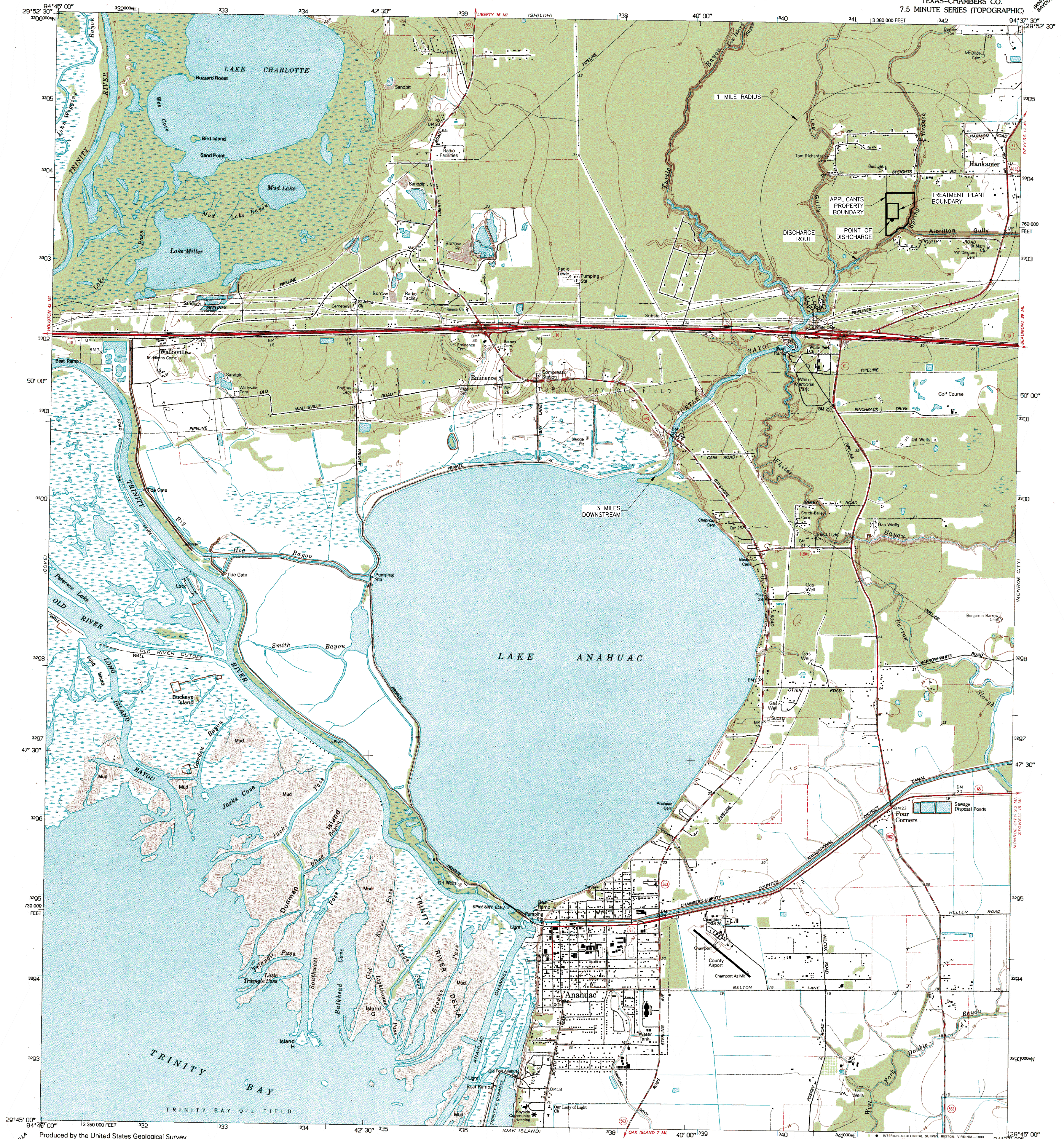
[Click to enter text.](#)

Attachment Index

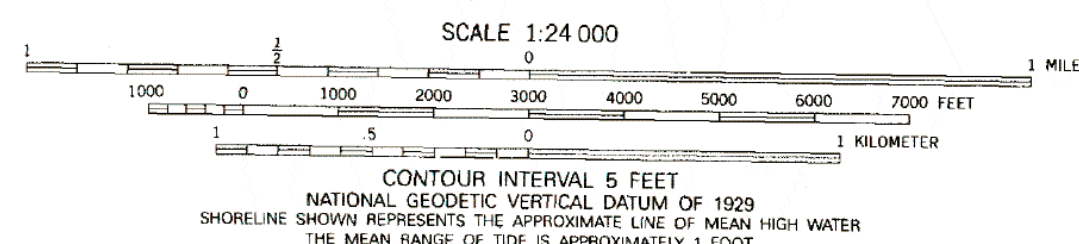
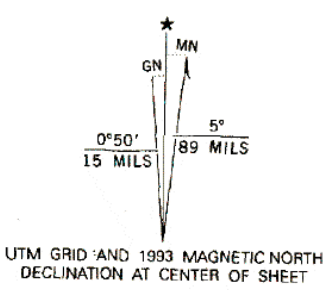
Attachment	Title
A	Original USGS Topographic Map
B	Flow Diagram
C	Site Drawing
D	Plain Language Summary
E	Core Data Form
F	Buffer Zone Map
G	Process Description and Design Calculations
H	Additional USGS Topographic Map

Attachment A

Original USGS Topographic Map



Produced by the United States Geological Survey
Control by USGS and NOS/NOAA
Compiled from aerial photographs taken 1987 and other sources
Field checked 1989. Map edited 1993
1927 North American Datum (NAD 27). Projection and
blue 1000-meter ticks: Universal Transverse Mercator, zone 15
1000-foot ticks: Texas Coordinate System, south central zone
North American Datum 1983 or (NAD 83) is shown by dashed
corner ticks. The values of the shift between NAD 27 and NAD 83
for 7.5 minute intersections are given in USGS Bulletin 1875
Fine red dashed lines indicate selected fence lines



THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U.S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225, OR RESTON, VIRGINIA 22092
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

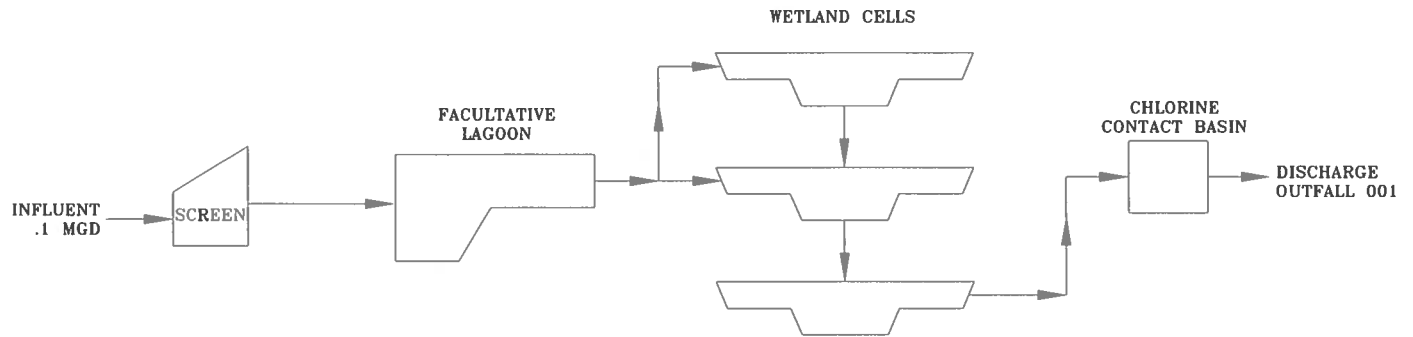


ROAD CLASSIFICATION
Primary highway, hard surface — Light-duty road, hard or improved surface
Secondary highway, hard surface — Unimproved road
Interstate Route — U.S. Route — State Route

ANAHUAC, TEX.
29094-G6-TF-024
1993
DMA 7043 / SW-SERIES V882

Attachment B

Flow Diagram



V:\WWTF\B080--HANKAMER WWTP RENEWAL\FLOWDIAGRAM.DWG

LJA Engineering, Inc.

3120 Fannin Street
Beaumont, Texas 77701

Phone 409.833.3363
Fax 409.833.0317
FRN - F-1386



Flow Diagram
Technical Report 1.0

HANKAMER WWTP
TRINITY BAY CONSERVATION DIST.

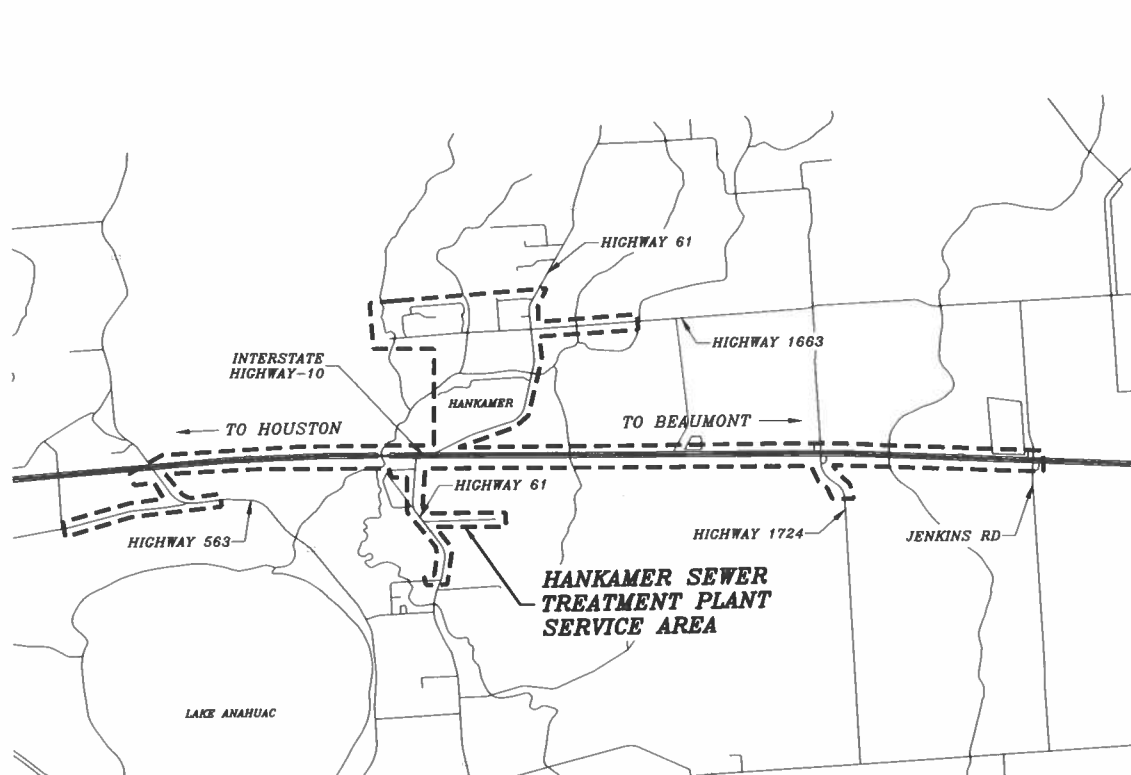
Scale N.T.S.

Sheet 1 of 1

Date : 07/11/16
File Name : FLOWDIAGRAM
File Drawer No. :

Attachment C

Site Drawing



LJA Engineering, Inc.

2615 Calder Avenue, Suite 500
Beaumont, Texas 77702



Phone 409.833.3363
Fax 409.833.0317
FRN - F-1386

Date : 3/19
File Name :
File Drawer No. :

Action	Name	Date
Design	TJD	3/19
Drawn	DWS	3/19
Checked	JBS	3/19
Approved	TJD	3/19
Scale	NTS	
Sheet	1	of 1

Attachment D

Plain Language Form

Plain Language Summary

Trinity Bay Conservation District (CN600675417) operates the Hankamer Wastewater Treatment Plant (RN102076304). The facility is an activated sludge wastewater treatment system. The facility is located adjacent to the intersection of Spring Branch and White's Bayou, approximately 5,200 feet northeast of the intersection of Interstate Highway 10 and State Highway 61, in Chambers County, Texas.

This application is for a renewal of the wastewater treatment facility with a daily average discharge of 300,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), ammonia nitrogen (NH₃-N), and *Escherichia coli*. Domestic wastewater is treated by an activated sludge process plant and the treatment units will include screening, grit removal, Aeration, clarifier, aerobic sludge digesters, sludge dewatering equipment, and disinfection, before discharge to the receiving stream.

Attachment E

Core Data Form



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 600675417		RN 102076304

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (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>				
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)			<i>If new Customer, enter previous Customer below:</i>	
Trinity Bay Conservation District				
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)	
11. Type of Customer:		<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other:	
12. Number of Employees			13. Independently Owned and Operated?	
<input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following				
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:				
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant				
15. Mailing Address:	P.O. Box 599			
City	Stowell	State	TX	ZIP 77661 ZIP + 4
16. Country Mailing Information (if outside USA)			17. E-Mail Address (if applicable)	
			jerry@tbcd.org	

18. Telephone Number (409) 296-3602	19. Extension or Code	20. Fax Number (if applicable) (409) 296-3745
---	------------------------------	---

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.)							
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information							
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>							
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)							
Hankamer Wastewater Treatment Facility							
23. Street Address of the Regulated Entity: (No PO Boxes)							
	City		State		ZIP		ZIP + 4
24. County	Chambers						

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

25. Description to Physical Location:	Located adjacent to the intersection of Spring Branch and White's Bayou, approximately 5,200 feet northeast of the intersection of Interstate Highway 10 and State Highway 61, in Chambers County, Texas 77560						
26. Nearest City	State				Nearest ZIP Code		
Hankamer	TX				77560		
<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>							
27. Latitude (N) In Decimal:		29.853465			28. Longitude (W) In Decimal:		-94.641495
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)		
4952							
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
Waste Water Treatment							
34. Mailing Address:	P.O. Box 599						
	City	Stowell	State	TX	ZIP	77661	ZIP + 4
35. E-Mail Address:	jerry@tbcd.org						
36. Telephone Number	37. Extension or Code				38. Fax Number (if applicable)		
(409) 296-3602					(409) 296-3745		

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.

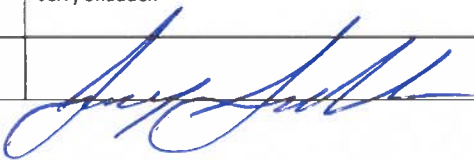
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review 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:
	WQ0015039001			

SECTION IV: Preparer Information

40. Name:	Haley Allen		41. Title:	Environmental Technician
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address	
(409) 554-8841		() -	hallen@lja.com	

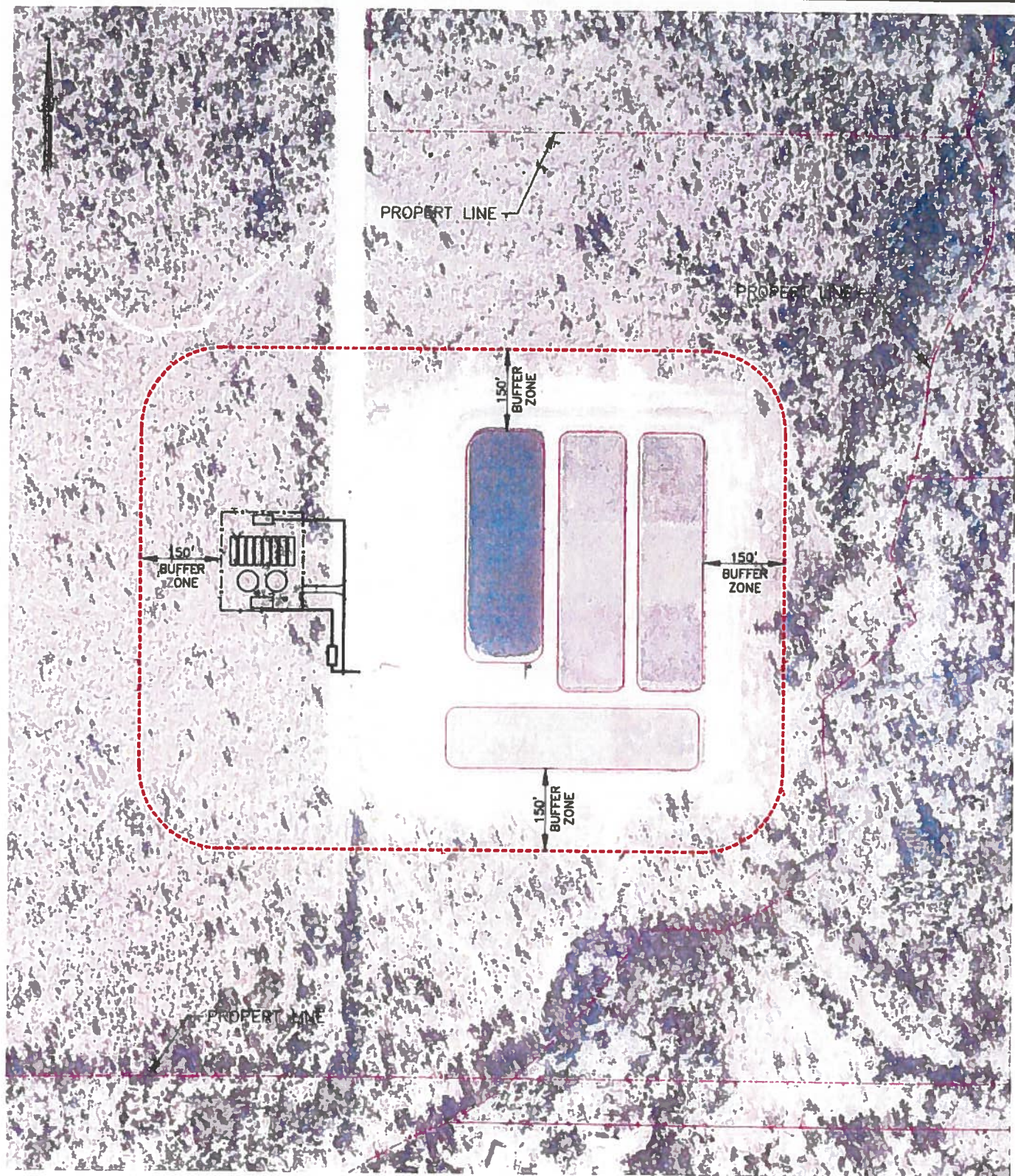
SECTION V: Authorized Signature

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

Company:	Trinity Bay Conservation District		Job Title:	General Manager	
Name (In Print):	Jerry Shadden			Phone:	(409) 296- 3602
Signature:				Date:	9-11-2025

Attachment F

Buffer Zone Map



PROJECTS LJA 8000 - 8000\8018 - CHAMBERS COUNTY\1002 - TCEQ PERMIT\CA0\BUFFER_ZONE_MAP.DWG

Texas Registered Engineering Firm F-001054

LJA Engineering, Inc.

2615 Calder Avenue, Suite 500
Beaumont, Texas 77702



Phone 409.833.3363
Fax 409.833.0317
FRN - F-1386

HANKAMER WWTP
TRINITY BAY CONSERVATION DISTRICT
BUFFER ZONE MAP

Attachment G

Process Description and Design Calculations

Process Description and Control

The Hankamer Wastewater Treatment Plant is a conventional activated sludge plant designed to treat 300,000 gpd with a peak flow of 900,000 gpd.

The basis of design is as follows:

Influent Conditions

A.	Maximum daily flow	300,000 gallons per day
B.	Peak hourly flow rate	3 times the daily flow rate
C.	5 day BOD	300mg/L
D.	Suspended Solids	300 mg/l
E.	Elevation from sea level	100 feet
F.	PH Range	7 to 8

Effluent Conditions

A.	Maximum daily flow	300,000 gallons per day
B.	Peak hourly flow rate	3 times the daily flow rate
C.	5 day BOD	10 mg/L
D.	Suspended Solids	15 mg/l

The attached calculations demonstrate how the tanks and major process equipment were sized. One modification from our original submittal is that the blowers will be smaller. This is due to the fact that we are using fine bubble diffusers in the aeration basin. This provides much more efficient aeration.

Another modification from our original submittal is how the return sludge (RAS) air lift is plumbed. To provide proper control and allow the three aeration basins to operate as one common biology, the RAS will be mixed with the raw sewage in the splitter box rather than distributing the RAS with valves. By blending the RAS and raw sewage and using weirs in the splitter, the operators will be able to roughly measure the flow to the aeration basins and more easily balance the flows.

Influent Screen and Splitter

As currently proposed, flow is pumped to the plant through an 8" forcemain, which feeds an influent splitter box. The splitter is fitted with a manually cleaned bar rack. After screening, flow is mixed with the RAS and split to 3 aeration basins by using adjustable weir gates that feed 10" effluent pipes. The weirs can be raised to adjust the flow to each chamber or to stop flow to any select chamber.

Process Aeration

Each aeration basin is fitted with floor mounted, fine bubble diffusers. As shown in the calculations, the aeration system is designed to provide 2 mg/L of dissolved oxygen (DO) at a BOD₅ and NH₃-N load that is 1.5 times the design load. During normal operations, it is beneficial to reduce the DO concentration to nearly 0 mg/L to encourage denitrification.

The plant blower system is designed with timers to allow the operators to periodically cycle the air in both the digester and the aeration basins to encourage denitrification. CP-1 is the main blower control panel, and it controls the operation of the four main blower units. The blower motor unit operation time will be intermittent and as controlled by the blower timers. The plant operator shall control the operation time. Selector switches are provided to allow either automatic or manual operation of the blower units. The electrical controls consist of soft start starters, timers, and ON/OFF/AUTO selector switches

Mixed liquor flows from the splitter box through the aeration basins and into the secondary clarifier by gravity. Each Aeration basin is fitted with a 10" discharge pipe and isolation valve, which are connected to a 16" Clarifier influent line that discharges into a 7' diameter stilling well.

Secondary Clarifier

The secondary clarifier will be a 39'2" circular, bolted glass-fused-to-steel tank with rotating sludge rakes to move settled solids into a sludge sump. The rake mechanism includes a skimmer arm that directs floating scum to a scum collector trough.

A NEMA 4X, 316 stainless steel control panel shall be provided that manages clarifier control and supplies a torque overload protection system with alarm. The panel provides a dry contact common alarm for owner's use that includes high torque warning and shutdown, motor overload and power monitor alarm. The Rake Drive Unit is equipped with a ON-OFF selector switch, a preset torque load alarm and a preset torque cutoff.

Clarified effluent flows over an adjustable V-Notch weir into an effluent trough. It is critical that this weir be kept level to avoid uneven flow that may upset the settled biomass.

An 8" RAS air lift is connected to the sump to lift settled activated sludge and return it to the influent splitter box. Another 6" WAS air lift is connected to the sump to lift settled activated sludge to two pipes with 6" plug valves feeding the two digesters. A third 4" air lift is connected to the scum collector trough to lift scum and direct it to the aerobic digester. All air lifts are manually adjusted by adjusting the air valve.

Clarified effluent flows to the chlorine contact chamber through a 16" effluent pipe.

Sludge Digestion

Two aerobic digesters shall be provided. As shown in the attached calculations, the digesters will provide over 48 days of detention at the average daily flow. The digesters are equipped with coarse bubble diffusers and aeration at a rate of 30 cfm/1000 cubic feet.

A supernatant return system shall be provided so that the overflow will return to the aeration chambers. The decant facilities shall consist of a 3-inch airlift pump complete with a swing arm for obtaining the proper level of the decant. The supernatant shall be returned to the aeration chambers for re-processing and treatment. The air supply to the airlift supernatant in the sludge holding chamber shall be obtained from the main blower motor units of the system.

Overflow connections are provided between the digesters and the aeration tank as a precaution in the event that too much WAS is sent to the digesters.

The digesters are fitted with 3" cam locks for liquid sludge hauling.

Effluent Disinfection

A 26' long and 11' wide chlorine contact tank is provided for effluent disinfection. It includes a series of under and overflow baffles to assure good mixing and adequate detention time for disinfection. The chlorine contact chamber is sized to provide over 20 minutes of detention time at the peak hydraulic flow.

The chlorine contact chamber is provided with diffused air to increase the effluent DO to >6 mg/L before discharging over a V-notch weir.

Effluent flow is measured by using the level over the v-notch weir. An ultrasonic flow meter shall be provided to work in conjunction with the effluent 90-degree v-notch weir. Flow meter shall be an ultrasonic type flow meter. A staff gauge shall also be provided at the effluent v-notch. A circular chart recorder shall also be provided. The flow meter shall be housed within a NEMA 4X 316 SS enclosure. Flow meter shall include a 4-20 ma output for communication with the chemical feed pumps and effluent flow chart recorder.

A package chlorine gas system shall be provided. It will be housed in an 8' x 8' chlorine building constructed of fiberglass with industrial quality door, door and floor gaskets, latches, louvers, lifting eye bolt, building anchors and exhaust fan.

Non-Potable Water Pump System

A non-potable water pump system shall be supplied a to provide water for the wastewater treatment system. This system shall provide sufficient water for operations throughout the wastewater treatment system.

The non-potable water system shall include two (2) pumps, 480 volt, 3 phase, a bladder tank, and a NEMA 4X 316 stainless steel control panel for the pumps. Panel shall include HAND/OFF/AUTO with a low discharge pressure switch to initiate pumping and a low-pressure alarm to protect the pumps from running dry. The controls will alternate the pumps.

PROCESS CALCULATIONS

DESIGN SUMMARY

PROJECT: 0.3 MGD WWTP

LOCATION: Hankamer, TX

DATE: 5/17/2022

Design Assumptions

Design Flow	0.3 MGD
Peak Instantaneous Flow	0.9 MGD
Influent	
BOD=	751 LBS/DAY = 300 mg/L
TSS=	751 LBS/DAY = 300 mg/L
TKN=	125 LBS/DAY = 50 mg/L
NH3=	100 LBS/DAY = 40 mg/L
TP =	25 LBS/DAY = 10 mg/L
pH=	7
ALKinf=	250 MG/L AS CaCO3
Effluent	
BOD=	25.0 LBS/DAY = 10 MG/L@Qd (So)
TSS=	37.5 LBS/DAY = 15 MG/L@Qd
DO	>6 MG/L

Tank Volumes

Aeration Basin

3 ea
11.67 SWD of Biological Tank
56.00 Length
672 sf
7,840 cf
58,643 GAL, ea
175,930 GAL
14.1 hrs DT at Design
31.9 lb BOD/1000 cf

Clarifier

1 ea
11.67 SWD
39.16 diam Tank
1,204 sf
14,044 cf
105,052 GAL, ea
105,052 GAL
249 gpd/sf at design
748 gpd/sf at PHF
8.4 hrs DT

Sludge Holding/Digestion

2 ea
11.67 SWD
52.0 Length
624 sf
7,280 cf
2.5% TSS
48 day DT at AADF
54,454 GAL, ea

Chlorine Contact Volume Provided

20 DT, mins at Peak
26 ft long
11 ft wide channel
9.0 ft SWD
2,574 cf
19,254 gal
31 Min @ PHF

Aeration Calculations

DETERMINE AOTR/SOTR VALUES

USE ANALYSIS FROM EPA MANUAL "FINE PORE AERATION SYSTEMS", SEPT 89, CHAP 3.

$$AOTR/SOTR = aF^0.9(T-20)^{(1+B)(U/C_{ss,20}-C)/C_{ss,20}}$$

WHERE

AOTR = ACTUAL OXYGEN TRANSFER RATE, LBS/DAY
SOTR = STANDARD OXYGEN TRANSFER RATE, LBS/DAY

a = ALPHA, PROCESS KLa/CLEAN WATER KLa

F = FOULING FACTOR FOR DIFFUSER MEMBRANE

0 = THETA, TEMPERATURE CORRECTION FACTOR

$$= 1.024$$

t = TAU, Cs,T/Cs,20,SURF SAT CONCENTRATION

B = BETA, PROCESS C_{ss}/CLEAN WATER C_{ss}

$$= 0.95$$

C_{ss,T} = STEADY STATE DO CONCENTRATION @ T

C = DO CONCENTRATION IN PROCESS WATER

$$= 2 \text{ MG/L}$$

U = OMEGA, PRESSURE CORRECTION FACTOR

$$= (P_b + 0.007 \cdot W_w \cdot d_e - P_{vt})$$

$$(P_s + 0.007 \cdot W_w \cdot d_e - P_{vt})$$

$$= 1.0 \text{ ASSUME } P_b = P_s = 1 \text{ ATM}$$

P_b = FIELD ATMOS PRESSURE, PSIA

P_s = ATMOS PRESS @ STANDARD CONDITIONS, PSIA

W_w = SPECIFIC WEIGHT OF WATER, LBS/FT³

d_e = EFFECTIVE SATURATION DEPTH, FT

P_{vt} = VAPOR PRESSURE @ TEMPERATURE T

ESTIMATE aF VALUES

$$aF = 0.6$$

DETERMINE t = Cs,T/Cs,20

T(°C)	20	24
Cs,T	9.17	8.53
t	1.0	0.93

DETERMINE C_{ss,20}

$$C_{ss,20} = C_s, T \cdot [(P_b - P_{vt} + 0.007 \cdot W_w \cdot d_e) / (P_s - P_{vt})]$$

$$\text{ASSUME SWD} = 11.67$$

WHERE

Cs,20 =	9.17	MG/L
P _b = P _s =	14.7	PSIA
W _w =	62.4	LBS/FT ³
P _{vt} =	0.3391	PSIA

$$d_e = 0.4 \cdot (\text{SWD} - 1.0)$$

$$= 4.27 \text{ FT}$$

$$C_{ss,20} = 10.36 \text{ MG/L}$$

DETERMINE AOTR/SOTR

$$AOTR/SOTR \text{ deg C} = 24 \quad 0.46$$

$$AOTR/SOTR \text{ deg C} = 20 \quad 0.45$$

BOD-SYNTHESIS =	0.6	LB O ₂ /LB BOD
BOD-ENDOGENOUS =	0.5	LB O ₂ /LB BOD
NITRIFICATION =	4.6	LB O ₂ /LB NH ₃
DENITRIFICATION =	-2.86	LB O ₂ /LB NO ₃

DISTRIBUTE DEMAND BY PERCENT

BOD-SYNTHESIS	54.5
BOD-ENDOGENOUS	45.0

NITRIFICATION	100.0
DENITRIFICATION	100.0
COMPARTMENT TOTAL	100.0

DISTRIBUTE DEMAND BY LBS O2 (AOTR)
TOTAL

@Q =	0.30	MGD
BOD-SYNTHESIS	450	
BOD-ENDOGENOUS	372	
NITRIFICATION	460	
DENITRIFICATION	-91	
COMPART TOTAL	1282	

@Q =	0.25	MGD
BOD-SYNTHESIS	375	
BOD-ENDOGENOUS	310	
NITRIFICATION	384	
DENITRIFICATION	-76	
COMPART TOTAL	1069	

@Q =	0.45	MGD
BOD-SYNTHESIS	676	
BOD-ENDOGENOUS	557	
NITRIFICATION	691	
DENITRIFICATION	-136	
COMPART TOTAL	1923	

OXYGEN DEMAND (SOTR) IN LBS/DAY
FLOW-MGD SOTR

0.3	2814
0.25	2345
0.45	4221

CONVERT SOTR TO SCFM, USE EQUATION

$$SCFM = (0.04 \text{ SCFM DAY/LB O}_2) * SOTR / SOTE$$

(SEE EPA FINE BUBBLE MANUAL, P126 FOR 0.04 VALUE)

$$0.04 = 1 / (0.23 * 0.075 * 1440)$$

WHERE SOTE = STANDARD OXYGEN TRANSFER EFFICIENCY

ASSUME DIFFUSER DEPTH = 10.6666667 FT

ASSUME DIFFUSER TYPE = FINE BUBBLE

EST SOTE = 21.33333333 % FOR THIS CASE

NOTE: RULE OF THUMB

0.75-1% PER FT FOR COARSE

1.50% PER FT FOR MED/FINE

RESULTING AVG TRANS EFF = 9.72 %

$$SCFM = 0.188 * SOTR$$

PROCESS AIR FOR BIOLOGICAL TREATMENT IN SCFM

AIR FOR OXY TRANS	AIR FOR MIXING	AIR FOR AIRLIFTS	DIGESTER AIR Required	CHL. CONTACT DIFFUSER	TOTAL AIR Required	4 AIR PER NEW BLOWER	3 FIRM BLOWER CAPACITY
528	706	108	437	39	1289	460	1380
440	706	108	437	39	1289	460	1380
792	706	108	437	39	1375	460	1380

Oxygen for Mixing 30 SCFM/1000 CF

BLOWERS

Total	1,373	ICFM
4 Blowers, each at	458	ICFM
	8	PSI MAX

Assume Airlift for RAS & Scum

8" RAS	59.6	CFM
4" Scum	11.5	CFM
6" WAS	36.7	CFM
Chlorine Contact	38.6	CFM
Aeration Header 8"		
Air pipe to each AB 4"		
Air pipe to Dig 6"		
Air pipe to CCB 3"		

DIFFUSERS

Aeration Basin Diffusers
 AFD350 12" Disc
 2.8 cfm/diff. At MDF
 280 Diffusers
 10 HI in. WC

Digester Diffusers
 CAP AFC75
 4.4 cfm/diff
 100 Diffusers
 2.6 HI in. WC

Process Equipment

Influent Screen Rough Bar Rack with Screenings Platform

8" Influent FM

Chlorine Feed

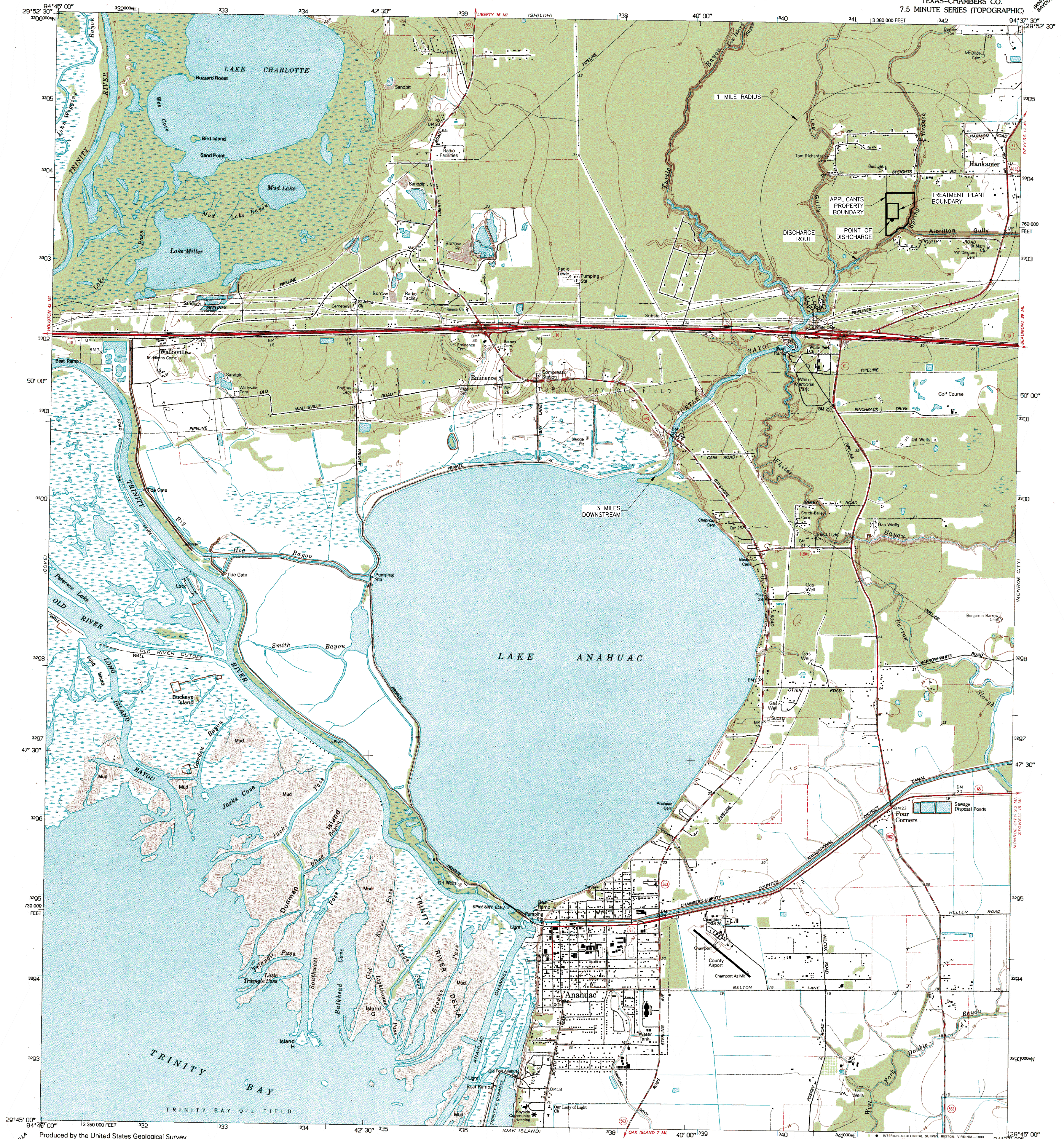
Average feed	5	MG/L AND	0.25	MGD =	10	GPD
Peak Day Rate	5	MG/L AND	0.45	MGD =	19	GPD
Peak feed rate	10	MG/L AND	0.90	MGD =	75	GPD
If hypochlorite	2	pumps				
Peak	3.1	GPH, each				
Average	10.4	gpd				
	30	days Average				
	313	gal				
Provide	350	gal TOTE with Day Tank.				
If Gaseous						
Peak	75.1	lb/d				
Average	10.4	lb/d				

Liquid Sludge Hauling 3" sludge quick connect

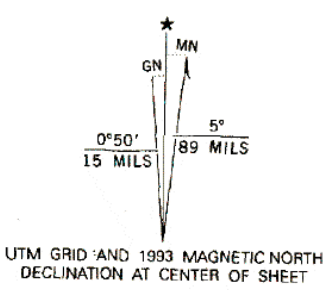
Effluent 12" Effluent 90 deg. V-notch.

Attachment H

Additional USGS Topographic Map



Produced by the United States Geological Survey
Control by USGS and NOS/NOAA
Compiled from aerial photographs taken 1967 and other sources
Field checked 1989. Map edited 1993
1927 North American Datum (NAD 27). Projection and
blue 1000-meter ticks: Universal Transverse Mercator, zone 15
1000-foot ticks: Texas Coordinate System, south central zone
North American Datum 1983 or (NAD 83) is shown by dashed
corner ticks. The values of the shift between NAD 27 and NAD 83
for 7.5 minute intersections are given in USGS Bulletin 1875
Fine red dashed lines indicate selected fence lines



SCALE 1:24 000
1 000 0 1000 2000 3000 4000 5000 6000 7000 FEET
1 KILOMETER
CONTOUR INTERVAL 5 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929
SHORELINE SHOWN REPRESENTS THE APPROXIMATE LINE OF MEAN HIGH WATER
THE MEAN RANGE OF TIDE IS APPROXIMATELY 1 FOOT

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U.S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225, OR RESTON, VIRGINIA 22092
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST



2994-342

ROAD CLASSIFICATION
Primary highway, hard surface — Light-duty road, hard or improved surface
Secondary highway, hard surface — Unimproved road
Interstate Route — U.S. Route — State Route

ANAHUAC, TEX.
29094-G6-TF-024
1993
DMA 7043 / SW-SERIES V882



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Trinity Bay Conservation District (Hankamer Wastewater Treatment Facility)

PERMIT NUMBER (If new, leave blank): WQ0015039001

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

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

For TCEQ Use Only

Segment Number _____County

Expiration Date _____

_____Region_____

Permit Number _____



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

For any questions about this form, please contact the Applications Review and Processing Team at 512-239-4671.

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00 ☐

Payment Information:

Mailed Check/Money Order Number: 22701
Check/Money Order Amount: \$1,215.00
Name Printed on Check: Trinity Bay Conservation District
EPAY Voucher Number: Click to enter text.
Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

a. Check the box next to the appropriate authorization type.

- ☒ Publicly Owned Domestic Wastewater
☐ Privately-Owned Domestic Wastewater
☐ Conventional Water Treatment

b. Check the box next to the appropriate facility status.

- ☒ Active ☐ Inactive

c. Check the box next to the appropriate permit type.

- ☒ TPDES Permit
☐ TLAP
☐ TPDES Permit with TLAP component
☐ Subsurface Area Drip Dispersal System (SADDs)

d. Check the box next to the appropriate application type

- ☐ New
☐ Major Amendment with Renewal
☐ Major Amendment without Renewal
☒ Renewal without changes
☐ Minor Amendment with Renewal
☐ Minor Amendment without Renewal
☐ Minor Modification of permit

e. For amendments or modifications, describe the proposed changes: [Click to enter text.](#)

f. For existing permits:

Permit Number: WQ00 15039001

EPA I.D. (TPDES only): TX 0133523

Expiration Date: 06/02/2026

Section 3. Facility Owner (Applicant) and Co-Applcant Information (Instructions Page 26)

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

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

Trinity Bay Conservation District

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

If the applicant is currently a customer with the TCEQ, what is the Customer Number (CN)? You may search for your CN on the TCEQ website at

<http://www15.tceq.texas.gov/crpub/>

CN: 600675417

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

Prefix: Mr.

Last Name, First Name: Shadden, Jerry

Title: General Manager

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

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

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

Click to enter text.

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

If the co-applicant is currently a customer with the TCEQ, what is the Customer Number (CN)? You may search for your CN on the TCEQ website at:

<http://www15.tceq.texas.gov/crpub/>

CN: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

Provide a brief description of the need for a co-permittee: Click to enter text.

C. Core Data Form

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

Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: Mr.

Last Name, First Name: French, Brian

Title: Project Manager

Credential: Click to enter text.

Organization Name: LJA Engineering, Inc.

Mailing Address: 2615 Calder Avenue Suite 500
Texas 77702

City, State, Zip Code: Beaumont,

Phone No.: 409-554-8972

E-mail Address: bfrench@lja.com

Check one or both: ☒

Administrative Contact

☒

Technical

Contact

B. Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: [Click to enter text.](#) City, State, Zip Code: [Click to enter text.](#)
Phone No.: [Click to enter text.](#) E-mail Address: [Click to enter text.](#)
Check one or both: ☐ Administrative Contact ☐ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

Provide the names and contact information for two individuals that can be contacted throughout the permit term.

- A. Prefix: Mr. Last Name, First Name: Shadden, Jerry
Title: General Manager Credential: [Click to enter text.](#)
Organization Name: Trinity Bay Conservation District
Mailing Address: P.O. Box 599 City, State, Zip Code: Stowell, Texas 77661
Phone No.: 409-296-3602 E-mail Address: jerry@tbcd.org
- B. Prefix: Mr. Last Name, First Name: Mouton, Joey
Title: Chief Operator Credential: [Click to enter text.](#)
Organization Name: Trinity Bay Conservation District
Mailing Address: P.O. Box 599 City, State, Zip Code: Stowell, Texas 77661
Phone No.: 409-277-0967 E-mail Address: joey@tbcd.org

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mr. Last Name, First Name: Shadden, Jerry
Title: General Manager Credential: [Click to enter text.](#)
Organization Name: Trinity Bay Conservation District
Mailing Address: P.O. Box 580 City, State, Zip Code: Anahuac, Texas 77514
Phone No.: 409-296-3602 E-mail Address: jerry@tbcd.org

Section 7. DMR/MER Contact Information (Instructions Page 27)

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

Prefix: Mr.

Last Name, First Name: Mouton, Joey

Title: Chief Operator

Credential: Click to enter text.

Organization Name: Trinity Bay Conservation District

Mailing Address: P.O. Box 580

City, State, Zip Code: Anahuac, Texas

77514

Phone No.: 409-277-0967

E-mail Address: joey@tbcd.org

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mr.

Last Name, First Name: French, Brian

Title: Project Manager

Credential: Click to enter text.

Organization Name: LJA Engineering, Inc.

Mailing Address: 2615 Calder Avenue Suite 500
Texas 77702

City, State, Zip Code: Beaumont,

Phone No.: 409-554-8972

E-mail Address: bfrench@lja.com

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

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

☒ E-mail Address

☐ Fax

☐ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Mr.

Last Name, First Name: Shadden, Jerry

Title: General Manager

Credential: Click to enter text.

Organization Name: Trinity Bay Conservation District

Mailing Address: P.O. Box 580
77514

City, State, Zip Code: Anahuac, Texas

Phone No.: 409-296-3602

E-mail Address: jerry@tbcd.org

D. Public Viewing Information

If the facility or outfall is located in more than one county, a public viewing place for

each county must be provided.

Public building name: Trinity Bay Conservation District Office

Location within the building: Lobby

Physical Address of Building: 2500 Highway 124 Stowell, Texas 77661

City: Stowell

County: Chambers

Contact (Last Name, First Name): Shadden, Jerry

Phone No.: 409-296-3602 Ext.: Click to enter text.

E. Bilingual Notice Requirements

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

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

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

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

☒ Yes ☐ No

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

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

F. Summary of Application in Plain Language Template

Complete the F. Summary of Application in Plain Language Template (TCEQ Form 20972), also known as the plain language summary or PLS, and include as an attachment.

Attachment: Attachment D

G. Public Involvement Plan Form

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

Attachment: Click to enter text.

Section 9. Regulated Entity and Permitted Site Information (Instructions Page 29)

- A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 102026304

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

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

Hankamer Wastewater Treatment Facility

- C. Owner of treatment facility: Trinity Bay Conservation District

Ownership of Facility: ☒ Public ☐ Private ☐ Both ☐ Federal

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

Prefix: Click to enter text.

Last Name, First Name: Trinity Bay Conservation District

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Hankamer Wastewater Treatment Facility

Mailing Address: Click to enter text.

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

Phone No.: Click to enter text.

E-mail Address: Click to enter text.

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

Attachment: Click to enter text.

- E. Owner of effluent disposal site:

Prefix: Click to enter text.

Last Name, First Name: N/A

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text.

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

Phone No.: Click to enter text.

E-mail Address: Click to enter text.

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

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

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

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

Last Name, First Name: N/A

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

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

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

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

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

Phone No.: [Click to enter text.](#)

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

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

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

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

[Click to enter text.](#)

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

☒ Yes ☐ No

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

[Click to enter text.](#)

City nearest the outfall(s): Hankamer

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

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

☒ Yes ☐ No

If **yes**, indicate by a check mark if:

☒ Authorization granted ☐ Authorization pending

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

Attachment: N/A

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☐ No

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

N/A

- B. City nearest the disposal site: [Click to enter text.](#)
- C. County in which the disposal site is located: [Click to enter text.](#)
- D. For **TLAPs**, describe the routing of effluent from the treatment facility to the disposal site:

[Click to enter text.](#)

- E. For **TLAPs**, please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: [Click to enter text.](#)

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

[Click to enter text.](#)

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

☐ Yes ☒ No

If yes, list each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application: [Click to enter text.](#)

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

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

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

Amount past due: [Click to enter text.](#)

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

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

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

Amount past due: [Click to enter text.](#)

Section 13. Attachments (Instructions Page 33)

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

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

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

- Applicant's property boundary
- Treatment facility boundary
- Labeled point of discharge for each discharge point (TPDES only)
- Highlighted discharge route for each discharge point (TPDES only)
- Onsite sewage sludge disposal site (if applicable)
- Effluent disposal site boundaries (TLAP only)
- New and future construction (if applicable)
- 1 mile radius information
- 3 miles downstream information (TPDES only)
- All ponds.

☐ **Attachment 1 for Individuals as co-applicants**

☐ **Other Attachments. Please specify:** [Click to enter text.](#)

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ001503901

Applicant: Trinity Bay Conservation District

Certification:

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

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

Signatory name (typed or printed): Jerry Shadden

Signatory title: General Manager

Signature: _____ Date: _____
(Use blue ink)

Subscribed and Sworn to before me by the said _____
on this _____ day of _____, 20____.
My commission expires on the _____ day of _____, 20____.

Notary Public

[SEAL]

County, Texas

Comisión de Calidad Ambiental del Estado de Texas



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

PERMISO NO. WQ00

APLICACIÓN. El Distrito de Conservación de Trinity Bay, P.O. Box 599, Stowell, Texas 77661, ha solicitado a la Comisión de Calidad Ambiental de Texas (TCEQ) la renovación del Permiso No. WQ0015039001 (Nº de identificación de la EPA) TX0133523) autorizar la descarga de aguas residuales tratadas en un volumen que no exceda un flujo promedio diario de 300,000 galones por día. La instalación de tratamiento de aguas residuales domésticas está ubicada aproximadamente a 5,200 pies al noreste de la intersección de la carretera interestatal 10 y la carretera estatal 61, cerca de la ciudad de Hankamer, en el condado de Chambers, Texas 77560. La ruta de descarga es desde el sitio de la planta hasta una zanja sin nombre; de allí a Spring Branch; de allí a Turtle Bayou; de allí al lago Anáhuac; de allí a Trinity River Tidal (sin clasificar); de allí a Trinity Bay. La TCEQ recibió esta solicitud el 17 de septiembre de 2025. La solicitud de permiso estará disponible para su visualización y copia en la Oficina del Distrito de Conservación de Trinity Bay, Lobby, 2500 Highway 124, Stowell, en el condado de Chambers, Texas, antes de la fecha en que se publique este aviso en el periódico. La solicitud, incluidas las actualizaciones y los avisos asociados, están disponibles electrónicamente en la siguiente página web: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. Este enlace a un mapa electrónico de la ubicación general del sitio o instalación se proporciona como cortesía pública y no como parte de la solicitud o aviso. Para conocer la ubicación exacta, consulte la aplicación. <https://gisweb.tceq.texas.gov/LocationMapper/?marker=-94.640833,29.853611&level=18>

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

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

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar comentarios públicos

o pedir una reunión pública sobre esta solicitud. El propósito de una reunión pública es dar la oportunidad de presentar comentarios o hacer preguntas acerca de la solicitud. La TCEQ realiza una reunión pública si el Director Ejecutivo determina que hay un grado de interés público suficiente en la solicitud o si un legislador local lo pide. Una reunión pública no es una audiencia administrativa de lo contencioso.

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

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

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

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

LISTA DE CORREO. Si somete comentarios públicos, un pedido para una audiencia administrativa de lo contencioso o una reconsideración de la decisión del Director Ejecutivo, la Oficina del Secretario Principal enviará por correo los avisos públicos en relación con la solicitud. Además, puede pedir que la TCEQ ponga su nombre en una o más de las listas correos siguientes (1) la lista de correo permanente para recibir los avisos del solicitante indicado por nombre y número del permiso específico y/o (2) la lista de correo de todas las solicitudes en un condado específico. Si desea que se agregue su nombre en una de las listas designe cual lista(s) y envía por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

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

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

También se puede obtener más información del Distrito de Conservación de Trinity Bay en el dirección indicada anteriormente o llamando al Sr. Jerry Shadden, Gerente General, al 409-296-3602.

Fecha de emisión: *[Date notice issued]*

Resumen en lenguaje sencillo

El Distrito de Conservación de Trinity Bay (CN600675417) opera la Planta de Tratamiento de Aguas Residuales de Hankamer (RN102076304). La instalación es un sistema de tratamiento de aguas residuales de lodos activados. La instalación está ubicada junto a la intersección de Spring Branch y White's Bayou, aproximadamente a 5,200 pies al noreste de la intersección de la autopista interestatal 10 y la carretera estatal 61, en el condado de Chambers, Texas.

Esta solicitud es para una renovación de la instalación de tratamiento de aguas residuales con una descarga promedio diaria de 300,000 galones por día de aguas residuales domésticas tratadas.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonoso (CBOD5) de cinco días, sólidos suspendidos totales (TSS), nitrógeno amoniacal (NH₃-N) y *Escherichia coli*. Las aguas residuales domésticas son tratadas por una planta de proceso de lodos activados y las unidades de tratamiento incluirán cribado, eliminación de arena, aireación, clarificador, digestores aeróbicos de lodos, equipos de deshidratación de lodos y desinfección, antes de la descarga a la corriente receptora.

Francesca Findlay

From: Brian French <bfrench@lja.com>
Sent: Wednesday, September 24, 2025 4:52 PM
To: Francesca Findlay
Subject: RE: WQ0015039001: Trinity Bay Conservation District
Attachments: Administrative Report 1.0.pdf; Municipal Discharge Renewal Spanish NORI.docx; Plain Language Summary (Spanish).pdf

My apologies, I attached the wrong documents to the first email. Please see our responses on this email.

Thank you,
Brian

From: Brian French
Sent: Wednesday, September 24, 2025 4:51 PM
To: 'Francesca Findlay' <Francesca.Findlay@tceq.texas.gov>
Subject: RE: WQ0015039001: Trinity Bay Conservation District

Good afternoon Francesca,

We have completed the items you requested on your NOD letter. Please see the attached documents. If you have any questions, please let me know.

Thank you,

BRIAN FRENCH, CPESC | Project Manager

Public Works

D: 409.554.8972 | C: 409.719.1815

2615 Calder Ave, Suite 500, Beaumont, Texas, 77702

EMPLOYEE-OWNED. CLIENT FOCUSED.

www.lja.com



From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Sent: Wednesday, September 24, 2025 12:59 PM
To: Brian French <bfrench@lja.com>
Subject: FW: WQ0015039001: Trinity Bay Conservation District

[EXTERNAL EMAIL]

Dear Mr. French:

The attached Notice of Deficiency letter sent on September 24, 2025, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention October 8, 2025.

Thank you,

Francesca Findlay
License & Permit Specialist
ARP Team | Water Quality Division
512-239-2441
Texas Commission on Environmental Quality



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

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

[EXTERNAL EMAIL] Exercise caution. Do not open attachments or click links from unknown senders or unexpected email

Francesca Findlay

From: Brian French <bfrench@lja.com>
Sent: Wednesday, September 24, 2025 4:51 PM
To: Francesca Findlay
Subject: RE: WQ0015039001: Trinity Bay Conservation District
Attachments: Municipal TPDES and TLAP PLS Form.docx; Municipal Discharge Renewal Spanish NORI.docx; wq0015039001-nod1.pdf

Good afternoon Francesca,

We have completed the items you requested on your NOD letter. Please see the attached documents. If you have any questions, please let me know.

Thank you,

BRIAN FRENCH, CPESC | Project Manager

Public Works

D: 409.554.8972 | C: 409.719.1815

2615 Calder Ave, Suite 500, Beaumont, Texas, 77702

EMPLOYEE-OWNED. CLIENT FOCUSED.

www.lja.com



From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Sent: Wednesday, September 24, 2025 12:59 PM
To: Brian French <bfrench@lja.com>
Subject: FW: WQ0015039001: Trinity Bay Conservation District

[EXTERNAL EMAIL]

Dear Mr. French:

The attached Notice of Deficiency letter sent on September 24, 2025, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention October 8, 2025.

Thank you,

Francesca Findlay
License & Permit Specialist
ARP Team | Water Quality Division
512-239-2441
Texas Commission on Environmental Quality



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

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

[EXTERNAL EMAIL] Exercise caution. Do not open attachments or click links from unknown senders or unexpected email