



Administrative Package Cover Page

This file contains the following documents:

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUMMARY OF APPLICATION IN PLAIN LANGUAGE FOR TPDES OR TLAP PERMIT APPLICATIONS

Summary of Application (in plain language) Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

Applicants should use this template to develop a plain language summary of your facility and application as required by Title 30, Texas Administrative Code (30 TAC), Chapter 39, Subchapter H. You may modify the template as necessary to accurately describe your facility as long as the summary includes the following information: (1) the function of the proposed plant or facility; (2) the expected output of the proposed plant or facility; (3) the expected pollutants that may be emitted or discharged by the proposed plant or facility; and (4) how you will control those pollutants, so that the proposed plant will not have an adverse impact on human health or the environment.

Fill in the highlighted areas below to describe your facility and application in plain language. Instructions and examples are provided below. Make any other edits necessary to improve readability or grammar and to comply with the rule requirements. After filling in the information for your facility delete these instructions.

If you are subject to the alternative language notice requirements in 30 TAC Section 39.426, **you must provide a translated copy of the completed plain language summary in the appropriate alternative language as part of your application package.** For your convenience, a Spanish template has been provided below.

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS DOMESTIC WASTEWATER/STORMWATER

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

Quail Run Services, LLC (CN604553545) operates Carrizo Springs WWTP (RN 106458250), a contract wastewater treatment plant. The facility is located at 3432 Hwy.85, in Carrizo Springs, Dimmit County, Texas 78834. A renewal application to discharge of treated domestic wastewater.

Discharges from the facility are expected to contain CBOD, TSS, Ammonia Nitrogen, E-coli. Process wastewater is treated by the facility will employ the complete mix variation of the activated sludge process designed for single stage nitrification – from pumps the wastewater will travel through a coarse barscreen then to the surge basin(s) then to the complete mix basin; from the basin the mix-liquor will be transferred to the clarifier where solids will be settled out and clearwater will flow over the weirs then into the chlorine contact basin. Thence through effluent filters. The settled solids will either be transferred to the digester or returned to the headworks..

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0015049001

APPLICATION. Quail Run Services, LLC, P.O. Box 340, Gainesville, Texas 76241, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0015049001 (EPA I.D. No. TX0133698) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 100,000 gallons per day. The domestic wastewater treatment facility is located at 3432 Texas Highway 85, Carrizo Springs, in Dimmit County, Texas 78834. The discharge route is from the plant site to an unnamed tributary; thence to Soldier Slough; thence to Soldier Lake; thence to Soldier Slough; thence to Nueces River Above Holland Dam. TCEQ received this application on May 15, 2025. The permit application will be available for viewing and copying at Dimmit County Public Library, 200 North 9th Street, Carrizo Springs, in Dimmit 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=-99.803333,28.544444&level=18>

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

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

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

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

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

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

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

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

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

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

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

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

Further information may also be obtained from Quail Run Services, LLC at the address stated above or by calling Ms. Alice Adams, Compliance Manager, Quail Run Services, LLC, at 940-531-0235.

Issuance Date: June 10, 2025

Erwin Madrid

From: Marjorie Zavala <mzavala@latitudesenvironmental.com>
Sent: Tuesday, June 10, 2025 12:19 PM
To: Erwin Madrid
Cc: Alice Adams
Subject: Updated NOD Response - QRS Carrizo Springs
Attachments: Letter to Agency wq0015049001-nod1 (6-10-2025).pdf

Hello Erwin,

Thank you for your call and clarification on the Application Fee.

I have updated the NOD Response for Carrizo Springs, to reflect the ***Minor Amendment with Renewal.***

Best Regards,

Marjorie Zavala



3200 Wilcrest Dr., Ste 170,
Houston TX 77042

Office: 713-636-9501

Office Hours: MON-THURS 8 AM-4PM



June 10, 2025

Texas Commission on Environmental Quality
Water Quality Division
Application Review and Processing Team (MC148)
P.O. Box 13087
Austin, TX 78711-3087

Re: Application to Renew Permit No. WQ 0015049001
Carrizo Springs WWTP (EPA I.D. No. TX 0133698)

Greetings,

Latitudes Environmental, LLC is pleased to submit a response to the NOD received June 4, 2025 for Domestic Wastewater Permit Renewal Application (WQ 0015049001) on behalf of Quail Run Services, LLC (CN604553545).

The following are responses to the comments received:

1. An application fee has been submitted for \$515, voucher 765509; pages from the administrative forms have been updated to reflect a **Minor Amendment with Renewal** to address the change in flow for the facility since expansion will not be completed.
2. Bilingual requirements are not applicable to this application
3. Yes, we understand that after 5 years if the expansions are not completed it may be up to TCEQ to remove and amend the permitted average flow. Yes, we seek to reduce the flow to maintain the current flow of 0.10 MGD.
4. Correction on daily average flow, 100,000 gallons per day and **Minor Amendment with Renewal**.

We appreciate your time and effort with reviewing our request. If you have any questions, please contact me at (713) 636-9501, or via email at mzavala@latitudesenvironmental.com.

Sincerely,

A handwritten signature in blue ink that reads "Marjorie Zavala".

Marjorie Zavala
Environmental Consultant
Latitudes Environmental, LLC



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 checked="" type="checkbox"/>
≥0.10 but <0.25 MGD	\$850.00 <input type="checkbox"/>	\$815.00 <input type="checkbox"/>
≥0.25 but <0.50 MGD	\$1,250.00 <input type="checkbox"/>	\$1,215.00 <input type="checkbox"/>
≥0.50 but <1.0 MGD	\$1,650.00 <input type="checkbox"/>	\$1,615.00 <input type="checkbox"/>
≥1.0 MGD	\$2,050.00 <input type="checkbox"/>	\$2,015.00 <input type="checkbox"/>

Minor Amendment (for any flow) \$150.00

Payment Information:

Mailed Check/Money Order Number:
 Check/Money Order Amount:
 Name Printed on Check:
 EPAY Voucher Number: 765509
 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: Reduction in Flow from 0.30 MGD to 0.10MGD since expansion will not be completed

f. For existing permits:

Permit Number: WQ00 15049001

EPA I.D. (TPDES only): TX 0133698

Expiration Date: 11/18/2025

Section 3. Facility Owner (Applicant) and Co-Applciant 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?

Quail Run Services, LLC

(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: 604553545

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: Ms.

Last Name, First Name: Adams, Alice

Title: Compliance Manager

Credential: Click to enter text.

B. Co-applciant 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-applciant 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



May 15, 2025

Texas Commission on Environmental Quality
Water Quality Division
Application Review and Processing Team (MC148)
P.O. Box 13087
Austin, TX 78711-3087

Re: Application to Renew Permit No. WQ 0015049001
Carrizo Springs WWTP (EPA I.D. No. TX 0133698)

Greetings,

Latitudes Environmental, LLC is pleased to submit a Domestic Wastewater Permit Renewal Application (WQ 0015049001) on behalf of Quail Run Services, LLC (CN604553545).

In this package you will find the original application. The Supplemental Permit Information Form, all other relevant forms and attachments are included as well. A online version has also been submitted through FTPS.

We appreciate your time and effort with reviewing our request. If you have any questions, please contact me at (713) 636-9501, or via email at mzavala@latitudesenvironmental.com.

Sincerely,

Marjorie Zavala
Environmental Consultant
Latitudes Environmental, LLC



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Carrizo Springs WWTP

PERMIT NUMBER (If new, leave blank): WQ0015049001

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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
≥0.10 but <0.25 MGD	\$850.00 <input type="checkbox"/>	\$815.00 <input type="checkbox"/>
≥0.25 but <0.50 MGD	\$1,250.00 <input type="checkbox"/>	\$1,215.00 <input type="checkbox"/>
≥0.50 but <1.0 MGD	\$1,650.00 <input type="checkbox"/>	\$1,615.00 <input type="checkbox"/>
≥1.0 MGD	\$2,050.00 <input type="checkbox"/>	\$2,015.00 <input type="checkbox"/>

Minor Amendment (for any flow) \$150.00

Payment Information:

Mailed Check/Money Order Number:
 Check/Money Order Amount:
 Name Printed on Check:
 EPAY Voucher Number: 765509
 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

Your transaction is complete. Thank you for using TCEQ ePay.

Note: It may take up to 3 working days for this electronic payment to be processed and be reflected in the TCEQ ePay system. Print this receipt and the vouchers for your records. An email receipt has also been sent.

Transaction Information

Trace Number: 582EA000666925
Date: 05/06/2025 03:17 PM
Payment Method: CC - Authorization 0000027586
ePay Actor: ALICE ADAMS
Actor Email: aadams@rentpeak.com
IP: 50.27.156.187
TCEQ Amount: \$515.00
Texas.gov Price: \$526.84*

* This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support the ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

Payment Contact Information

Name: ALICE ADAMS
Company: QUAIL RUN SERVICES LLC
Address: 1820 N I-35 STE 200, GAINESVILLE, TX 76240
Phone: 940-531-0235

Cart Items

Click on the voucher number to see the voucher details.

Voucher	Fee Description	AR Number	Amount
765509	WW PERMIT - FACILITY WITH FLOW >= .05 & < .10 MGD - RENEWAL		\$500.00
765510	30 TAC 305.53B WQ RENEWAL NOTIFICATION FEE		\$15.00
TCEQ Amount:			\$515.00



Note: It may take up to 3 working days for this electronic payment to be processed and be reflected in the TCEQ ePay system. Print this receipt for your records.

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 15049001

EPA I.D. (TPDES only): TX 0133698

Expiration Date: 11/18/2025

Section 3. Facility Owner (Applicant) and Co-Applciant 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?

Quail Run Services, LLC

(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: 604553545

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: Ms.

Last Name, First Name: Adams, Alice

Title: Compliance 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. [A](#)

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: Ms. Last Name, First Name: Zavala, Marjorie
Title: Consultant Credential: Click to enter text.
Organization Name: Latitudes Environmental
Mailing Address: 3200 Wilcrest Dr., Ste 170, City, State, Zip Code: Houston TX 77042
Phone No.: 713-636-9501 E-mail Address: mzavala@latitudesenvironmental.com
Check one or both: Administrative Contact Technical Contact
- B. Prefix: Ms. Last Name, First Name: Adams, Alice
Title: Compliance Manager Credential: Click to enter text.
Organization Name: Quail Run Services, LLC
Mailing Address: PO Box 340 City, State, Zip Code: Gainesville, TX 76241
Phone No.: 940-531-0235 E-mail Address: aadams@rentpeak.com
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: Zavala, Marjorie
Title: Consultant Credential: Click to enter text.
Organization Name: Latitudes Environmental LLC
Mailing Address: 3200 Wilcrest Dr., Ste 170, City, State, Zip Code: Houston TX 77042
Phone No.: 713-636-9501 E-mail Address: mzavala@latitudesenvironmental.com

B. Prefix: Ms. Last Name, First Name: Adams, Alice
Title: Compliance Manager Credential: Click to enter text.
Organization Name: Quail Run Services, LLC
Mailing Address: PO Box 340 City, State, Zip Code: Gainesville, TX 76241
Phone No.: 940-531-0235 E-mail Address: aadams@rentpeak.com

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: Ms. Last Name, First Name: Adams, Alice
Title: Compliance Manager Credential: Click to enter text.
Organization Name: Quail Run Services, LLC
Mailing Address: PO Box 340 City, State, Zip Code: Gainesville, TX 76241
Phone No.: 940-531-0235 E-mail Address: aadams@rentpeak.com

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: Ms. Last Name, First Name: Adams, Alice
Title: Compliance Manager Credential: Click to enter text.
Organization Name: Quail Run Services, LLC
Mailing Address: PO Box 340 City, State, Zip Code: Gainesville, TX 76241
Phone No.: 940-531-0235 E-mail Address: aadams@rentpeak.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Ms. Last Name, First Name: Zavala, Marjorie
Title: Consultant Credential: Click to enter text.
Organization Name: Latitudes Environmental
Mailing Address: 3200 Wilcrest Dr., Ste 170 City, State, Zip Code: Houston TX 77042
Phone No.: 713-636-9501 E-mail Address: mzavala@latitudesenvironmental.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: Ms. Last Name, First Name: Adams, Alice

Title: Compliance Manager Credential: Click to enter text.

Organization Name: Quail Run Services, LLC

Mailing Address: PO Box 340 City, State, Zip Code: Gainesville, TX 76241

Phone No.: 940-531-0235 E-mail Address: aadams@rentpeak.com

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: Dimmit County Public Library

Location within the building: Office

Physical Address of Building: 200 N. 9th St

City: Carrizo Springs County: Dimmit

Contact (Last Name, First Name): Front Desk Attendant

Phone No.: 830-876-5788 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? [Click to enter text.](#)

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: B

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: n/a

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 106458250

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):

Carrizo Springs WWTP

- C. Owner of treatment facility: Quail Run Services, LLC

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: Fischer, George E and Carolyn C

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

Organization Name: Ten F Partners LTD

Mailing Address: 7515 Dijohn Court City, State, Zip Code: San Antonio, TX, 78209

Phone No.: n/a E-mail Address: n/a

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: A

E. Owner of effluent disposal site:

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.](#)

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: [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.](#)

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:

There was a typo on the previous address, the correct address for the physical location
3432 HWY 85, Carrizo Springs, Texas 78834

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): Carrizo Springs

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

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: [Click to enter text.](#)

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

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:

[Click to enter text.](#)

- 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: WQ0015049001

Applicant: Quail Run Services, LLC

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): Alice Adams

Signatory title: Compliance Manager

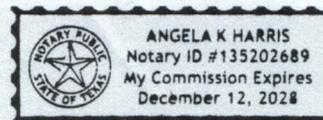
Signature: Alice Adams Date: 5-5-2025
(Use blue ink)

Subscribed and Sworn to before me by the said Alice Adams
on this 5th day of May, 2025.
My commission expires on the 12th day of December, 2028.

Angela K Harris
Notary Public

[SEAL]

Cooke
County, Texas



DOMESTIC WASTEWATER PERMIT APPLICATION
SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

This form applies to TPDES permit applications only. Complete and attach the Supplemental Permit information Form (SPIF) (TCEQ Form 20971).

Attachment: C

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

Things to Know:

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

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

Electronic Application Submittal Yes
(See application submittal requirements on page 23 of the instructions.)

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

Summary of Application (in Plain Language) Yes



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): 0.1

2-Hr Peak Flow (MGD): 0.3

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

B. Interim II Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

C. Final Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

D. Current Operating Phase

Provide the startup date of the facility: 2012

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 facility will employ the complete mix variation of the activated sludge process designed for single stage nitrification – from pumps the wastewater will travel through a coarse barscreen then to the surge basin(s) then to the complete mix basin; from the basin the mix-liquor will be transferred to the clarifier where solids will be settled out and clearwater will flow over the weirs then into the chlorine contact basin. Thence through effluent filters. The settled solids will either be transferred to the digester or returned to the headworks.

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)
Clarifier	1	28 ft diameter x 12 ft
Chlorine Contact	1	1114.1 cu ft
Aeration	2	32 ft x 12 ft x 12 ft
Digester	2	20 ft x 12 ft x 12 ft
Attachment D		

C. Process Flow Diagram

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

Attachment: E

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

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

- Latitude: 28.542222
- Longitude: -99.802222

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

- Latitude: n/a
- Longitude: Click to enter text.

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

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

Attachment: F

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

The facility treats residential 'Man Camp Waste' from the Eagle Ford Shale area

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
Carrizo Springs WWTP	Quail Run Services, LLC	Privately Owned	Various Oilfield man camps and rig sites
		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.**

Previous expansion approval in 2020; phases are not going to be built

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: [Click to enter text.](#)

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

Click to enter text.

B. Buffer zones

Have the buffer zone requirements been met?

Yes No

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

N/A

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.

Click to enter text.

3. Grit disposal

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

Yes No

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

Describe the method of grit disposal.

Click to enter text.

4. Grease and decanted liquid disposal

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

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

Click to enter text.

E. Stormwater management

1. Applicability

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

Yes No

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

Yes No

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

2. MSGP coverage

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

Yes No

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

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

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

Yes No

3. Conditional exclusion

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

Yes No

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

Click to enter text.

4. Existing coverage in individual permit

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

Yes No

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

Click to enter text.

5. Zero stormwater discharge

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

Yes No

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

Click to enter text.

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

6. Request for coverage in individual permit

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

Yes No

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

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

Click to enter text.

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

Yes No

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

Click to enter text.

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

1. Acceptance of sludge from other WWTPs

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

Yes No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the 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		6			3/11/2025/ 13:25
Total Suspended Solids, mg/l		2			
Ammonia Nitrogen, mg/l		<0.1			
Nitrate Nitrogen, mg/l		46.3			
Total Kjeldahl Nitrogen, mg/l		2			
Sulfate, mg/l		184			
Chloride, mg/l		171			
Total Phosphorus, mg/l		0.85			
pH, standard units		7.9			
Dissolved Oxygen*, mg/l					
Chlorine Residual, mg/l					
<i>E.coli</i> (CFU/100ml) freshwater					
Enterococci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l		1,056			
Electrical Conductivity, μ mohs/cm, †		1,702			
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: Jeffery BallardFacility Operator's License Classification and Level: Operator CFacility Operator's License Number: WW0056564

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

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

Check all that apply. See instructions for guidance

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

B. WWTP's Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

C. Sewage Sludge or Biosolids Management

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

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

Biosolids Management

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

If “Other” is selected for Management Practice, please explain (e.g. monofill or transport to another WWTP): Transport to another permitted process facility

D. Disposal site

Disposal site name: Austin Wastewater Processing Facility
 TCEQ permit or registration number: Type V MSW#2384
 County where disposal site is located: Travis

E. Transportation method

Method of transportation (truck, train, pipe, other): Truck
 Name of the hauler: Wastewater Transport Services
 Hauler registration number: 24343
 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: Alice Adams

Title: Compliance Manager

Signature: Alice Adams

Date: 5-5-2025

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

Yes No

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

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

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

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

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

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

Does the facility discharge into tidally affected waters?

Yes No

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

A. Receiving water outfall

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

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

Yes No

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

[Click to enter text.](#)

C. Sea grasses

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

Yes No

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

[Click to enter text.](#)

Section 3. Classified Segments (Instructions Page 63)

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

- Yes No

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

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

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

Name of the immediate receiving waters: Soldier Slough

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.

None

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.

None

E. Normal dry weather characteristics

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

Dry Creek Bed

Date and time of observation: 3/11/25

Was the water body influenced by stormwater runoff during observations?

- Yes No

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

A. Upstream influences

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

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

B. Waterbody uses

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

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

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND DISPOSAL OF EFFLUENT

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

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

Identify the method of land disposal:

- | | |
|---|--|
| <input type="checkbox"/> Surface application | <input type="checkbox"/> Subsurface application |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Subsurface soils absorption |
| <input type="checkbox"/> Drip irrigation system | <input type="checkbox"/> Subsurface area drip dispersal system |
| <input type="checkbox"/> Evaporation | <input type="checkbox"/> Evapotranspiration beds |
| <input checked="" type="checkbox"/> Other (describe in detail): <u>Effluent line in place to transport effluent to Soldier Slough</u> | |

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

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

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

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

Table 3.0(1) – Land Application Site Crops

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

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

Table 3.0(2) – Storage and Evaporation Ponds

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

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

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

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

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

Yes No

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

N/A

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

[Click to enter text.](#)

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

[Click to enter text.](#)

Section 5. Annual Cropping Plan (Instructions Page 67)

Attach an Annual Cropping Plan which includes a discussion of each of the following items. If not applicable, provide a detailed explanation indicating why. **Attachment:** N/A, No Irrigation

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

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

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation indicating why. **Attachment:** G

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

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

Table 3.0(3) – Water Well Data

Well ID	Well Use	Producing? Y/N	Open, cased, capped, or plugged?	Proposed Best Management Practice
250760	Domestic	Y	Open	
262532	Industrial	Y	Open	
294395	Domestic	Y	Open	
505491	Domestic	Y	Open	
514957	Domestic	Y	Open	

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

Attachment: G

Section 7. Groundwater Quality (Instructions Page 68)

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

Attachment: N/A

Are groundwater monitoring wells available onsite? Yes No

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

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

Attachment: Click to enter text.

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

A. Soil map

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

Attachment: N/A, no effluent disposal on land

B. Soil analyses

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

Attachment: Click to enter text.

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

Table 3.0(4) – Soil Data

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number

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

Click to enter text.

Attachment A

Core Data Form and Lease Agreement



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 type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input checked="" type="checkbox"/> Other Update Customer Contact Information
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 604553545		RN 106458250

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		3/19/2025	
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
Quail Run Services LLC					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID	10. DUNS Number (if applicable)
0801468416		32044888439		(9 digits)	
11. Type of Customer:		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input checked="" type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:	
12. Number of Employees				13. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" 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:		PO BOX 340			
City		Gainesville	State	TX	ZIP
				76241	ZIP + 4
16. Country Mailing Information (if outside USA)			17. E-Mail Address (if applicable)		
			aadams@rentpeak.com		

18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)
(940) 531-0235		() -

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 checked="" type="checkbox"/> Update to Regulated Entity Information							
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>							
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)							
Carrizo Springs WWTP							
23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>	3432 HWY 85						
	City	Carrizo Springs	State	TX	ZIP	78834	ZIP + 4
24. County	Dimmit						

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

25. Description to Physical Location:	ON THE SOUTH SIDE OF HWY 85 APPROXIMATELY 1 700 FEET SOUTHWEST OF THE INTERSECTION OF HWY 85 AND WILSON RD						
26. Nearest City	State			Nearest ZIP Code			
Carrizo Springs	TX			78834			
<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:	28.544410			28. Longitude (W) In Decimal:	-99.802933		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
28	32	39.9	99	48	10.6		
29. Primary SIC Code	30. Secondary SIC Code		31. Primary NAICS Code		32. Secondary NAICS Code		
(4 digits)	(4 digits)		(5 or 6 digits)		(5 or 6 digits)		
4952			221320				
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
WWTP process man camp sanitary waste							
34. Mailing Address:	PO Box 340						
	City	Gainesville	State	TX	ZIP	76241	ZIP + 4
35. E-Mail Address:	aadams@rentpeak.com						
36. Telephone Number	37. Extension or Code			38. Fax Number (if applicable)			
(940) 531-235				() -			

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:
	WQ0015049001			

SECTION IV: Preparer Information

40. Name:	Marjorie Zavala	41. Title:	Consultant
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(713) 636-9501		() -	mzavala@latitudesenvironmental.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:	Quail Run Services	Job Title:	Compliance Manager
Name (In Print):	Alice Adams	Phone:	(930) 531- 0235
Signature:	<i>Alice Adams</i>	Date:	4/2/2025

FIRST AMENDMENT TO PHYSICAL PROPERTY LEASE
FOR DOMESTIC WASTEWATER TREATMENT FACILITY

THIS FIRST AMENDMENT TO PHYSICAL PROPERTY LEASE FOR DOMESTIC WASTEWATER TREATMENT FACILITY (“Amendment”) is made this ____ day of January, 2025 by and between **GEORGE E. FISCHER** and **CAROLYN C. FISCHER**, successors in interest to Ten F Partners LTD., a Texas limited partnership (collectively, “Lessor”), and **QUAIL RUN SERVICES, LLC**, a Texas limited liability company (“Lessee”).

WHEREAS, Lessor and Lessee are parties to that certain Physical Property Lease for Domestic Wastewater Treatment Facility (the “Lease”), for certain real property and improvements commonly known as 3432 Hwy 85, Carrizo Springs, Dimmit County, Texas 78834 (Parcel Identification Number: 71897) (the “Property”), consisting of approximately 2.47 acres, as more particularly identified in Exhibit A attached hereto; and

WHEREAS, Lessor provided Lessee with two (2) five (5) year extension options, with Lessee having exercised the first extension option in Lessee’s Extension Notice dated September 18, 2018;

WHEREAS, the first extension term has expired, and the term of the Lease is currently month to month, and Lessee desires to exercise its second extension option to extend the Term for an additional period of five (5) years; and

WHEREAS, Lessor agrees to grant Lessee three (3) additional five (5) year extension options to extend the Term, pursuant to the terms hereafter set forth; and

WHEREAS, Lessor and Lessee desire to reconcile any underpayment of Rent owed by Lessee to Lessor; and

WHEREAS, Lessor and Lessee agree to amend the Lease as follows.

NOW, THEREFORE, in consideration of the premises and the mutual covenants, conditions and agreements herein contained, and for such other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged and received, the parties hereto agree as follows:

1. Capitalized Terms. All capitalized terms used in this Amendment shall have the same meaning as set forth in the Lease, except as otherwise specifically defined herein.

2. Extension of Term. The Parties acknowledge and agree that Lessee is in possession of the Property under the terms of the Lease on a month-to-month basis. Lessee hereby elects to extend the term of the Lease for an additional term of 5 years commencing as of January 1, 2025 and continuing through December 31, 2029 (the “Second Extended Term”) on the same terms and conditions as provided in the Lease, and Lessor hereby accepts Tenant’s exercise of the Second Extended Term. The parties acknowledge and agree that the Second Extended Term and the Extension Terms (defined below) if exercised by Lessee, include the entire remaining Term

available to Lessee under the Lease.

3. Extension Option. Lessor hereby grants Lessee three (3) additional options to extend the Term of the Lease (each, an “Extension Option”), each for a period of five (5) years (each, an “Extension Term”), on the same terms and conditions set forth in the Lease. Lessee may exercise an Extension Option by providing written notice to Lessor no less than sixty (60) days prior to the expiration of the then-current Term.

4. Underpaid Rent and Waiver of Claims. Lessee acknowledges that it has underpaid Rent under the Lease in the total amount of \$88,361.01 (“Underpaid Rent”). Lessee agrees to remit payment of the full amount of \$88,361.01 to Lessor contemporaneously with the execution of this Amendment by both parties. In consideration of Lessee’s payment of the Underpaid Rent in full as agreed herein, Lessor agrees to waive and release any and all claims, rights, or remedies it may have against Lessee for the failure to pay the Underpaid Rent in a timely manner, including but not limited to claims for interest, late fees, or penalties related to such nonpayment.

5. Lessor as Successor in Interest. Lessor represents and warrants to Lessee that it is the fee simple owner of the Property, and has all right, power and authority to enter into this Amendment and fulfill the obligations of Lessor under the Lease, and no consents or approvals are required from any third party to the same.

6. Estoppel. Lessor acknowledges and agrees that Lessee is not in default of the Lease beyond any applicable notice and cure period, and that Lessor is unaware of any fact or matter which, with notice or the passage of time or both, may constitute a default under the Lease by Lessee.

7. Notices. Any notice or demand hereunder shall be made in writing and given (a) by personal delivery, (b) delivery by United States Postal Service certified mail, with postage prepaid and return receipt required, or (c) delivery by a reputable overnight courier at the addresses listed below:

If to Lessor: George E. Fischer and Carolyn C. Fischer
7515 Dijohn Court
San Antonio, Texas 78209

If to Lessee: Quail Run Services, LLC
3432 Hwy 85
Carrizo Springs, TX 78834
Attn: General Manager

And a copy to: Quail Run Services, LLC
c/o Republic Services, Inc.
18500 N. Allied Way
Phoenix, AZ 85054
Attn: Chief Legal Officer

And a copy to: Spotts Fain, PC

411 E Franklin Street, Suite 600
Richmond, VA 23219
Attn: David A. Reed, Esq.

Notices shall be deemed to have been given when received after deposit in the U.S. mail in accordance with the requirements set forth herein or on the date of documented delivery or refusal to accept same if delivered in person or by overnight courier.

8. Conflict. Except as hereby amended, the Lease shall remain unchanged in full force and effect. If there is any conflict between the terms and provisions of the Lease and the terms and provisions of this Amendment, this Amendment shall control.

9. Counterparts. This Amendment may be executed in counterparts, each of which shall be deemed an original and all of which together shall constitute one document. An electronic or email .PDF signature of any party hereto shall be deemed an original.

[Signature Page Follows]

IN WITNESS WHEREOF, the parties hereto have each executed this Amendment to be effective for all purposes as of the date first written above.

Lessor:

GEORGE E. FISCHER, successor in interest to Ten F Partners LTD., a Texas limited partnership

George E. Fischer
George E. Fischer

CAROLYN C. FISCHER, successor in interest to Ten F Partners LTD., a Texas limited partnership

Carolyn C. Fischer
Carolyn C. Fischer

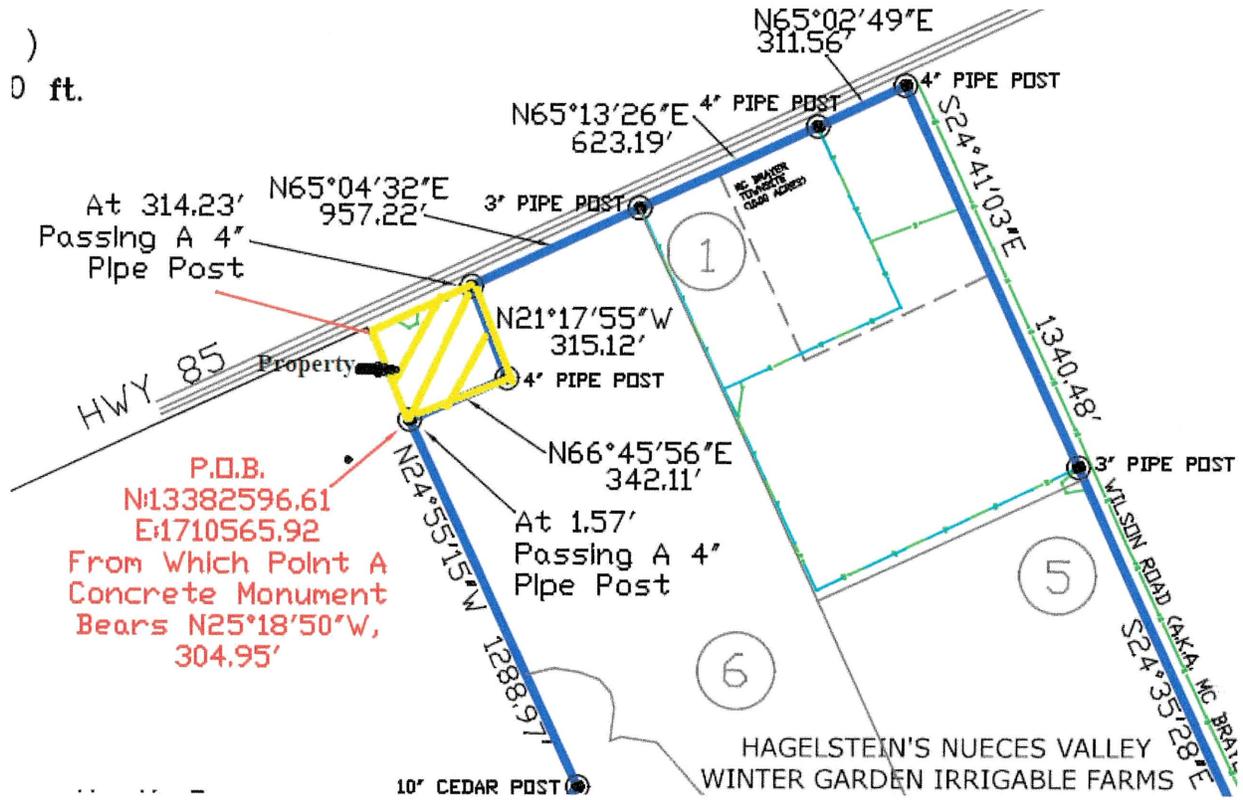
Lessee:

QUAIL RUN SERVICES, LLC,
a Texas limited liability company

By: V. Scheerer
Name: Vince Scheerer
Title: Vice President

Exhibit A

The Property



Attachment B

Plain Language Summary



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUMMARY OF APPLICATION IN PLAIN LANGUAGE FOR TPDES OR TLAP PERMIT APPLICATIONS

Summary of Application (in plain language) Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

Applicants should use this template to develop a plain language summary of your facility and application as required by Title 30, Texas Administrative Code (30 TAC), Chapter 39, Subchapter H. You may modify the template as necessary to accurately describe your facility as long as the summary includes the following information: (1) the function of the proposed plant or facility; (2) the expected output of the proposed plant or facility; (3) the expected pollutants that may be emitted or discharged by the proposed plant or facility; and (4) how you will control those pollutants, so that the proposed plant will not have an adverse impact on human health or the environment.

Fill in the highlighted areas below to describe your facility and application in plain language. Instructions and examples are provided below. Make any other edits necessary to improve readability or grammar and to comply with the rule requirements. After filling in the information for your facility delete these instructions.

If you are subject to the alternative language notice requirements in 30 TAC Section 39.426, **you must provide a translated copy of the completed plain language summary in the appropriate alternative language as part of your application package.** For your convenience, a Spanish template has been provided below.

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS DOMESTIC WASTEWATER/STORMWATER

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

Quail Run Services, LLC (CN604553545) operates Carrizo Springs WWTP (RN 106458250), a contract wastewater treatment plant. The facility is located at 3432 Hwy.85, in Carrizo Springs, Dimmit County, Texas 78834. A renewal application to discharge of treated domestic wastewater.

Discharges from the facility are expected to contain CBOD, TSS, Ammonia Nitrogen, E-coli. Process wastewater is treated by the facility will employ the complete mix variation of the activated sludge process designed for single stage nitrification – from pumps the wastewater will travel through a coarse barscreen then to the surge basin(s) then to the complete mix basin; from the basin the mix-liquor will be transferred to the clarifier where solids will be settled out and clearwater will flow over the weirs then into the chlorine contact basin. Thence through effluent filters. The settled solids will either be transferred to the digester or returned to the headworks..

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

AGUAS RESIDUALES DOMESTICAS /AGUAS PLUVIALES

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

QUAIL RUN SERVICES LLC (CN604553545) opera Carrizo Springs WWTP RN106458250, una para campamentos de personas para las industrias de petróleo y gas. La instalación estará ubicada en 3432 Hwy.85, en Carrizo Springs, Condado de Dimmit, Texas 78834. Una aplicación para descarga de aguas residuales domésticas tratadas.

Se espera que las descargas de la instalación contengan CBOD, TSS, nitrógeno amoniacal, E-coli . Aguas residuales de proceso . estará tratado por la instalación empleará la variación de mezcla completa del proceso de lodos activados diseñado para nitrificación de una sola etapa. Las aguas residuales se entregan mediante un vehículo; las aguas residuales se descargarán en una cámara de eualización de flujo, luego viajarán a través de una rejilla de barras gruesas y luego al tanque de mezcla completo. Desde la cuenca, el líquido mezclado se transferirá al clarificador donde los sólidos se sedimentarán y el agua limpia fluirá sobre los vertederos y luego hacia la cuenca de contacto con el cloro. Luego será filtrado a través de un filtro. Los sólidos sedimentados se transferirán al digestor o se devolverán a la cabecera. Los sólidos del digestor se llevarán a otra EDAR para su posterior procesamiento. . .

Attachment C

SPIF

**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: Quail Run Services, LLC

Permit No. WQ00 15049001

EPA ID No. TX 0133698

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

3432 Hwy.85, Carrizo Springs, Texas 78834
ON THE SOUTH SIDE OF HWY 85
APPROXIMATELY 1 700 FEET SOUTHWEST OF THE INTERSECTION OF HWY 85 AND WILSON
RD

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): Ms.

First and Last Name: Alice Adams

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

Title: Compliance Manager

Mailing Address: 3333 N I-35 Ste 200

City, State, Zip Code: Gainesville, TX 76240

Phone No.: 940-531-0235 Ext.: Fax No.:

E-mail Address: aadams@rentpeak.com

2. List the county in which the facility is located: Dimmit
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 tributary; thence to Soldier Slough; thence to Soldeir Lake; thence to Soldier Slough; thence to the Nueces River above Holland Dam

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

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

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

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

Disturbance of vegetation or wetlands

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

n/a

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

n/a

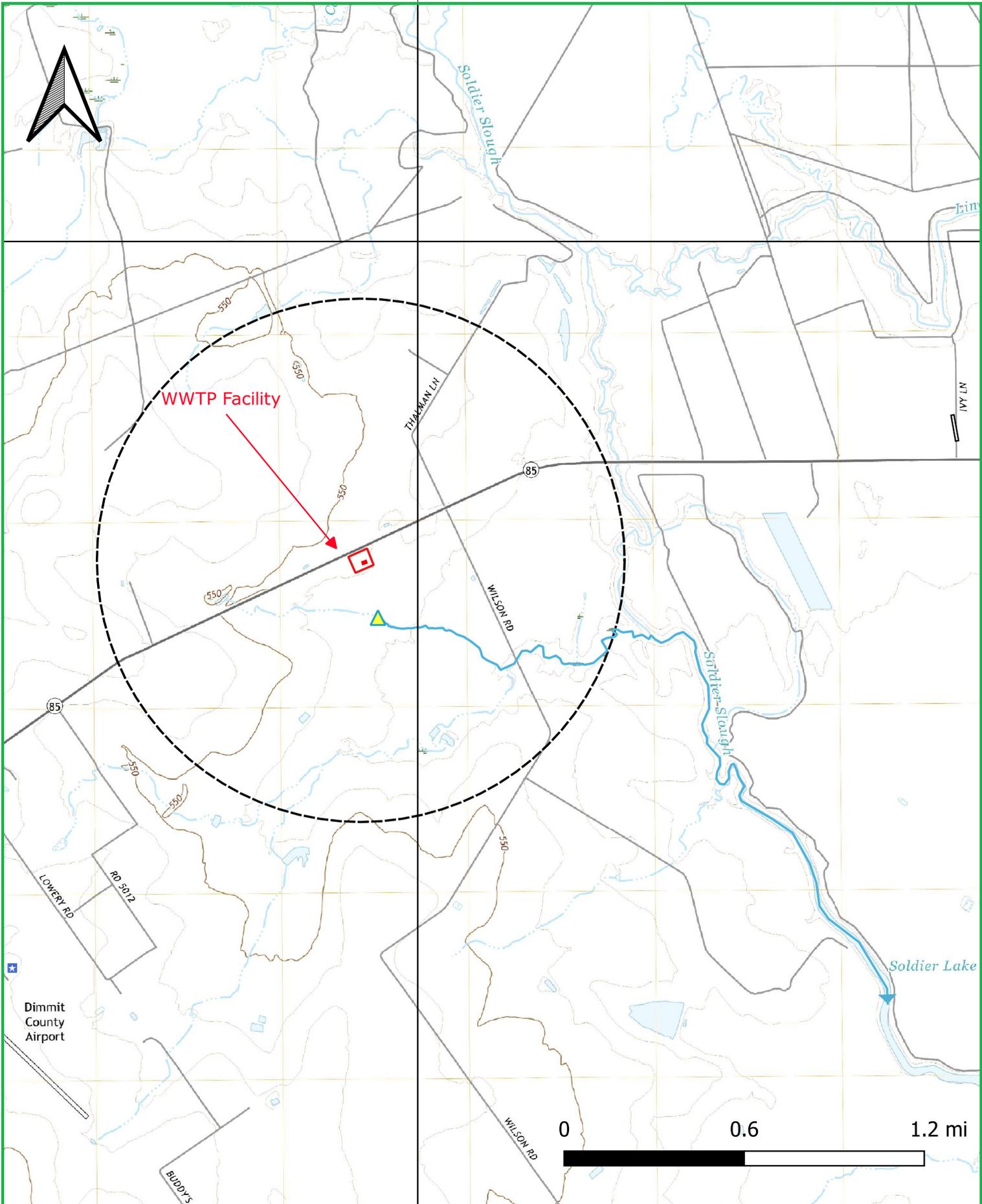
THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

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

[REDACTED]

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

[REDACTED]



Carrizo Springs WWTP

3432 Hwy.85, Carrizo Springs, Texas
 78834
 ~1700 ft' SW of the Intersection of HWY
 85 and Wilson Road

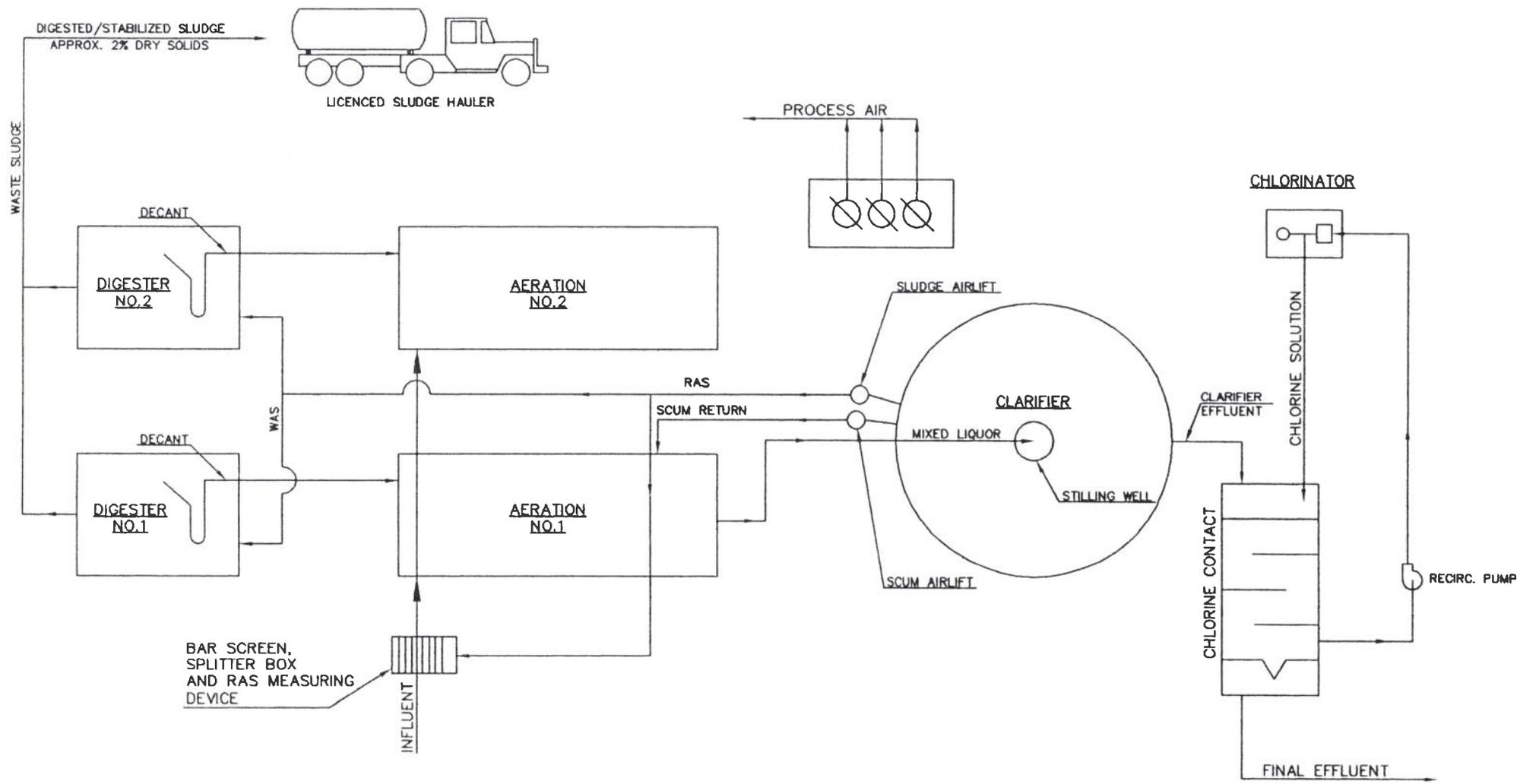
Legend

- Water Wells
- ▲ Discharge Point
- 1 mile discharge
- 3 miles downstream
- 1-mile Radius
- Property Boundary

1:30,000
 Base map USGS

Attachment D

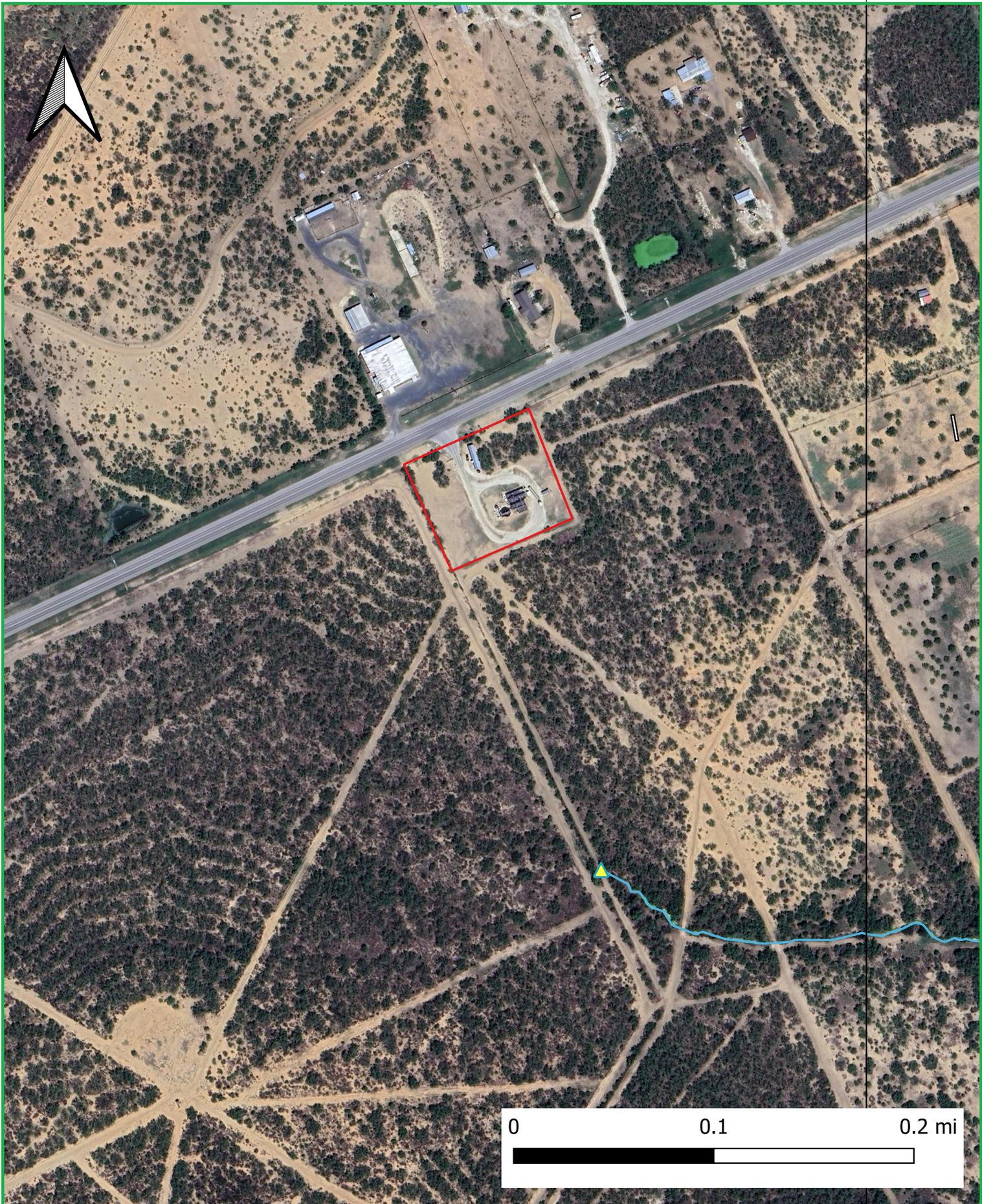
Process Flow Diagram



PROCESS FLOW DIAGRAM PHASE I

Attachment E

Site Drawing



Carrizo Springs WWTP

3432 Hwy.85, Carrizo Springs, Texas 78834
~1700 ft' SW of the Intersection of HWY 85
and Wilson Road

Legend

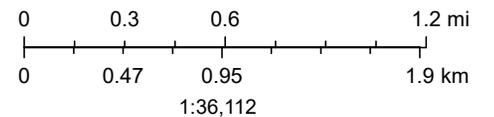
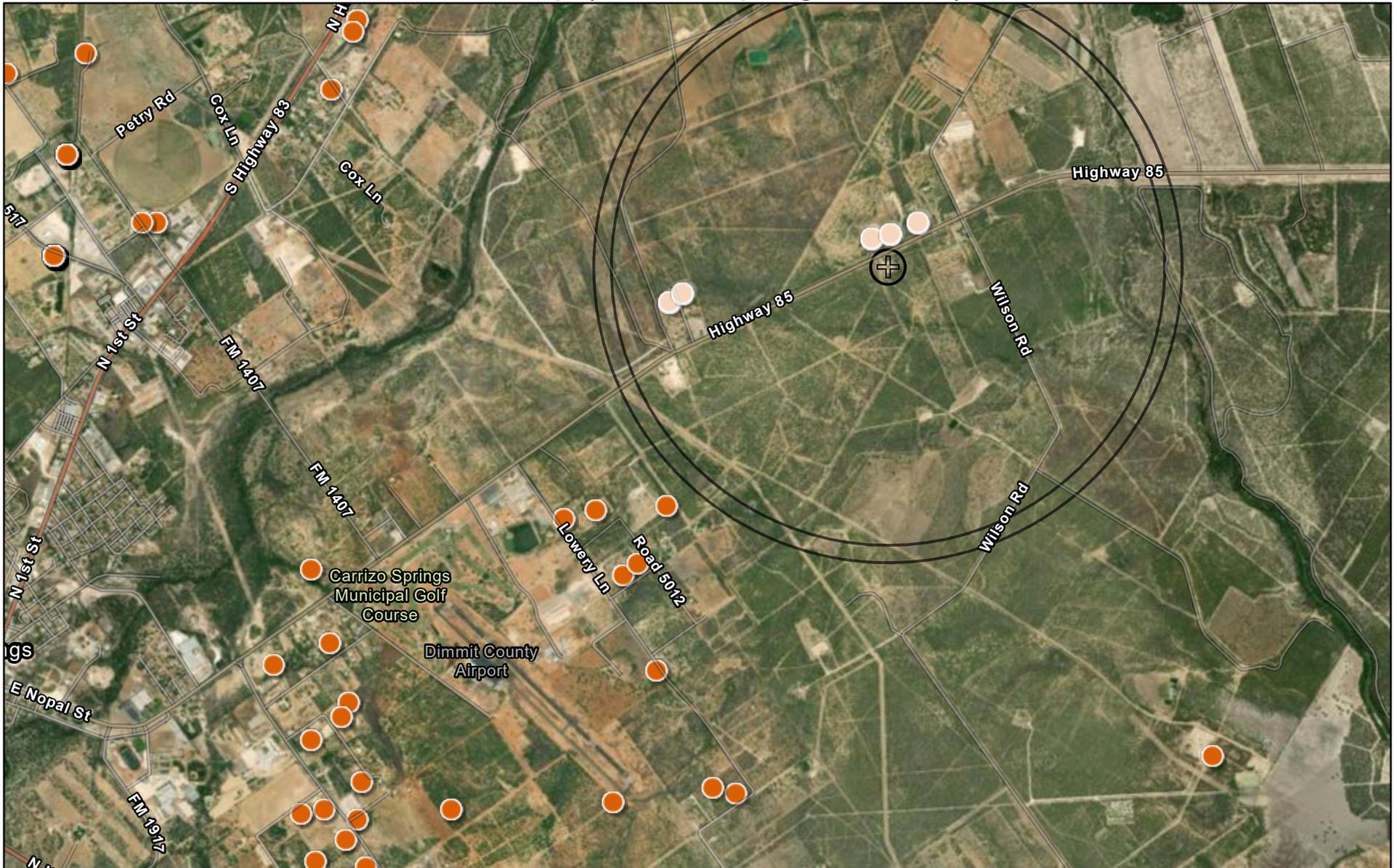
-  Discharge Point
-  Property Boundary
-  Discharge Route

1:4,500
Base map USGS

Attachment F

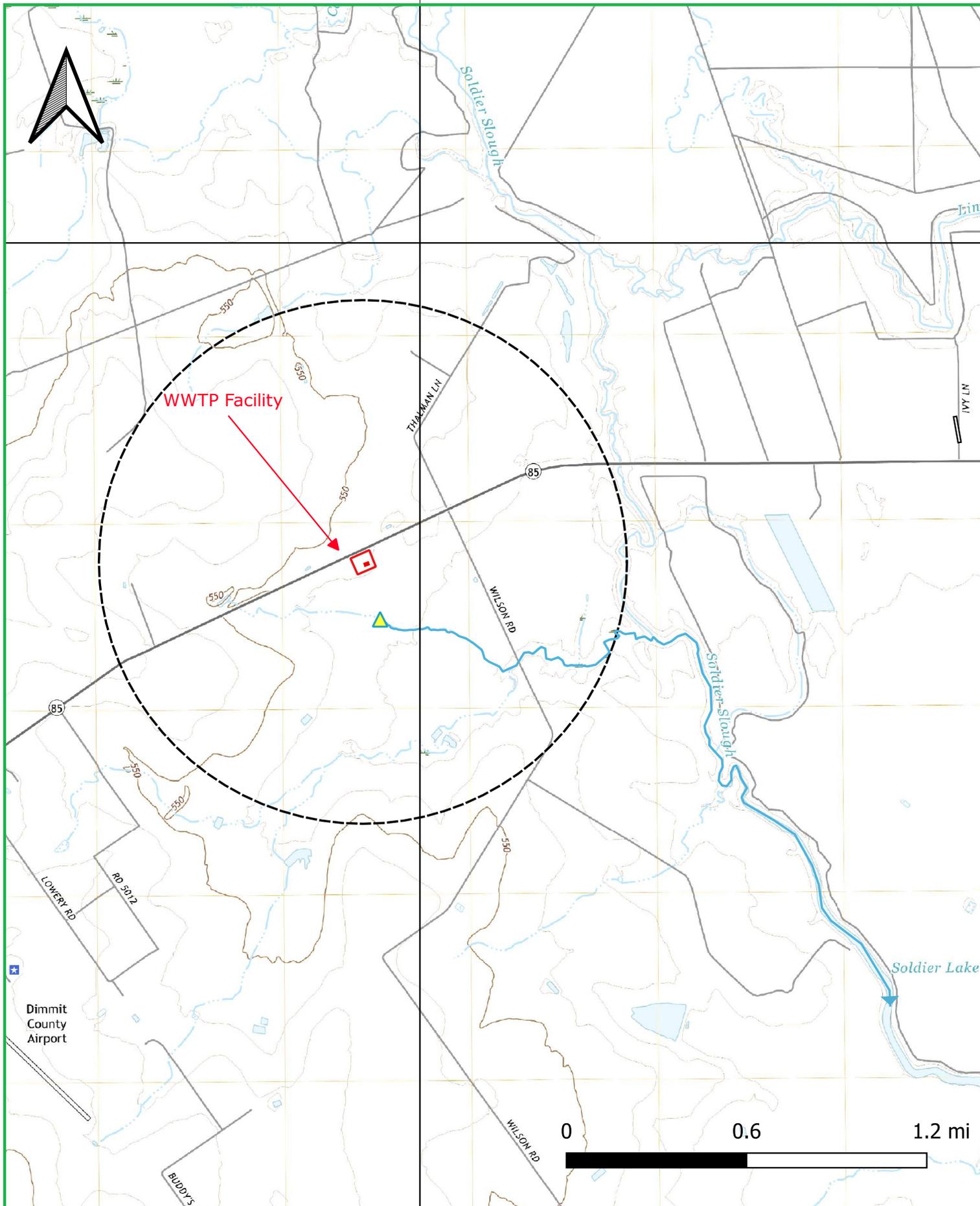
Well Information

Well Map (Carrizo Springs WWTP)



Attachment G

USGS Map



Carrizo Springs WWTP

3432 Hwy.85, Carrizo Springs, Texas
 78834
 ~1700 ft' SW of the Intersection of HWY
 85 and Wilson Road

Legend

- Water Wells
- ▲ Discharge Point
- 1 mile discharge
- 3 miles downstream
- 1-mile Radius
- Property Boundary

1:30,000
 Base map USGS
 2022

Attachment H

Lab Data

Table 3.0(5) – Effluent Monitoring Data						
Date	30 Day Avg Flow MGD	BOD5 mg/l	TSS mg/l	pH	Chlorine Residual mg/l	Acres irrigated
1/11/2023	0.017	2.00	3.00	7.44	2.20	N/A
2/2/2023	0.015	3.00	4.00	7.05	2.50	No Irrigation
3/9/2023	0.016	2.00	4.00	7.07	2.10	
4/5/2023	0.015	2.00	3.00	6.87	3.9	
5/6/2023	0.018	2.00	3.00	7.21	2.30	
6/14/2023	0.018	3.00	5.00	7.11	2.30	
7/12/2023	0.015	4.00	4.00	7.09	3.80	
8/10/2023	0.013	3.00	4.00	7.11	2.30	
9/14/2023	0.110	4.00	1.00	8.15	2.50	
10/6/2023	0.009	3.00	3.00	7.41	3.90	
11/10/2023	0.011	4.00	10.00	7.49	3.50	
12/4/2023	0.009	7.00	17.00	6.99	1.50	
1/10/2024	0.007	3.00	4.00	7.36	2.70	
2/10/2024	0.008	4.00	3.00	6.95	3.70	
3/10/2024	0.007	5.00	3.00	6.46	3.40	
4/10/2024	0.011	5.00	2.00	7.29	1.90	
5/10/2024	0.011	4.00	2.00	7.25	2.30	
6/11/2024	0.011	3.00	2.00	7.58	2.50	
7/10/2024	0.008	3.00	2.00	7.60	2.20	
8/9/2024	0.008	4.00	2.00	7.29	2.00	
9/11/2024	0.009	3.00	4.00	7.64	2.10	
10/10/2024	0.009	5.00	3.00	7.17	3.20	
11/10/2024	0.008	4.00	5.00	7.38	3.80	
12/10/2024	0.006	4.00	7.00	7.62	1.50	
1/10/2025	0.006	4.00	6.00	7.51	3.90	
2/10/2025	0.009	4.00	9.00	7.32	2.27	

POLLUTION CONTROL SERVICES



Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
Brandon Mick Quail Run Services, LLC - Carrizo Springs P.O. Box 1662 Wimberley, TX 78676	Project Name: CS-TCEQ Minor Permit Renewal Sample ID: Effluent Matrix: Non-Potable Water Date/Time Taken: 3/11/2025 13:25	PCS Sample #: 794562 Page 1 of 2 Date/Time Received: 3/12/2025 10:30 Report Date: 3/25/2025 Approved by:  Chuck Wallgren, President

Test Description	Flag	Result	Units	RL	Analysis Date/Time	Method	Analyst
pH	I	7.9	S.U.	N/A	03/12/2025 12:41	SM 4500-H+ B	LCC
BOD5		6	mg/L	3	03/12/2025 12:41	SM 5210 B	LCC
CBOD5		6	mg/L	3	03/12/2025 12:41	SM 5210 B	LCC
Chloride_IC		171	mg/L	5	03/12/2025 15:30	EPA 300.0	JAS
Conductivity, Specific		1,702	µmhos/cm at 25° C	1	03/13/2025 16:43	SM 2510B	GQM
Nitrate-N IC		46.3	mg/L	0.5	03/12/2025 15:30	EPA 300.0	JAS
Phosphorus, Total		0.85	mg/L	0.10	03/17/2025 04:30	SM 4500-P/B/E	JAS
Sulfate_IC		184	mg/L	5	03/12/2025 15:30	EPA 300.0	JAS

Test Description	Precision	Quality Assurance Summary					Blank
		Limit	LCL	MS	MSD	UCL	
pH	N/A	N/A	N/A			N/A	
BOD5	2	23	N/A	N/A	N/A	197 167 - 228	
CBOD5	2	23	N/A	N/A	N/A	197 167 - 228	
Chloride_IC	<1	10	95	98	98	102 99 85 - 115	
Conductivity, Specific	N/A	N/A	N/A			N/A	
Nitrate-N IC	<1	20	70	104	104	130 104 85 - 115	
Phosphorus, Total	1	10	91	93	94	103 101 85 - 115	
Sulfate_IC	<1	10	94	95	95	101 99 85 - 115	

Quality Statement: All supporting quality data adhered to data quality objectives and test results meet the requirements of NELAC unless otherwise noted as flagged exceptions or in a case narrative attachment. Reports with full quality data deliverables are available on request.

¹ Informational purposes only - pH outside hold time - pH Temperature: 17°C

These analytical results relate only to the sample tested.
 All data is reported on an 'As Is' basis unless designated as 'Dry Wt'.
 RL = Reporting Limits
 QC Data Reported in %, Except BOD in mg/L

POLLUTION CONTROL SERVICES



Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
Brandon Mick Quail Run Services, LLC - Carrizo Springs P.O. Box 1662 Wimberley, TX 78676	Project Name: CS-TCEQ Minor Permit Renewal Sample ID: Effluent Matrix: Non-Potable Water Date/Time Taken: 3/11/2025 13:25	PCS Sample #: 794562 Page 2 of 2 Date/Time Received: 3/12/2025 10:30 Report Date: 3/25/2025

Test Description	Result	Units	RL	Analysis Date/Time	Method	Analyst
Total Dissolved Solids	1,056	mg/L	10	03/18/2025 14:50	SM 2540C	PML
Total Suspended Solids	2	mg/L	1	03/12/2025 16:30	SM 2540 D	GQM
Ammonia-N (ISE)	<0.1	mg/L	0.1	03/14/2025 09:50	SM 4500-NH3 D	CLH
Kjeldahl-N, Total	2	mg/L	1	03/21/2025 11:25	SM 4500-N B/C	PML

Test Description	Precision	Quality Assurance Summary							
		Limit	LCL	MS	MSD	UCL	LCS	LCS Limit	Blank
Total Dissolved Solids	1	10	N/A	N/A	N/A	N/A			
Total Suspended Solids	<1	10	N/A			N/A			
Ammonia-N (ISE)	<1	10	80	87	86	120	89	85 - 115	
Kjeldahl-N, Total	<1	10	90	99	99	109	106	85 - 115	<1

Quality Statement: All supporting quality data adhered to data quality objectives and test results meet the requirements of NELAC unless otherwise noted as flagged exceptions or in a case narrative attachment. Reports with full quality data deliverables are available on request.

	These analytical results relate only to the sample tested. All data is reported on an 'As Is' basis unless designated as 'Dry Wt'. RL = Reporting Limits
--	--

POLLUTION CONTROL SERVICES



Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
Brandon Mick Quail Run Services, LLC - Carrizo Springs P.O. Box 1662 Wimberley, TX 78676	Project Name: Carrizo Springs Sample ID: Influent Matrix: Non-Potable Water Date/Time Taken: 3/11/2025 1330	PCS Sample #: 794563 Page 1 of 1 Date/Time Received: 3/12/2025 10:30 Report Date: 3/18/2025 Approved by:  Chuck Wallgren, President

Test Description	Flag	Result	Units	RL	Analysis Date/Time	Method	Analyst
pH	I	7.7	S.U.	N/A	03/12/2025 13:06	SM 4500-H+ B	LCC
BOD5		170	mg/L	3	03/12/2025 13:06	SM 5210 B	LCC
Total Suspended Solids		365	mg/L	1	03/12/2025 16:30	SM 2540 D	GQM
Ammonia-N (ISE)		5.4	mg/L	0.1	03/14/2025 09:50	SM 4500-NH3 D	CLH

Test Description	Precision	Quality Assurance Summary				MS	MSD	UCL	LCS	LCS Limit	Blank
		Limit	LCL								
pH	N/A	N/A	N/A	N/A			N/A				
BOD5	2	23	N/A	N/A	N/A	N/A	N/A	197	167 - 228		
Total Suspended Solids	<1	10	N/A	N/A			N/A				
Ammonia-N (ISE)	<1	10	80	87	86	120	89	85 - 115			

Quality Statement: All supporting quality data adhered to data quality objectives and test results meet the requirements of NELAC unless otherwise noted as flagged exceptions or in a case narrative attachment. Reports with full quality data deliverables are available on request.

¹ Informational purposes only - pH outside hold time - pH Temperature: 19°C

These analytical results relate only to the sample tested.
 All data is reported on an 'As Is' basis unless designated as 'Dry Wt'.
 RL = Reporting Limits
 QC Data Reported in %, Except BOD in mg/L

POLLUTION CONTROL SERVICES



Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
Brandon Mick Quail Run Services, LLC - Carrizo Springs P.O. Box 1662 Wimberley, TX 78676	Project Name: Carrizo Springs Sample ID: Aeration Matrix: Non-Potable Water Date/Time Taken: 3/11/2025 1335	PCS Sample #: 794564 Page 1 of 1 Date/Time Received: 3/12/2025 10:30 Report Date: 3/20/2025 Approved by:  Chuck Wallgren, President

Test Description	Flag	Result	Units	RL	Analysis Date/Time	Method	Analyst
MLSS		3,267	mg/L	1	03/18/2025 12:15	SM 2540 D	PML
VMLSS	!	1,817	mg/L	1	03/18/2025 12:15	SM 2540 E	PML

Test Description	Precision	Quality Assurance Summary				MSD	UCL	LCS	LCS Limit	Blank
		Limit	LCL	MS	MSD					
MLSS	<1	10	N/A			N/A				
VMLSS	2	10	N/A			N/A				

Quality Statement: All supporting quality data adhered to data quality objectives and test results meet the requirements of NELAP unless otherwise noted as flagged exceptions or in a case narrative attachment. Reports with full quality data deliverables are available on request.

! Parameter not NELAP certifiable

These analytical results relate only to the sample tested.
 All data is reported on an 'As Is' basis unless designated as 'Dry Wt'.
 RL = Reporting Limits

POLLUTION CONTROL SERVICES



Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
Brandon Mick Quail Run Services, LLC - Carrizo Springs P.O. Box 1662 Wimberley, TX 78676	Project Name: Carrizo Springs Sample ID: RAS Matrix: Non-Potable Water Date/Time Taken: 3/11/2025 1340	PCS Sample #: 794565 Page 1 of 1 Date/Time Received: 3/12/2025 10:30 Report Date: 3/20/2025 Approved by:  Chuck Wallgren, President

Test Description	Flag	Result	Units	RL	Analysis Date/Time	Method	Analyst
MLSS		4,340	mg/L	1	03/18/2025 12:15	SM 2540 D	PML
VMLSS	!	2,440	mg/L	1	03/18/2025 12:15	SM 2540 E	PML

Test Description	Precision	Quality Assurance Summary				UCL	LCS	LCS Limit	Blank
		Limit	LCL	MS	MSD				
MLSS	<1	10	N/A		N/A				
VMLSS	2	10	N/A		N/A				

Quality Statement: All supporting quality data adhered to data quality objectives and test results meet the requirements of NELAP unless otherwise noted as flagged exceptions or in a case narrative attachment. Reports with full quality data deliverables are available on request.

! Parameter not NELAP certifiable

These analytical results relate only to the sample tested.
 All data is reported on an 'As Is' basis unless designated as 'Dry Wt'.
 RL = Reporting Limits

7916-2237-5231

POLLUTION CONTROL SERVICES

Chain of Custody Number

794562

MULTIPLE SAMPLE ANALYSIS REQUEST AND CHAIN OF CUSTODY FORM

Stamp 1st sample and COC as same number

CUSTOMER INFORMATION				REPORT INFORMATION										
Name: Quail Run Services, LLC - Carrizo Springs				Attention: Justin Lock		Phone: 210-633-6200		Fax: 0000000000						
SAMPLE INFORMATION						Requested Analysis								
Project Information: Carrizo Springs - Phase I			Collected By: <i>Jeff Ballard</i>			pH, BOD, TSS	NH3N	TAIK, CBOD, CI Spond, NOban	MLSS/MLSS	TRN, TP4P	SO4, TDS	Instructions/Comments: D Minor Permit on Effluent - LMC		
Report "Soils" <input type="checkbox"/> As Is <input type="checkbox"/> Dry Wt.		Matrix		Container								PCS Sample Number		
Client / Field Sample ID	Collected		Field Chlorine Residual mg/L	Composite or Grab	DW-Drinking Water; NPW-Non-potable water; WW-Wastewater; LW-Liquid Waste	Type	Number	Preservative						
	Date	Time												
Effluent	Start: 3-11-25	Start: 1320	3.1	C	DW NPW	<input type="checkbox"/> P		<input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> HNO ₃	★	★	X	X	X	794562
	End: 1325	End: 1325		G	WW Soil	<input type="checkbox"/> G		<input type="checkbox"/> H ₃ PO ₄ <input type="checkbox"/> NaOH						
INFLUENT	Start: 3-11-25	Start: 1325		C	DW NPW	<input type="checkbox"/> P		<input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> HNO ₃	★	★				794563
	End: 1330	End: 1330		G	WW Soil	<input type="checkbox"/> G		<input type="checkbox"/> H ₃ PO ₄ <input type="checkbox"/> NaOH						
	Start:	Start:		C	DW NPW	<input type="checkbox"/> P		<input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> HNO ₃						
	End:	End:		G	WW Soil	<input type="checkbox"/> G		<input type="checkbox"/> H ₃ PO ₄ <input type="checkbox"/> NaOH						
	Start:	Start:		C	DW NPW	<input type="checkbox"/> P		<input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> HNO ₃						
	End:	End:		G	WW Soil	<input type="checkbox"/> G		<input type="checkbox"/> H ₃ PO ₄ <input type="checkbox"/> NaOH						
Aeration	Start: 3-11-25	Start: 1330		C	DW NPW	<input type="checkbox"/> P		<input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> HNO ₃						794564
	End: 1335	End: 1335		G	WW Soil	<input type="checkbox"/> G		<input type="checkbox"/> H ₃ PO ₄ <input type="checkbox"/> NaOH			★			
RAS	Start: 3-11-25	Start: 1335		C	DW NPW	<input type="checkbox"/> P		<input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> HNO ₃						794565
	End: 1340	End: 1340		G	WW Soil	<input type="checkbox"/> G		<input type="checkbox"/> H ₃ PO ₄ <input type="checkbox"/> NaOH			★			
	Start:	Start:		C	DW NPW	<input type="checkbox"/> P		<input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> HNO ₃						
	End:	End:		G	WW Soil	<input type="checkbox"/> G		<input type="checkbox"/> H ₃ PO ₄ <input type="checkbox"/> NaOH						

Required Turnaround: Routine (6-10 days) EXPEDITE: (See Surcharge Schedule) < 8 Hrs. < 16 Hrs. < 24 Hrs. 5 days Other: _____ Rush Charges Authorized by: _____

Sample Archive/Disposal: Laboratory Standard Hold for client pick up Container Type: P = Plastic, G = Glass, O = Other Carrier ID: _____

Relinquished By: <i>Jeff Ballard</i>	Date: 3-11-25	Time: 1340	Received By: <i>Justin Allen</i>	Date: 3-11-25	Time: 1340
Relinquished By: <i>Justin Allen</i>	Date: 3-12-25	Time: 1030	Received By: _____	Date: _____	Time: _____

FROM: (210) 275-3797
Brandon Mick
QR Carrizo Springs
3432 HWY 85

GAD: 11244736B1NET4535
DIMMED: 18 X 10 X 16 IN

CARRIZO SPRINGS TX 78834
US

TO Chuck Wallgren

1532 Universal City Blvd. #100

Universal City TX 78148
(210) 340-0343

REF: 6399

INV: DEPT:
PO:

(US) 950309EC1706C4

RMA:

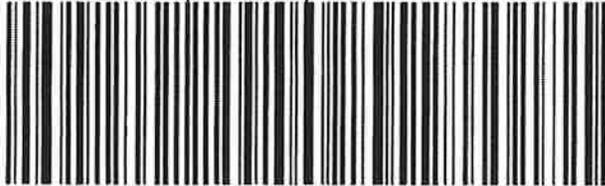


RETURN

TRK# 7916 2737 5231

78148

9622 0137 0 (000 000 0000) 0 00 7916 2737 5231



After printing this label:

1. Use the Print button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: IMPORTANT: TRANSMIT YOUR SHIPPING DATA AND PRINT A MANIFEST.

At the end of each shipping day, you should perform the FedEx Ground End of Day Close procedure to transmit your shipping data to FedEx. To do so, click on the Ground End of Day Close button, if required, print the pickup manifest that appears. A printed manifest is required to be tendered along with your packages if they are being picked up by FedEx Ground. If you are dropping your packages off at a FedEx drop-off location, the manifest is not required.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide and applicable tariff, available upon request. FedEx will not be responsible for any claim in excess of \$500 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or destruction, unless you declare a higher value. Pay an additional charge to document your actual loss and file a formal claim. Manifests, including manifests, are subject to the terms, conditions, and applicable limitations of liability set forth in the current FedEx Service Guide and applicable tariff. FedEx Ground is liable for any loss and the level of consequential damages, including, without limitation, the loss of profits, loss of sales, loss of income or other business revenues. Receipts cannot exceed actual documented loss. Items of extraordinary value are subject to separate limitations of liability set forth in the Service Guide and tariff. Valuable contents must be filed within strict time limits; see current FedEx Service Guide.

Pollution Control Services

Sample Log-In Checklist

794562

PCS Sample No(s) 794562 794565 COC No. 794562

Client/Company Name: DR Camzo Checklist Completed by: LMC

Sample Delivery to Lab Via:

Client Drop Off Commercial Carrier: Bus UPS Lone Star FedEx USPS
PCS Field Services: Collection/Pick Up Other:

Sample Kit/Coolers

Sample Kit/Cooler? Yes No Sample Kit/Cooler: Intact? Yes No
Custody Seals on Sample Kit/Cooler: Not Present If Present, Intact Broken
Sample Containers Intact; Unbroken and Not Leaking? Yes No
Custody Seals on Sample Bottles: Not Present If Present, Intact Broken
COC Present with Shipment or Delivery or Completed at Drop Off? Yes No
Has COC sample date/time and other pertinent information been provided by client/sampler? Yes No
Has COC been properly Signed when Received/Relinquished? Yes No
Does COC agree with Sample Bottle Information, Bottle Types, Preservation, etc.? Yes No
All Samples Received before Hold Time Expiration? Yes No
Sufficient Sample Volumes for Analysis Requested? Yes No
Zero Headspace in VOA Vial? Yes No

Sample Preservation:

* **Cooling:** Not Required or Required
If cooling required, record temperature of submitted samples Observed/Corrected 4 / 1 °C
Is Ice Present in Sample Kit/Cooler? Yes No Samples received same day as collected? Yes No
Lab Thermometer Make and Serial Number: Vaughan 1807009583 Other:

Acid Preserved Sample - If present, is pH <2? Yes No ** H₂SO₄ HNO₃ H₃PO₄

Base Preserved Sample - If present, is pH >12? Yes No NaOH

Other Preservations: If Present, Meets Requirements? Yes No

Sample Preservations Checked by: Date Time

pH paper used to check sample preservation (PCS log #): (HEM pH checked at analysis). Log #

Samples Preserved/Adjusted by Lab: Lab # NH3N Parameters Preserved H2SO4 Preservative Used 01816104

Adjusted by Tech/Analyst: LMC Date 3.12.25 Time: 1040

Client Notification/ Documentation for "No" Responses Above/ Discrepancies/ Revision Comments

Person Notified: Contacted by:
Notified Date: Time:
Method of Contact: At Drop Off: Phone Left Voice Mail E-Mail Fax
Unable to Contact Authorized Laboratory to Proceed: (Lab Director)
Regarding / Comments:

Actions taken to correct problems/discrepancies:

Receiving qualifier needed (requires client notification above) Temp. Holding Time Initials:

Receiving qualifier entered into LIMS at login Initial/Date:

Revision Comments: