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

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

PERMIT NO. WQ0015057001

APPLICATION. City of Corrigan, 101 West Ben Franklin Street, Corrigan, Texas 75939, has applied to the Texas Commission on Environmental Quality (TCEQ) to amend Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0015057001 (EPA I.D. No. TX0133787) to authorize an increase in the discharge of treated wastewater to a volume not to exceed a daily average flow of 600,000 gallons per day**.** The domestic wastewater treatment facility is located approximately 0.25 miles east of the intersection of U.S. Highway 59 and East Ben Franklin Street, near the city of Corrigan, in Polk County, Texas 75939. The discharge route is from the plant site to Dry Creek, thence to Bear Creek, thence to Piney Creek, thence to Neches River Below Lake Palestine. TCEQ received this application on October 23, 2025. The permit application will be available for viewing and copying at Corrigan City Hall, meeting room, 101 West Ben Franklin Street, Corrigan, Texas prior to the date this notice is published in the newspaper. The application is available for viewing and copying at the following webpage: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.
https://gisweb.tceq.texas.gov/LocationMapper/?marker=-94.821944,30.999444&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.**

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 City of Corrigan at the address stated above or by calling Mr. Tyler Smith, E.I.T., Schaumburg & Polk Inc, at 903-595-3913.

Issuance Date: November 18, 2025

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.

The City of Corrigan (CN600653109) operates the Domestic Wastewater Treatment System (RN101918464), a plant operating in complete-mix, extended aeration mode. The facility is located at approximately 0.25 miles east of the intersection of U.S. Highway 59 and East Ben Franklin Street, in Corrigan, Polk County, Texas 75939. This application is for a major amendment to the permit to increase the Average Daily Flow to .6 MGD via the existing outfall, as well as change the treatment process to a complete mix, conventional aeration system.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($CBOD_5$), total suspended solids (TSS), ammonia nitrogen (NH_3-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent. Domestic wastewater will be treated by an activated sludge process plant with treatment units including grease trap, bar screen, grit

chamber, aeration basins, final clarifiers, sludge digesters, chlorine contact chambers and a dechlorination chamber.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

October 23, 2025

Re: Confirmation of Submission of the Major Amendment without Renewal for Public Domestic Wastewater Authorization.

Dear Applicant:

This is an acknowledgement that you have successfully completed Major Amendment without Renewal for the Public Domestic Wastewater authorization.

ER Account Number: ER116522
Application Reference Number: 818657
Authorization Number: WQ0015057001
Site Name: City of Corrigan WWTP
Regulated Entity: RN101918464 - City of Corrigan Wastewater Treatment System
Customer(s): CN600653109 - City of Corrigan

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

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

Sincerely,
Applications Review and Processing Team
Water Quality Division

Texas Commission on Environmental Quality

Update Domestic or Industrial Individual Permit

WQ0015057001

Site Information (Regulated Entity)

What is the name of the site to be authorized?	CITY OF CORRIGAN WWTP
Does the site have a physical address?	No
Because there is no physical address, describe how to locate this site:	LOCATED 0.25 M E OF THE INTERSECTION OF US HIGHWAY 59 AND E BEN FRANKLIN ST
City	CORRIGAN
State	TX
ZIP	75939
County	POLK
Latitude (N) (##.######)	30.999444
Longitude (W) (-###.######)	-94.821944
Primary SIC Code	4952
Secondary SIC Code	
Primary NAICS Code	221310
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN101918464
What is the name of the Regulated Entity (RE)?	CITY OF CORRIGAN WASTEWATER TREATMENT SYSTEM
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	101 W BEN FRANKLIN ST
City	CORRIGAN
State	TX
ZIP	75939
County	POLK
Latitude (N) (##.######)	30.998951
Longitude (W) (-###.######)	-94.827856
Facility NAICS Code	
What is the primary business of this entity?	DOMESTIC

City of-Customer (Applicant) Information (Owner)

How is this applicant associated with this site?	Owner
What is the applicant's Customer Number (CN)?	CN600653109
Type of Customer	City Government
Full legal name of the applicant:	
Legal Name	City of Corrigan
Texas SOS Filing Number	
Federal Tax ID	
State Franchise Tax ID	
State Sales Tax ID	
Local Tax ID	
DUNS Number	
Number of Employees	
Independently Owned and Operated?	
I certify that the full legal name of the entity applying for this permit has been provided and is legally authorized to do business in Texas.	Yes
Responsible Authority Contact	
Organization Name	City of Corrigan
Prefix	
First	Paloma
Middle	
Last	Carbajal
Suffix	
Credentials	
Title	City Manager
Responsible Authority Mailing Address	
Enter new address or copy one from list:	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	101 W BEN FRANKLIN ST
Routing (such as Mail Code, Dept., or Attn:)	
City	CORRIGAN
State	TX
ZIP	75939
Phone (###-###-####)	3963984126
Extension	
Alternate Phone (###-###-####)	

Fax (###-###-####)	
E-mail	citymanager@cityofcorrigan.com

Billing Contact

Responsible contact for receiving billing statements:	
Select the permittee that is responsible for payment of the annual fee.	CN600653109, City of Corrigan
Organization Name	CITY OF CORRIGAN
Prefix	MS
First	Glenda
Middle	
Last	Davis
Suffix	
Credentials	
Title	CITY SECRETARY
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	101 W BEN FRANKLIN ST
Routing (such as Mail Code, Dept., or Attn:)	
City	CORRIGAN
State	TX
ZIP	75939
Phone (###-###-####)	9363984126
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	9363982052
E-mail	CITYSECRETARY@CITYOFCORRIGAN.COM

Application Contact

Person TCEQ should contact for questions about this application:	
Same as another contact?	CN600653109, City of Corrigan
Organization Name	City of Corrigan
Prefix	
First	Paloma
Middle	

Last	Carbajal
Suffix	
Credentials	
Title	City Manager
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	101 W BEN FRANKLIN ST
Routing (such as Mail Code, Dept., or Attn:)	
City	CORRIGAN
State	TX
ZIP	75939
Phone (###-###-####)	3963984126
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	citymanager@cityofcorrigan.com

Technical Contact

Person TCEQ should contact for questions about this application:	
Same as another contact?	
Organization Name	Schaumburg & Polk Engineering Inc
Prefix	MR
First	Travis
Middle	
Last	Reed
Suffix	
Credentials	
Title	PROJECT ENGINEER
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	320 S BROADWAY AVE
Routing (such as Mail Code, Dept., or Attn:)	Suite 200
City	TYLER
State	TX

ZIP	75702
Phone (###-###-####)	9035953913
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	9366376330
E-mail	treed@spi-eng.com

DMR Contact

Person responsible for submitting Discharge Monitoring Report Forms:

Same as another contact?	Application Contact
Organization Name	City of Corrigan
Prefix	
First	Paloma
Middle	
Last	Carbajal
Suffix	
Credentials	
Title	City Manager
Enter new address or copy one from list:	

Mailing Address:

Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	101 W BEN FRANKLIN ST
Routing (such as Mail Code, Dept., or Attn:)	
City	CORRIGAN
State	TX
ZIP	75939
Phone (###-###-####)	3963984126
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	citymanager@cityofcorrigan.com

Section 1# Permit Contact

Permit Contact#: 1

Person TCEQ should contact throughout the permit term.

1) Same as another contact?	
2) Organization Name	Schaumburg & Polk Engineering Inc
3) Prefix	
4) First	Tyler
5) Middle	D
6) Last	Smith
7) Suffix	
8) Credentials	
9) Title	Permit Application Preparer
Mailing Address	
10) Enter new address or copy one from list	
11) Address Type	Domestic
11.1) Mailing Address (include Suite or Bldg. here, if applicable)	320 S BROADWAY AVE
11.2) Routing (such as Mail Code, Dept., or Attn:)	
11.3) City	TYLER
11.4) State	TX
11.5) ZIP	75702
12) Phone (###-###-####)	9035953913
13) Extension	
14) Alternate Phone (###-###-####)	
15) Fax (###-###-####)	
16) E-mail	tsmith@spi-eng.com

Owner Information

Owner of Treatment Facility	
1) Prefix	
2) First and Last Name	
3) Organization Name	City of Corrigan
4) Mailing Address	101 W. Ben Franklin St
5) City	Corrigan
6) State	TX
7) Zip Code	75939
8) Phone (###-###-####)	9363984126
9) Extension	
10) Email	citysecretary@cityofcorrigan.com
11) What is ownership of the treatment facility?	Public

Owner of Land (where treatment facility is or will be)

12) Prefix	
13) First and Last Name	
14) Organization Name	City of Corrigan
15) Mailing Address	101 W. Ben Franklin St
16) City	Corrigan
17) State	TX
18) Zip Code	75939
19) Phone (###-###-####)	9363984126
20) Extension	
21) Email	citysecretary@cityofcorrigan.com
22) Is the landowner the same person as the facility owner or co-applicant?	Yes

General Information Renewal-Amendment

1) Current authorization expiration date:	03/18/2027
2) Current Facility operational status:	Active
3) Is the facility located on or does the treated effluent cross American Indian Land?	No
4) What is the application type that you are seeking?	Major Amendment without Renewal
4.1) Describe the proposed changes:	Demolition of Oxidation Ditch, Construction of new barscreen, Construction of Aeration basins and equipment, construction of new secondary clarifier, expansion of existing chlorine contact basin
5) Current Authorization type:	Public Domestic Wastewater
5.1) What is the proposed total flow in MGD discharged at the facility?	.6
5.2) Select the applicable fee	>= .50 & < 1.0 MGD - Major Amendment - $1,650
6) What is the classification for your authorization?	TPDES
6.1) What is the EPA Identification Number?	TX0133787
6.2) Is the wastewater treatment facility location in the existing permit accurate?	Yes
6.3) Are the point(s) of discharge and the discharge route(s) in the existing permit correct?	Yes
6.4) City nearest the outfall(s):	Corrigan
6.5) County where the outfalls are located:	POLK
6.6) Is or will the treated wastewater discharge to a city, county, or state highway right-of-way, or a flood control district drainage ditch?	No
6.7) Is the daily average discharge at your facility of 5 MGD or more?	No
7) Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?	No

Public Notice Information

Individual Publishing the Notices	
1) Prefix	MR
2) First and Last Name	Tyler D Smith
3) Credential	
4) Title	
5) Organization Name	Schaumburg & Polk-Tyler
6) Mailing Address	320 S BROADWAY AVE
7) Address Line 2	Suite 200
8) City	TYLER
9) State	TX
10) Zip Code	75702
11) Phone (###-###-####)	9035953913
12) Extension	
13) Fax (###-###-####)	
14) Email	tsmith@spi-eng.com
Contact person to be listed in the Notices	
15) Prefix	
16) First and Last Name	Tyler Smith
17) Credential	
18) Title	
19) Organization Name	Schaumburg & Polk Engineering Inc
20) Phone (###-###-####)	9035953913
21) Fax (###-###-####)	
22) Email	tsmith@spi-eng.com
Bilingual Notice Requirements	
23) Is a bilingual education program required by the Texas Education Code at the elementary or middle school nearest to the facility or proposed facility?	No

Section 1# Public Viewing Information

County#: 1

1) County	POLK
2) Public building name	City Hall
3) Location within the building	Meeting Room
4) Physical Address of Building	101 W. Ben Franklin St

5) City	Corrigan
6) Contact Name	
7) Phone (###-###-####)	9363984126
8) Extension	
9) Is the location open to the public?	Yes

Plain Language

1) Plain Language	
[File Properties]	
File Name	LANG_FORM 20972.pdf
Hash	5C7B69A536B775C0C9F1530AD48B2A22D254205AA46D0546E3A84B425AD165AA
MIME-Type	application/pdf

Supplemental Permit Information Form

1) Supplemental Permit Information Form (SPIF)	
[File Properties]	
File Name	SPIF_FORM 20971 (SPIF).pdf
Hash	8EC4F57242491425C7B24D10174A80AC9E2BECAAA352A44C90F2A2C471D1ADBB
MIME-Type	application/pdf

Domestic Attachments

1) Attach an 8.5"x11", reproduced portion of the most current and original USGS Topographic Quadrangle Map(s) that meets the 1:24,000 scale.	
[File Properties]	
File Name	MAP_1-USGS Maps (2 Original Full-Size Maps)(Reduced).pdf
Hash	532221B7EF81C2139AAAFE688F11839CAF7408EB440FAFE600C36903D552018C
MIME-Type	application/pdf
2) Public Involvement Plan attachment (TCEQ Form 20960)	
[File Properties]	
File Name	PIP_FORM 20960.pdf
Hash	75A94DCB449F43884475F70BE8711A93279C686600A7DB08496417423EFA6574
MIME-Type	application/pdf

3) Administrative Report 1.1	
[File Properties]	
File Name	ARPT_FORM 10053.pdf
Hash	DBF4EBCB3D69825CAAD417A0ED39121E1AF0F85997C65AD8F8952EA41806AE12
MIME-Type	application/pdf
4) I confirm that all required sections of Technical Report 1.0 are complete and will be included in the Technical Attachment.	Yes
4.1) I confirm that Technical Report 1.1 is complete and included in the Technical Attachment.	Yes
4.2) I confirm that Worksheet 2.0 (Receiving Waters) is complete and included in the Technical Attachment.	Yes
4.3) Are you planning to include Worksheet 2.1 (Stream Physical Characteristics) in the Technical Attachment?	No
4.4) Are you planning to include Worksheet 4.0 (Pollutant Analyses Requirements) in the Technical Attachment?	No
4.5) Are you planning to include Worksheet 5.0 (Toxicity Testing Requirements) in the Technical Attachment?	No
4.6) I confirm that Worksheet 6.0 (Industrial Waste Contribution) is complete and included in the Technical Attachment.	Yes
4.7) Are you planning to include Worksheet 7.0 (Class V Injection Well Inventory/Authorization Form) in the Technical Attachment?	No
4.8) Technical Attachment	
[File Properties]	
File Name	TECH_FORM 10054.pdf
Hash	01CA3A4AD88280F5EF0B80979A7BD796B24626F5F82DDE69E9F461357A96B41A
MIME-Type	application/pdf
5) Affected Landowners Map	
[File Properties]	
File Name	LANDMP_Att. -Adjacent Landowners Map.pdf
Hash	9828016174303B893975B5F858E50770AFA7768DB1777977D2C5CF0DB2E84850
MIME-Type	application/pdf
6) Landowners Cross Reference List	
[File Properties]	
File Name	LANDCRL_Att. -Downstream Landowners Map.pdf
Hash	A09E2A0841F7DA8220B8B341D14FFF622775F717D826312DB9E7F04765252122
MIME-Type	application/pdf
7) Landowner Avery Template	

[File Properties]

File Name: LANDAT_Att. -AFFECTED LANDOWNERS DATA.pdf

Hash: 38E27C41AF7D8B5E9E37E3AF4EF9A77A0FB9BE235D3987BD76DE26A4134C8DDB

MIME-Type: application/pdf

8) Buffer Zone Map

[File Properties]

File Name: BUFF_ZM_4-PROPOSED BUFFER ZONE.pdf

Hash: 81E032C54D7E7AFF75B5E3FFC41B7045D421FC823CF8596FCDA71F30E221A5F9

MIME-Type: application/pdf

9) Flow Diagram

[File Properties]

File Name: FLDIA_Att. B -FLOW DIAGRAM (10054 or TECH REP 1.0 SEC2.C).pdf

Hash: A29020FE11115B5C09D055AF6881FDEB4B4445FAA211757AA1963A2F97485A38

MIME-Type: application/pdf

10) Site Drawing

[File Properties]

File Name: SITEDR_Att. C -SITE DRAWING (10054 or TECH REP 1.0 SEC3).pdf

Hash: D81547C1CC40893DC0B862234D64EA30C74C19BA885223054725139C8973933C

MIME-Type: application/pdf

11) Original Photographs

[File Properties]

File Name: ORIGPH_3-ORIGINAL PHOTOS.pdf

Hash: 4C90EEE973DDAA90458512C38FC2EF8F040802694CF44C64389B800CE7EE4E3B

MIME-Type: application/pdf

12) Design Calculations

[File Properties]

File Name: DES_CAL_Att. F -DESIGN CALCULATIONS- (10054 or TECH REP 1.1 SEC4).pdf

Hash: 165BADE63ED35ABBAC0340C5BF9EAE6EBCB485A96B833B0078434D2DB35860FD

MIME-Type: application/pdf

13) Solids Management Plan

[File Properties]

File Name SMP_Att. I -SOLIDS MANAGEMENT PLAN- (10054 or TECH REP 1.1 SEC7).pdf

Hash FE780EEA76B31BFFF713E43E02C12CFF2E95119431BAFEAAA027E03B2E8DFEC4

MIME-Type application/pdf

14) Water Balance

[File Properties]

File Name WB_Att. J -WATER BALANCE.pdf

Hash 55BA0F2B61A086E204F122FAB09CBD2BB26C5FE7CD7F25E447AE4B80B2DE866F

MIME-Type application/pdf

15) Other Attachments

[File Properties]

File Name OTHER_Att. H -WIND ROSE.pdf

Hash AC45D67AEAEBF3A8D685ABAE2114D3019E37ADFCA526A39B1043A89EC338FEB9

MIME-Type application/pdf

[File Properties]

File Name OTHER_Att. D -POPULATION & FLOW PROJECTIONS- (10054 or TECH REP 1.1 SEC1.A).pdf

Hash 15BAD5F7B7264BA2339858F7342EDFBD7816A2B34803A0705EF5FAA3CE1F4827

MIME-Type application/pdf

[File Properties]

File Name OTHER_Att. E -TCEQ MINIMUM DESIGN REQUIREMENTS- (10054 or TECH REP 1.1 SEC1.A).pdf

Hash 0C149582ABBEC265F17E5933201C72EF536ED4B236B04CD986C4FC839E78CDF8

MIME-Type application/pdf

[File Properties]

File Name OTHER_Att. G -PLANT FEATURES- (10054 or TECH REP 1.1 SEC4).pdf

Hash 6A72A5A0BFA45BF320FBA2276F869AAA274E40262CF71F1023A66EF5D2DDECEA

MIME-Type application/pdf

[File Properties]

File Name OTHER_CORRIGAN LAB RESULTS.pdf

Hash DCD71FE9CC9383591A3F0CA01846EA4A212C42AC20BAFF3FA805D88993B7859E

MIME-Type	application/pdf

Certification

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

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

1. I am Paloma Carbajal, the owner of the STEERS account ER117123.
2. I have the authority to sign this data on behalf of the applicant named above.
3. I have personally examined the foregoing and am familiar with its content and the content of any attachments, and based upon my personal knowledge and/or inquiry of any individual responsible for information contained herein, that this information is true, accurate, and complete.
4. I further certify that I have not violated any term in my TCEQ STEERS participation agreement and that I have no reason to believe that the confidentiality or use of my password has been compromised at any time.
5. I understand that use of my password constitutes an electronic signature legally equivalent to my written signature.
6. I also understand that the attestations of fact contained herein pertain to the implementation, oversight and enforcement of a state and/or federal environmental program and must be true and complete to the best of my knowledge.
7. I am aware that criminal penalties may be imposed for statements or omissions that I know or have reason to believe are untrue or misleading.
8. I am knowingly and intentionally signing Update Domestic or Industrial Individual Permit WQ0015057001.
9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

OWNER Signature: Paloma Carbajal OWNER	
Customer Number:	CN600653109
Legal Name:	City of Corrigan
Account Number:	ER117123
Signature IP Address:	207.70.132.225
Signature Date:	2025-10-23
Signature Hash:	2FE2291BD93D904363525EB1BA401B67B29B40DE58C8F87BB2DC775F99CAD19B
Form Hash Code at time of Signature:	08AF5C3B97F0265D1966465A314095E07B83F3ADBFBDE93E2212F87CFC30E0A6

Fee Payment

Transaction by:	The application fee payment transaction was made by PALOMA CARBAJAL
Paid by:	The application fee was paid by PALOMA CARBAJAL
Fee Amount:	$1600.00
Paid Date:	The application fee was paid on 2025-09-16
Transaction/Voucher number:	The transaction number is 582EA000685042 and the voucher number is 783473

Submission

Reference Number:	The application reference number is 818657
Submitted by:	The application was submitted by ER116522/Tyler D Smith
Submitted Timestamp:	The application was submitted on 2025-10-23 at 16:43:47 CDT
Submitted From:	The application was submitted from IP address 69.194.185.52
Confirmation Number:	The confirmation number is 687383
Steers Version:	The STEERS version is 6.93
Permit Number:	The permit number is WQ0015057001

Additional Information

Application Creator: This account was created by Tyler D Smith

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City Of Corrigan

PERMIT NUMBER (If new, leave blank): WQ0015057001

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

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

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 ☐	$315.00 ☐
≥0.05 but <0.10 MGD	$550.00 ☐	$515.00 ☐
≥0.10 but <0.25 MGD	$850.00 ☐	$815.00 ☐
≥0.25 but <0.50 MGD	$1,250.00 ☐	$1,215.00 ☐
≥0.50 but <1.0 MGD	$1,650.00 ☒	$1,615.00 ☐
≥1.0 MGD	$2,050.00 ☐	$2,015.00 ☐

Minor Amendment (for any flow) $150.00 ☐

Payment Information:

Mailed Check/Money Order Number: Click to enter text.

Check/Money Order Amount: Click to enter text.

Name Printed on Check: Click to enter text.

EPAY Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

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

☒ Publicly Owned Domestic Wastewater

☐ Privately-Owned Domestic Wastewater

☐ Conventional Water Treatment

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

☒ Active ☐ Inactive

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

☒ TPDES Permit

☐ TLAP

☐ TPDES Permit with TLAP component

☐ Subsurface Area Drip Dispersal System (SADDS)

d. Check the box next to the appropriate application type

☐ New

☐ Major Amendment *with* Renewal

☒ Major Amendment *without* Renewal

☐ Renewal without changes

☐ Minor Amendment *with* Renewal

☐ Minor Amendment *without* Renewal

☐ Minor Modification of permit

e. For amendments or modifications, describe the proposed changes: Increased Average Daily flow to .6 MGD

f. **For existing permits**:

Permit Number: WQ00 15057001

EPA I.D. (TPDES only): TX 0133787

Expiration Date: 3/18/27

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

City of Corrigan

(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: 600653109

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: Carbajal, Paloma

Title: City Manager

Credential: N/A

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?

N/A

(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: N/A

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: N/A Last Name, First Name: N/A

Title: N/A Credential: N/A

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

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. See Attachment "TCEQ Core Data Form"

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: Carbajal, Paloma

Title: City Manager Credential: N/A

Organization Name: City of Corrigan

Mailing Address: 101 W. Ben Franklin St. City, State, Zip Code: Corrigan, TX 75939

Phone No.: 936 398 4126 E-mail Address: citymanager@cityofcorrigan.com

Check one or both: ☒ Administrative Contact ☐ Technical Contact

B. Prefix: Mr Last Name, First Name: Smith, Tyler

Title: E.I.T. Credential: N/A.

Organization Name: Schaumburg & Polk Inc

Mailing Address: 320 S Broadway Avenue Suite 200 City, State, Zip Code: Tyler, TX, 75702

Phone No.: 903 595 3913 E-mail Address: tsmith@spi-eng.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: Ms Last Name, First Name: Carjabal, Paloma

Title: City Manager Credential: N/A

Organization Name: City of Corrigan

Mailing Address: 101 W. Ben Franklin St. City, State, Zip Code: Corrigan, TX 75939

Phone No.: 936 398 4126 E-mail Address: citymanager@cityofcorrigan.com

B. Prefix: Mr Last Name, First Name: Smith, Tyler

Title: E.I.T. Credential: N/A

Organization Name: Schaumburg & Polk Inc

Mailing Address: 320 S Broadway Avenue Suite 200 City, State, Zip Code: Tyler, TX, 75702

Phone No.: 903 595 3913 E-mail Address: tsmith@spi-eng.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: Davis, Glenda

Title: City Secretary Credential: Click to enter text.

Organization Name: City of Corrigan

Mailing Address: 101 W. Ben Franklin St. City, State, Zip Code: Corrigan, TX, 75939

Phone No.: 936 398 4126 E-mail Address: citysecretary@cityofcorrigan.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: Carjabal, Paloma

Title: City Manager Credential: Click to enter text.

Organization Name: City of Corrigan

Mailing Address: 101 W. Ben Franklin St. City, State, Zip Code: Corrigan, TX, 75939

Phone No.: 936 398 4126 E-mail Address: citymanager@cityofcorrigan.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mr Last Name, First Name: Smith, Tyler

Title: E.I.T. Credential: N/A

Organization Name: Schaumburg & Polk Inc

Mailing Address: 320 S Broadway Avenue Suite 200 City, State, Zip Code: Tyler, TX, 75702

Phone No.: 903 595 3913 E-mail Address: tsmith@spi-eng.com

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

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

☒ E-mail Address

☐ Fax

☐ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Mr. Last Name, First Name: Smith, Tyler

Title: E.I.T. Credential: N/A

Organization Name: Schaumburg & Polk Inc

Mailing Address: 320 S Broadway Avenue Suite 200 City, State, Zip Code: Tyler, TX, 75702

Phone No.: 903 595 3913 E-mail Address: tsmith@spi-eng.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: City Hall

Location within the building: Meeting Room

Physical Address of Building: 101 W. Ben Franklin St.

City: Corrigan County: Polk

Contact (Last Name, First Name): Ms. Glenda Davis

Phone No.: 936-398-4126 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: See Attachment "Summary of Application In Plain Language For TPDES or TLAP Permit Applications"

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: See Attachment "Public Involvement Plan Form For Permit And Registration Applications"

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** 101918464

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):

City of Corrigan WWTP

C. Owner of treatment facility: City of Corrigan

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

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

Prefix: N/A Last Name, First Name: City of Corrigan

Title: N/A Credential: N/A

Organization Name: N/A

Mailing Address: 101 W. Ben Franklin St. City, State, Zip Code: Corrigan, TX, 75939

Phone No.: 936 398 4126 E-mail Address: citysecretary@cityofcorrigan.com

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: N/A

E. Owner of effluent disposal site:

Prefix: N/A Last Name, First Name: **N/A**

Title: **N/A** Credential: **N/A**

Organization Name: **N/A**

Mailing Address: **N/A** City, State, Zip Code: **N/A**

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: N/A

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

Prefix: **N/A** Last Name, First Name: **N/A**

Title: **N/A** Credential: **N/A**

Organization Name: **N/A**

Mailing Address: **N/A** City, State, Zip Code: **N/A**

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: N/A

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:

N/A

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:

Discharge point/route will remain the same. The WWTP discharges through a 12 in pipe into an unnamed tributary of Dry Creek; thence to Dry Creek; thence to Bear Creek; Thence to Piney Creek; Thence to Segment 0604 of the Neches River below Lake Palestine

City nearest the outfall(s): Corrigan

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

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:

N/A

B. City nearest the disposal site: N/A

C. County in which the disposal site is located: N/A

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

N/A

E. For **TLAPs**, please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: N/A

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.

N/A

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: N/A

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: WQ0015057001

Applicant: City of Corrigan

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): Paloma Carbajal

Signatory title: City Manager

Signature:_____ Date:_____

(Use blue ink)

Subscribed and Sworn to before me by the said_____

on this_____ day of_____, 20_____.

My commission expires on the_____ day of_____, 20_____.

_____

Notary Public *[SEAL]*

_____

County, Texas

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

Section 1. Affected Landowner Information (Instructions Page 36)

A. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:

- ☒ The applicant's property boundaries
- ☒ The facility site boundaries within the applicant's property boundaries
- ☒ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
- ☒ The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
- ☒ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream
- ☒ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
- ☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides
- ☐ The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property
- ☐ The property boundaries of all landowners surrounding the effluent disposal site
- ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
- ☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located

B. ☒ Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.

C. ☐ Indicate by a check mark that the landowners list has also been provided as mailing labels in electronic format (Avery 5160).

D. Provide the source of the landowners' names and mailing addresses: Polk County Central Appraisal District

E. As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?

☐ Yes ☒ No

If **yes**, provide the location and foreseeable impacts and effects this application has on the land(s):

Click to enter text.

Section 2. Original Photographs (Instructions Page 38)

Provide original ground level photographs. Indicate with checkmarks that the following information is provided.

☒ At least one original photograph of the new or expanded treatment unit location

☒ At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.

☒ At least one photograph of the existing/proposed effluent disposal site

☒ A plot plan or map showing the location and direction of each photograph

Section 3. Buffer Zone Map (Instructions Page 38)

A. Buffer zone map. Provide a buffer zone map on 8.5 x 11-inch paper with all of the following information. The applicant's property line and the buffer zone line may be distinguished by using dashes or symbols and appropriate labels.

- The applicant's property boundary;
- The required buffer zone; and
- Each treatment unit; and
- The distance from each treatment unit to the property boundaries.

B. Buffer zone compliance method. Indicate how the buffer zone requirements will be met. Check all that apply.

☒ Ownership

☒ Restrictive easement

☐ Nuisance odor control

☐ Variance

C. Unsuitable site characteristics. Does the facility comply with the requirements regarding unsuitable site characteristic found in 30 TAC § 309.13(a) through (d)?

☒ Yes ☐ No

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: See Attachment "Supplemental Permit Information Form (SPIF)"

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

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

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

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

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

BY OVERNIGHT/EXPRESS MAIL

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

Fee Code: WQP **Waste Permit No:** Click to enter text.

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

   Name of Project or Site: City of Corrigan WWTP

   Physical Address of Project or Site: 10

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

Staple Check or Money Order in This Space

ATTACHMENT 1

INDIVIDUAL INFORMATION

Section 1. Individual Information (Instructions Page 41)

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

Prefix (Mr., Ms., Miss): not needed

Full legal name (Last Name, First Name, Middle Initial): Click to enter text.

Driver's License or State Identification Number: Click to enter text.

Date of Birth: Click to enter text.

Mailing Address: Click to enter text.

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

Phone Number: Click to enter text. Fax Number: Click to enter text.

E-mail Address: Click to enter text.

CN: Click to enter text.

For Commission Use Only:
Customer Number:
Regulated Entity Number:
Permit Number:

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

EASTEX
ENVIRONMENTAL LABS INC.

NELAP ACCREDITED
TNI
LABORATORY

22 September 2025

Schaumburg & Polk, INC
Corrigan, City of
101 West Ben Franklin
Corrigan, TX 75939

RE: Corrigan Permit Renewal

Enclosed are the results of analyses for samples received by the laboratory on 09/08/25 16:10, with Lab ID Number 5380002. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Daniel Bowen
Chief Operations Officer

EASTEX ENVIRONMENTAL LABS INC.

P.O. Box 1089 Coldspring Tx 77331
Website: eastexlabs.com
Email: eastexlab@eastex.net
Tel: 936 653 3249

NELAP ACCREDITED TNI LABORATORY

Corrigan, City of
101 West Ben Franklin
Corrigan TX, 75939

LABORATORY ANALYTICAL REPORT

Project: Corrigan Permit Renewal
Sample Matrix: Water
Client Matrix: Water

Sample Date and Time: 09/08/2025 08:45
Collector: CAG
Sample Type:Grab
Print Date: 9/22/2025

Effluent

5380002-01 (Water)

Analyte	Result	Reporting Limit	Units	Nelac Status	Batch	Analyzed Date & Time	Method	Notes
Eastex Environmental Laboratory - Coldspring								
Chlorine	1.8	0.1	mg/L	N	B5I4915	09/08/2025 08:40	SM 4500 Cl F	
DO	6.4		mg/L	N	B5I4915	09/08/2025 08:40	SM 4500 O G	
pH	6.9		std unit	N	B5I4915	09/08/2025 08:40	SM 4500 H + B	
Alkalinity	168	20.0	mg CaCO3/L	A	B5I5906	09/16/2025 08:48	SM 2320 B	
Ammonia as N	29.9	0.1	mg/L	A	B5I4985	09/09/2025 16:38	SM 4500 NH3 G	
CBOD 5	5.9	2.0	mg/L	A	B5I4990	09/09/2025 07:20	SM 5210 B	1
Chloride	95.0	5.0	mg/L	A	B5I5112	09/08/2025 17:03	EPA 300.0	
Conductivity	995	10.0	µmhos/cm @25C	A	B5I5033	09/09/2025 16:13	SM 2510 B	
E coli IDEXX	14	1	mpn/100ml	A	B5I5038	09/08/2025 16:10	Colilert 18	
Nitrate as N	1.21	0.05	mg/L	A	B5I5112	09/08/2025 17:03	EPA 300.0	13
Oil Grease, HEM	<5.2	5.2	mg/L	A	B5I5469	09/11/2025 13:30	EPA 1664A	
Sulfate	90.9	4.0	mg/L	A	B5I5112	09/08/2025 17:03	EPA 300.0	13
TDS	550	10.0	mg/L	A	B5I4960	09/09/2025 14:20	SM 2540 C	
TKN	37.1	1.0	mg/L	A	B5I4967	09/10/2025 09:05	EPA 351.2	
Total Phosphorus	5.08	0.0600	mg/L	A	B5I5834	09/17/2025 15:25	EPA 200.7	
TSS	10.8	1.0	mg/L	A	B5I5017	09/10/2025 10:29	SM 2540 D	

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Corrigan, City of
101 West Ben Franklin
Corrigan TX, 75939

SM 2540 C - Quality Control

Eastex Environmental Laboratory - Coldspring

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch B5I4960 - No Prep										
Blank (B5I4960-BLK1)				**Prepared & Analyzed:** 9/9/2025 2:20:00PM						
TDS	ND	10.0	mg/L							
LCS (B5I4960-BS1)				**Prepared & Analyzed:** 1/1/1980 12:00:00AM						
TDS	260		mg/L	300		86.7	80-120			
Duplicate (B5I4960-DUP1)		**Source: 5362403-01**		**Prepared & Analyzed:** 9/9/2025 2:20:00PM						
TDS	810	10.0	mg/L		810			0.00	10	
Batch B5I4967 - SM 4500 Norg C										
Blank (B5I4967-BLK1)				**Prepared & Analyzed:** 9/10/2025 9:05:00AM						
TKN	ND	1.0	mg/L							
LCS (B5I4967-BS1)				**Prepared & Analyzed:** 9/10/2025 9:05:00AM						
TKN	10.9		mg/L	10.0		109	90-110			
Matrix Spike (B5I4967-MS1)		**Source: 5370129-01**		**Prepared & Analyzed:** 9/10/2025 9:05:00AM						
TKN	10.7	1.0	mg/L	10.0	1.81	88.7	80-120			
Matrix Spike Dup (B5I4967-MSD1)		**Source: 5370129-01**		**Prepared & Analyzed:** 9/10/2025 9:05:00AM						
TKN	10.7	1.0	mg/L	10.0	1.81	89.0	80-120	0.271	20	
Batch B5I4985 - No Prep										
Blank (B5I4985-BLK1)				**Prepared & Analyzed:** 9/9/2025 4:38:00PM						
Ammonia as N	ND	0.1	mg/L							
LCS (B5I4985-BS1)				**Prepared & Analyzed:** 9/9/2025 4:38:00PM						
Ammonia as N	1.97		mg/L	2.00		98.5	90-110			
Matrix Spike (B5I4985-MS1)		**Source: 5370093-01**		**Prepared & Analyzed:** 9/9/2025 4:38:00PM						
Ammonia as N	2.6	0.1	mg/L	2.50	0.06	100	80-120			
Matrix Spike Dup (B5I4985-MSD1)		**Source: 5370093-01**		**Prepared & Analyzed:** 9/9/2025 4:38:00PM						
Ammonia as N	2.7	0.1	mg/L	2.50	0.06	105	80-120	4.18	20	
Batch B5I4990 - No Prep										
Blank (B5I4990-BLK1)				**Prepared & Analyzed:** 9/9/2025 7:20:00AM						
CBOD 5	0.812	2.0	mg/L							1
LCS (B5I4990-BS1)				**Prepared & Analyzed:** 9/9/2025 7:20:00AM						
CBOD 5	172		mg/L	198		86.7	84.59-115.40			1

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NELAP ACCREDITED TNI LABORATORY

Corrigan, City of
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Corrigan TX, 75939

SM 5210 B - Quality Control

Eastex Environmental Laboratory - Coldspring

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch B5I4990 - No Prep										
Duplicate (B5I4990-DUP1)		**Source: 5370053-01**		**Prepared & Analyzed:** 9/9/2025 7:20:00AM						
CBOD 5	3.68	2.0	mg/L		4.31			15.8	30	1
Batch B5I5017 - No Prep										
Blank (B5I5017-BLK1)				**Prepared & Analyzed:** 9/10/2025 10:29:00AM						
TSS	ND	1.0	mg/L							
Duplicate (B5I5017-DUP1)		**Source: 5370047-01**		**Prepared & Analyzed:** 9/10/2025 10:29:00AM						
TSS	184	1.0	mg/L		182			1.09	10	
Batch B5I5033 - No Prep										
Blank (B5I5033-BLK1)				**Prepared & Analyzed:** 9/9/2025 4:13:00PM						
Conductivity	ND	10.0	µmhos/cm @25C							
LCS (B5I5033-BS1)				**Prepared & Analyzed:** 9/9/2025 4:13:00PM						
Conductivity	1000		µmhos/cm @25C	1000		100	80-120			
Duplicate (B5I5033-DUP1)		**Source: 5370058-01**		**Prepared & Analyzed:** 9/9/2025 4:13:00PM						
Conductivity	5930	10.0	µmhos/cm @25C		5710			3.78	20	
Batch B5I5038 - No Prep Micro										
Blank (B5I5038-BLK1)				**Prepared & Analyzed:** 9/8/2025 4:10:00PM						
E coli IDEXX	ND	1	mpn/100ml							
Duplicate (B5I5038-DUP1)		**Source: 5370066-01**		**Prepared & Analyzed:** 9/8/2025 4:10:00PM						
E coli IDEXX	ND	10	mpn/100ml		ND				200	
Batch B5I5112 - No Prep										
Blank (B5I5112-BLK1)				**Prepared & Analyzed:** 9/8/2025 5:03:00PM						
Chloride	ND	5.0	mg/L							
Nitrate as N	ND	0.05	mg/L							
Sulfate	ND	4.0	mg/L							
LCS (B5I5112-BS1)				**Prepared & Analyzed:** 9/8/2025 5:03:00PM						
Chloride	27.6		mg/L	25.0		110	90-110			
Nitrate as N	1.6982		mg/L	1.50		113	90-110			13
Sulfate	22.2		mg/L	20.0		111	90-110			13

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Corrigan, City of
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Corrigan TX, 75939

EPA 300.0 - Quality Control

Eastex Environmental Laboratory - Coldspring

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch B5I5112 - No Prep										
Matrix Spike (B5I5112-MS1)	**Source: 5370748-01**			**Prepared & Analyzed:** 9/8/2025 5:03:00PM						
Chloride	131	5.0	mg/L	125	12.4	94.6	80-120			
Nitrate as N	7.7364	0.05	mg/L	7.50	ND	103	80-120			13
Sulfate	124	4.0	mg/L	100	29.2	95.0	80-120			13
Matrix Spike Dup (B5I5112-MSD1)	**Source: 5370748-01**			**Prepared & Analyzed:** 9/8/2025 5:03:00PM						
Chloride	131	5.0	mg/L	125	12.4	94.5	80-120	0.00857	20	
Nitrate as N	7.7251	0.05	mg/L	7.50	ND	103	80-120	0.146	20	13
Sulfate	125	4.0	mg/L	100	29.2	95.7	80-120	0.554	20	13
Batch B5I5469 - No Prep										
Blank (B5I5469-BLK1)				**Prepared & Analyzed:** 9/11/2025 1:30:00PM						
Oil Grease, HEM	ND	5.0	mg/L							
LCS (B5I5469-BS1)				**Prepared & Analyzed:** 9/11/2025 1:30:00PM						
Oil Grease, HEM	40.1	5.0	mg/L	40.0		100	78-114			
LCS Dup (B5I5469-BSD1)				**Prepared & Analyzed:** 9/11/2025 1:30:00PM						
Oil Grease, HEM	40.4	5.0	mg/L	40.0		101	78-114	0.745	18	
Matrix Spike (B5I5469-MS1)	**Source: 5362013-01**			**Prepared & Analyzed:** 9/11/2025 1:30:00PM						
Oil Grease, HEM	40.2	5.0	mg/L	40.0	ND	100	78-114			
Batch B5I5834 - EPA 200.7										
Blank (B5I5834-BLK1)				**Prepared & Analyzed:** 9/17/2025 2:45:27PM						
Total Phosphorus	ND	0.0600	mg/L							
LCS (B5I5834-BS1)				**Prepared & Analyzed:** 9/17/2025 2:47:04PM						
Total Phosphorus	2.52	0.0600	mg/L	2.52		100	85-115			
Matrix Spike (B5I5834-MS1)	**Source: 5370266-01**			**Prepared & Analyzed:** 9/17/2025 2:51:51PM						
Total Phosphorus	10.1	0.0600	mg/L	2.52	7.14	118	70-130			
Matrix Spike Dup (B5I5834-MSD1)	**Source: 5370266-01**			**Prepared & Analyzed:** 9/17/2025 2:53:28PM						
Total Phosphorus	9.89	0.0600	mg/L	2.52	7.14	109	70-130	2.35	20	
Batch B5I5906 - No Prep										
Blank (B5I5906-BLK1)				**Prepared & Analyzed:** 9/16/2025 8:48:00AM						
Alkalinity	ND	20.0	mg CaCO3/L							
LCS (B5I5906-BS1)				**Prepared & Analyzed:** 9/16/2025 8:48:00AM						

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NELAP ACCREDITED TNI LABORATORY

Corrigan, City of
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Corrigan TX, 75939

SM 2320 B - Quality Control

Eastex Environmental Laboratory - Coldspring

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch B5I5906 - No Prep										
LCS (B5I5906-BS1)				**Prepared & Analyzed:** 9/16/2025 8:48:00AM						
Alkalinity	46.0		mg CaCO3/L	50.0		92.0	80-120			
Duplicate (B5I5906-DUP1)		**Source: 5370100-01**		**Prepared & Analyzed:** 9/16/2025 8:48:00AM						
Alkalinity	468	20.0	mg CaCO3/L		468			0.00	20	

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Corrigan, City of
101 West Ben Franklin
Corrigan TX, 75939

Notes and Definitions

13	LCS associated with sample batch outside of acceptance limits.
1	Dilution water blank > 0.20 mg/L DO uptake.
DET	Analyte DETECTED
ND	Analyte NOT DETECTED at or above the reporting limit
NR	Not Reported
dry	Sample results reported on a dry weight basis
RPD	Relative Percent Difference

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EASTEX ENVIRONMENTAL LABORATORY, INC.

P.O. Box 1089 * Coldspring, TX 77331 (936) 653-3249 * (800) 525-0508
P.O. Box 631375 * Nacogdoches, TX 75963-1375 (936) 569-8879 * FAX (936) 569-8951
www.eastexlabs.com

White Copy-Follows Samples
Yellow Copy-Laboratory
Pink Copy-Client Copy

REPORT TO:

Company: City of Corrigan
Address: on file
Attn:
Phone#:
Email:
P.O. #:
Sampler's Name (print): Chris Guin
Sampler's Signature:
Project Name: Corrigan

INVOICE TO:

Company:
Address: SAME
Attn:
Phone#:

Remarks:

INSTRUCTIONS:

C or G: C= Composite G= Grab
Matrix: DW=Drinking Water WW=Wastewater SO=Soil/Sludge OT= Other
Container Size: 1=Gallon 2=1/2 Gallon 3=Quart/Liter 4=500mL 5=250mL 6=125mL (4oz) 7=60mL (2 oz) 8= 40mL Vial 9=Other
Type: P= Plastic G= Glass T= Teflon S= Sterile
Preservatives: C=Chilled S=Sulfuric Acid N=Nitric Acid B=Base/Caustic Z= Zn Acetate ST=Sodium Thiosulfate H=HCL O= Other

Work Order ID	Sample ID	Date	Time	Matrix	C or G	Field Data DO	pH	Cl2	Flow	Temp	Containers #	Size	Type	Pres	ANALYSIS REQUESTED CBOD TSS	NH3N / TKN	TDS COND.	CL. SO4 NO3	ALK.	T. PHOSPHORUS	OG	E. COLI
5380002	EFF	9-8-25	0840	W/L	G	6.4	6.9	1.8	.019	26.0	2	3	P	C	X							
	EFF	9-8-25	0840	W/L	G						2	6	P	CS ST		X						
	EFF	9-8-25	0840	W/L	G						2	4	P	C			X					
	EFF	9-8-25	0840	W/L	G						1	5	P	C				X				
	EFF	9-8-25	0840	W/L	G						1	6	P	C					X			
	EFF	9-8-25	0840	W/L	G						1	4	P	C,N						X		
	EFF	9-8-25	0840	W/L	G						1	3	G	C,S							X	
	EFF	9-8-25	0845	W/L	G			1.8			1	6	P	C,ST								X

Relinquished By: Received By: Date Time Received Iced: YES / NO
Relinquished By: Received By: Date Time Received Iced: YES / NO
Relinquished By: Received By and/or Checked in By: Date 9-8-25 Time 1600 Received Iced: YES / NO

LAB USE ONLY Sample Condition Acceptable: YES / NO Temp °C 2-4 *Therm ID 15 Logged In By: Date 9/8/25 Time 1815
Alternate Check In: Date Time

*Thermometer has 0.0 factor and recorded temperature is actual temperature

Attachment “G”

Plant Features and Emergency Preparedness

City of Corrigan WWTP Major Amendment

TPDES Permit No. 10787-001

A. Emergency Power Requirements

An 180 KW Diesel-powered generator was installed in 2008. Because the wastewater plant is served by two separate electric meters, two automatic transfer switches were installed (1-200 Amp & 1-100 Amp), either of which can start the generator. The generator is sized to provide sufficient power to the following units:

- l- Lift Station Pumps
- 3-Rotors
- 1-Clarifier Drive
- 1-Digestor Aerator
- 2-Return Sludge Pumps
- Lighting Panels & Control Equipment (including Chlorination System)

B. Alarm Features

The plant is equipped with an Auto-Dialer to alert plant personnel of the following conditions:

- Power Outage
- Influent Lift Station High Level Alarm
- Clarifier Torque Overload
- Chlorine Leak Detection

C. Reliability and Operating Flexibility

- Manual Barscreen: Two channels, each capable of over 3x the Peak Flow and can be isolated for maintenance and repair.
- Aeration Basin: Three basins, each capable of 40% of the Average Daily Flow and can be isolated for maintenance and repair.
- Secondary Clarifiers: Two clarifiers, each capable of 50% of Peak Flow and can be isolated for maintenance and repair.
- Chlorine Contact Basin: Two chambers, each capable of 50% of Peak Flow and can be isolated for maintenance and repair.

Attachment “H”

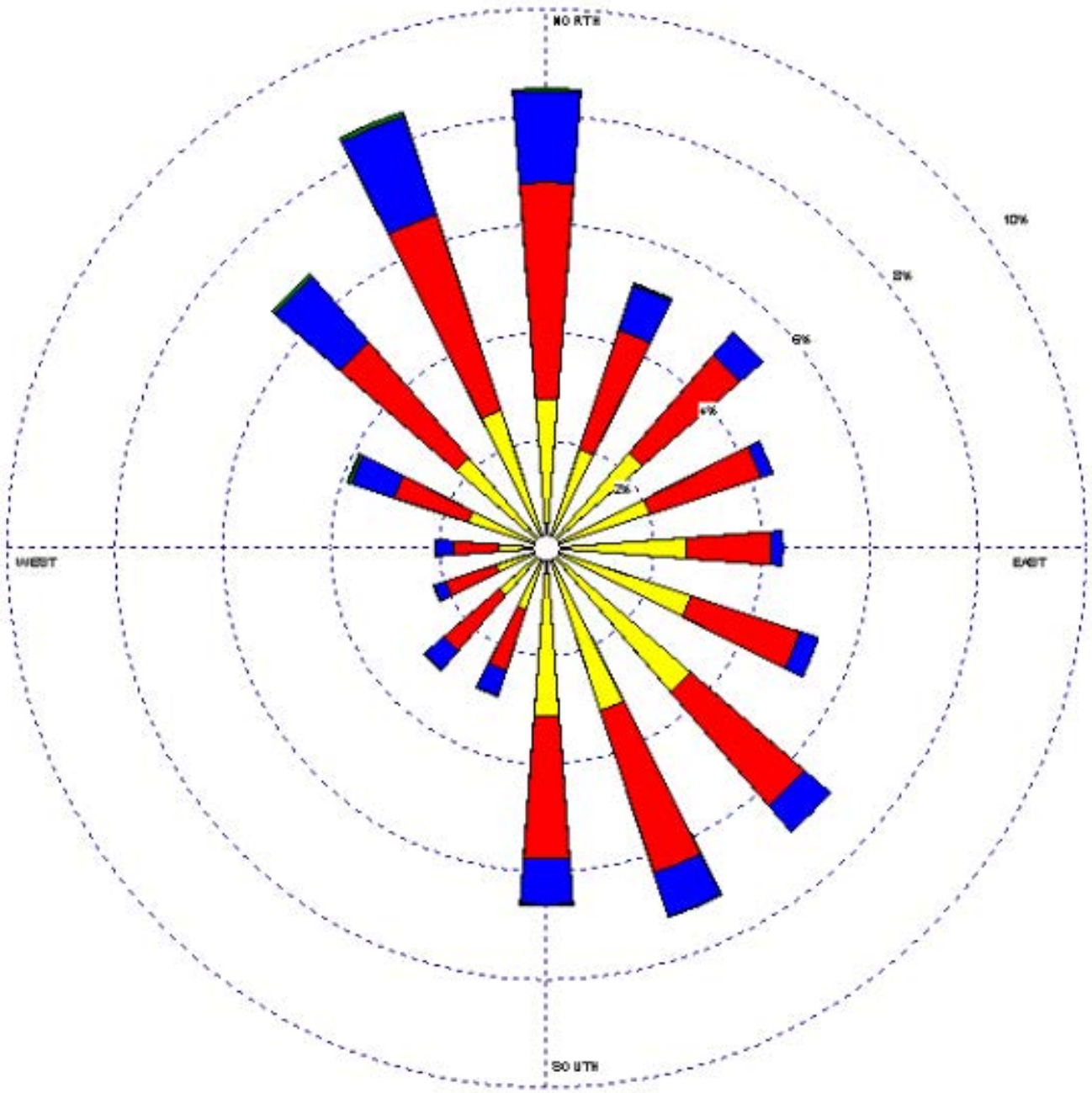
Wind Rose (for each month)

City of Corrigan WWTP Major Amendment

TPDES Permit No. 10787-001

WIND ROSE PLOT

Station #63987 - LUFKIN/FAA AIRPORT, TX



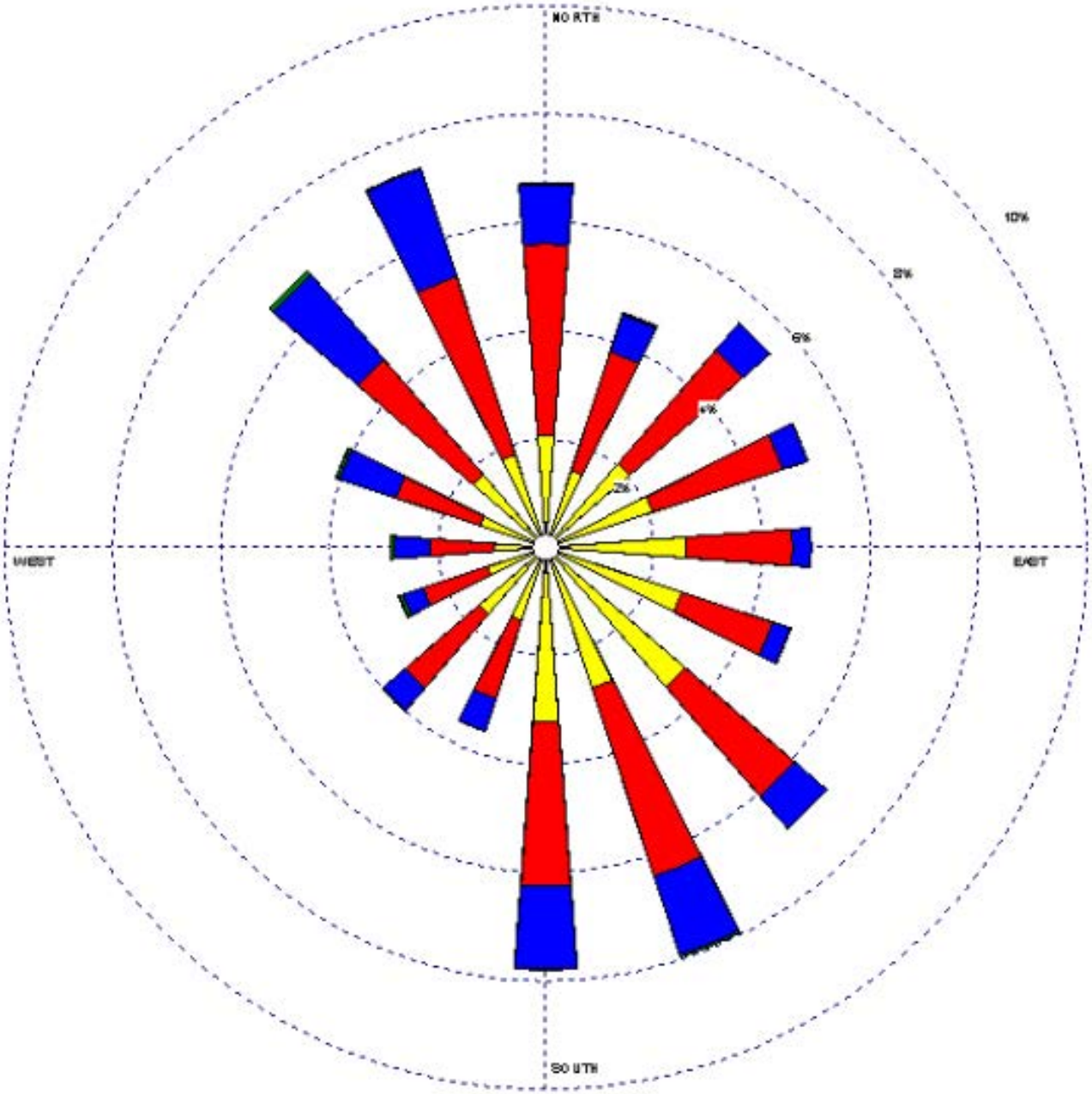
Wind Speed (m/s)

- > 11.06
- 8.49 - 11.06
- 5.40 - 8.49
- 3.34 - 5.40
- 1.80 - 3.34
- 0.51 - 1.80

MODELER Sara West	DATE 8/29/2002	COMPANY NAME USDA-ARS
DISPLAY Wind Speed	UNIT m/s	COMMENTS
AVG. WIND SPEED 3.96 m/s	CALM WINDS 16.80%	
ORIENTATION Direction (blowing from)	PLOT YEAR-DATE-TIME 1961 Jan 1 - Jan 31 Midnight - 11 PM	

WIND ROSE PLOT

Station #63987 - LUFKIN/FAA AIRPORT, TX



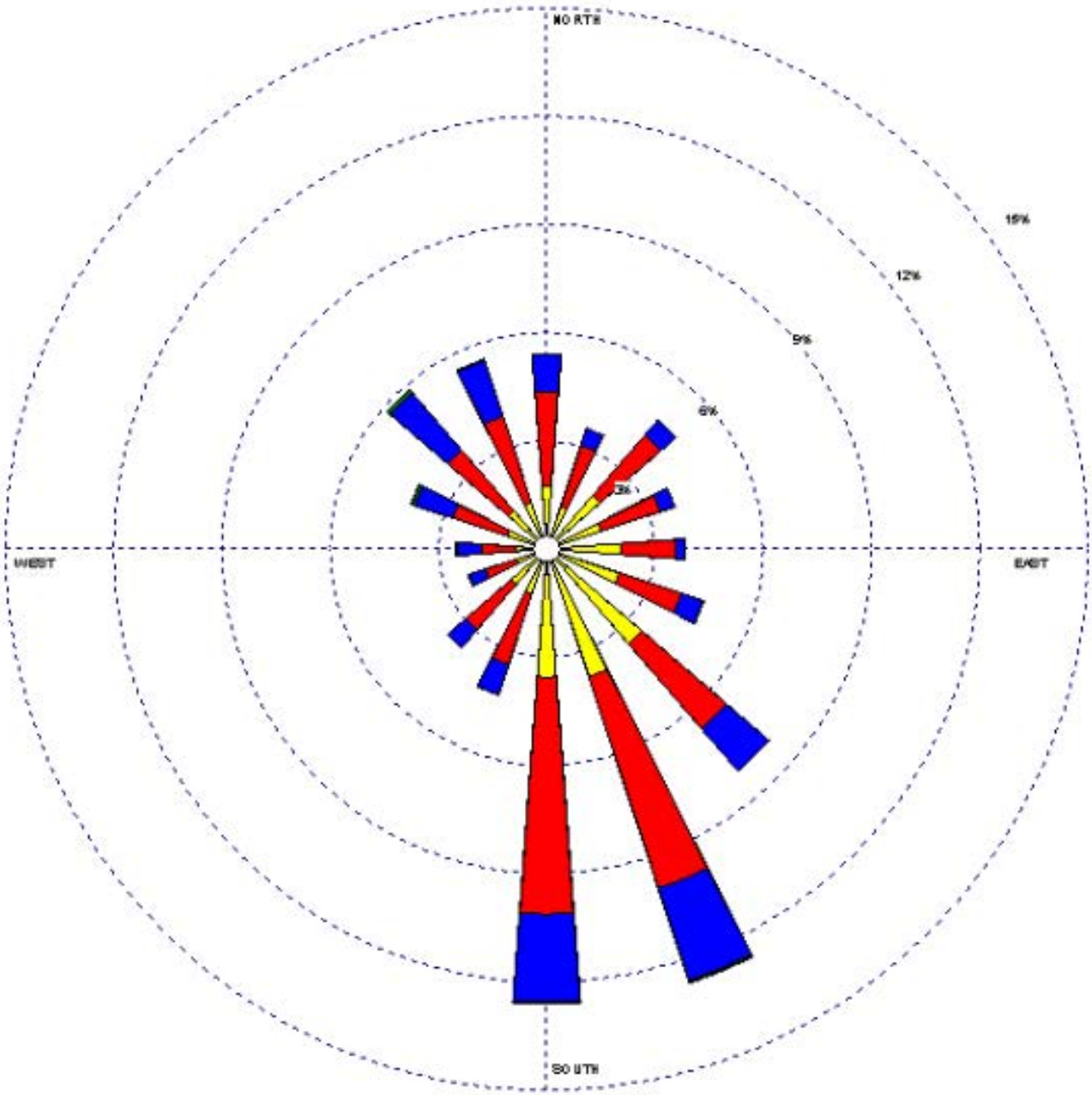
Wind Speed (m/s)

- > 11.06
- 8.49 - 11.06
- 5.40 - 8.49
- 3.34 - 5.40
- 1.80 - 3.34
- 0.51 - 1.80

MODELER	DATE	COMPANY NAME
Sara West	8/29/2002	USDA-ARS
DISPLAY	UNIT	COMMENTS
Wind Speed	m/s	
AVG. WIND SPEED	CALM WINDS	
4.14 m/s	14.32%	
ORIENTATION	PLOT YEAR-DATE-TIME	
Direction (blowing from)	1961 Feb 1 - Feb 29 Midnight - 11 PM	

WIND ROSE PLOT

Station #63987 - LUFKIN/FAA AIRPORT, TX



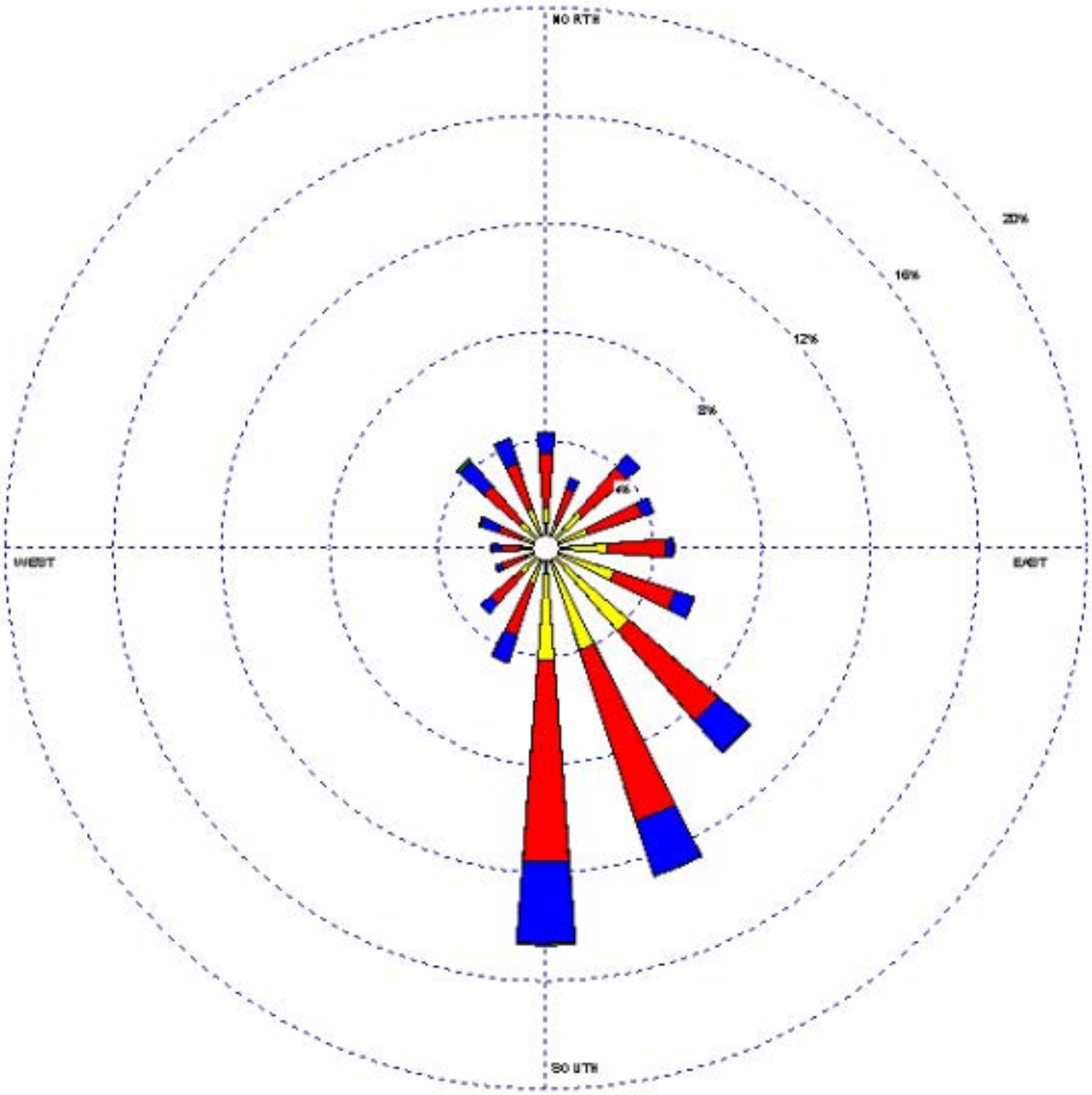
Wind Speed (m/s)

- > 11.06
- 8.49 - 11.06
- 5.40 - 8.49
- 3.34 - 5.40
- 1.80 - 3.34
- 0.51 - 1.80

MODELER	DATE	COMPANY NAME
Sara West	8/29/2002	USDA-ARS
DISPLAY	UNIT	COMMENTS
Wind Speed	m/s	
AVG. WIND SPEED	CALM WINDS	
4.27 m/s	12.63%	
ORIENTATION	PLOT YEAR-DATE-TIME	
Direction (blowing from)	1961 Mar 1 - Mar 31 Midnight - 11 PM	

WIND ROSE PLOT

Station #83987 - LUFKIN/FAA AIRPORT, TX



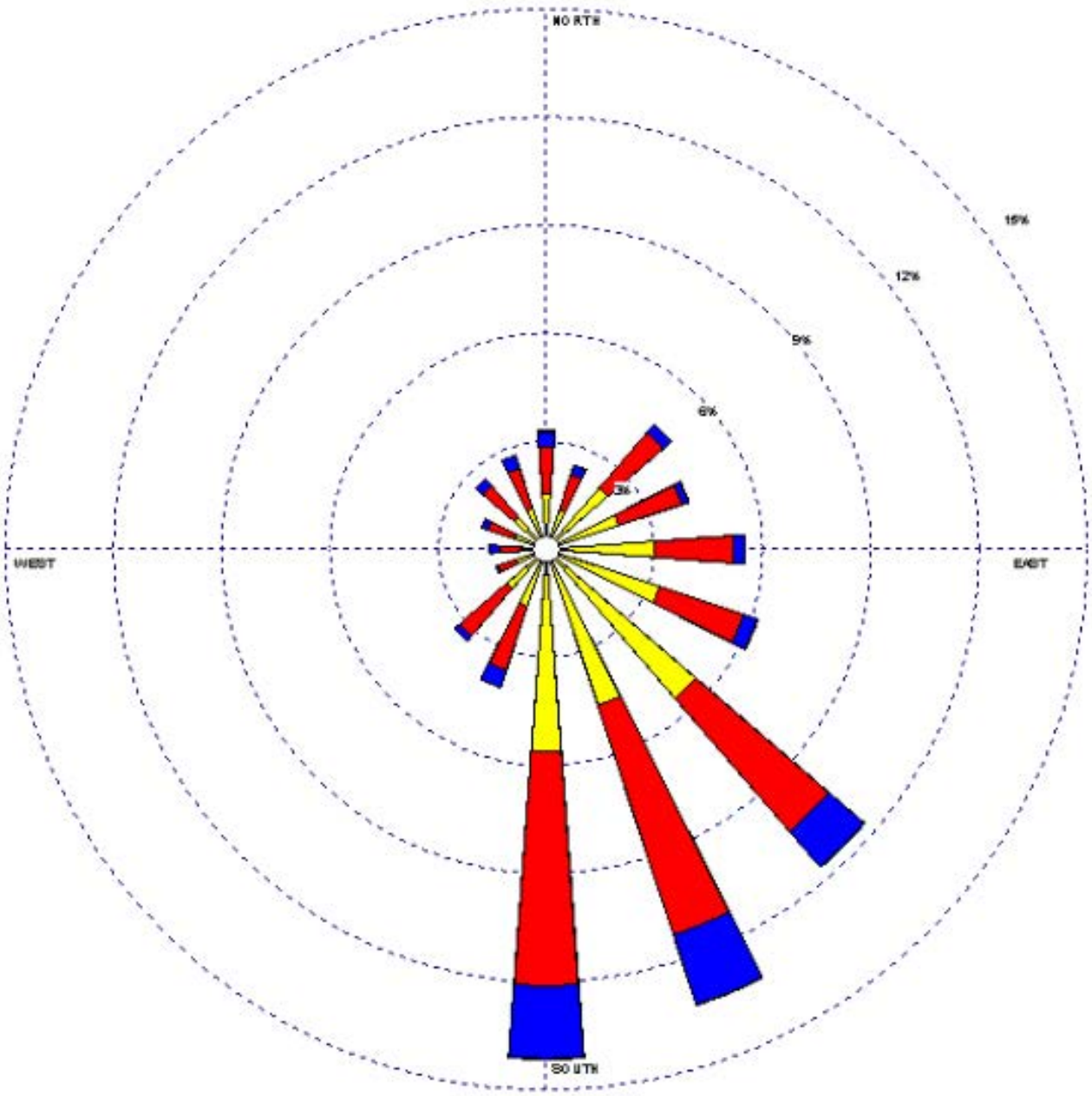
Wind Speed (m/s)

- > 11.06
- 8.49 - 11.06
- 5.40 - 8.49
- 3.34 - 5.40
- 1.80 - 3.34
- 0.51 - 1.80

MODELER	DATE	COMPANY NAME
Sara West	8/29/2002	USDA-ARS
DISPLAY	**UNIT**	**COMMENTS**
Wind Speed	m/s	
AVG. WIND SPEED	**CALM WINDS**	
4.16 m/s	13.22%	
ORIENTATION	**PLOT YEAR-DATE-TIME**	
Direction (blowing from)	1961 Apr 1 - Apr 30 Midnight - 11 PM	

WIND ROSE PLOT

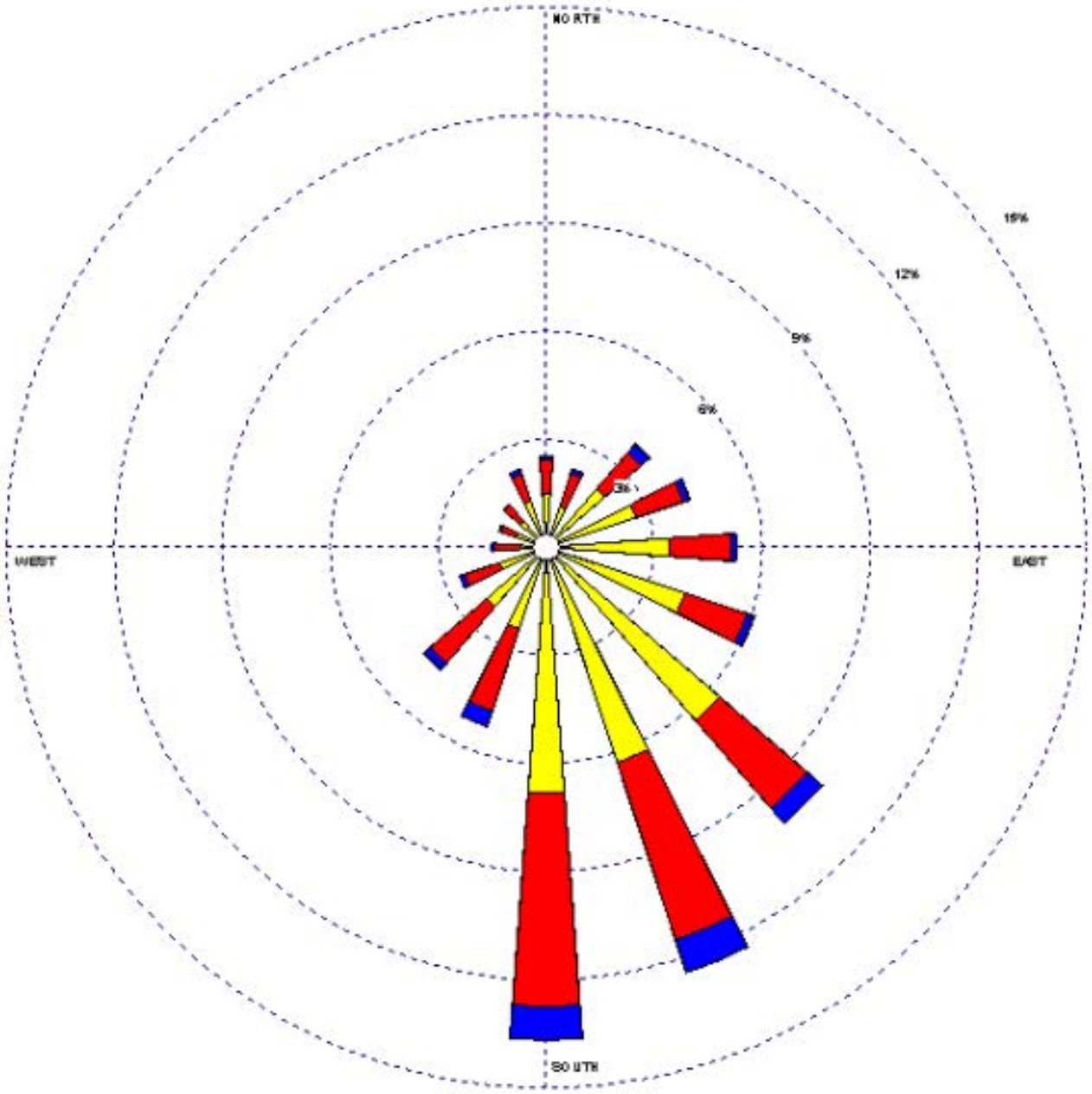
Station #63987 - LUFKIN/FAA AIRPORT, TX



Wind Speed (m/s) > 11.06 8.49 - 11.06 5.40 - 8.49 3.34 - 5.40 1.80 - 3.34 0.51 - 1.80	MODELER Sara West	DATE 8/29/2002	COMPANY NAME USDA-ARS
	DISPLAY Wind Speed	UNIT m/s	COMMENTS
	AVG. WIND SPEED 3.80 m/s	CALM WINDS 16.95%	
	ORIENTATION Direction (blowing from)	PLOT YEAR-DATE-TIME 1961 May 1 - May 31 Midnight - 11 PM	

WIND ROSE PLOT

Station #63987 - LUFKIN/FAA AIRPORT, TX



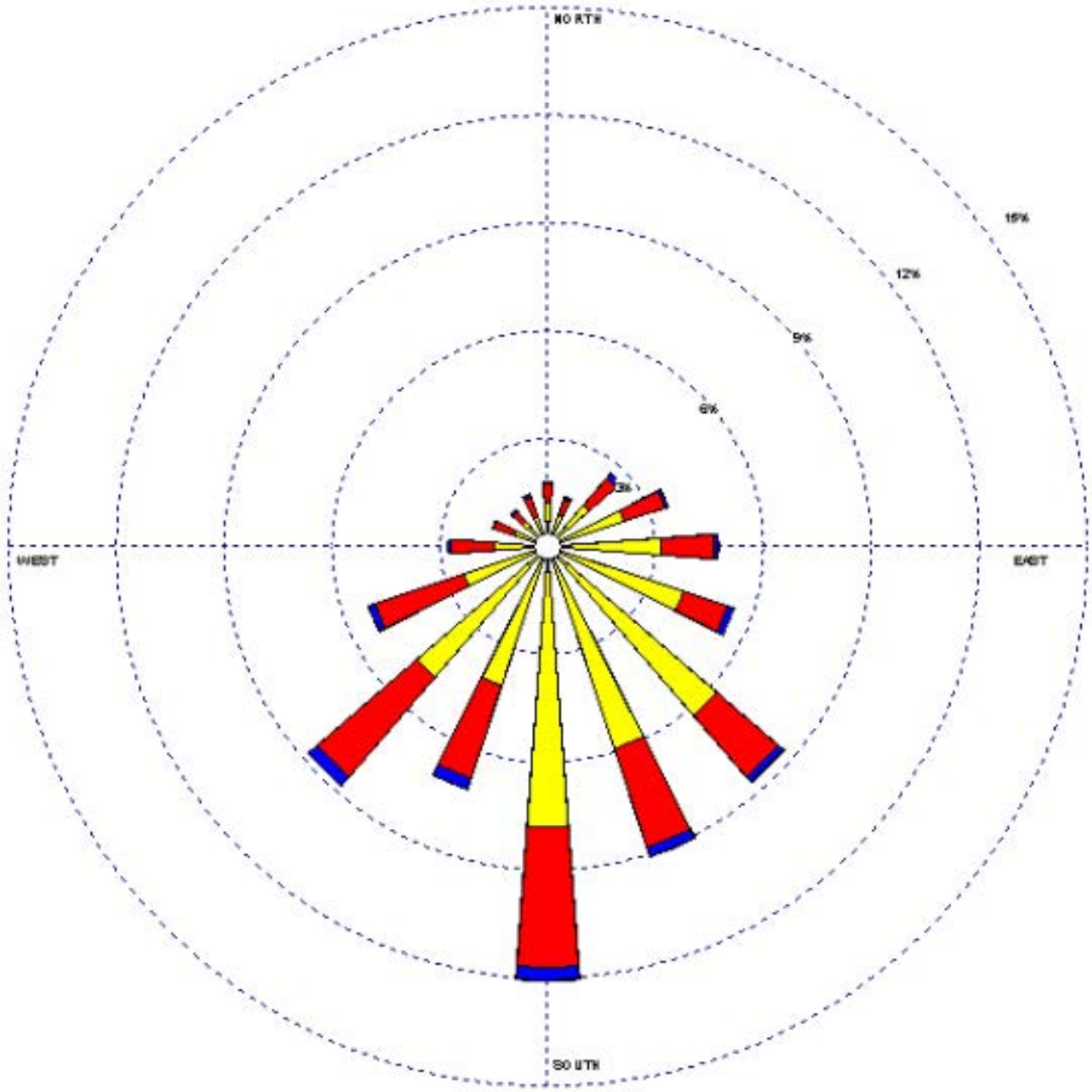
Wind Speed (m/s)

- > 11.06
- 8.49 - 11.06
- 5.40 - 8.49
- 3.34 - 5.40
- 1.80 - 3.34
- 0.51 - 1.80

MODELER Sara West	DATE 8/29/2002	COMPANY NAME USDA-ARS
DISPLAY Wind Speed	UNIT m/s	COMMENTS
AVG. WIND SPEED 3.42 m/s	CALM WINDS 20.45%	
ORIENTATION Direction (blowing from)	PLOT YEAR-DATE-TIME 1961 Jun 1 - Jun 30 Midnight - 11 PM	

WIND ROSE PLOT

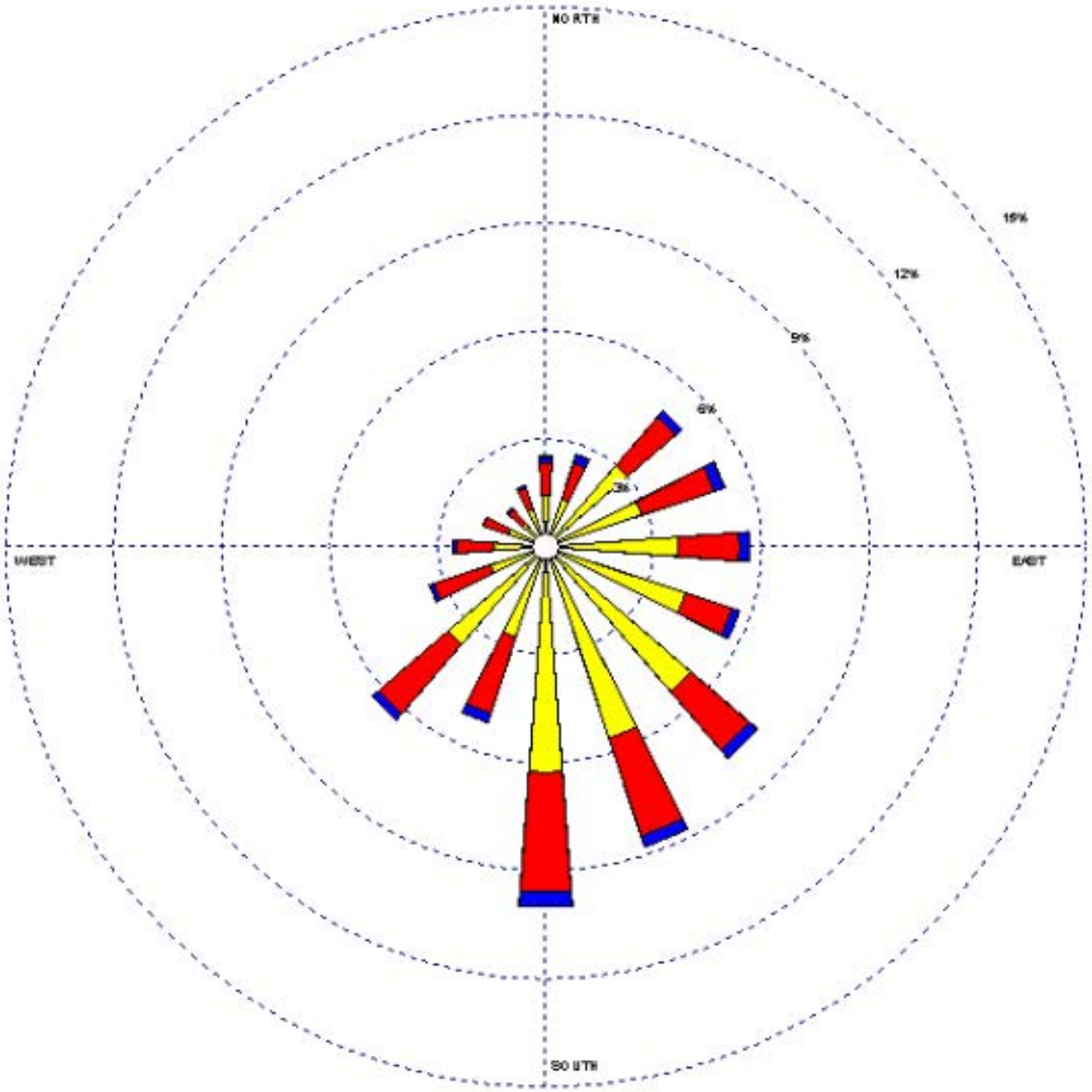
Station #83987 - LUFKIN/FAA AIRPORT, TX



Wind Speed (m/s) > 11.06 8.49 - 11.06 5.40 - 8.49 3.34 - 5.40 1.80 - 3.34 0.51 - 1.80	MODELER Sara West	DATE 8/29/2002	COMPANY NAME USDA-ARS
	DISPLAY Wind Speed	UNIT m/s	COMMENTS
	AVG. WIND SPEED 3.23 m/s	CALM WINDS 22.00%	
	ORIENTATION Direction (blowing from)	PLOT YEAR-DATE-TIME 1961 Jul 1 - Jul 31 Midnight - 11 PM	

WIND ROSE PLOT

Station #63987 - LUFKIN/FAA AIRPORT, TX



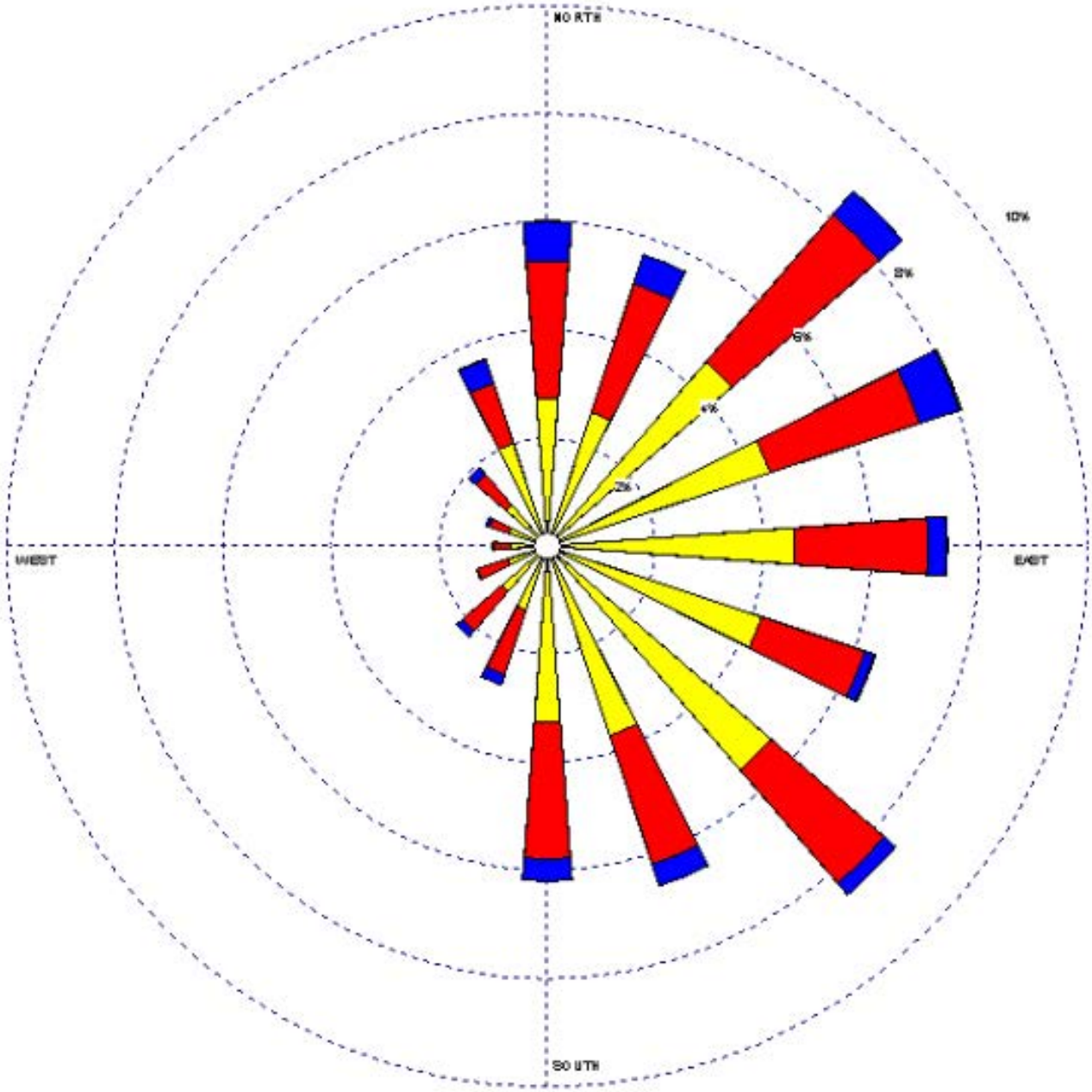
Wind Speed (m/s)

- > 11.06
- 8.49 - 11.06
- 5.40 - 8.49
- 3.34 - 5.40
- 1.80 - 3.34
- 0.51 - 1.80

MODELER	DATE	COMPANY NAME
Sara West	8/29/2002	USDA-ARS
DISPLAY	UNIT	COMMENTS
Wind Speed	m/s	
AVG. WIND SPEED	CALM WINDS	
3.28 m/s	24.08%	
ORIENTATION	PLOT YEAR-DATE-TIME	
Direction (blowing from)	1961 Aug 1 - Aug 31 Midnight - 11 PM	

WIND ROSE PLOT

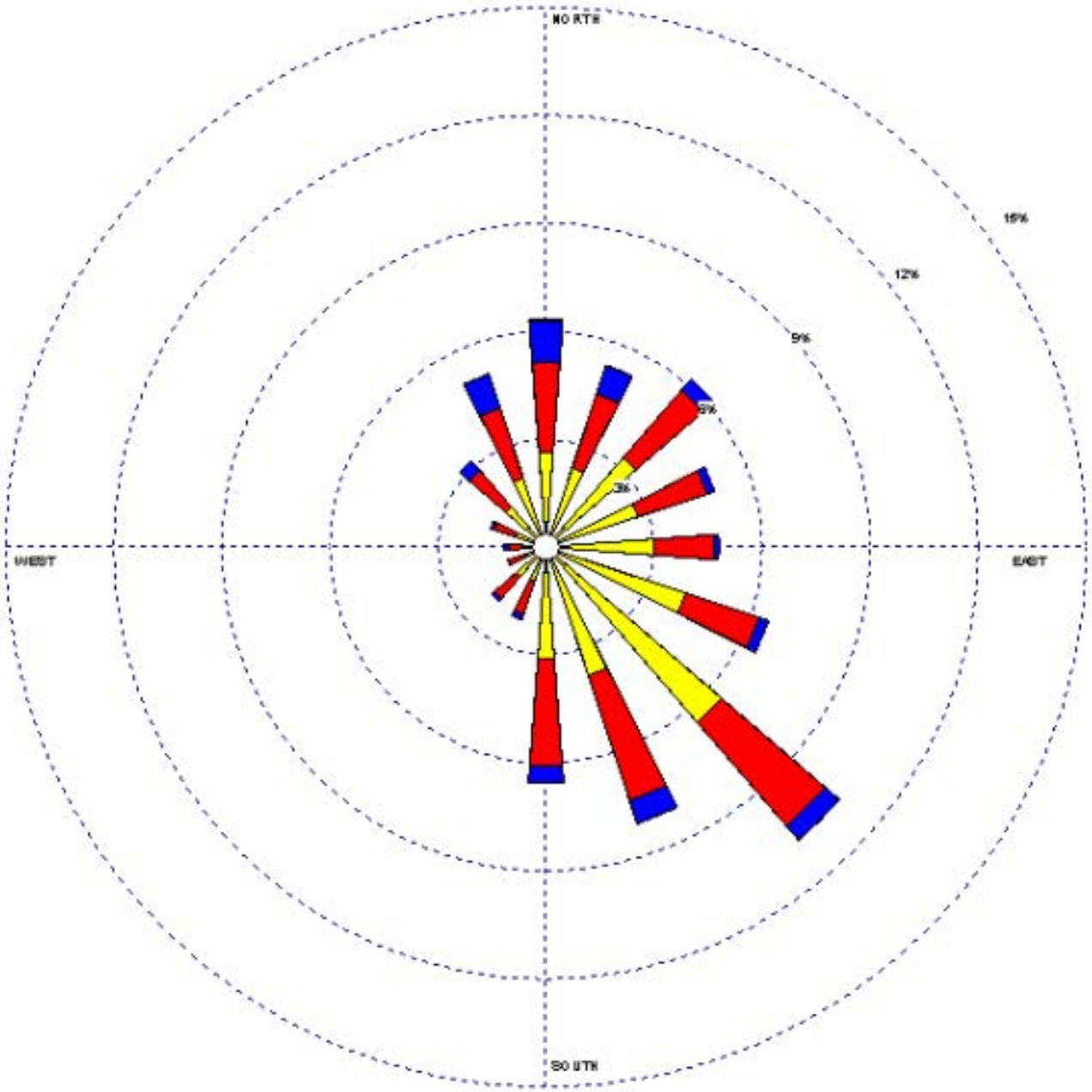
Station #83987 - LUFKIN/FAA AIRPORT, TX



Wind Speed (m/s) > 11.06 8.49 - 11.06 5.40 - 8.49 3.34 - 5.40 1.80 - 3.34 0.51 - 1.80	MODELER Sara West	DATE 8/29/2002	COMPANY NAME USDA-ARS
	DISPLAY Wind Speed	UNIT m/s	COMMENTS
	AVG. WIND SPEED 3.46 m/s	CALM WINDS 22.33%	
	ORIENTATION Direction (blowing from)	PLOT YEAR-DATE-TIME 1961 Sep 1 - Sep 30 Midnight - 11 PM	

WIND ROSE PLOT

Station #63987 - LUFKIN/FAA AIRPORT, TX



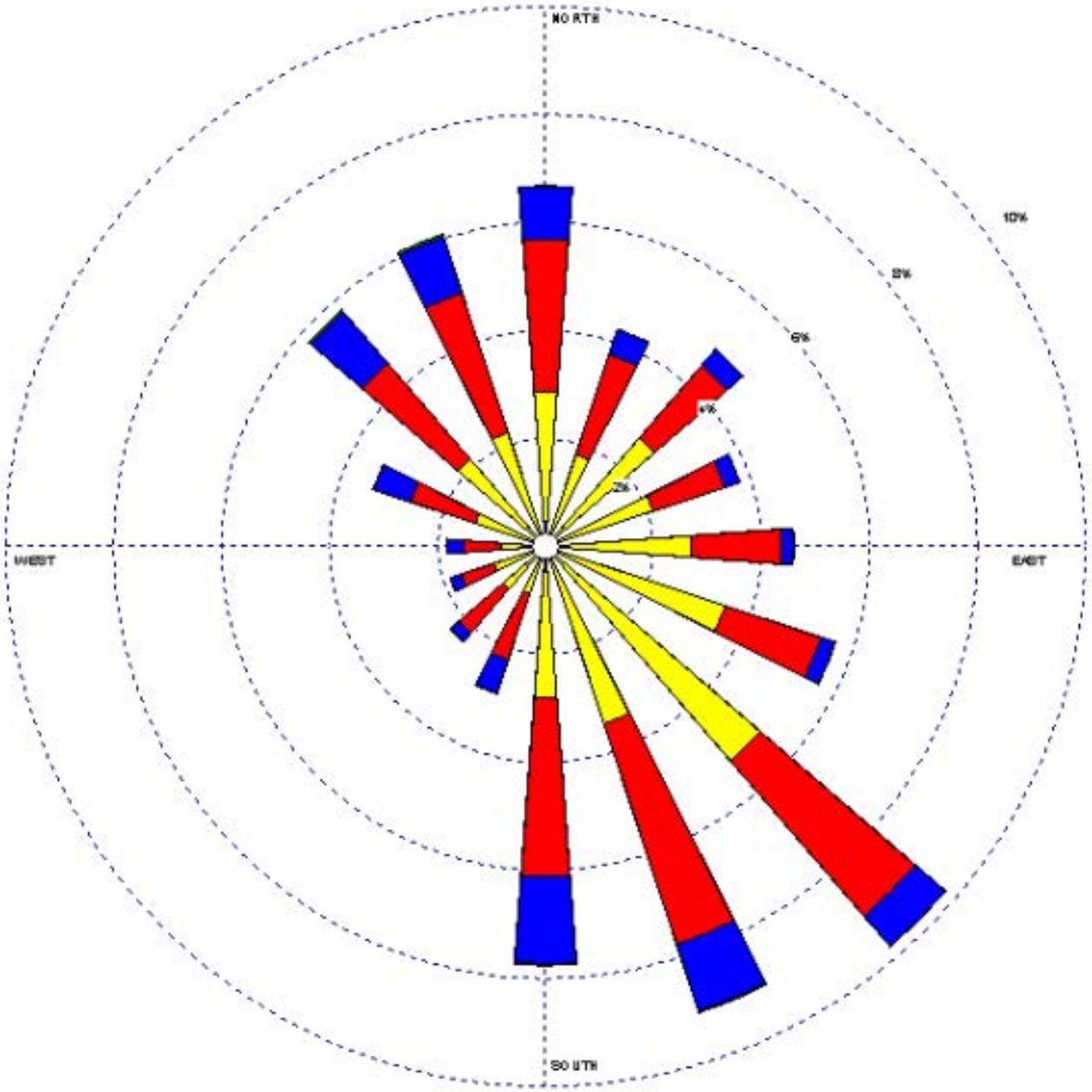
Wind Speed (m/s)

- > 11.06
- 8.49 - 11.06
- 5.40 - 8.49
- 3.34 - 5.40
- 1.80 - 3.34
- 0.51 - 1.80

MODELER Sara West	DATE 8/29/2002	COMPANY NAME USDA-ARS
DISPLAY Wind Speed	UNIT m/s	COMMENTS
AVG. WIND SPEED 3.60 m/s	CALM WINDS 24.18%	
ORIENTATION Direction (blowing from)	PLOT YEAR-DATE-TIME 1961 Oct 1 - Oct 31 Midnight - 11 PM	

WIND ROSE PLOT

Station #83987 - LUFKIN/FAA AIRPORT, TX



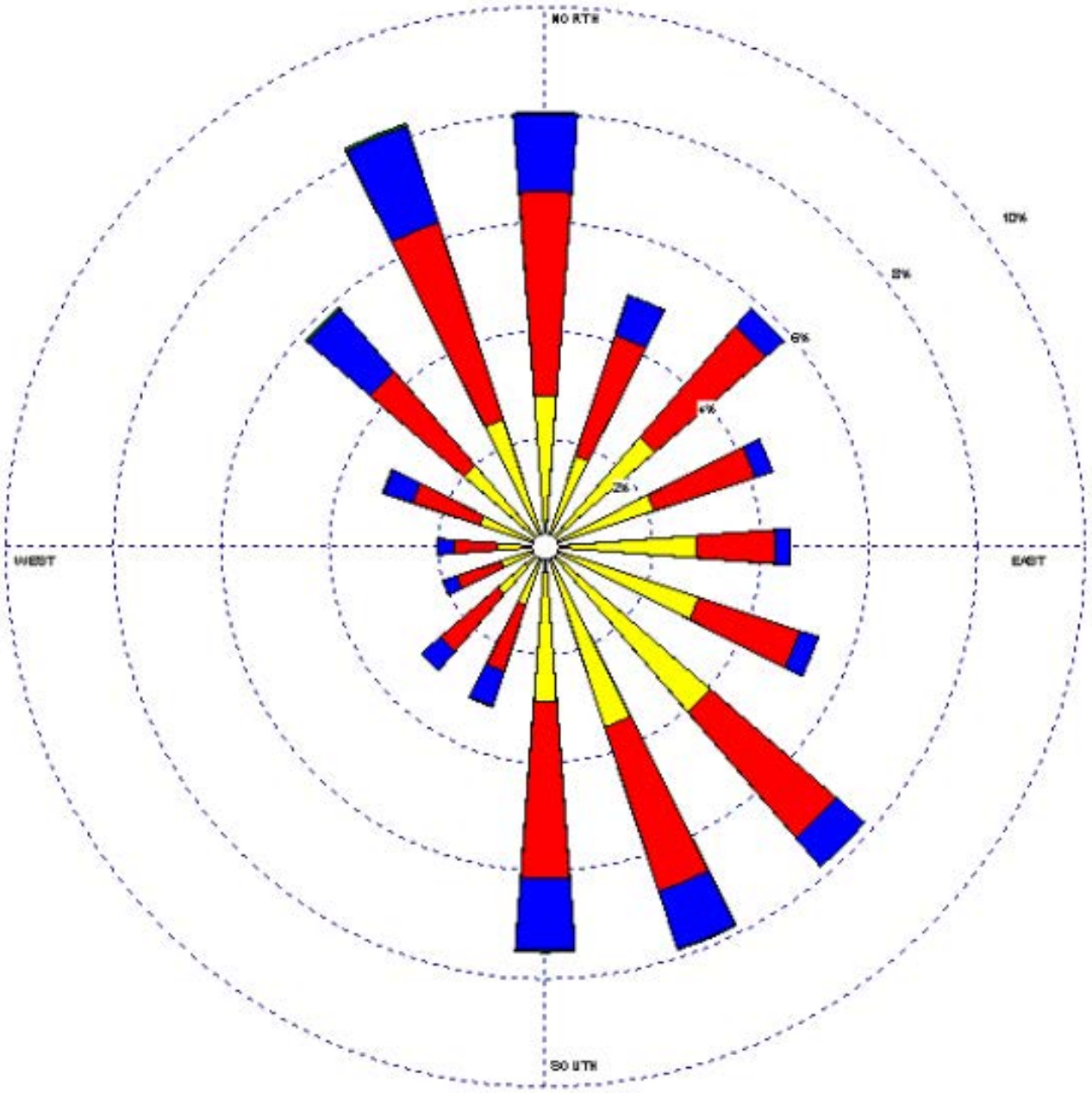
Wind Speed (m/s)

- > 11.06
- 8.49 - 11.06
- 5.40 - 8.49
- 3.34 - 5.40
- 1.80 - 3.34
- 0.51 - 1.80

MODELER	DATE	COMPANY NAME
Sara West	8/29/2002	USDA-ARS
DISPLAY	UNIT	COMMENTS
Wind Speed	m/s	
AVG. WIND SPEED	CALM WINDS	
3.85 m/s	19.43%	
ORIENTATION	PLOT YEAR-DATE-TIME	
Direction (blowing from)	1961 Nov 1 - Nov 30 Midnight - 11 PM	

WIND ROSE PLOT

Station #63987 - LUFKIN/FAA AIRPORT, TX



Wind Speed (m/s)

- > 11.06
- 8.49 - 11.06
- 5.40 - 8.49
- 3.34 - 5.40
- 1.80 - 3.34
- 0.51 - 1.80

MODELER Sara West	DATE 8/29/2002	COMPANY NAME USDA-ARS	
DISPLAY Wind Speed	UNIT m/s	COMMENTS	
AVG. WIND SPEED 3.94 m/s	CALM WINDS 16.23%		
ORIENTATION Direction (blowing from)	PLOT YEAR-DATE-TIME 1961 Dec 1 - Dec 31 Midnight - 11 PM		

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.

The City of Corrigan (CN600653109) operates the Domestic Wastewater Treatment System (RN101918464), a plant operating in complete-mix, extended aeration mode . The facility is located at approximately 2,900 LF N.E. of the intersection of US HWY 59 and HWY 352, in Corrigan, Polk County, Texas 75939. This application is for a major amendment to the permit to increase the Average Daily Flow to .6 MGD via the existing outfall, as well as change the treatment process to a complete mix, conventional aeration system.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($CBOD_5$), total suspended solids (TSS), ammonia nitrogen (NH_3-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent. Domestic wastewater will be treated by an activated sludge process plant with treatment units including grease trap, bar screen, grit

chamber, aeration basins, final clarifiers, sludge digesters, chlorine contact chambers and a dechlorination chamber. .

Texas Commission on Environmental Quality

Public Involvement Plan Form for Permit and Registration Applications

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

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

Section 1. Preliminary Screening

☐ New Permit or Registration Application

☒ New Activity – modification, registration, amendment, facility, etc. (see instructions)

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

Section 2. Secondary Screening

☒ Requires public notice,

☒ Considered to have significant public interest, **and**

☐ Located within any of the following geographical locations:

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

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

☒ Public Involvement Plan not applicable to this application. Provide **brief** explanation.

PIP is not applicable because it does not lie within any of the listed geographical regions.

Section 3. Application Information

Type of Application (check all that apply):

Air ☐ Initial ☐ Federal ☐ Amendment ☐ Standard Permit ☐ Title V

Waste ☐ Municipal Solid Waste ☐ Industrial and Hazardous Waste ☐ Scrap Tire
☐ Radioactive Material Licensing ☐ Underground Injection Control

Water Quality

☐ Texas Pollutant Discharge Elimination System (TPDES)

- ☐ Texas Land Application Permit (TLAP)
- ☐ State Only Concentrated Animal Feeding Operation (CAFO)
- ☐ Water Treatment Plant Residuals Disposal Permit

☐ Class B Biosolids Land Application Permit

☐ Domestic Septage Land Application Registration

Water Rights New Permit

☐ New Appropriation of Water

☐ New or existing reservoir

Amendment to an Existing Water Right

☐ Add a New Appropriation of Water

☐ Add a New or Existing Reservoir

☐ Major Amendment that could affect other water rights or the environment

Section 4. Plain Language Summary

Provide a brief description of planned activities.

Section 5. Community and Demographic Information

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

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

(City)

(County)

(Census Tract)
Please indicate which of these three is the level used for gathering the following information.

☐ City ☐ County ☐ Census Tract

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

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

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

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

(e) Languages commonly spoken in area by percentage

(f) Community and/or Stakeholder Groups

(g) Historic public interest or involvement

Section 6. Planned Public Outreach Activities

(a) Is this application subject to the public participation requirements of Title 30 Texas Administrative Code (30 TAC) Chapter 39?

☐ Yes ☐ No

(b) If yes, do you intend at this time to provide public outreach other than what is required by rule?

☐ Yes ☐ No

If Yes, please describe.

If you answered "yes" that this application is subject to 30 TAC Chapter 39, answering the remaining questions in Section 6 is not required.

(c) Will you provide notice of this application in alternative languages?

☐ Yes ☐ No

Please refer to Section 5. If more than 5% of the population potentially affected by your application is Limited English Proficient, then you are required to provide notice in the alternative language.

If yes, how will you provide notice in alternative languages?

☐ Publish in alternative language newspaper

☐ Posted on Commissioner's Integrated Database Website

☐ Mailed by TCEQ's Office of the Chief Clerk

☐ Other (specify)

(d) Is there an opportunity for some type of public meeting, including after notice?

☐ Yes ☐ No

(e) If a public meeting is held, will a translator be provided if requested?

☐ Yes ☐ No

(f) Hard copies of the application will be available at the following (check all that apply):

☐ TCEQ Regional Office ☐ TCEQ Central Office

☐ Public Place (specify)

Section 7. Voluntary Submittal

For applicants voluntarily providing this Public Involvement Plan, who are not subject to formal public participation requirements.

Will you provide notice of this application, including notice in alternative languages?

☐ Yes ☐ No

What types of notice will be provided?

☐ Publish in alternative language newspaper

☐ Posted on Commissioner's Integrated Database Website

☐ Mailed by TCEQ's Office of the Chief Clerk

☐ Other (specify)

U.S. DEPARTMENT OF THE INTERIOR
U.S. GEOLOGICAL SURVEY

The National Map US Topo

CORRIGAN QUADRANGLE
TEXAS - POLK COUNTY
7.5-MINUTE SERIES

New/Future Construction:
Proposed Treatment Units

Discharge Route/
3 Miles Downstream
(Map 1 of 2)

City of Corrigan
Property Boundary

Discharge Point

Wastewater Treatment
Plant Boundary

1 Mile Radius
(Map 1 of 2)

-94.8750° -94.7500° 31.0000°

$^{34}31^{000m}$N

$^{3}21^{000m}$E

$^{3}32^{000m}$E

$^{34}18^{000m}$N

Corrigan
Snow Hill
Moscow
Burch Catholic Cem
Jones Watts Cem
Taylor Cem
Moscow Cem
Friendship Cem
Shiloah Cem
Harding Family Cem
Adams Cem

Bear Cr
Dry Cr
Jones Cr
Brushy Cr
Kennedy Cr
Sand Cr
Wills Cr
Johnson Cr
Creeds Cr
McManus Cr
Dabbs Br
Dabbs Cr

W 2ND ST
E 2ND ST
E BEN FRANKLIN
W SECOND ST
S HOME ST
S MATHEWS ST
EDEN ST
MAXEY RD
HOWELL RD
ASIA RD
NEALS FWY
PINE CIR
OAK CIR
DOGWOOD CIR
BENFORD RD
KENNEDY RD
FM 942
RAYBURN RD
MARTIN LUTHER KING DR
W LAURELIA RD
LAURELIA LOOP
WHITEHOUSE
DOSS
JACK PITE RD
FM 352
MIKE JONES RD
INVENTOR
JOHN WESLEY HARDIN DR
HARDIN HIDEOUT
POTOSI
TAMIE LOWE RD
PINE HOLLOW LOOP
JACKSTATION RD
HOLLAND
TILLOS RD
ROCK ISLAND RD
ARKANSAS RD
KINGSLAND
HARGO
BILL GARSEE RD
SANDY LN
FM 350
FM 350 N
HAYFIELD RANCH RD
Long King Cr
OLD SOUTH RD
OLD HWY 35 N
HALL & MACK RD
FM 62
ESTERA
LYONS CEMETERY RD
CARTER DR
BILL CLARKE LN
MARSHALL
GOLIAD
MIDLAND RD
CHINA GROVE
MCSPADDEN RD
LOGGING RD
BEARD XING
SPECKS RD
OLD BERRING RD
WACO
CLARK RD N
ADAMS CEMETERY RD
RED HOLLOW
PINE RIDGE CEMETERY RD

59 287 177 20

Produced by the United States Geological Survey

North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and
1 000-meter grid:Universal Transverse Mercator, Zone 15R

This map is not a legal document. Boundaries may be generalized for this map scale. Private lands within government reservations may not be shown. Obtain permission before entering private lands.

Imagery.....NAIP, September 2016 - November 2016
Roads.....U.S. Census Bureau, 2015
Names.....GNIS, 1979 - 2022
Hydrography.....National Hydrography Dataset, 2003 - 2018
Contours.....National Elevation Dataset, 2018
Boundaries.....Multiple sources; see metadata file 2019 - 2021

Wetlands.....FWS National Wetlands Inventory Not Available

MN
GN
0°56′ 17 MILS
2°0′ 36 MILS
UTM GRID AND 2019 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

U.S. National Grid
100,000 - m Square ID
UQ
Grid Zone Designation
15R

SCALE 1:24 000

1 0.5 0 KILOMETERS 1 2
1000 500 0 METERS 1000 2000
1 0.5 0 1 MILES
1000 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 10000 FEET

CONTOUR INTERVAL 10 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

This map was produced to conform with the
National Geospatial Program US Topo Product Standard.

TEXAS
QUADRANGLE LOCATION

1	2	3
4		5
6	7	8

ADJOINING QUADRANGLES
1 Trevat
2 Wakefield
3 Pluck
4 Carmona
5 Camden
6 New Willard
7 Leggett
8 Hortense

ROAD CLASSIFICATION
Expressway
Secondary Hwy
Ramp
Local Connector
Local Road
4WD
Interstate Route
US Route
State Route

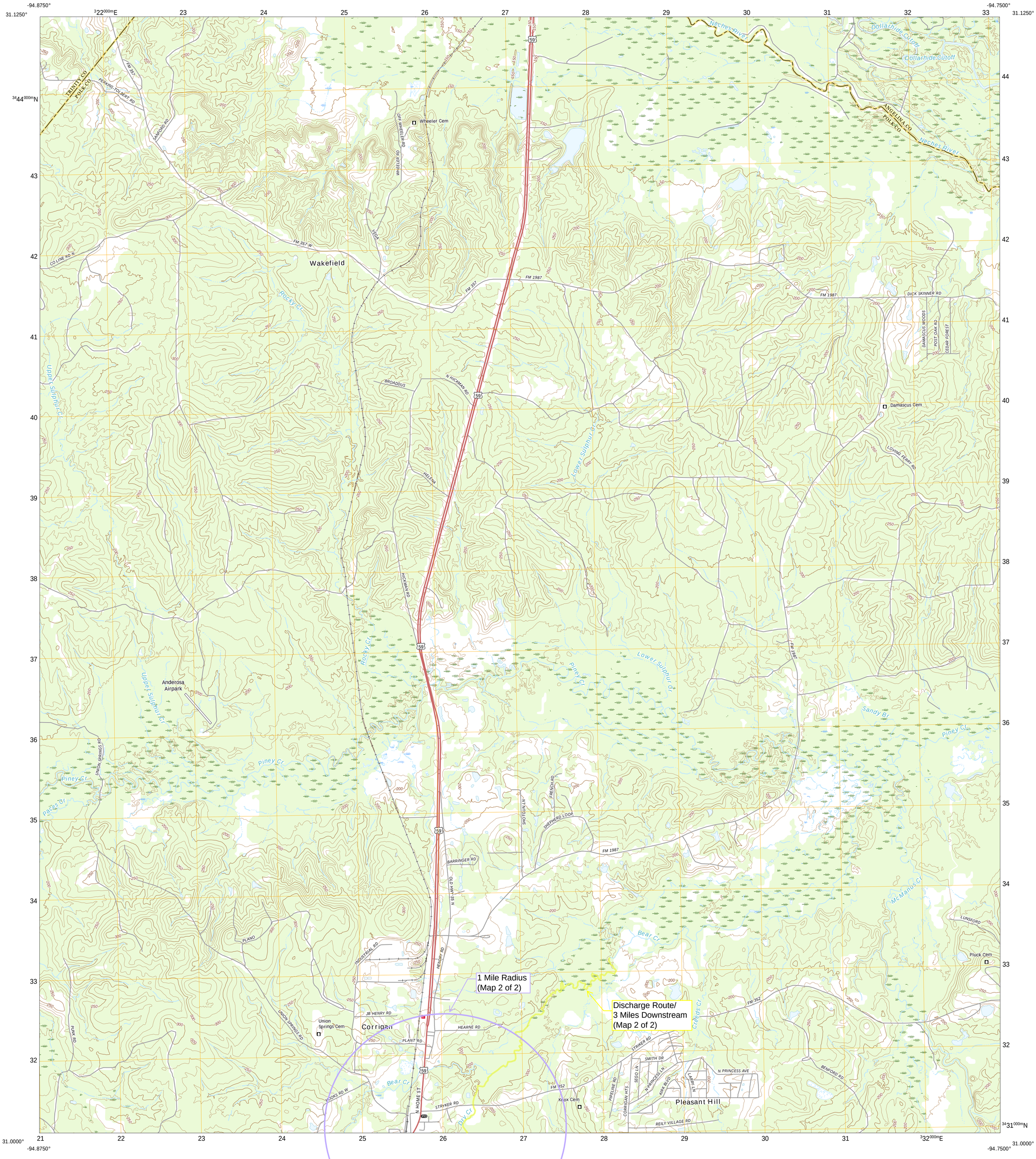
CORRIGAN, TX
2022

NSN. 7643016395663
NGA REF NO. USGSX24K10202

U.S. DEPARTMENT OF THE INTERIOR
U.S. GEOLOGICAL SURVEY

The National Map US Topo

WAKEFIELD QUADRANGLE
TEXAS
7.5-MINUTE SERIES



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MN
GN
0°56′ 17 MILS
2°0′ 36 MILS
UTM GRID AND 2019 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

U.S. National Grid
100,000 - m Square ID
UQ
Grid Zone Designation 15R

SCALE 1:24 000
1 0.5 0 KILOMETERS 1 2
1000 500 0 METERS 1000 2000
1 0.5 0 1
MILES
1000 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 10000
FEET

CONTOUR INTERVAL 10 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

This map was produced to conform with the National Geospatial Program US Topo Product Standard.

TEXAS
QUADRANGLE LOCATION

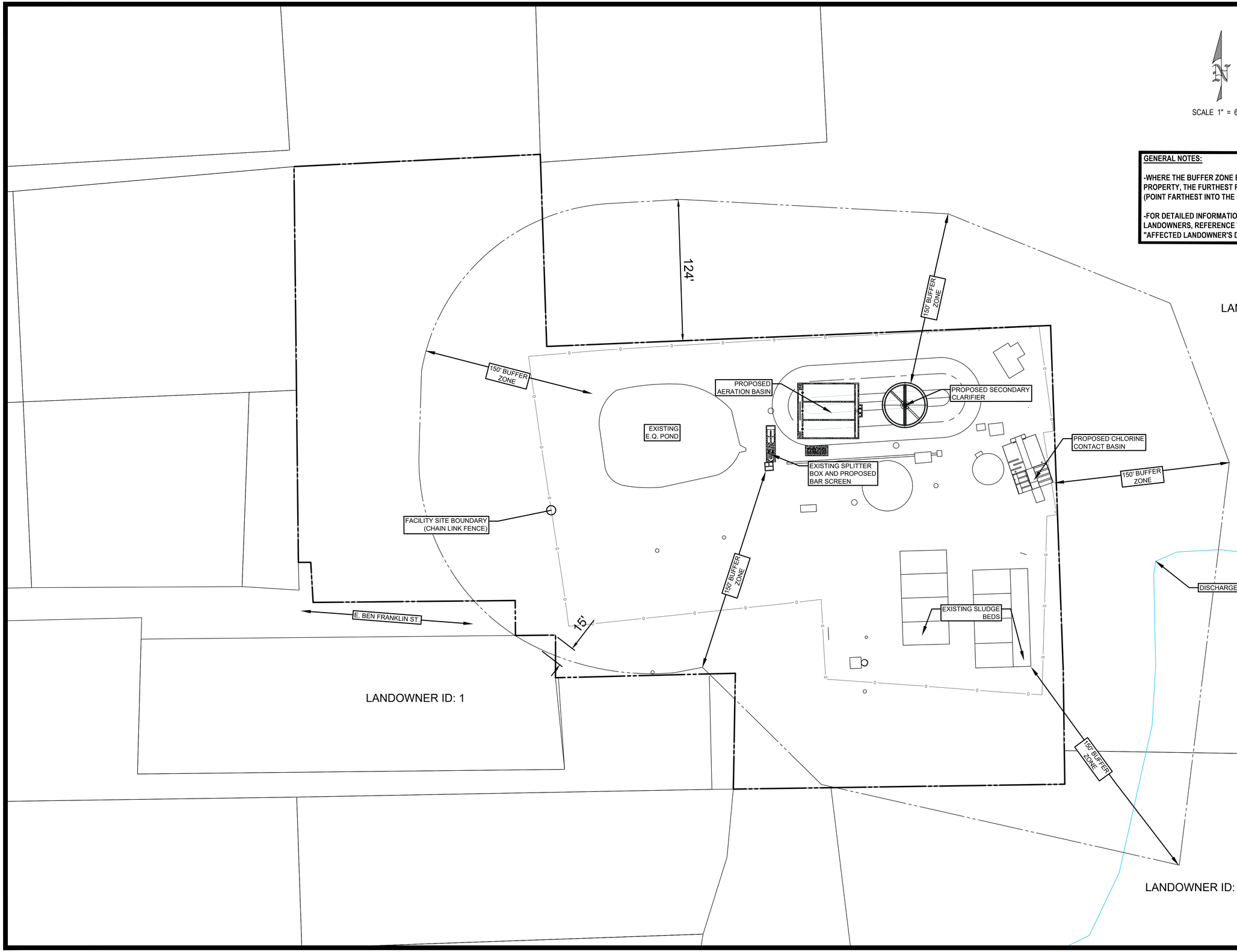
1	2	3
4		5
6	7	8

ADJOINING QUADRANGLES
1 Apple Springs
2 Diboll
3 Bald Hill
4 Trevat
5 Pluck
6 Carmona
7 Corrigan
8 Camden

ROAD CLASSIFICATION
Expressway
Secondary Hwy
Ramp
Local Connector
Local Road
4WD
Interstate Route
US Route
State Route

WAKEFIELD, TX
2022

NSN 7643016398812
NGA REF NO. USGSX24K47193



SCALE 1" = 60'

GENERAL NOTES:

-WHERE THE BUFFER ZONE ENCROACHES ON PRIVATE PROPERTY, THE FURTHEST REACH IS MEASURED (POINT FARTHEST INTO THE NEIGHBORING PROPERTY)

-FOR DETAILED INFORMATION ON THE ADJACENT LANDOWNERS, REFERENCE THE LIST ON THE "AFFECTED LANDOWNER'S DATA" ATTACHMENT

SCHAUMBURG & POLK, INC.
BEAUMONT | HOUSTON | RICHARDSON
KYLE | PORT ARTHUR | TERRELL | TYLER
320 S. Broadway Ave., SUITE 200
Tyler, TX 75702
903.595.3913
Firm Registration No. F-520

PRELIMINARY DOCUMENT FOR REVIEW ONLY

THESE DOCUMENTS ARE FOR DESIGN REVIEW AND NOT INTENDED FOR CONSTRUCTION, BIDDING, OR PERMIT PURPOSES. THEY WERE PREPARED BY, OR UNDER THE SUPERVISION OF:

TRAVIS REED
P.E. # 115983

CITY OF CORRIGAN, TX

TWDB CWRSF PROJECT NO. 73919 WASTEWATER SYSTEM IMPROVEMENTS

ADJACENT LANDOWNER'S MAP

REVISIONS:

PLANS ARE FORMATTED FOR 22"X34" PLAN SHEETS. IF PRINTED ON 11"X17" SHEETS THE SCALES ARE HALF THE SIZE NOTED.

BEFORE YOU DIG TEXAS811.com

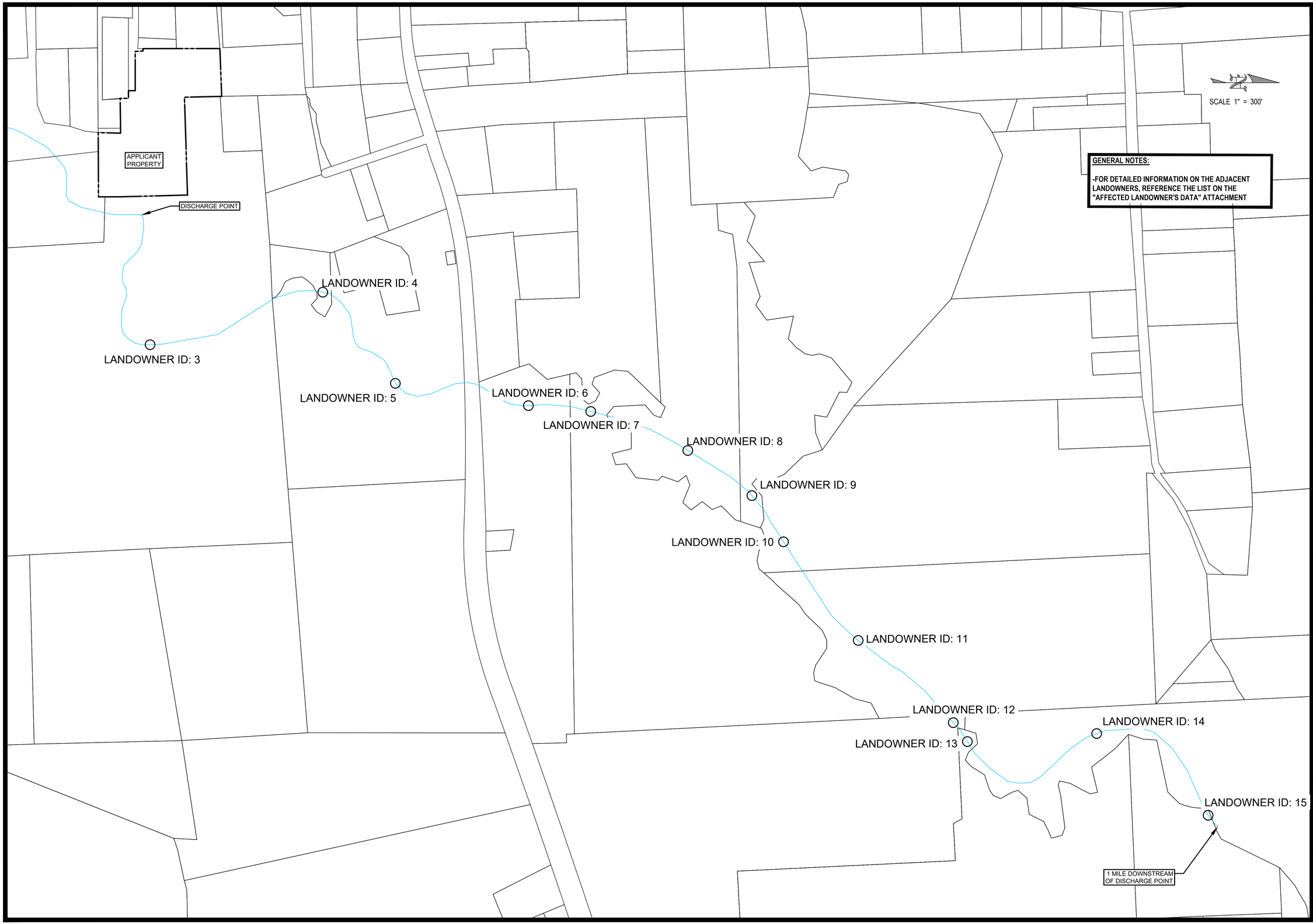
DRAWN BY:
T. SMITH

REVIEWED BY:
T. REED

PROJECT NO:
944101.00

SHEET NO:

FILENAME: X:\CLIENTS\CORRIGAN - CITY OF\944101.00 - CORRIGAN TWDB WWTP IMPROVEMENTS\CAD\PLANS\05-PROPOSED SITE.DWG
PLOT DATE: 8/19/2025 11:23 AM



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TRAVIS REED
P.E. # 115983

CITY OF CORRIGAN, TX

TWDB CWRSF PROJECT NO. 73919 WASTEWATER SYSTEM IMPROVEMENTS

DOWNSTREAM LANDOWNER'S MAP

REVISIONS:

PLANS ARE FORMATTED FOR 22"X34" PLAN SHEETS. IF PRINTED ON 11"X17" SHEETS THE SCALES ARE HALF THE SIZE NOTED.

BEFORE YOU DIG Texas811.com

DRAWN BY: T. SMITH

REVIEWED BY: T. REED

PROJECT NO: 944101.00

SHEET NO:

FILENAME: X:\CLIENTS\CORRIGAN – CITY OF\944101.00 – CORRIGAN TWDB WWTP IMPROVEMENTS\CAD\PLANS\05–PROPOSED SITE.DWG
PLOT DATE: 8/19/2025 11:25 AM

Attachment

Affected Landowner's Data Table

City of Corrigan WWTP Major Amendment

TPDES Permit No. 10787-001

Landowner information obtained using the Polk County Central Appraisal District.
Accessed on 8/19/2025

Landowner ID: 1

CARDENAS SANTIAGO & GONZALEZ BEATRIZ

375 BEN FRANKLIN ST
CORRIGAN, TX 75939

Landowner ID: 2

MERCER GEORGE & TAMMY

508 E 2ND ST
CORRIGAN, TX 75939-1208

Landowner ID: 3-5

SMITH LARRY L & LADENA G

115 STRYKER RD
CORRIGAN, TX 75939

Landowner ID: 6-7, 12

PURVIS MILTON BYRD

P O BOX 62
CORRIGAN, TX 75939-0000

Landowner ID: 8

LOOKINGBILL TISHALYN

PO BOX 764
CORRIGAN, TX 75939

Landowner ID: 9

PURVIS JOHN PAUL

P O BOX 187

CORRIGAN, TX 75939-0000

Landowner ID: 10

JAYNES JERRY T & KATHLEEN

7211 CARL RD EXT
SPRING, TX 77373

Landowner ID: 11, 14

PAGE L A & BARBARA

P O BOX 500
CORRIGAN, TX 75939-0000

Landowner ID: 13

HALL ROBERT L

1289 FM 352
CORRIGAN, TX 75939-0000

Landowner ID: 15

HALL LOY

1289 FM 352
CORRIGAN, TX 75939-0000

Original Photographs

City of Corrigan WWTP Major Amendment

TPDES Permit No. 10787-001

See following map for picture location/orientation

Photo 1: Proposed Unit Location

Proposed Aeration Basin and Clarifier will be constructed inside area of existing Oxidation Ditch (to be demolished). New barscreen will be constructed on the far side of the existing oxidation ditch (where mini excavator is.)

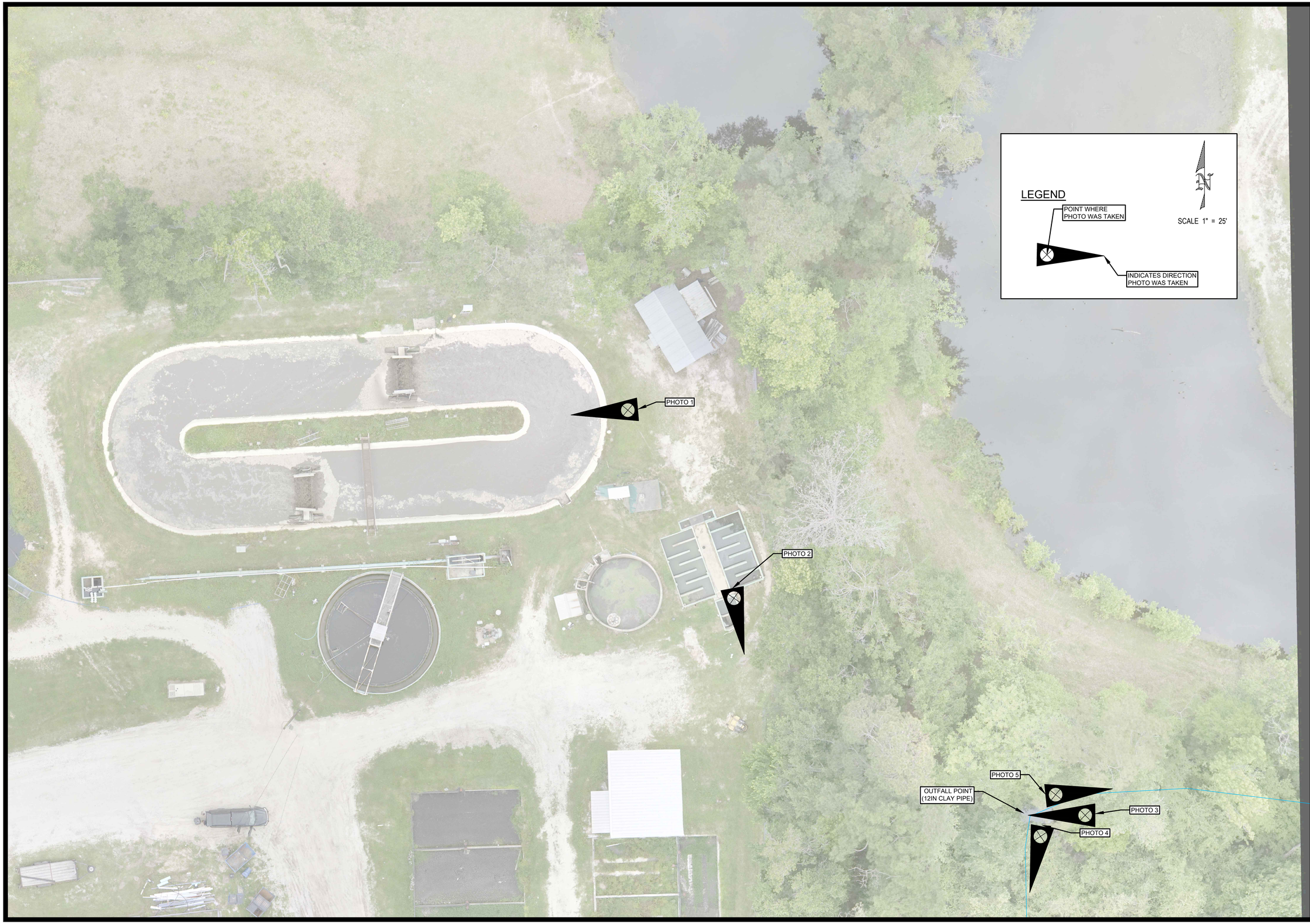
Photo 2: Proposed Unit Location

Proposed Chlorine Contact Basin Expansion will be constructed off of the far side (south end) of the existing basin.

Photo 3: Discharge Point -Outfall Pipe

Photo 4: Discharge Point -Upstream

Photo 5: Discharge Point -Downstream



SPI SCHAUMBURG & POLK, INC.
BEAUMONT | HOUSTON | RICHARDSON
KYLE | PORT ARTHUR | TERRELL | TYLER
320 S. Broadway Ave., SUITE 200
Tyler, TX 75702
903.595.3913
Firm Registration No. F-520

PRELIMINARY DOCUMENT FOR REVIEW ONLY

THESE DOCUMENTS ARE FOR DESIGN REVIEW AND NOT INTENDED FOR CONSTRUCTION, BIDDING, OR PERMIT PURPOSES. THEY WERE PREPARED BY, OR UNDER THE SUPERVISION OF:

TRAVIS REED
P.E. # 115983

CITY OF CORRIGAN, TX

TWDB CWRSF PROJECT NO. 73919 WASTEWATER SYSTEM IMPROVEMENTS

ORIGINAL PHOTOGRAPH REFRENCE

REVISIONS:
1
2
3
4

PLANS ARE FORMATTED FOR 22"X34" PLAN SHEETS. IF PRINTED ON 11"X17" SHEETS THE SCALES ARE HALF THE SIZE NOTED.

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DRAWN BY:
T. SMITH

REVIEWED BY:
T. REED

PROJECT NO:
944101.00

SHEET NO:

FILENAME: X:\CLIENTS\CORRIGAN – CITY OF\944101.00 – CORRIGAN TWDB WWTP IMPROVEMENTS\CAD\BASE.DWG PLOT DATE: 8/19/2025 5:57 PM

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: City of Corrigan

   Permit No. WQ00 15057001 EPA ID No. TX 0133787

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

   The WWTP is located 0.25 Miles to the East of the intersection of U.S. HWY 59 and Ben Franklin St. Corrigan, TX, 75939

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

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

First and Last Name: Tyler Smith

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

Title: E.I.T.

Mailing Address: 320 S Broadway Avenue Suite 200

City, State, Zip Code: Tyler, TX, 75702

Phone No.: 9035953913 Ext.: N/A Fax No.: 903 595 2093

E-mail Address: tsmith@spi-eng.com

2. List the county in which the facility is located: Polk
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.

The WWTP discharges through a 12 in pipe into an unnamed tributary of Dry Creek; thence to Dry Creek; thence to Bear Creek; Thence to Piney Creek; Thence to Segment 0604 of the Neches River below Lake Palestine in the Neches River Basin

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

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

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

☐ Proposed access roads, utility lines, construction easements

☐ Visual effects that could damage or detract from a historic property's integrity

☐ Vibration effects during construction or as a result of project design

☐ Additional phases of development that are planned for the future

☐ Sealing caves, fractures, sinkholes, other karst features

☐ Disturbance of vegetation or wetlands

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

The proposed construction will impact approximately .75 surface acres within the existing WWTP boundary. Excavation will reach a maximum depth of approximately 16 feet for installation of the Proposed Aeration Basin. No known caves, sinkholes, or other karst features are present within the project area..

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

Existing disturbances include the excavation associated with the Oxidation Ditch, Clarifier, Sludge Digester, Sludge Drying Beds, and Chlorine Contact Basin. There is grading for the Equalization Basin and access roads. Vegetation is limited to mowed grasses and sparse trees or brush around the perimeter of the fenced facility. The surrounding land use includes undeveloped woodland, pastureland, with some single and multi-family housing primarily to the West of the property.

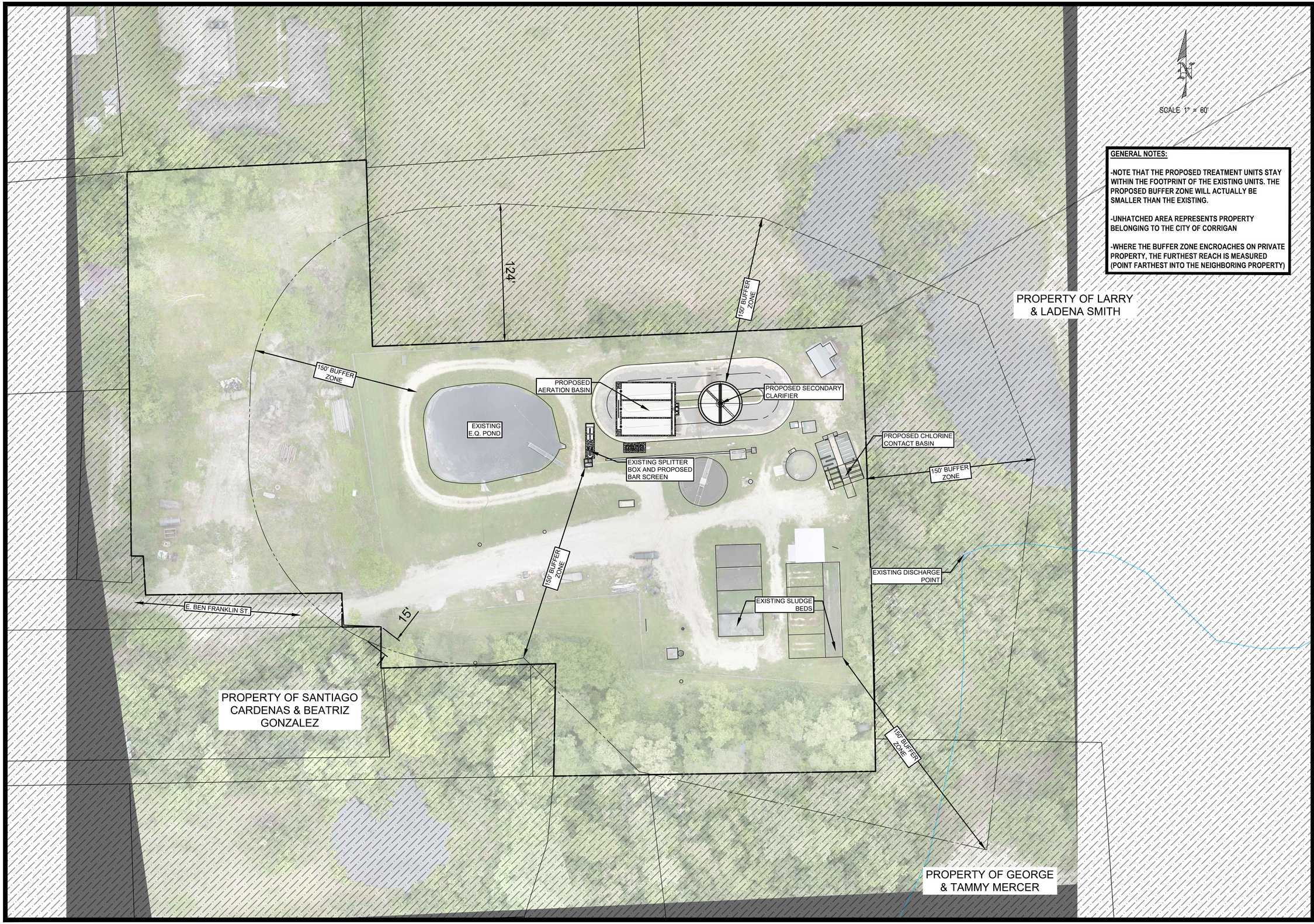
THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

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

Influent Lift Station: Late 1990's or Early 2000's Equalization Basin: 2016 Splitter Box: 2016 Bar screen: 2011-16Oxidation Ditch: 1950-60's Secondary Clarifier: 1950-60's Sludge Digester: 1950-60's Sludge Drying Beds: 1950-60's Sludge Return Lift Station: 2005 Chlorine Contact Basin: 1950-60's Sludge Dewatering Shed: 2011

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

The City of Corrigan WWTP was originally built and began operation in the 1950's or 60's. It has undergone multiple rehabilitations, renovations and additions since then. According to As-Built records, Goodwin Lasiter Strong Architecture-Engineering-Surveying has been the consulting engineer for projects from 2005 to 20016. Prior to 2005, the associated engineer/architect/builder is unknown.



SCALE 1" = 60'

GENERAL NOTES:

-NOTE THAT THE PROPOSED TREATMENT UNITS STAY WITHIN THE FOOTPRINT OF THE EXISTING UNITS. THE PROPOSED BUFFER ZONE WILL ACTUALLY BE SMALLER THAN THE EXISTING.

-UNHATCHED AREA REPRESENTS PROPERTY BELONGING TO THE CITY OF CORRIGAN

-WHERE THE BUFFER ZONE ENCROACHES ON PRIVATE PROPERTY, THE FURTHEST REACH IS MEASURED (POINT FARTHEST INTO THE NEIGHBORING PROPERTY)

SPI
SCHAUMBURG & POLK, INC.
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TRAVIS REED
P.E. # 115983

CITY OF CORRIGAN, TX

TWDB CWRSF PROJECT NO. 73919 WASTEWATER SYSTEM IMPROVEMENTS

BUFFER ZONE MAP

REVISIONS:

PLANS ARE FORMATTED FOR 22"X34" PLAN SHEETS. IF PRINTED ON 11"X17" SHEETS THE SCALES ARE HALF THE SIZE NOTED.

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DRAWN BY: T. SMITH

REVIEWED BY: T. REED

PROJECT NO: 944101.00

SHEET NO:

FILENAME: X:\CLIENTS\CORRIGAN – CITY OF\944101.00 – CORRIGAN TWDB WWTP IMPROVEMENTS\CAD\PLANS\05–PROPOSED SITE.DWG

PLOT DATE: 8/19/2025 11:20 AM

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): .3

2-Hr Peak Flow (MGD): .9

Estimated construction start date: Completed

Estimated waste disposal start date: On-Going

B. Interim II Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

C. Final Phase

Design Flow (MGD): .6

2-Hr Peak Flow (MGD): 1.8

Estimated construction start date: 01/01/2026

Estimated waste disposal start date: 01/01/2028

D. Current Operating Phase

Provide the startup date of the facility: 09/30/1991

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**.

See Attachment "A"

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)
(EXIST) Oxidation Ditch	1	180'L x 70'W x 6'D
(EXIST) Final Clarifier	1	38'Dia x 10'D
(EXIST) Aerobic Digester	1	26'Dia x 8.5'D
(EXIST) Chlorine Contact Basin	2	25.33'L x 12'W x 3.5'D
(EXIST) Sludge Drying Bed	4	20.75' x 30'
(EXIST) Sludge Drying Bed	4	20' x 40'
(EXIST) Sludge Drying Bed	1	84.33' x 14.33'
(PROP) Aeration Basin	3	45'L x 15'W x 11.5'D
(PROP) Final Clarifier	1	38'Dia x 9.5'D
(PROP) Chlorine Contact Basin	2	39.83'L x 12'W x 3.5'D

C. Process Flow Diagram

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

Attachment: See Attachment "B"

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

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

- Latitude: 30.999955 N
- Longitude: 94.822201 W

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

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

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

- The boundaries of the treatment facility;
- The boundaries of the area served by the treatment facility;

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

Attachment: See Attachment "C"
Provide the name **and** a description of the area served by the treatment facility.

The incorporated city limits of the City of Corrigan, TX

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

Collection System Information

Collection System Name	Owner Name	Owner Type	Population Served
City of Corrigan Collection System	City of Corrigan	Publicly Owned	1800
		Choose an item.	
		Choose an item.	
		Choose an item.	

Section 4. Unbuilt Phases (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

Section 5. Closure Plans (Instructions Page 44)

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

Click to enter text.

Section 6. Permit Specific Requirements (Instructions Page 44)

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

A. Summary transmittal

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

☐ Yes ☒ No

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

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

Click to enter text.

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

Click to enter text.

C. Other actions required by the current permit

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

☐ Yes ☒ No

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

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 BOD_5 concentration of the sludge, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

N/A

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If yes to any of the above, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD_5 concentration of the septic waste, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

N/A

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.

N/A

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). **W*ater treatment facilities*** discharging filter backwash water, complete Table 1.0(3). Provide copies of the laboratory results sheets. **These tables are not applicable for a minor amendment without renewal.** See the instructions for guidance.

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
$CBOD_5$, mg/l					
Total Suspended Solids, mg/l					
Ammonia Nitrogen, mg/l					
Nitrate Nitrogen, mg/l					
Total Kjeldahl Nitrogen, mg/l					
Sulfate, mg/l					
Chloride, mg/l					
Total Phosphorus, mg/l					
pH, standard units					
Dissolved Oxygen*, mg/l					
Chlorine Residual, mg/l					
E.coli (CFU/100ml) freshwater					
Entercocci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, µmohs/cm, †					
Oil & Grease, mg/l					
Alkalinity ($CaCO_3$)*, mg/l					

*TPDES permits only
†TLAP permits only

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l					
Total Dissolved Solids, mg/l					
pH, standard units					
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity ($CaCO_3$), mg/l					

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Michael K. Brown

Facility Operator's License Classification and Level: Wastewater, B

Facility Operator's License Number: WW0057942

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

B. WWTP's Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

C. Sewage Sludge or Biosolids Management

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

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Disposal in Landfill	Off-site Third-Party Handler or Preparer	Bulk		N/A: Disposal in Landfill	N/A: Disposal in Landfill
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

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

D. Disposal site

Disposal site name: Angelina County Landfill

TCEQ permit or registration number: 2105

County where disposal site is located: Angelina

E. Transportation method

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

Name of the hauler: City of Corrigan

Hauler registration number: 22307

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	☐ Yes	☒ No
Marketing and Distribution of Biosolids	☐ Yes	☒ No
Sludge Surface Disposal or Sludge Monofill	☐ Yes	☒ No
Temporary storage in sludge lagoons	☐ Yes	☒ No

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 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: N/A
- USDA Natural Resources Conservation Service Soil Map:

  Attachment: N/A
- Federal Emergency Management Map:

  Attachment: N/A
- Site map:

  Attachment: N/A

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: N/A

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 $1x10^{-7}$ cm/sec?

☐ Yes ☐ No

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

N/A

D. Site development plan

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

N/A

Attach the following documents to the application.

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

  Attachment: N/A
- Copy of the closure plan

  Attachment: N/A
- Copy of deed recordation for the site

  Attachment: N/A
- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons

  Attachment: N/A
- Description of the method of controlling infiltration of groundwater and surface water from entering the site

  Attachment: N/A
- Procedures to prevent the occurrence of nuisance conditions

  Attachment: N/A

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: N/A

Section 12. Authorizations/Compliance/Enforcement (Instructions

Page 54)

A. Additional authorizations

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

☐ Yes ☒ No

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

N/A

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

N/A

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

A. RCRA hazardous wastes

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

Attachment: N/A

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: Paloma Carbajal

Title: City Manager

Signature: _____

Date: _____

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.1

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

Section 1. Justification for Permit (Instructions Page 56)

A. Justification of permit need

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

Based on the 30-year projected growth, the Corrigan WWTP could see an average daily flow of 0.394 MGD with an estimated 824 GPM (1.19 MGD) peak flow (see attachments "D" and "E"). It is also important to note that although daily averages for flow were 0.125 MGD, the City reported maximum average daily flows between 0.25 – 0.77 MGD over the previous five (5) years. This data indicates that the WWTP already experiences influent flows that exceed the current permit. With the proposed improvements, Corrigan's WWTP can handle the immediate needs (Clarifier and Chlorine capacities) as well as satisfy the projected Average Daily Flow and the Peak Flow through the year 2070. See Attachment "D" for population and flow projections and Attachment "E" for TCEQ Minimum Design Requirements

B. Regionalization of facilities

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

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

1. Municipally incorporated areas

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

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

☐ Yes ☐ No ☐ Not Applicable

If yes, within the city limits of: Click to enter text.

If yes, attach correspondence from the city.

Attachment: Click to enter text.

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

Attachment: Click to enter text.

2. Utility CCN areas

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

☐ Yes ☒ No

[1] https://www.tceq.texas.gov/permitting/wastewater/tceq-regionalization-for-wastewater

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

Attachment: N/A

3. Nearby WWTPs or collection systems

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

☐ Yes ☒ No

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

Attachment: N/A

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

Attachment: N/A

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

Attachment: N/A

Section 2. Proposed Organic Loading (Instructions Page 58)

Is this facility in operation?

☒ Yes ☐ No

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

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

A. Current organic loading

Facility Design Flow (flow being requested in application):

Average Influent Organic Strength or BOD_5 Concentration in mg/l: 137.53

Average Influent Loading (lbs/day = total average flow X average BOD_5 conc. X 8.34): 144

Provide the source of the average organic strength or BOD_5 concentration.

Residential

B. Proposed organic loading

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

Table 1.1(1) – Design Organic Loading

Source	Total Average Flow (MGD)	Influent BOD5 Concentration (mg/l)
Municipality	.6	137.53
Subdivision		
Trailer park – transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources	.6	137.53
AVERAGE BOD_5 from all sources	.6	137.53

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

A. Existing/Interim I Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: 3.35

Total Suspended Solids, mg/l: 12.63

Ammonia Nitrogen, mg/l: 2.55

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

Dissolved Oxygen, mg/l: 6.58

Other: Click to enter text.

B. Interim II Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: Click to enter text.

Ammonia Nitrogen, mg/l: Click to enter text.

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

Dissolved Oxygen, mg/l: Click to enter text.

Other: Click to enter text.

C. Final Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: 3.35

Total Suspended Solids, mg/l: 12.63

Ammonia Nitrogen, mg/l: 2.55

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

Dissolved Oxygen, mg/l: 6.58

Other: Click to enter text.

D. Disinfection Method

Identify the proposed method of disinfection.

☒ Chlorine: 1.0-4.0 mg/l after 20 minutes detention time at peak flow

Dechlorination process: Chemical injection

☐ Ultraviolet Light: Click to enter text. seconds contact time at peak flow

☐ Other: Click to enter text.

Section 4. Design Calculations (Instructions Page 58)

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

Attachment: See Attachment "F" (Design Calcs) and "G" (Plant Features)

Section 5. Facility Site (Instructions Page 59)

A. 100-year floodplain

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

☐ Yes ☒ No

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

Sludge Drying Beds are located near the 100-year flood plain, but the walls are built-up above the surrounding grade. The rest of the plant and treatment units are located above the 100-year flood plain

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

FEMA Flood Map Service Center

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

☐ Yes ☒ No

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

☐ Yes ☐ No

If yes, provide the permit number: Click to enter text.

If no, provide the approximate date you anticipate submitting your application to the Corps: Click to enter text.

B. Wind rose

Attach a wind rose: See Attachment "H"

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

A. Beneficial use authorization

Are you requesting to include authorization to land apply sewage sludge for beneficial use on property located adjacent to the wastewater treatment facility under the wastewater permit?

☐ Yes ☒ No

If yes, attach the completed **Application for Permit for Beneficial Land Use of Sewage Sludge (TCEQ Form No. 10451)**: Click to enter text.

B. Sludge processing authorization

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

☐ Sludge Composting

☐ Marketing and Distribution of sludge

☐ Sludge Surface Disposal or Sludge Monofill

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

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

Attach a solids management plan to the application.

Attachment: See Attachment "I"

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

- Treatment units and processes dimensions and capacities
- Solids generated at 100, 75, 50, and 25 percent of design flow
- Mixed liquor suspended solids operating range at design and projected actual flow
- Quantity of solids to be removed and a schedule for solids removal
- Identification and ownership of the ultimate sludge disposal site
- For facultative lagoons, design life calculations, monitoring well locations and depths, and the ultimate disposal method for the sludge from the facultative lagoon

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

If **no**, proceed it 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: N/A

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: Dry Creek

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.

Click to enter text.

E. Normal dry weather characteristics

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

Standing water -little to no flow

Date and time of observation: 8/5/2025, 10:43 AM

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

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

A. Upstream influences

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

☐ Oil field activities
☒ Urban runoff
☐ Upstream discharges
☐ Agricultural runoff
☐ Septic tanks
☐ Other(s), specify: Click to enter text.

B. Waterbody uses

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

- ☐ Livestock watering
- ☐ Irrigation withdrawal
- ☐ Fishing
- ☐ Domestic water supply
- ☐ Park activities
- ☐ Contact recreation
- ☐ Non-contact recreation
- ☐ Navigation
- ☐ Industrial water supply
- ☐ 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 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following **is required** for **all publicly owned treatment works**.

Section 1. All POTWs (Instructions Page 87)

A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: N/A

Significant IUs – non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: N/A

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: N/A

B. Treatment plant interference

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

☐ Yes ☒ No

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

N/A

C. Treatment plant pass through

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

☐ Yes ☒ No

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

Click to enter text.

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

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

A. Substantial modifications

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

☐ Yes ☐ No

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

N/A

B. Non-substantial modifications

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

☐ Yes ☐ No

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

N/A

C. Effluent parameters above the MAL

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

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. Industrial user interruptions

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

☐ Yes ☐ No

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

N/A

Section 3. Significant Industrial User (SIU) Information and

Categorical Industrial User (CIU) (Instructions Page 88)

A. General information

Company Name: NONE

SIC Code: Click to enter text.

Contact name: Click to enter text.

Address: Click to enter text.

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

Telephone number: Click to enter text.

Email address: Click to enter text.

B. Process information

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

N/A

C. Product and service information

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

N/A

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: Click to enter text.

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: Click to enter text.

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

Is the SIU or CIU subject to technically based local limits as defined in the *i*nstructions?

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Category: Subcategories: Click to enter text.

Click or tap here to enter text. Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

F. Industrial user interruptions

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

☐ Yes ☐ No

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

N/A

Attachment "F"

Design Calculations

City of Corrigan WWTP Major Amendment

TPDES Permit No. 10787-001

Design Calculations for:

-Design Organic Loading

DESIGN ORGANIC LOADING - HISTORICAL FLOW

Year	Average Flow (MGD)	Average CBOD (mg/L)	Average TSS (mg/L)	Avg Daily Organic Load CBOD (lbs/day)	Avg Daily Organic Load TSS (lbs/day)
2018	0.12	143.88	207.50	148.61	214.33
2019	0.12	126.33	256.14	129.50	262.59
2020	0.12	132.41	172.89	129.76	169.44
2021	0.12	120.32	339.41	119.19	336.24
2022	0.10	122.23	539.78	102.19	451.28
Avg:	**0.12**	**129.03**	**303.14**		
Std. Deviation:	**0.01**	**8.50**	**130.87**		
Organic Load:	**0.125 MGD**	**137.53 mg/L**	**434.01 mg/L**	**144 lbs/day**	**453 lbs/day**

DESIGN ORGANIC LOADING - DESIGN FLOW

Design Average Flow (MGD)	Design Peak Flow (MGD)	Design CBOD (mg/L)	Design TSS (mg/L)	Design Daily Organic Load CBOD (lbs/day)	Design Daily Organic Load TSS (lbs/day)
0.60	1.80	137.53	434.01	688.21	2171.81

-Bar Screen Capacity

BAR SCREEN CAPACITY

Proposed Barscreen		
Depth of Water Flow =	3.00	ft
Width of Water Flow (bar screen) =	1.00	ft
Max Velocity (TCEQ 217.121) =	3.00	ft/s
Min Velocity (TCEQ 217.121) =	1.00	ft/s
Average Design Flow Max =	**5.82**	**mgd**

-Aeration Basin Capacity

AERATION BASIN CAPACITY

Proposed Aeration Basin				
Inside Length of Basin =	45.00	ft		
Inside Width of Basin =	15.00	ft		
Depth of Water in Basin =	11.50	ft		
Total Depth of Basin =	14.50	ft		
Number of Basins =	3.00	ea		
Volume of Basin =	**174,191**	gal	**23,288**	cf
Design Organic Concentration =	137.53	mg/L		
27% Reduction from Primary Clarifiers =	0.00	mg/L		
Maximum Organic Loading Rate =	35.00	lbBOD/day per 1,000cf	Chp 217.154 Tbl F.1	
Capable Organic Loading =	**815**	lbs/day		
Aeration Basin Total Design Flow =	**710,604**	gpd	**493**	gpm

-Secondary Clarifier(s) Capacity

SECONDARY CLARIFIER(S) CAPACITY

Existing Secondary Clarifier				
Inside Diameter of Tank =	38.00	ft		
Depth from Top of Wall to Top of Cone =	11.00	ft		
Freeboard at peak flow (min 12") =	1.00	ft		
Max Surface Loading (Peak Flow) =	800	gpd/SF	Chp 217.154 Tbl F.2	
Min Detention Time (Peak Flow) =	132	min	Chp 217.154 Tbl F.2	
Effective Volume =	**84,831.80**	Gal		
Water Surface Area =	**1,134.11**	ft^2		
Max Surface loading (Peak Flow) =	**907,292**	gpd	**630**	gpm
Detention Time (Peak Flow) =	**925,438**	gpd	**643**	gpm
Secondary Clarifier Design Peak Flow =	**907,292**	gpd	**630**	gpm

Proposed Secondary Clarifier				
Inside Diameter of Tank =	38.00	ft		
Depth from Top of Wall to Top of Cone =	11.00	ft		
Freeboard at peak flow (min 12") =	1.50	ft		
Max Surface Loading (Peak Flow) =	800	gpd/SF	Chp 217.154 Tbl F.2	
Min Detention Time (Peak Flow) =	132	min	Chp 217.154 Tbl F.2	
Effective Volume =	**80,590.21**	Gal		
Water Surface Area =	**1,134.11**	ft^2		
Max Surface loading (Peak Flow) =	**907,292**	gpd	**630**	gpm
Detention Time (Peak Flow) =	**879,166**	gpd	**611**	gpm
Secondary Clarifier Design Peak Flow =	**879,166**	gpd	**611**	gpm
Total Clarifier Design Peak Flow (Existing+Proposed) =	**1,786,458**	gpd	**1,241**	gpm

-Chlorine Contact Chamber Capacity

CHLORINE CONTACT CHAMBER CAPACITY

Existing Contact Basin #1 & #2				
Inside Surface Area of Single Basin =	300.00	sf		
Total Number of Basins =	2.00			
Depth of Water =	3.50	ft		
Surface Area Baffles =	35.18	sf		
Contact Time (TCEQ = 20min) =	20.00	min		
Total Surface Area Water =	**529.65**	sf		
Volume of Basin =	**1,853.78**	cf	**13,866**	gal
Peak Flow Design =	**693.31**	gpm	**1.00**	mgd
Contact Chamber Capacity =	***1,853.78***	cf		
Total Peak Flow Design for Contact Basin =	**693**	gpm	**1.00**	mgd

Contact Basin #1 & #2 Expansion				
Inside Surface Area of Single Basin =	216.00	sf		
Total Number of Basins =	2.00			
Depth of Water =	4.00	ft		
Surface Area Baffles =	25.50	sf		
Contact Time (TCEQ = 20min) =	20.00	min		
Total Surface Area Water =	**381.00**	sf		
Volume of Basin =	**1,524.00**	cf	**11,400**	gal
Peak Flow Design for Expansion =	**569.98**	gpm	**0.82**	mgd
Total Contact Chamber Capacity =	***3,377.78***	cf		
Total Peak Flow Design for Contact Basin =	**1,263**	gpm	**1.82**	mgd

Attachment "D"

Population & Flow Projections

City of Corrigan WWTP Major Amendment

TPDES Permit No. 10787-001

YEAR	Corrigan Pop. Projection	Projected Connections	TWDB Population Annual Growth Rate
2020	1,882	425	1.12%
2030	2,103	462	0.79%
2040	2,276	506	0.63%
2050	2,424	551	0.49%
2060	2,545	601	0.38%
2070	2,642	655	

Notes
2020 Population from 2020 US Census Data
Initial Connection Count Assumes 3 people per connection
Average Daily Flow from WWTP Records provided by the City
Peak Flow based on TCEQ standard peaking factor of 4

YEAR	Corrigan Pop. Projections	Projected Connections	Projected Avg. Daily Flow (MGD)	Projected Peak Flows (gpm)
2020	1,882	627	0.300	625
2021	1,903	634	0.303	632
2022	1,924	641	0.307	639
2023	1,946	649	0.310	646
2024	1,967	656	0.314	653
2025	1,989	663	0.317	661
2026	2,012	671	0.321	668
2027	2,034	678	0.324	675
2028	2,057	686	0.328	683
2029	2,080	693	0.332	691
2030	2,103	701	0.335	698
2031	2,120	707	0.338	704
2032	2,136	712	0.341	709
2033	2,153	718	0.343	715
2034	2,170	723	0.346	721
2035	2,188	729	0.349	727
2036	2,205	735	0.352	732
2037	2,223	741	0.354	738
2038	2,240	747	0.357	744
2039	2,258	753	0.360	750
2040	2,276	759	0.363	756
2041	2,290	763	0.365	761
2042	2,305	768	0.367	765
2043	2,319	773	0.370	770
2044	2,334	778	0.372	775
2045	2,349	783	0.374	780
2046	2,364	788	0.377	785
2047	2,379	793	0.379	790
2048	2,394	798	0.382	795
2049	2,409	803	0.384	800
2050	2,424	808	0.386	805
2051	2,436	812	0.388	809
2052	2,448	816	0.390	813
2053	2,459	820	0.392	817
2054	2,471	824	0.394	821
2055	2,483	828	0.396	825
2056	2,496	832	0.398	829
2057	2,508	836	0.400	833
2058	2,520	840	0.402	837
2059	2,532	844	0.404	841
2060	2,545	848	0.406	845
2061	2,554	851	0.407	848
2062	2,564	855	0.409	851
2063	2,573	858	0.410	855
2064	2,583	861	0.412	858
2065	2,593	864	0.413	861
2066	2,603	868	0.415	864
2067	2,612	871	0.416	868
2068	2,622	874	0.418	871
2069	2,632	877	0.420	874
2070	2,642	881	0.421	877

Attachment "E"
City of Corrigan, TX WWTP
TCEQ Minimum Design Requirements

TCEQ Minimum Capacity Based on ADF, Peak Flow, and EXISTING Capacity as % of Required

Year	Future Avg Flow (MGD)	Future Peak Flow (GPM)	Final Clarifier Capacity				Aeration Basin Capacity				Chlorine Contact Capacity	
			Rqrd Capacity Surface Loading	% of Rqrd	Rqrd Capcity Weir Loading	% of Rqrd	Required Capacity Detention Time	% of Rqrd	Required Capacity Organic Loading	% of Rqrd	Rqrd Peak Flow Capacity	% of Rqrd
2020	0.300	625	1,125 SF	99%	11,029 CF	88%	33,422 CF	56%	33,360 CF	56%	1,671 CF	91%
2021	0.303	632	1,138 SF	100%	11,152 CF	89%	33,795 CF	57%	33,732 CF	57%	1,690 CF	92%
2022	0.307	639	1,150 SF	101%	11,276 CF	90%	34,172 CF	58%	34,108 CF	57%	1,709 CF	93%
2023	0.310	646	1,163 SF	103%	11,402 CF	91%	34,554 CF	58%	34,489 CF	58%	1,728 CF	94%
2024	0.314	653	1,176 SF	104%	11,529 CF	92%	34,939 CF	59%	34,874 CF	59%	1,747 CF	95%
2025	0.317	661	1,189 SF	105%	11,658 CF	93%	35,329 CF	60%	35,263 CF	59%	1,766 CF	96%
2026	0.321	668	1,202 SF	106%	11,788 CF	94%	35,723 CF	60%	35,656 CF	60%	1,786 CF	97%
2027	0.324	675	1,216 SF	107%	11,919 CF	96%	36,122 CF	61%	36,054 CF	61%	1,806 CF	99%
2028	0.328	683	1,229 SF	108%	12,052 CF	97%	36,525 CF	62%	36,456 CF	61%	1,826 CF	100%
2029	0.332	691	1,243 SF	110%	12,187 CF	98%	36,932 CF	62%	36,863 CF	62%	1,847 CF	101%
2030	0.335	698	1,257 SF	111%	12,323 CF	99%	37,344 CF	63%	37,274 CF	63%	1,867 CF	102%
2031	0.338	704	1,267 SF	112%	12,421 CF	100%	37,641 CF	63%	37,570 CF	63%	1,882 CF	103%
2032	0.341	709	1,277 SF	113%	12,519 CF	100%	37,940 CF	64%	37,869 CF	64%	1,897 CF	104%
2033	0.343	715	1,287 SF	114%	12,619 CF	101%	38,241 CF	64%	38,170 CF	64%	1,912 CF	104%
2034	0.346	721	1,297 SF	114%	12,719 CF	102%	38,545 CF	65%	38,473 CF	65%	1,927 CF	105%
2035	0.349	727	1,308 SF	115%	12,820 CF	103%	38,852 CF	65%	38,779 CF	65%	1,943 CF	106%
2036	0.352	732	1,318 SF	116%	12,922 CF	104%	39,160 CF	66%	39,087 CF	66%	1,958 CF	107%
2037	0.354	738	1,329 SF	117%	13,025 CF	104%	39,471 CF	66%	39,398 CF	66%	1,974 CF	108%
2038	0.357	744	1,339 SF	118%	13,128 CF	105%	39,785 CF	67%	39,711 CF	67%	1,989 CF	109%
2039	0.360	750	1,350 SF	119%	13,232 CF	106%	40,101 CF	68%	40,026 CF	67%	2,005 CF	109%
2040	0.363	756	1,361 SF	120%	13,338 CF	107%	40,420 CF	68%	40,344 CF	68%	2,021 CF	110%
2041	0.365	761	1,369 SF	121%	13,422 CF	108%	40,675 CF	69%	40,599 CF	68%	2,034 CF	111%
2042	0.367	765	1,378 SF	121%	13,507 CF	108%	40,932 CF	69%	40,855 CF	69%	2,047 CF	112%
2043	0.370	770	1,386 SF	122%	13,592 CF	109%	41,190 CF	69%	41,113 CF	69%	2,060 CF	112%
2044	0.372	775	1,395 SF	123%	13,678 CF	110%	41,450 CF	70%	41,373 CF	70%	2,073 CF	113%
2045	0.374	780	1,404 SF	124%	13,764 CF	110%	41,712 CF	70%	41,634 CF	70%	2,086 CF	114%
2046	0.377	785	1,413 SF	125%	13,851 CF	111%	41,975 CF	71%	41,897 CF	71%	2,099 CF	115%
2047	0.379	790	1,422 SF	125%	13,938 CF	112%	42,240 CF	71%	42,161 CF	71%	2,112 CF	115%
2048	0.382	795	1,431 SF	126%	14,026 CF	112%	42,507 CF	72%	42,428 CF	71%	2,125 CF	116%
2049	0.384	800	1,440 SF	127%	14,115 CF	113%	42,775 CF	72%	42,695 CF	72%	2,139 CF	117%
2050	0.386	805	1,449 SF	128%	14,204 CF	114%	43,045 CF	73%	42,965 CF	72%	2,152 CF	117%

Existing WWTP Capacities	
Single Clarifier Surface Area =	**1,134 SF**
Single Clarifier Volume =	**12,475 CF**
Aeration Basin Capacity =	**59,359 CF**
Chlorine Contact Effective Capacity =	**1,832 CF**

Nearing Capacity, Begin Design (75%)

At Capacity, Must Act Immediately (90%)

Attachment "I"

Solids Management Plan

City of Corrigan WWTP Major Amendment

TPDES Permit No. 10787-001

Influent Design Flow = 0.6 mgd

Influent BOD Concentration = 138 mg/L

Aerobic Digester Volume: 38,896 gallons

Aeration Basin MLSS: 2,000 to 3,000 mg/L

Table (1) – Sludge Production

Solids Generated	100% flow	75% flow	50% flow	25% flow
Pounds Influent BOD_5	691	519	346	173
Pounds of digested dry sludge produced*	290	218	145	72.5
Pounds of wet sludge produced	28,900	21,675	14,450	7,225
Gallons of wet sludge produced	3,465	2,599	1,733	867

***Assuming 0.45 pounds of digested dry sludge produced per pound of influent BOD_5 at average temperatures and 1.0% solids concentration in the digester**.

Sludge will be wasted from the secondary clarifiers to the aerobic digester. Sludge solids will be stabilized in the digester; supernatant will be decanted from the digester and returned to the facility headworks for treatment. Wasted sludge will be pumped from the digester into the drying beds to drain.

Table (2) – Sludge Removal Schedule

Removal Schedule (days)	100% flow	75% flow	50% flow	25% flow
Days between Sludge Removal	17	21	25	29

Digested sludge will be removed from the drying beds at regular intervals. It's worth noting that the removal schedule above is theoretical, provided as a guide only. It's worth noting that the calculations for the sludge volume accumulated in the drying beds does not account for the water which will drain/evaporate from the sludge. In reality, this water loss will drastically decrease (depending on weather and time of year) the volume of sludge in the beds, allowing for longer periods between sludge removal. The digested sludge will be transported by registered hauler, The City of Corrigan, Registration # 22307 to Angelina County Landfill, Permit No. 2105 in Angelina County.

Attachment “J”

Water Balance

City of Corrigan WWTP Major Amendment

TPDES Permit No. 10787-001

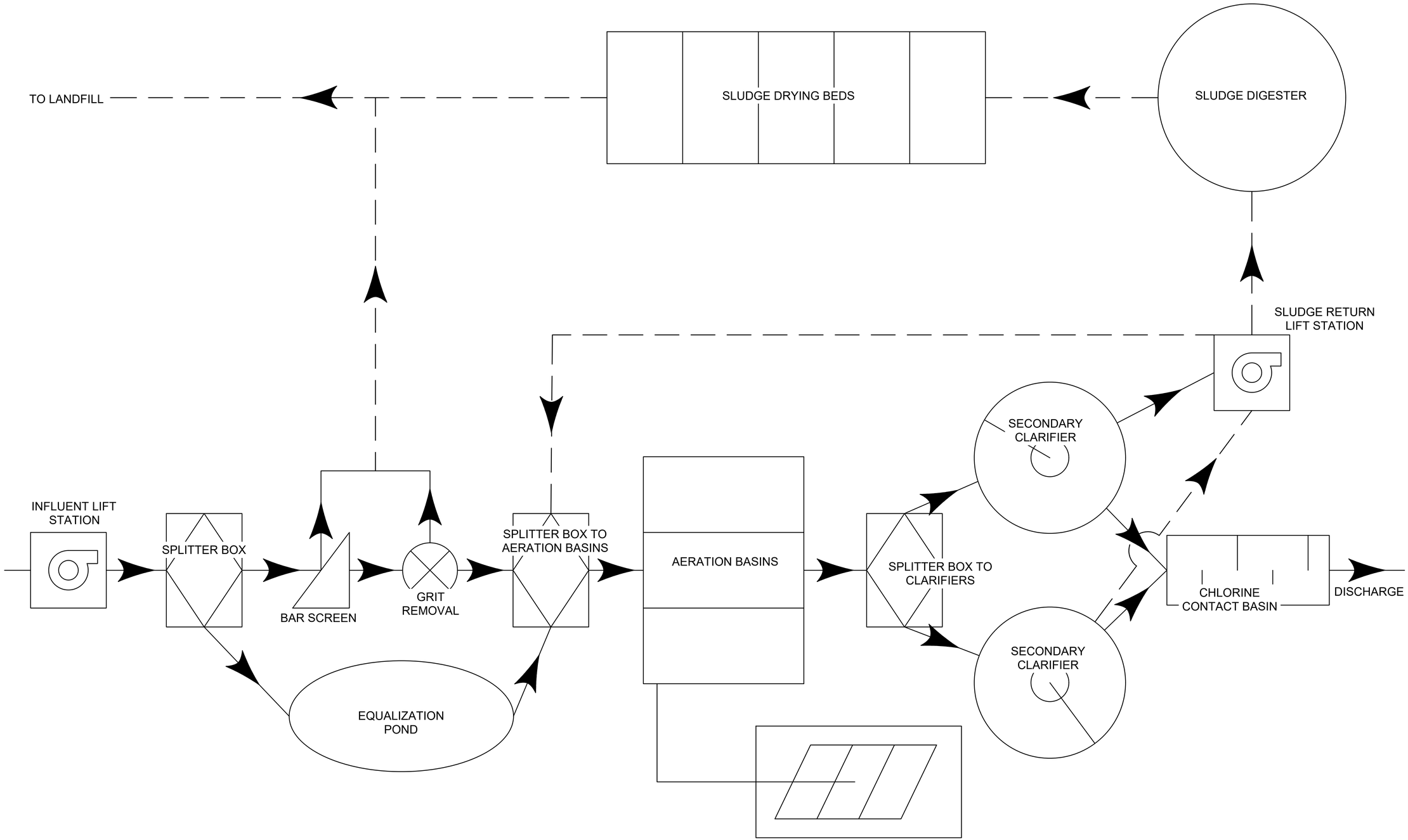
The City of Corrigan WWTP discharges it’s treated effluent into waters of the U.S. (tributary of Dry creek thence to Dry creek…) The WWTP does not use any of the methods listed in Worksheet 3.1 and does not require any storage or equipment in it’s discharge. Therefore, Water Balance calculations are not applicable or required.

Attachment “B”

Plant Flow Diagram

City of Corrigan WWTP Major Amendment

TPDES Permit No. 10787-001



SCHAUMBURG & POLK, INC.
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320 S. Broadway Ave., SUITE 200
Tyler, TX 75702
903.595.3913
Firm Registration No. F-520

PRELIMINARY DOCUMENT FOR REVIEW ONLY

THESE DOCUMENTS ARE FOR DESIGN REVIEW AND NOT INTENDED FOR CONSTRUCTION, BIDDING, OR PERMIT PURPOSES. THEY WERE PREPARED BY, OR UNDER THE SUPERVISION OF:

TRAVIS REED
P.E. # 115983

CITY OF CORRIGAN, TX

TWDB CWRSF PROJECT NO. 73919 WASTEWATER SYSTEM IMPROVEMENTS

FLOW DIAGRAM

REVISIONS:

PLANS ARE FORMATTED FOR 22"X34" PLAN SHEETS. IF PRINTED ON 11"X17" SHEETS THE SCALES ARE 'HALF' THE SIZE NOTED.

BEFORE YOU DIG Texas811.com

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T. SMITH

REVIEWED BY:
T. REED

PROJECT NO:
944101.00

SHEET NO:

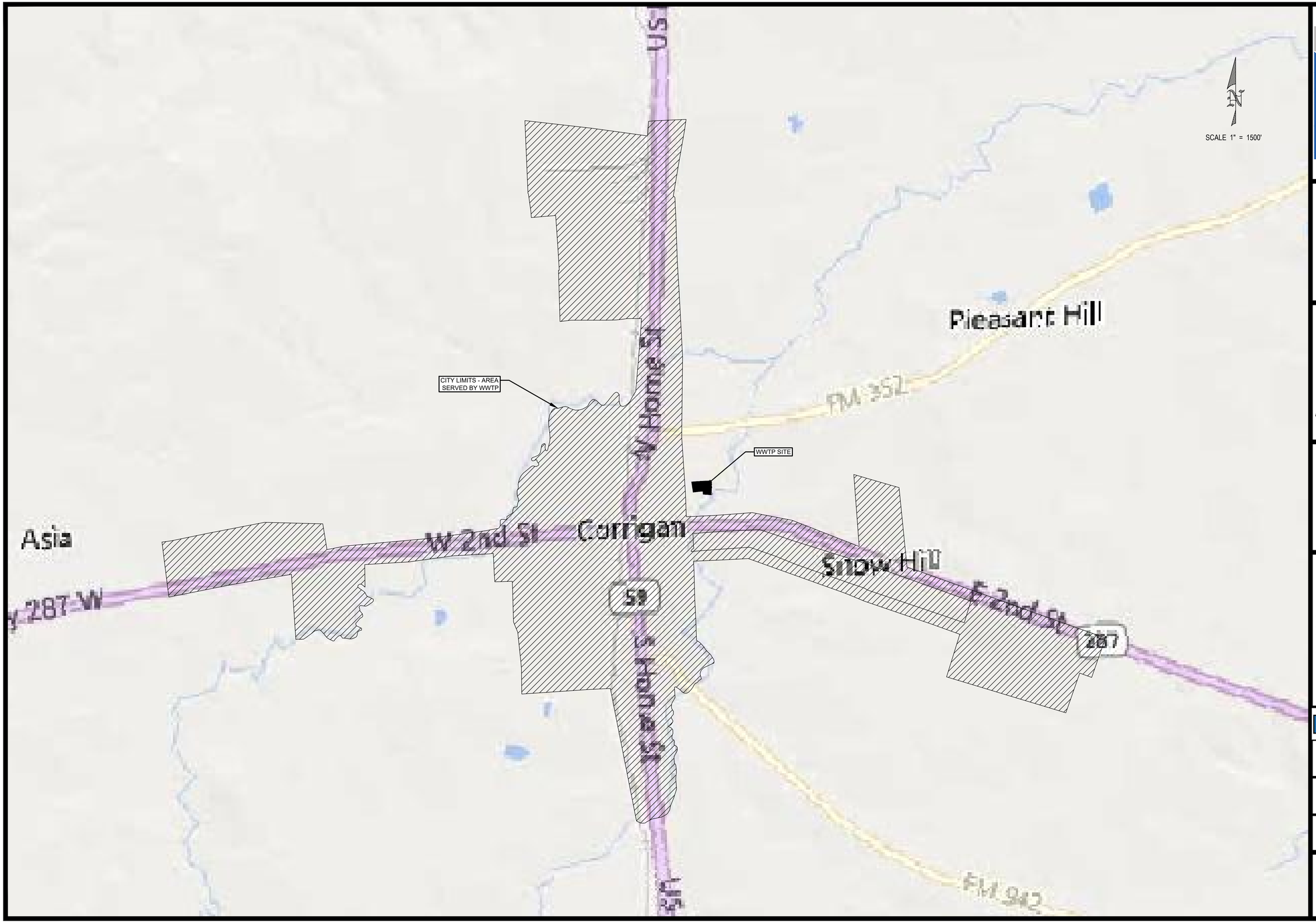
FILENAME: X:\CLIENTS\CORRIGAN – CITY OF\944101.00 – CORRIGAN TWDB WWTP IMPROVEMENTS\CAD\PLANS\06-HYDRAULIC PROFILE.DWG PLOT DATE: 7/24/2025 2:03 PM

Attachment “C”

Site Drawing

City of Corrigan WWTP Major Amendment

TPDES Permit No. 10787-001



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Firm Registration No. F-520

CITY OF CORRIGAN, TX

TWDB CWRSF PROJECT NO. 73919 WASTEWATER SYSTEM IMPROVEMENTS

SITE DRAWING

REVISIONS:

PLANS ARE FORMATTED FOR 22"X34" PLAN SHEETS. IF PRINTED ON 11"X17" SHEETS THE SCALES ARE HALF THE SIZE NOTED.

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T. SMITH

REVIEWED BY:
T. REED

PROJECT NO:
944101.00

SHEET NO:

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SCHAUMBURG & POLK, INC
ENGINEERING A BETTER FUTURE

November 13, 2025

Rachel Ellis
Applications Review and Processing Team (MC148)
Water Quality Division
Texas Commission of Environmental Quality
P.O. Box 13087
Austin, Texas 78711-3087

Re: Administrative Review N.O.D.
TPDES Permit No.: WQ0015057001
Applicant Name: City of Corrigan (CN600653109)
Site Name: City of Corrigan WWTP (RN101918464)
Type of Application: Major amendment (without renewal)

Ms. Ellis:

Enclosed with this letter is Schaumburg & Polk's (SPI) response to the Texas Commission on Environmental Quality's (TCEQ's) Notice of Deficiency letter received on November 3, 2025 in regards to the application for a Major Amendment to the City of Corrigan TPDES discharge permit No. WQ0015057001. Please see below for SPI's response to each of the questions raised by TCEQ in the N.O.D. letter.

1. The Plain Language Summary (PLS) Template has been updated to match both the application and the permit. See Attached
2. The Landowner Labels mailing list has been updated with the correct format. See attached.
3. A hard copy of the permit application has been mailed to TCEQ.
4. No errors or omissions found.

For any comments, concerns, or further questions regarding this letter, please contact me (Tyler Smith) at tsmith@spi-eng.com.

Sincerely,
Schaumburg & Polk, Inc.

Tyler Smith
Staff Engineer

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.

The City of Corrigan (CN600653109) operates the Domestic Wastewater Treatment System (RN101918464), a plant operating in complete-mix, extended aeration mode . The facility is located at approximately 0.25 miles east of the intersection of U.S. Highway 59 and East Ben Franklin Street, in Corrigan, Polk County, Texas 75939. This application is for a major amendment to the permit to increase the Average Daily Flow to .6 MGD via the existing outfall, as well as change the treatment process to a complete mix, conventional aeration system.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($CBOD_5$), total suspended solids (TSS), ammonia nitrogen (NH_3-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent. Domestic wastewater will be treated by an activated sludge process plant with treatment units including grease trap, bar screen, grit

chamber, aeration basins, final clarifiers, sludge digesters, chlorine contact chambers and a dechlorination chamber. .

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PAGE L A & BARBARA
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P O BOX 187
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HALL ROBERT L
1289 FM 352
CORRIGAN TX 75939-0000

HALL LOY
1289 FM 352
CORRIGAN TX 75939-0000