



Administrative Package Cover Page

This file contains the following documents:

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



Portada de Paquete Administrativo

Este archivo contiene los siguientes documentos:

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

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

Judson Independent School District (CN601037567) operates the Veteran's Memorial High School Wastewater Treatment Plant (RN106851983), the plant is a activated sludge plant operating in extended aeration mode. The facility will be located at 7618 East Evans Road, San Antonio in Bexar County Texas 78266.

This application is for a renewal to dispose of a daily average flow not to exceed 20,000 gallons per day of treated domestic wastewater via outfall 001.

Discharges from the facility are expected to contain seven-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), ammonia nitrogen (NH₃-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater is treated by an Existing Phase I: The plant operates as an activated sludge wastewater treatment process to treat the wastewater prior to release into a stream. Treatment Plant discharges the effluent to a bar screen, EQ basin, aeration basin, digester, clarifier, chlorine contact chamber, and disk filter. The treated effluent is then piped to the discharge point (swale) south of the treatment plant.

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

El Distrito Escolar Independiente de Judson (CN601037567) opera la Planta de Tratamiento de Aguas Residuales (RN106851983) de la Escuela Secundaria Veteran's Memorial, la planta es una planta de lodos activados que opera en modo de aireación extendida. La instalación estará ubicada en 7618 East Evans Road, San Antonio en el condado de Bexar, Texas 78266.

Esta solicitud es para una renovación para disponer de un flujo promedio diario que no exceda los 20,000 galones por día de aguas residuales domésticas tratadas a través del desagüe 001.

Se espera que las descargas de la instalación contengan una demanda bioquímica carbonosa de oxígeno (CBOD5) de siete días, sólidos suspendidos totales (TSS), nitrógeno amoniacal (NH3-N) y Escherichia coli. En la sección 7 del Informe Técnico Doméstico 1.0 se incluyen contaminantes potenciales adicionales. Análisis de Contaminantes de Efluentes Tratados en el paquete de solicitud de permisos. Las aguas residuales domésticas se tratan mediante una Fase I existente: la planta funciona como un proceso de tratamiento de aguas residuales de lodos activados para tratar las aguas residuales antes de su vertido en un arroyo. La planta de tratamiento descarga el efluente a una criba de barras, una cuenca de ecualización, una cuenca de aireación, un digestor, un clarificador, una cámara de contacto con el cloro y un filtro de disco. A continuación, el efluente tratado se canaliza hasta el punto de descarga (swale) al sur de la planta de tratamiento.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0015141001

APPLICATION. Judson Independent School District, 8012 Shin Oak Drive, Live Oak, Texas 78233, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0015141001 (EPA I.D. No. TX0134775) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 30,000 gallons per day. The domestic wastewater treatment facility is located at 7618 East Evans Road, in the city of San Antonio, in Bexar County, Texas 78266. The discharge route is from the plant site to a constructed channel; thence to a drainage ditch; thence to Mid Cibolo Creek. TCEQ received this application on July 8, 2025. The permit application will be available for viewing and copying at Judson Independent School District, 6808 Woodlake Parkway, Suite A, San Antonio, in Bexar County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage:

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

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-98.340833,29.606388&level=18>

ALTERNATIVE LANGUAGE NOTICE. Alternative language notice in Spanish is available at: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

El aviso de idioma alternativo en español está disponible en

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

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

PUBLIC COMMENT / PUBLIC MEETING. You may submit public comments or request a public meeting on this application. The purpose of a public meeting is to provide the opportunity to submit comments or to ask questions about the application. TCEQ will hold a public meeting if the Executive Director determines that there is a significant degree of public

interest in the application or if requested by a local legislator. A public meeting is not a contested case hearing.

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

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

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

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

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

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

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

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

Further information may also be obtained from Judson Independent School at the address stated above or by calling Mrs. Robin Butcko, Senior Wastewater Consultant, at 713-458-8612.

Issuance Date: July 30, 2025

Comisión de Calidad Ambiental del Estado de Texas



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

PERMISO NO. WQ0015141001

SOLICITUD. Escuela Independiente de Judson, 8012 Shin Oak Drive, Live Oak, Texas 78233, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0015141001 (EPA I.D. No. TX0134775) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 30,000 galones por día. La planta está ubicada 7618 East Evans Road, en la ciudad de San Antonio, en el Condado de Bexar, Texas 78266. La ruta de descarga es del sitio de la planta a desde el sitio de la planta hasta un canal construido; de ahí a una zanja de drenaje; de ahí al arroyo Mid Cibolo. La TCEQ recibió esta solicitud el 8 de julio de 2025. La solicitud para el permiso estará disponible para leerla y copiarla en Judson Independent School District, 6808 Woodlake Parkway, Suite A, San Antonio, in Bexar County, Texas antes de la fecha de publicación de este aviso en el periódico. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web:

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

Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-98.340833,29.606388&level=18>

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

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

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar comentarios públicos o pedir una reunión pública sobre esta solicitud. El propósito de una reunión pública es dar

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

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

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

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

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

LISTA DE CORREO. Si somete comentarios públicos, un pedido para una audiencia

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

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

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

También se puede obtener información adicional del Escuela Independiente Judson a la dirección indicada arriba o llamando a Sra. Robin Butcko al 713-458-8612.

Fecha de emisión: 30 de julio de 2025

Brooke T. Paup, *Chairwoman*
Bobby Janecka, *Commissioner*
Catarina R. Gonzales, *Commissioner*
Kelly Keel, *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

July 8, 2025

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

Dear Applicant:

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

ER Account Number: ER088113
Application Reference Number: 797200
Authorization Number: WQ0015141001
Site Name: Veterans Memorial High School WWTP
Regulated Entity: RN106851983 - Evans Road High School
Customer(s): CN601037567 - Judson Independent School District

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
WQ0015141001

Site Information (Regulated Entity)

What is the name of the site to be authorized?	VETERANS MEMORIAL HIGH SCHOOL WWTP
Does the site have a physical address?	Yes
Physical Address	
Number and Street	7618 E EVANS RD
City	SAN ANTONIO
State	TX
ZIP	78266
County	BEXAR
Latitude (N) (##.#####)	29.606388
Longitude (W) (-###.#####)	-98.340833
Primary SIC Code	
Secondary SIC Code	
Primary NAICS Code	
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN106851983
What is the name of the Regulated Entity (RE)?	EVANS ROAD HIGH SCHOOL
Does the RE site have a physical address?	No
Physical Address	
Because there is no physical address, describe how to locate this site:	LOCATED NW OF THE INTERX OF WAGON RD AND EVAN RD 2500 FT W OF EVANS RD AND 380 FT N OF WAGON ROAD
City	SAN ANTONIO
State	TX
ZIP	78266
County	BEXAR
Latitude (N) (##.#####)	
Longitude (W) (-###.#####)	
Facility NAICS Code	
What is the primary business of this entity?	

Judson -Customer (Applicant) Information (Owner)

How is this applicant associated with this site?	Owner
What is the applicant's Customer Number (CN)?	CN601037567
Type of Customer	Other Government
Full legal name of the applicant:	
Legal Name	Judson Independent School District
Texas SOS Filing Number	
Federal Tax ID	741556846
State Franchise Tax ID	

State Sales Tax ID	
Local Tax ID	
DUNS Number	10542637
Number of Employees	501+
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	Judson Independent School District
Prefix	DR
First	MILTON
Middle	R
Last	FIELDS
Suffix	III
Credentials	
Title	DEPUTY SUPERINTENDENT
Responsible Authority Mailing Address	
Enter new address or copy one from list:	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	8012 SHIN OAK DR
Routing (such as Mail Code, Dept., or Attn:)	
City	LIVE OAK
State	TX
ZIP	78233
Phone (###-###-####)	2109455101
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	MFIELDS@JUDSONISD.ORG

Billing Contact

Responsible contact for receiving billing statements:	
Select the permittee that is responsible for payment of the annual fee.	CN601037567, Judson Independent School District
Organization Name	JUDSON ISD
Prefix	MR
First	Christopher
Middle	
Last	Ramirez
Suffix	
Credentials	
Title	Director of Maintenance
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	8012 SHIN OAK DR
Routing (such as Mail Code, Dept., or Attn:)	
City	LIVE OAK

State	TX
ZIP	78233
Phone (###-###-####)	2109451200
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	CRAMIREZ908@JUDSONISD.ORG

Application Contact

Person TCEQ should contact for questions about this application:

Same as another contact?

Organization Name	PERMITTING SERVICES LLC
Prefix	MS
First	ROBIN
Middle	
Last	BUTCKO
Suffix	
Credentials	PE
Title	SENIOR WASTEWATER CONSULTANT

Enter new address or copy one from list:

Mailing Address

Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	4700 S KIRKWOOD RD APT 513
Routing (such as Mail Code, Dept., or Attn:)	
City	HOUSTON
State	TX
ZIP	77072
Phone (###-###-####)	7134588612
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	ROBIN@PERMITTINGSERVICES.NET

Technical Contact

Person TCEQ should contact for questions about this application:

Same as another contact?

Organization Name	PERMITTING SERVICES LLC
Prefix	MS
First	ROBIN
Middle	
Last	BUTCKO
Suffix	
Credentials	PE
Title	SENIOR WASTEWATER CONSULTANT

Enter new address or copy one from list:

Mailing Address

Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	4700 S KIRKWOOD RD
Routing (such as Mail Code, Dept., or Attn:)	SUITE 513
City	HOUSTON
State	TX
ZIP	77072
Phone (###-###-####)	7134588612
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	ROBIN@PERMITTINGSERVICES.NET

DMR Contact

Person responsible for submitting Discharge Monitoring Report Forms:

Same as another contact?	
Organization Name	JUDSON ISD
Prefix	MR
First	CHRISTOPHER
Middle	
Last	RAMIREZ
Suffix	
Credentials	
Title	DIRECTOR OF MAINTENANCE
Enter new address or copy one from list:	Billing Contact

Mailing Address:

Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	8012 SHIN OAK DR
Routing (such as Mail Code, Dept., or Attn:)	
City	LIVE OAK
State	TX
ZIP	78233
Phone (###-###-####)	2109451200
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	CRAMIREZ908@JUDSONISD.ORG

Section 1# Permit Contact

Permit Contact#: 1

Person TCEQ should contact throughout the permit term.

1) Same as another contact?	Application Contact
2) Organization Name	PERMITTING SERVICES LLC
3) Prefix	MS
4) First	ROBIN
5) Middle	

6) Last	BUTCKO
7) Suffix	
8) Credentials	PE
9) Title	SENIOR WASTEWATER CONSULTANT
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)	4700 S KIRKWOOD RD APT 513
11.2) Routing (such as Mail Code, Dept., or Attn:)	
11.3) City	HOUSTON
11.4) State	TX
11.5) ZIP	77072
12) Phone (###-###-####)	7134588612
13) Extension	
14) Alternate Phone (###-###-####)	
15) Fax (###-###-####)	
16) E-mail	ROBIN@PERMITTINGSERVICES.NET

Owner Information

Owner of Treatment Facility

1) Prefix	
2) First and Last Name	
3) Organization Name	JUDSON INDEPENDENT SCHOOL DISTRICT
4) Mailing Address	8012 SHIN OAK DR
5) City	LIVE OAK
6) State	TX
7) Zip Code	78233
8) Phone (###-###-####)	2109451200
9) Extension	
10) Email	CRAMIREZ908@JUDSONISD.ORG
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	JUDSON INDEPENDENT SCHOOL DISTRICT
15) Mailing Address	8012 SHIN OAK DR
16) City	LIVE OAK
17) State	TX
18) Zip Code	78233
19) Phone (###-###-####)	2109451200
20) Extension	
21) Email	CRAMIREZ@JUDSONISD.ORG
22) Is the landowner the same person as the facility owner or co-applicant?	Yes

General Information Renewal-Amendment

1) Current authorization expiration date:	01/07/2026
2) Current Facility operational status:	Active
3) Is the facility located on or does the treated effluent cross American Indian Land?	No
4) What is the application type that you are seeking?	Renewal without changes
5) Current Authorization type:	Public Domestic Wastewater
5.1) What is the proposed total flow in MGD discharged at the facility?	0.02
5.2) Select the applicable fee	< .05 MGD - Renewal - \$315
6) What is the classification for your authorization?	TPDES
6.1) What is the EPA Identification Number?	TX0134775
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):	SAN ANTONIO
6.5) County where the outfalls are located:	BEXAR
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	MS
2) First and Last Name	ROBIN BUTCKO
3) Credential	
4) Title	SENIOR WASTEWATER CONSULTANT
5) Organization Name	PERMITTING SERVICES LLC
6) Mailing Address	4700 S KIRKWOOD RD
7) Address Line 2	SUITE 513
8) City	HOUSTON
9) State	TX
10) Zip Code	77072
11) Phone (###-###-####)	7134588612
12) Extension	
13) Fax (###-###-####)	
14) Email	ROBIN@PERMITTINGSERVICES.NET

Contact person to be listed in the Notices

15) Prefix	MRS
16) First and Last Name	ROBIN BUTCKO
17) Credential	
18) Title	SENIOR WASTEWATER CONSUTLANT
19) Organization Name	PERMITTING SERVICES LLC
20) Phone (###-###-####)	7134588612
21) Fax (###-###-####)	

22) Email	ROBIN@PERMITTINGSERVICES.NET
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?	Yes
23.1) Are the students who attend either the elementary school or the middle school enrolled in a bilingual education program at that school?	Yes
23.2) Do the students at these schools attend a bilingual education program at another location?	No
23.3) 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
23.4) Which language is required by the bilingual program?	SPANISH

Section 1# Public Viewing Information

County#: 1

1) County	BEXAR
2) Public building name	JUDSON INDEPENDENT SCHOOL DISTRICT
3) Location within the building	FRONT DESK
4) Physical Address of Building	6808 WOODLAKE PKWY., STE. A
5) City	SAN ANTONIO
6) Contact Name	CHRISTOPHER RAMIREZ
7) Phone (###-###-####)	2109451200
8) Extension	
9) Is the location open to the public?	Yes

Plain Language

1) Plain Language	
[File Properties]	
File Name	LANG_Judson English Summary (4-16-25).docx
Hash	01035992E94DEC102E08C0EAC3DEF7DD8306CA8F541F5E2E60C3B14AFD5C1BB5
MIME-Type	application/vnd.openxmlformats-officedocument.wordprocessingml.document
[File Properties]	
File Name	LANG_Judson Spanish Summary (4-16-25).docx
Hash	72737EA37CFED4C77C9A8A8ECB0A36B157768BB8C5D162B11E85180874F933BB
MIME-Type	application/vnd.openxmlformats-officedocument.wordprocessingml.document

Supplemental Permit Information Form

1) Supplemental Permit Information Form (SPIF)	
[File Properties]	
File Name	SPIF_SPIF Form.docx
Hash	F41AEF88E617554D238B08BE5ECD0067028902BA1192F08FE9A476D126CD8FAF
MIME-Type	application/vnd.openxmlformats-officedocument.wordprocessingml.document

Domestic Attachments

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

[File Properties]

File Name	MAP_USGS MAP -- A-3.pdf
Hash	77B9C09DEE2A5696B8C8B588F7275175438CABBC0827C82980C094879E3680B3
MIME-Type	application/pdf

2) I confirm that all required sections of Technical Report 1.0 are complete and will be included in the Technical Attachment. Yes

2.1) I confirm that Worksheet 2.0 (Receiving Waters) is complete and included in the Technical Attachment. Yes

2.2) Are you planning to include Worksheet 2.1 (Stream Physical Characteristics) in the Technical Attachment? No

2.3) Are you planning to include Worksheet 4.0 (Pollutant Analyses Requirements) in the Technical Attachment? No

2.4) Are you planning to include Worksheet 5.0 (Toxicity Testing Requirements) in the Technical Attachment? No

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

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

2.7) Technical Attachment

[File Properties]

File Name	TECH_Scan Tech. Report (4-12-25).pdf
Hash	EEB94C59828DC3C9ACFE3F43860CBCB1D6471C367317BDE74BF270265D32D9FC
MIME-Type	application/pdf

3) Buffer Zone Map

4) Flow Diagram

[File Properties]

File Name	FLDIA_FLOW DIAGRAM -- T-1.pdf
Hash	7479224BF1655BE342301ED178598E2E1A43E2FF24F251061890315E3C965744
MIME-Type	application/pdf

5) Site Drawing

[File Properties]

File Name	SITEDR_SITE MAP -- T-2.pdf
Hash	DC48887F65704DAB4DCC4C3CC6339A82132FCD84214018A7C8E61802E2360BE9
MIME-Type	application/pdf

6) Design Calculations

[File Properties]

File Name	DES_CAL_Scan Admin. Report (4-10-25).pdf
Hash	87DBCBA529947050CCBFD66580A72057BBEAB1EEFCD03CB660EFCCCCD9783F27
MIME-Type	application/pdf

7) Solids Management Plan

8) Water Balance

9) Other Attachments

[File Properties]

File Name	OTHER_SPIF MAP -- A-4.pdf
Hash	A8DAA03F27ABE84208D9B0F46D6C76F14E0FB2D0653CE3D88A807B7E6D16D2FC
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 Robin L Butcko, the owner of the STEERS account ER088113.
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 WQ0015141001.
9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

OWNER Signature: Robin L Butcko OWNER	
Customer Number:	CN601037567
Legal Name:	Judson Independent School District
Account Number:	ER088113
Signature IP Address:	73.206.78.33
Signature Date:	2025-06-30
Signature Hash:	8A711E48704DF20C112ECDC18FBF0BA6F269DC43BD0341B766BD0A58E17F57AC
Form Hash Code at time of Signature:	B1B2764B306C7A03C85A133FB698D59CE4325939E6EECE30E66C8CD3DFCDB225

Fee Payment

Fee Amount:	\$300.00
Check Date:	The application fee was paid on 2025-06-18
Check Number:	The check number is 1000019995

Submission

Reference Number:	The application reference number is 797200
Submitted by:	The application was submitted by ER088113/Robin L Butcko
Submitted Timestamp:	The application was submitted on 2025-07-08 at 10:45:18 CDT
Submitted From:	The application was submitted from IP address 73.206.78.33
Confirmation Number:	The confirmation number is 663287

Steers Version:

The STEERS version is 6.92

Permit Number:

The permit number is WQ0015141001

Additional Information

Application Creator: This account was created by Robin L Butcko



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Judson ISD

PERMIT NUMBER (If new, leave blank): WQ0015141001

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

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

For TCEQ Use Only

Segment Number _____ County _____
Expiration Date _____ Region _____
Permit Number _____



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00 ☐

Payment Information:

Mailed Check/Money Order Number:

Check/Money Order Amount:

Name Printed on Check:

EPAY Voucher Number:

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

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

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

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

- ☒ Active
- ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

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

f. **For existing permits:**

Permit Number: WQ00 15141001

EPA I.D. (TPDES only): TX 0134775

Expiration Date: December 29, 2025

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

Judson Independent School District

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

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

CN: 601037567

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

Prefix: Mr.

Last Name, First Name: Ramirez, Christopher

Title: Director of Maintenance

Credential: Click to enter text.

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

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

Click to enter text.

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

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

CN: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

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

C. Core Data Form

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

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: Mrs.

Last Name, First Name: Butcko, Robin

Title: Senior Wastewater Consultant Credential: BBA

Organization Name: Permitting Services, LLC

Mailing Address: 4700 S. Kirkwood Road, Suite 513 City, State, Zip Code: Houston, TX 77072

Phone No.: 713-458-8612

E-mail Address: robin@permitting-services.net

Check one or both: ☒ Administrative Contact ☐ Technical Contact

B. Prefix: Mr.

Last Name, First Name: Ramirez, Christopher

Title: Director of Maintenance

Credential: Click to enter text.

Organization Name: Judson ISD

Mailing Address: 8012 Shin Oak Dr.

City, State, Zip Code: Live Oak, TX 78233-2413

Phone No.: 210-945-1200

E-mail Address: cramirez908@judsonisd.org

Check one or both: ☒ Administrative Contact ☒ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Mr.

Last Name, First Name: Ramirez, Christopher

Title: Director of Maintenance

Credential: Click to enter text.

Organization Name: Judson ISD

Mailing Address: 8012 Shin Oak Dr

City, State, Zip Code: Live Oak, TX 78233

Phone No.: 210-945-1200

E-mail Address: cramirez908@judsonisd.org

B. Prefix: Mrs. Last Name, First Name: Butcko, Robin
Title: Senior Wastewater Consultant Credential: BBA
Organization Name: Permitting Services, LLC
Mailing Address: 4700 S. Kirkwood Rd., Ste. 513 City, State, Zip Code: Houston, TX 77072
Phone No.: 713-458-8612 E-mail Address: robin@permittingservices.net

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mr. Last Name, First Name: Ramirez, Christopher
Title: Director of Maintenance Credential: Click to enter text.
Organization Name: Judson ISD
Mailing Address: 8012 Shin Oak Dr. City, State, Zip Code: Live Oak, TX 78233
Phone No.: 210-945-1200 E-mail Address: cramirez908@judsonisd.org

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

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

Prefix: Mr. Last Name, First Name: Gullett, Greg
Title: Member Credential: Click to enter text.
Organization Name: Wastewater Operations LLC dba Waste Water Solutions
Mailing Address: 9217 Hwy 290 West, Ste. 100 City, State, Zip Code: Austin, TX 78736
Phone No.: 512-707-7027 E-mail Address: greg@wastewater-solutions.net

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mrs. Last Name, First Name: Butcko, Robin
Title: Senior Wastewater Consultant Credential: BBA
Organization Name: Permitting Services, LLC
Mailing Address: 4700 S. Kirkwood Rd., Ste. 513 City, State, Zip Code: Houston, TX 77072
Phone No.: 713-458-8612 E-mail Address: robin@permittingservices.net

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: Ramirez, Christopher
Title: Director of Maintenance Credential: Click to enter text.
Organization Name: Judson ISD
Mailing Address: 8012 Shin Oak Dr City, State, Zip Code: Live Oak, TX 78233
Phone No.: 210-945-1200 E-mail Address: cramirez908@judsonisd.org

D. Public Viewing Information

If the facility or outfall is located in more than one county, a public viewing place for each county must be provided.

Public building name: Judson ISD
Location within the building: Front Desk
Physical Address of Building: 6808 Woodlake Pkwy., Ste. A
City: San Antonio County: Bexar
Contact (Last Name, First Name): Ramirez, Christopher
Phone No.: 210-945-1200 Ext.: Click to enter text.

E. Bilingual Notice Requirements

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

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

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

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

☒ Yes ☐ No

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

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

☒ Yes ☐ No

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

F. Summary of Application in Plain Language Template

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

Attachment: A-2

G. Public Involvement Plan Form

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

Attachment: N/A

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 106851983

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):

Veterans Memorial High School

C. Owner of treatment facility: Judson ISD

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

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

Prefix: Click to enter text. Last Name, First Name: Click to enter text.

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

Organization Name: Judson ISD

Mailing Address: 6808 Woodlake Parkway, Ste A City, State, Zip Code: San Antonio, TX 78244

Phone No.: 210-945-1200 E-mail Address: cramirez908@judsonisd.org

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:

Click to enter text.

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

☒

Yes

☐

No

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

Click to enter text.

City nearest the outfall(s): San Antonio

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

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

☐

Yes

☒

No

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

- ☐ Authorization granted ☐ Authorization pending

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

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

- D. For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: [Click to enter text.](#)

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☐ No

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

[Click to enter text.](#)

- B. City nearest the disposal site: [Click to enter text.](#)

- C. County in which the disposal site is located: [Click to enter text.](#)

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

[Click to enter text.](#)

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

[Click to enter text.](#)

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

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

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

E. Do you owe any penalties to the TCEQ?

☐ Yes ☐ No

If yes, please provide the following information:

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

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

Section 13. Attachments (Instructions Page 33)

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

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

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0015141001

Applicant: Judson ISD

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): Christopher Ramirez

Signatory title: Director of Maintenance

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

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: A-4

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: WQ0015141001**

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: Judson ISD
5. APPLICATION INFORMATION

Name of Project or Site: Veterans Memorial High School WWTP

Physical Address of Project or Site: 7618 E Evans Rd., San Antonio, TX 78244

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

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

Judson Independent School District (CN601037567) operates the Veteran's Memorial High School Wastewater Treatment Plant (RN106851983), the plant is a activated sludge plant operating in extended aeration mode. The facility will be located at 7618 East Evans Road, San Antonio in Bexar County Texas 78266.

This application is for a renewal to dispose of a daily average flow not to exceed 20,000 gallons per day of treated domestic wastewater via outfall 001.

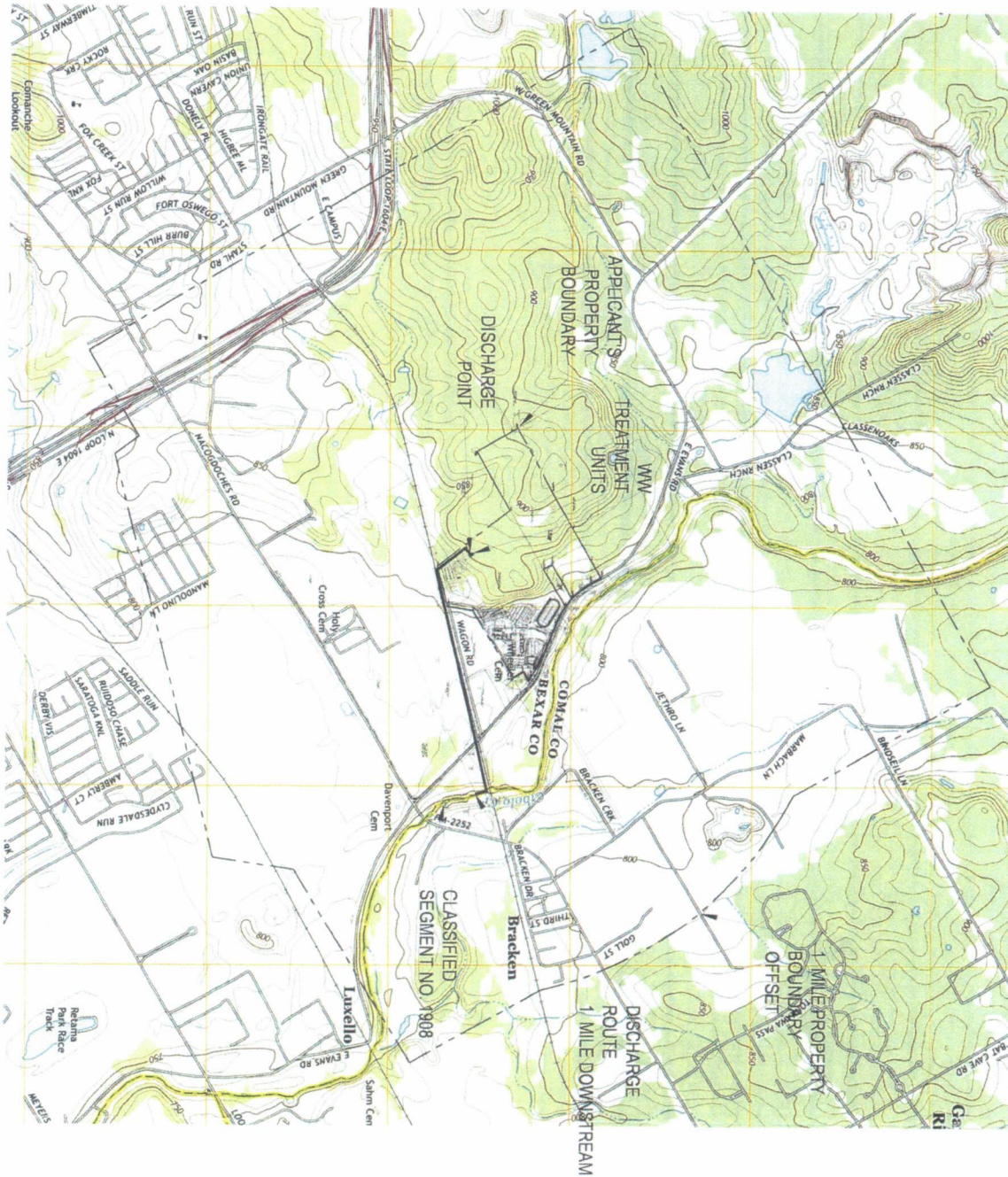
Discharges from the facility are expected to contain seven-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), ammonia nitrogen (NH₃-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater is treated by an Existing Phase I: The plant operates as an activated sludge wastewater treatment process to treat the wastewater prior to release into a stream. Treatment Plant discharges the effluent to a bar screen, EQ basin, aeration basin, digester, clarifier, chlorine contact chamber, and disk filter. The treated effluent is then piped to the discharge point (swale) south of the treatment plant.

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

El Distrito Escolar Independiente de Judson (CN601037567) opera la Planta de Tratamiento de Aguas Residuales (RN106851983) de la Escuela Secundaria Veteran's Memorial, la planta es una planta de lodos activados que opera en modo de aireación extendida. La instalación estará ubicada en 7618 East Evans Road, San Antonio en el condado de Bexar, Texas 78266.

Esta solicitud es para una renovación para disponer de un flujo promedio diario que no exceda los 20,000 galones por día de aguas residuales domésticas tratadas a través del desagüe 001.

Se espera que las descargas de la instalación contengan una demanda bioquímica carbonosa de oxígeno (CBOD5) de siete días, sólidos suspendidos totales (TSS), nitrógeno amoniacal (NH3-N) y Escherichia coli. En la sección 7 del Informe Técnico Doméstico 1.0 se incluyen contaminantes potenciales adicionales. Análisis de Contaminantes de Efluentes Tratados en el paquete de solicitud de permisos. Las aguas residuales domésticas se tratan mediante una Fase I existente: la planta funciona como un proceso de tratamiento de aguas residuales de lodos activados para tratar las aguas residuales antes de su vertido en un arroyo. La planta de tratamiento descarga el efluente a una criba de barras, una cuenca de ecualización, una cuenca de aireación, un digestor, un clarificador, una cámara de contacto con el cloro y un filtro de disco. A continuación, el efluente tratado se canaliza hasta el punto de descarga (swale) al sur de la planta de tratamiento.



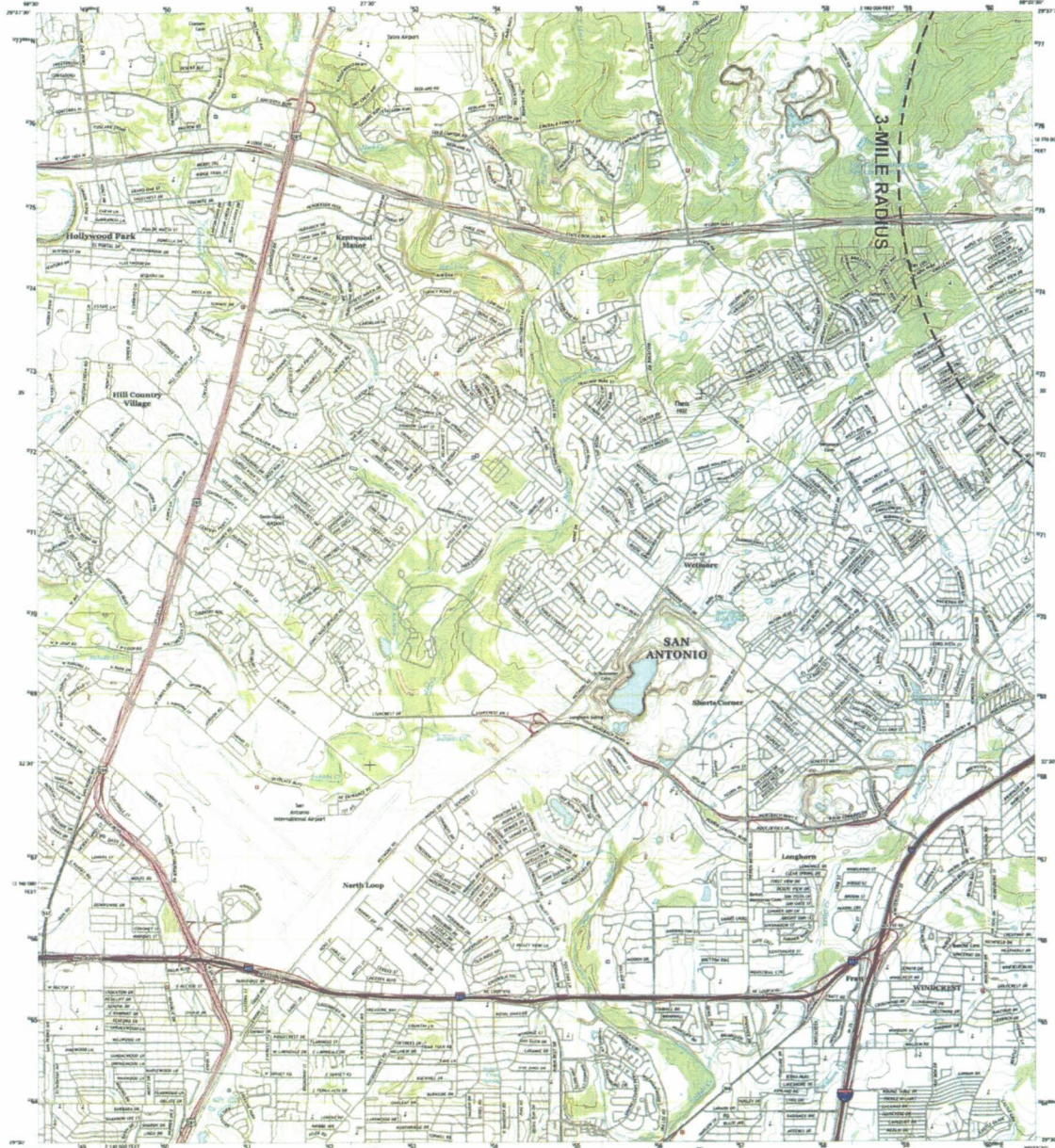




U.S. DEPARTMENT OF THE INTERIOR
U.S. GEOLOGICAL SURVEY



LONGHORN QUADRANGLE
TEXAS-REXAR CO.
7.5-MINUTE SERIES



Produced by the United States Geological Survey
This is a derivative product of the USGS
Topographic Map Series (7.5-minute series)
and is not a USGS product.

Map: 7.5-MINUTE
Scale: 1:24,000
Projection: UTM
Datum: NAD 83
Zone: 16N
Units: Feet
Contour Interval: 10 Feet
Vertical Datum: NAVD 83
Horizontal Datum: NAD 83
Map Date: 1997
Map Revision: 1

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Units: Feet
Contour Interval: 10 Feet
Vertical Datum: NAVD 83
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Map Date: 1997
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CONTOUR INTERVAL: 10 FEET
VERTICAL DATUM: NAVD 83
HORIZONTAL DATUM: NAD 83
Map Date: 1997
Map Revision: 1

Feature	Symbol
Interstate	Thick red line
State Road	Thin red line
County Road	Thin black line
Water	Blue area
Vegetation	Green area
Urban	Black area
Topography	Brown lines

ROAD CLASSIFICATION
Interstate
State Road
County Road
Water
Vegetation
Urban
Topography

LONGHORN, TX
2013



wdengineering
engineered information solutions
P.O. Box 1000
Austin, TX 78766
512.452.1000
www.wdengineering.com

512.7.100.100, Box 110
Austin, Texas 78734
512.7.100.111

JUDSON I.S.D. TPDES PERMIT RENEWAL
VETERAN'S MEMORIAL HIGH SCHOOL
WQ0015141001 ATTACHMENT 1, CONT'D
USGS MAP - LONGHORN QUADRANGLE
SAN ANTONIO, TEXAS

SCALE: 1" = 2,000'

Austin CAD Services
5015 Bee Grove Rd - Suite 101, Austin, TX 78756
512.452.1000
www.austincad.com



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



BULVERDE QUADRANGLE
TEXAS
7.5-MINUTE SERIES



Produced by the United States Geological Survey
for the National Map Accuracy Act of 1966 (50 USC 1502)

Horizontal Accuracy: ± 16.7 feet (5.1 m)
Vertical Accuracy: ± 16.7 feet (5.1 m)

Map Date: 1997
Map Scale: 1:24,000

Map Projection: UTM
Map Datum: NAD 83

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SCALE 1:24,000

Horizontal Accuracy: ± 16.7 feet (5.1 m)
Vertical Accuracy: ± 16.7 feet (5.1 m)

Map Date: 1997
Map Scale: 1:24,000

Map Projection: UTM
Map Datum: NAD 83

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ROAD CLASSIFICATION

Interstate Route, State Route, County Road, City Street, Private Road

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Interstate Route, State Route, County Road, City Street, Private Road

Interstate Route, State Route, County Road, City Street, Private Road

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Interstate Route, State Route, County Road, City Street, Private Road

Interstate Route, State Route, County Road, City Street, Private Road

BULVERDE, TX
2013



wengineering, Inc.

3017 May 200, W. 34 110
Austin, Texas 78704
(512) 388-0111
© 2000

JUDSON I.S.D. TPDES PERMIT RENEWAL
VETERAN'S MEMORIAL HIGH SCHOOL
VQ0015141001 ATTACHMENT 1
USGS MAP - BULVERDE QUADRANGLE
SAN ANTONIO, TEXAS

SCALE: 1" = 2,000'

Austin CAD Services
3001 W. 34th St., Suite 100
Austin, TX 78741
(512) 388-0111



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



BAT CAVE QUADRANGLE
TEXAS
7.5-MINUTE SERIES



Produced by the United States Geological Survey
Map to American Standard of 1983 (ANSI)
1:250,000 Scale Series of 1983 (ANSI) - Progression and
1:50,000 Scale Series of 1983 (ANSI) - Progression and
1:25,000 Scale Series of 1983 (ANSI) - Progression and
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Map of the United States Geological Survey
Map of the United States Geological Survey
Map of the United States Geological Survey
Map of the United States Geological Survey



UTM ZONE 14N
NAD 83 DATUM
UTM COORDINATES
UTM COORDINATES



ROAD CLASSIFICATION
Interstate Road
U.S. Route
State Road
County Road
Local Road
Other Road

BAT CAVE, TX
2013



1217 Hwy 290 W., Box 110
Austin, Texas 78778
(512) 288-1111

JUDSON I.S.D. TPDES PERMIT RENEWAL
VETERAN'S MEMORIAL HIGH SCHOOL
WQ0015141001 ATTACHMENT 1
USGS MAP - BAT CAVE QUADRANGLE
SAN ANTONIO, TEXAS

SCALE: 1" = 2,000'
Austin CAD Services
3102 13th Street, Austin, TX 78701
(512) 391-1313

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: Judson ISD

Permit No. WQ00 15141001

EPA ID No. TX 0134775

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

7618 East Evans Road, San Antonio in Bexar County Texas 78266

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: Christopher Ramirez

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

Title: Director of Maintenance

Mailing Address: 8012 Shin Oak Drive

City, State, Zip Code: Live Oak, TX 78233-2413

Phone No.: 210-945-1200 Ext.:

Fax No.:

E-mail Address: cramirez908@judsonisd.org

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

Effluent discharge pipe to a constructed channel, thence to a drainage ditch, thence to Mid Cibolo Creek in Segment No. 1013 of the San Antonio River Basin.

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

N/A

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

N/A

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

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

N/A

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

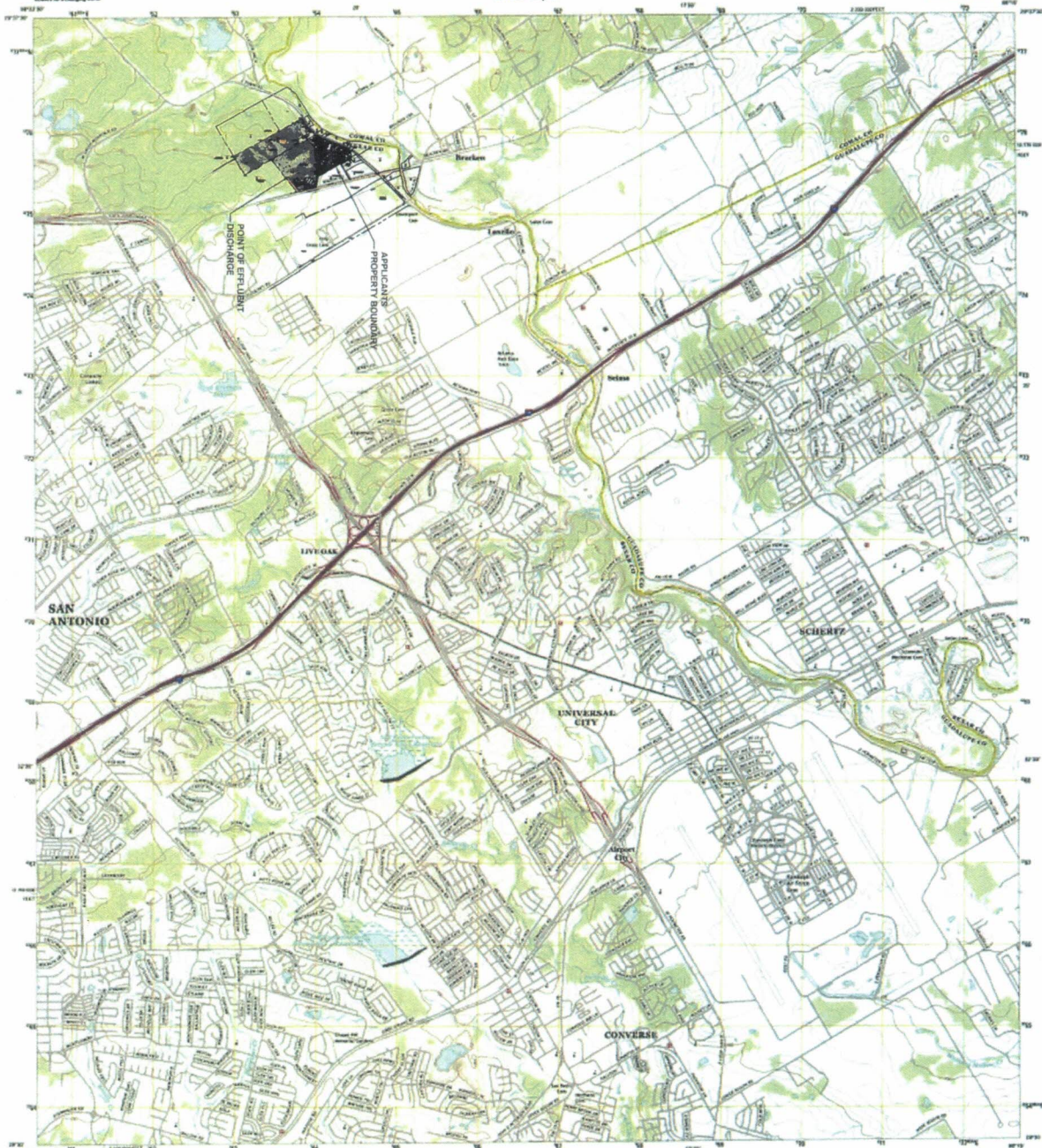
N/A



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



SCHERTZ QUADRANGLE
TEXAS
7.5-MINUTE SERIES



Produced by the United States Geological Survey
Map Date: 1982
Scale: 1:25,000
Projection: UTM
Datum: NAD 83
Units: Feet
Contour Interval: 20 Feet
Spot Elevation Interval: 10 Feet
Base Map: 7.5-Minute Series
Base Map Date: 1982
Base Map Scale: 1:25,000
Base Map Projection: UTM
Base Map Datum: NAD 83
Base Map Units: Feet
Base Map Contour Interval: 20 Feet
Base Map Spot Elevation Interval: 10 Feet



UNIVERSAL CITY, TEXAS

Map of Universal City, Texas, showing the location of the map area within the county.

Map of Universal City, Texas, showing the location of the map area within the county.

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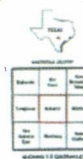
Map of Universal City, Texas, showing the location of the map area within the county.

Map of Universal City, Texas, showing the location of the map area within the county.

Map of Universal City, Texas, showing the location of the map area within the county.

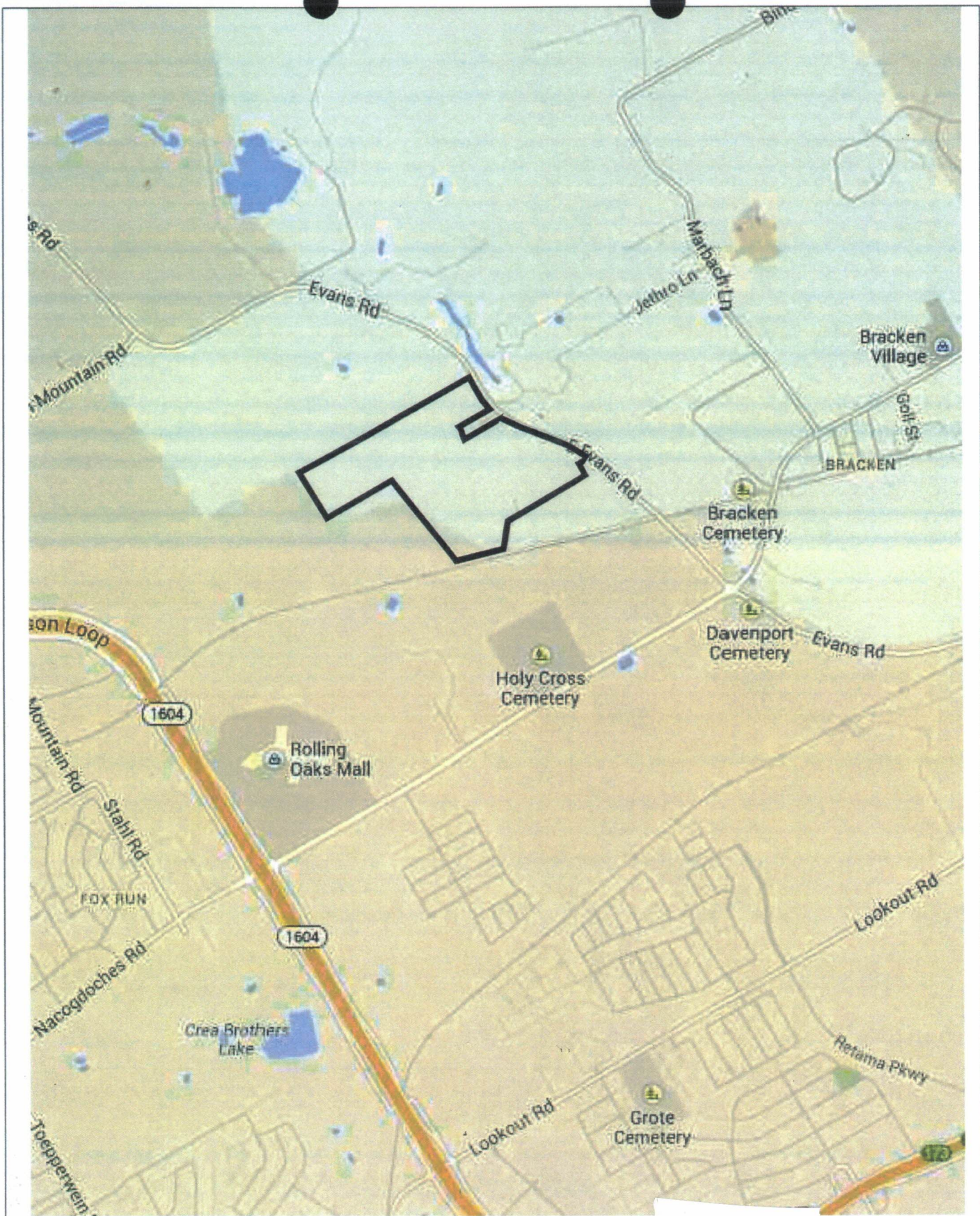
Map of Universal City, Texas, showing the location of the map area within the county.

Map of Universal City, Texas, showing the location of the map area within the county.



ROAD CLASSIFICATION
Interstate Route
State Route
County Road
Mileage
US Route
Other Road

SCHERTZ, TX
2013



wwdengineering
engineered. visualized. solutions.

1017 Hwy 281 S., Box 119
Austin, Texas 78748
(512) 888-4111

JUDSON I.S.D. TPDES PERMIT RENEWAL
VETERAN'S MEMORIAL HIGH SCHOOL
WQ0015141001 ATTACHMENT 6
SITE DRAWING
SAN ANTONIO, TEXAS

SCALE: 1" = 2,000'

Austin CAD Services
2000 Hwy 281 W. - 11 Austin, TX 78748
(512) 888-4111



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 0.02

2-Hr Peak Flow (MGD): 0.08

Estimated construction start date: August 2015

Estimated waste disposal start date: August 2016

B. Interim II Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

C. Final Phase

Design Flow (MGD): 0.03

2-Hr Peak Flow (MGD): 0.12

Estimated construction start date: June 2020

Estimated waste disposal start date: June 2021

D. Current Operating Phase

Provide the startup date of the facility: Interim I Phase

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.**

All phases will consists of activated sludge plant operating in extended aeration mode. The process consists of a bar screen, EQ basin, aeration basin, digester, clarifier, chlorine contact chamber, and disk filter. The treated effluent is then piped to the discharge point (swale) south of the treatment plant.

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)
Phase I: Flow Equalization	1	7'L x 14'W x 12.5' H
Clarifier	1	14' Dia x 12.5 H
Aeration Basin	1	24'L x 14'W x 12.5'H
Digester	1	7'L x 14'W x 12.5H
Chlorine Contact Basin	1	8'L x 4'W x 10'H
Filter	1	6' Dia x 5'8"H
Phase II: Flow Equalization	1	7'L x 14'W x 12.5' H
Clarifier	1	14' Dia x 12.5 H
Aeration Basin (2)	2	34'L x 14'W x 12.5'H
Digester (2)	2	10'L x 14'W x 12.5H
Chlorine Contact Basin	1	8'L x 4'W x 10'H
Filter	1	6'Dia x 5'8"H

C. Process Flow Diagram

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

Attachment: T-1

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

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

- Latitude: 29°36'23"
- Longitude: 98°20'27"

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

- Latitude: Click to enter text.
- Longitude: Click to enter text.

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

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

Attachment: T-2

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

Click to enter text.

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
Veterans Memorial High School WWTP	Judson ISD	Publicly Owned	1,600
		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.

Attachment T-3

C. Other actions required by the current permit

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

☐ Yes ☒ No

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

Click to enter text.

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

2. Grit and grease processing

Describe below how the grit and grease waste is treated at the facility. In your description, include how and where the grit and grease is introduced to the treatment

works and how it is separated or processed. Provide a flow diagram showing how grit and grease is processed at the facility.

Click to enter text.

3. *Grit disposal*

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

☐ Yes ☐ No

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

Describe the method of grit disposal.

Click to enter text.

4. *Grease and decanted liquid disposal*

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

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

Click to enter text.

E. **Stormwater management**

1. *Applicability*

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

2. MSGP coverage

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

☐ Yes ☐ No

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

TXR05 [Click to enter text.](#) or TXRNE [Click to enter text.](#)

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

☐ Yes ☐ No

3. Conditional exclusion

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

☐ Yes ☐ No

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

[Click to enter text.](#)

4. Existing coverage in individual permit

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

☐ Yes ☐ No

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

[Click to enter text.](#)

5. Zero stormwater discharge

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

☐ Yes ☐ No

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

Click to enter text.

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

6. Request for coverage in individual permit

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

☐ Yes ☐ No

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

Click to enter text.

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

Click to enter text.

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

1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

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

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

Click to enter text.

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

2. *Acceptance of septic waste*

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Click to enter text.

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

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

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

☐ Yes ☒ No

If yes, provide the date that the plant started accepting the waste, an estimate how much waste is accepted on a monthly basis (gallons or millions of gallons), a description of the entities generating the waste, and any distinguishing chemical or

other physical characteristic of the waste. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

Is the facility in operation?

☒ Yes ☐ No

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

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

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

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

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

Oil & Grease, mg/l					
Alkalinity (CaCO ₃)*, mg/l					

*TPDES permits only

†TLAP permits only

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

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

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Randy Weyrick

Facility Operator's License Classification and Level: C

Facility Operator's License Number: WW0053890

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: Activated Sludge in Extended Aeration Mode

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
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

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

D. Disposal site

Disposal site name: IV Dirt and Loam

TCEQ permit or registration number: 2310

County where disposal site is located: Travis

E. Transportation method

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

Name of the hauler: Wastewater Operations LLC dba Waste Water Solutions

Hauler registration number: 24188

Sludge is transported as a:

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

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

A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

B. Sludge processing authorization

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

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

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

A. Location information

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

- Original General Highway (County) Map:

Attachment: Click to enter text.

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

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

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

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

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

[Click to enter text.](#)

B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

C. Liner information

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

☐ Yes ☐ No

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

[Click to enter text.](#)

D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

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

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

- Copy of the closure plan

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

- Copy of deed recordation for the site

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

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

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

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

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

- Procedures to prevent the occurrence of nuisance conditions

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

E. Groundwater monitoring

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

☐ Yes ☐ No

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

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

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

A. Additional authorizations

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

☒ Yes ☐ No

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

Reuse Authorization No. R15148-001 Authorization Type 1 Reclaimed Water, reuse for athletic field irrigation.

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

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

A. RCRA hazardous wastes

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

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

Section 14. Laboratory Accreditation (Instructions Page 55)

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

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

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

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

CERTIFICATION:

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

Printed Name: Christopher Ramirez

Title: Director of Maintenance

Signature: _____

Date: _____

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

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

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

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

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

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

A. Receiving water outfall

Width of the receiving water at the outfall, in feet: [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: man made channel onsite

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.

N/A

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.

Manmade ditch to bar ditch to Cibolo Creek Segment No. 1908 thence to Segment No. 1913.

E. Normal dry weather characteristics

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

Dry

Date and time of observation: April 14, 2025

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: stormwater

B. Waterbody uses

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

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

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: 0

Significant IUs – non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

B. Treatment plant interference

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

☐ Yes ☒ No

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

Click to enter text.

C. Treatment plant pass through

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

☐ Yes ☒ No

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

Click to enter text.

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

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

A. Substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

B. Non-substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

C. Effluent parameters above the MAL

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

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. Industrial user interruptions

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

☐ Yes ☐ No

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

Click to enter text.

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

A. General information

Company Name: N/A

SIC Code: Click to enter text.

Contact name: Click to enter text.

Address: Click to enter text.

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

Telephone number: Click to enter text.

Email address: Click to enter text.

B. Process information

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

N/A

C. Product and service information

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

Click to enter text.

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: 0

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: 0

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

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

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

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

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

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

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

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

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

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

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

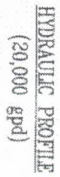
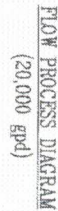
F. Industrial user interruptions

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

☐ Yes ☒ No

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

[Click to enter text.](#)



Francesca Findlay

From: Robin Butcko <robin@permittingservices.net>
Sent: Thursday, July 24, 2025 12:19 PM
To: Francesca Findlay
Cc: Ramirez, Christopher
Subject: Fw: WQ0015141001 Judson Independent School
Attachments: Municipal Discharge Renewal Spanish NORI.docx; Tech Report Pg 1 Updated (7-8-25).pdf

Importance: High

Follow Up Flag: Follow up
Flag Status: Flagged

Good morning Francesca,

I hope you are well. This was sent back on July 8th see the email below.


Let me know if you need anything else.

Thank you for contacting me about it.

Regards,
Robin

Robin Butcko

President & CEO
4700 S. Kirkwood
Road
Suite 513
Houston, TX 77072

 713-458-8612

 robin@permittingservices.net

 www.permittingservices.net

From: Robin Butcko <robin@permittingservices.net>
Sent: Tuesday, July 8, 2025 4:23 PM
To: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Cc: Ramirez, Christopher <cramirez908@judsonisd.org>
Subject: Re: WQ0015141001 Judson Independent School

Good afternoon Francesca,

We do not want to decrease the gallons per day. Please see the revised page to reflect the 0.030 MGD on the Technical Report. Also, attached you will find the translated NORI.

Please let me know if you need anything else.

Regards,
Robin

Robin Butcko

President & CEO
4700 S. Kirkwood
Road
Suite 513
Houston, TX 77072

713-458-8612
robin@permittingservices.net
www.permittingservices.net

From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Sent: Tuesday, July 8, 2025 3:58 PM
To: Robin Butcko <robin@permittingservices.net>
Subject: FW: WQ0015141001 Judson Independent School

Dear Mrs. Butcko:

The attached Notice of Deficiency letter sent on July 8, 2025, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention July 23, 2025.

Thank you,

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



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

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 0.03

2-Hr Peak Flow (MGD): 0.08

Estimated construction start date: August 2015

Estimated waste disposal start date: August 2016

B. Interim II Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

C. Final Phase

Design Flow (MGD): 0.03

2-Hr Peak Flow (MGD): 0.12

Estimated construction start date: June 2020

Estimated waste disposal start date: June 2021

D. Current Operating Phase

Provide the startup date of the facility: Interim I Phase

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