

This file contains the following documents:

- 1. Summary of application (in plain language)
- 2. First notice (NORI-Notice of Receipt of Application and Intent to Obtain a Permit)
- 3. Second notice (NAPD-Notice of Preliminary Decision)
- 4. Application materials
- 5. Draft permit
- 6. Technical summary or fact sheet

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.

The City of San Benito (CN600755326) operates the City of San Benito Wastewater Treatment Plant (RN103935599), an activated sludge process, operating in complete mix/single-stage nitrification mode. The facility is located at 26300 Line 20 Road in Cameron County, Texas 78586.

This application is for a renewal to discharge from Outfalls 001 shall not exceed an annual average flow of 3.75 MGD and 002 shall not exceed an annual average flow of 0.144 MGD.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD $_5$), total suspended solids (TSS), ammonia nitrogen (NH $_3$ -N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by the main lift station, headworks, aeration basins, clarifiers, digester basins, UV disinfection, a small effluent lift station to pump treated effluent to nourish a 4-acre wetland ponds site, constructed in accordance with TCEQ regulations as an educational component for the community's benefit.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0015265001

APPLICATION. City of San Benito, 401 North Sam Houston Boulevard, San Benito, Texas 78586, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0015265001 (EPA I.D. No. TX0135470) to authorize the discharge of treated wastewater at a volume not to exceed an annual average flow of 3,750,000 gallons per day. The domestic wastewater treatment facility is located at 26300 Line 20 Road, near the city of San Benito, in Cameron County, Texas 78586. The discharge route is from the plant site via Outfall 001 from a pipeline to an unnamed tributary, thence to Arroyo Colorado Above Tidal, Via Outfall 002 from a treatment wetland to an unnamed tributary, thence to Arroyo Colorado Above Tidal. TCEQ received this application on July 8, 2025. The permit application will be available for viewing and copying at San Benito City Hall, Front Entrance Lobby, 485 North Sam Houston Boulevard, San Benito, in Cameron 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/pendingpermits/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=-97.63,26.178333&level=18

ADDITIONAL NOTICE. TCEQ's Executive Director has determined the application is administratively complete and will conduct a technical review of the application. After technical review of the application is complete, the Executive Director may prepare a draft permit and will issue a preliminary decision on the application. Notice of the Application and Preliminary Decision will be published and mailed to those who are on the countywide 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 City of San Benito at the address stated above or by calling Ms. Robin Butcko, Permitting Services LLC, at 713-458-8612.

Issuance Date: July 29, 2025

Texas Commission on Environmental Quality



NOTICE OF APPLICATION AND PRELIMINARY DECISION FOR TPDES PERMIT FOR MUNICIPAL WASTEWATER

RENEWAL

PERMIT NO. WQ0015265001

APPLICATION AND PRELIMINARY DECISION. City of San Benito, 401 North Sam Houston Boulevard, San Benito, Texas 78586, has applied to the Texas Commission on Environmental Quality (TCEQ) for a renewal of Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0015265001, which authorizes the discharge of treated domestic wastewater at an annual average flow not to exceed 3,750,000 gallons per day. TCEQ received this application on July 8, 2025.

The facility is located at 26300 Line 20 Road, in Cameron County, Texas 78586. The treated effluent is discharged via Outfall 001 through a pipeline to an unnamed tributary, thence to Arroyo Colorado Above Tidal, and via Outfall 002 through a treatment wetland to an unnamed tributary, thence to Arroyo Colorado Above Tidal in Segment No. 2202 of the Nueces-Rio Grande Coastal Basin. The unclassified receiving water use is minimal aquatic life use for the unnamed tributary. The designated uses for Segment No. 2202 are primary contact recreation and intermediate aquatic life use. This link to an electronic map of the site or facility's general location is provided as a public courtesy and is not part of the application or notice. For the exact location, refer to the application.

https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.63,26.178333&level=18

The TCEQ Executive Director has completed the technical review of the application and prepared a draft permit. The draft permit, if approved, would establish the conditions under which the facility must operate. The Executive Director has made a preliminary decision that this permit, if issued, meets all statutory and regulatory requirements. The permit application, Executive Director's preliminary decision, and draft permit are available for viewing and copying at San Benito City Hall, Front Entrance Lobby, 485 North Sam Houston Boulevard, San Benito, in Cameron County, Texas. The application is available at the following webpage: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications.

PUBLIC COMMENT / PUBLIC MEETING. You may submit public comments or request a public meeting about this application. The purpose of a public meeting is to provide the opportunity to submit comments or to ask questions about the application. TCEQ holds 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 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 a contested case hearing or reconsideration of the Executive Director's decision. A contested case hearing is a legal proceeding similar to a civil trial in a 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.

EXECUTIVE DIRECTOR ACTION. The Executive Director may issue final approval of the application unless a timely contested case hearing request or request for reconsideration is filed. If a timely hearing request or request for reconsideration is filed, the Executive Director will not issue final approval of the permit and will forward the application and request to the TCEQ Commissioners for their consideration at a scheduled Commission meeting.

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.

All written public comments and public meeting requests must be submitted to the Office of the Chief Clerk, MC 105, Texas Commission on Environmental Quality, P.O. Box 13087, Austin, TX 78711-3087 or electronically at www.tceq.texas.gov/goto/comment within 30 days from the date of newspaper publication of this notice.

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. Public comments and requests must be submitted either electronically at www.tceq.texas.gov/goto/comment, 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. Any personal information you submit to the TCEQ will become part of the agency's record; this includes email addresses. For more information about this permit application or the permitting process, please call the TCEQ Public Education Program, Toll Free, at 1-800-687-4040 or visit their website at www.tceq.texas.gov/goto/pep. Si desea información en Español, puede llamar al 1-800-687-4040.

Further information may also be obtained from City of San Benito at the address stated above or by calling Ms. Robin Butcko, Permitting Services LLC, at 713-458-8612.

Issuance Date: November 10, 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: 796406 Authorization Number: WQ0015265001

Site Name: San Benito WWTP

Regulated Entity: RN103935599 - San Benito WWTP Customer(s): CN600755326 - City of San Benito

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 WQ0015265001

Site Information (Regulated Entity)

What is the name of the site to be authorized? SAN BENITO WWTP

Does the site have a physical address? Yes

Physical Address

Number and Street 1900 LINE 20 RD City SAN BENITO

 State
 TX

 ZIP
 78586

 County
 CAMERON

 Latitude (N) (##.#####)
 26.178333

 Longitude (W) (-###.#####)
 -97.63

Primary SIC Code Secondary SIC Code Primary NAICS Code Secondary NAICS Code

Regulated Entity Site Information

What is the Regulated Entity's Number (RN)? RN103935599

What is the name of the Regulated Entity (RE)?

SAN BENITO WWTP

Does the RE site have a physical address?

Physical Address

Number and Street 1900 LINE 20 RD City SAN BENITO

State TX
ZIP 78586
County CAMERON

Latitude (N) (##.#####) Longitude (W) (-###.#####)

Facility NAICS Code

What is the primary business of this entity?

DOMESTIC

City of-Customer (Applicant) Information (Owner)

How is this applicant associated with this site?

Owner

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

CN600755326

Type of Customer

City Government

Full legal name of the applicant:

Legal Name City of San Benito

Texas SOS Filing Number

Federal Tax ID 746002218

State Franchise Tax ID
State Sales Tax ID

Local Tax ID

DUNS Number

Number of Employees 0-20

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.

Responsible Authority Contact

Organization Name City of San Benito

Prefix MR

First RICARDO

Middle

Last GUERRA

Suffix

Credentials

Title MAYOR

Responsible Authority Mailing Address

Enter new address or copy one from list:

Address Type Domestic

Mailing Address (include Suite or Bldg. here, if applicable) 401 N SAM HOUSTON BLVD

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

City SAN BENITO

State TX ZIP 78586

Phone (###-###) 9563613800

Extension

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

Fax (###-####) 9563613805

E-mail MCARRIZALES@CITYOFSANBENITO

.COM

Yes

Billing Contact

Responsible contact for receiving billing statements:

Select the permittee that is responsible for payment of the annual fee. CN600755326, City of San Benito

Organization Name CITY OF SAN BENITO

Prefix MS
First BELEN

Middle

Last PENA

Suffix

Credentials

Title FINANCE DIRECTOR

Enter new address or copy one from list: CN600755326, City of San Benito

Mailing Address

Address Type Domestic

Mailing Address (include Suite or Bldg. here, if applicable) 485 N SAM HOUSTON BLVD

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

City SAN BENITO

State TX ZIP 78586

Phone (###-###) 9563613800

Extension 222

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

Fax (###-###) 9563613805

E-mail MCARRIZALES@CITYOFSANBENITO

.COM

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

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 CITY OF SAN BENITO

Prefix MR

First MATTHEW

Middle

Last CARRIZALES

Suffix

Credentials

Title WASTEWATER TREATMENT PLANT

SUPERVISOR

Enter new address or copy one from list: CN600755326, City of San Benito

Mailing Address

Address Type Domestic

Mailing Address (include Suite or Bldg. here, if applicable) 401 N SAM HOUSTON BLVD

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

City SAN BENITO

State TX ZIP 78586

Phone (###-###) 9563613800

Extension

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

Fax (###-###) 9563613805

E-mail MCARRIZALES@CITYOFSANBENITO

.COM

DMR Contact

Person responsible for submitting Discharge Monitoring Report Forms:

i Oillis.

Same as another contact?

Technical Contact

Organization Name CITY OF SAN BENITO

Prefix MR

First MATTHEW

Middle

Last CARRIZALES

Suffix

Credentials

Title WASTEWATER TREATMENT PLANT

SUPERVISOR

Enter new address or copy one from list:

Mailing Address:

Address Type Domestic

Mailing Address (include Suite or Bldg. here, if applicable)
401 N SAM HOUSTON BLVD

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

City SAN BENITO

State TX ZIP 78586

Phone (###-###) 9563613845

Extension

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

Fax (###-###-) 9563613805

E-mail MCARRIZALES@CITYOFSANBENITO

.COM

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

BUTCKO 6) Last 7) Suffix 8) Credentials 9) Title SENIOR WASTEWATER CONSULTANT **Mailing Address** 10) Enter new address or copy one from list Domestic 11) Address Type 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:) **HOUSTON** 11.3) City TX 11.4) State 77072 11.5) ZIP 7134588612 12) Phone (###-###-###) 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 CITY OF SAN BENITO 401 N SAM HOUSTON BLVD 4) Mailing Address SAN BENITO 5) City TX 6) State 78586 7) Zip Code 8) Phone (###-###-###) 9563613800 9) Extension 10) Email MCARRIZALES@CITYOFSANBENITO .COM 11) What is ownership of the treatment facility? Public Owner of Land (where treatment facility is or will be) 12) Prefix 13) First and Last Name CITY OF SAN BENITO 14) Organization Name

15) Mailing Address 401 N SAM HOUSTON BLVD

SAN BENITO 16) City

17) State TX 78586 18) Zip Code

9563613800 19) Phone (###-###-###)

20) Extension

21) Email MCARRIZALES@CITYOFSANBENITO

.COM

Yes

22) Is the landowner the same person as the facility owner or co-

applicant?

General Information Renewal-Amendment

1) Current authorization expiration date:

2) Current Facility operational status:

3) Is the facility located on or does the treated effluent cross American

Indian Land?

4) What is the application type that you are seeking?

5) Current Authorization type:

5.1) What is the proposed total flow in MGD discharged at the facility?

5.2) Select the applicable fee

6) What is the classification for your authorization?

6.1) What is the EPA Identification Number?

6.2) Is the wastewater treatment facility location in the existing permit

accurate?

6.3) Are the point(s) of discharge and the discharge route(s) in the

existing permit correct?

6.4) City nearest the outfall(s):

6.5) County where the outfalls are located:

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?

6.7) Is the daily average discharge at your facility of 5 MGD or more?

7) Did any person formerly employed by the TCEQ represent your

company and get paid for service regarding this application?

12/29/2025

Active

No

Renewal without changes

Public Domestic Wastewater

3.75

>= 1.0 MGD - Renewal - \$2,015

TPDES

TX0135470

Yes

Yes

SAN BENITO

CAMERON

No

No

No

MS

Public Notice Information

Individual Publishing the Notices

1) Prefix

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 MS

16) First and Last Name ROBIN BUTCKO

17) Credential

18) Title SENIOR WASTEWATER

CONSULTANT

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?

No

Section 1# Public Viewing Information

County#: 1

1) County CAMERON

2) Public building name City of San Benito City Hall Building

3) Location within the building Front Entrance Lobby

4) Physical Address of Building 485 North Sam Houston Boulevard

5) City San Benito
6) Contact Name Ruth McGinnis

7) Phone (###-####) 9563613800

8) Extension

9) Is the location open to the public?

Plain Language

1) Plain Language

[File Properties]

File Name LANG_PLS English Summary.docx

Hash 77DE0ABE0AEBEBFE62D3719AAA3FA2E92DA51ABBD88D5E19EC0B6726AC6E3CC2

MIME-Type application/vnd.openxmlformats-

officedocument.wordprocessingml.document

[File Properties]

File Name LANG_PLS Spanish Summary.docx

Hash EB77B019835B3FE325E9454F864411358DD7545C9B6F7284C55BBCA6CA90AC59

MIME-Type application/vnd.openxmlformats-

officedocument.wordprocessingml.document

Supplemental Permit Information Form

1) Supplemental Permit Information Form (SPIF)

[File Properties]

File Name SPIF_SB SPIF Form.docx

Hash E79CA8145F85C62F226224C707E37C2C467E1C955920A78EA76DD7ADC5A3F8CD

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 3074B974F05348BE3B775036B404C9A5A095EA6FC47EC6493AA3A462EBF5D12F MIME-Type application/pdf 2) I confirm that all required sections of Technical Report 1.0 are Yes complete and will be included in the Technical Attachment. 2.1) I confirm that Worksheet 2.0 (Receiving Waters) is complete and Yes included in the Technical Attachment. 2.2) Are you planning to include Worksheet 2.1 (Stream Physical No Characteristics) in the Technical Attachment? 2.3) Are you planning to include Worksheet 4.0 (Pollutant Analyses Yes Requirements) in the Technical Attachment? 2.4) Are you planning to include Worksheet 5.0 (Toxicity Testing No Requirements) in the Technical Attachment? 2.5) I confirm that Worksheet 6.0 (Industrial Waste Contribution) is Yes complete and included in the Technical Attachment. 2.6) Are you planning to include Worksheet 7.0 (Class V Injection Well No Inventory/Authorization Form) in the Technical Attachment? 2.7) Technical Attachment [File Properties] File Name TECH_SB Domestic Technical Report.docx Hash 185BB5B9B714E0AA01942017346107291AF614C9EBE393D4F42649C0B5135D21 MIME-Type application/vnd.openxmlformatsofficedocument.wordprocessingml.document [File Properties] File Name TECH_Treatment Process -- T-A.pdf 4C13ED590AF0D661D58D69FDF030A62C879D3FA37DD856A0EF092B8CA3B43EDA Hash MIME-Type application/pdf 3) Buffer Zone Map 4) Flow Diagram [File Properties] FLDIA_Flow Diagram -- T-B.pdf File Name 3A444EA08B177377B9481B346383999D194CD16FFBEAF693EB8840D87028CD20 Hash MIME-Type application/pdf 5) Site Drawing [File Properties] File Name SITEDR Site Plan -- T-C.pdf Hash 9905F4CDCCA15C6D1E43BA109BE5405CE7E8850379F5B32861980B0AB66F3ACE MIME-Type application/pdf 6) Design Calculations [File Properties] File Name DES CAL SB Domestic Admin. Wastewater Report.docx Hash 53F742167948B8613936C46E2B3DB36D48A8E6E2240A42CC3B461E59C644FE40

application/vnd.openxmlformats-

officedocument.wordprocessingml.document

7) Solids Management Plan

8) Water Balance

MIME-Type

9) Other Attachments

[File Properties]

File Name OTHER_SB Core Data Form.docx

Hash EF6934D9647D14C69202EDD7B51E4BE89F38156328EB64378ED539E35B0E1478

MIME-Type application/vnd.openxmlformats-

officedocument.wordprocessingml.document

[File Properties]

File Name OTHER SB Core Data Form #2.docx

Hash 63CBB38A1A5B53762A01018BD29C4D5D3424600778FCCAC6EDF22526E2933407

MIME-Type application/vnd.openxmlformats-

officedocument.wordprocessingml.document

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 WQ0015265001.
- 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: CN600755326
Legal Name: City of San Benito

Account Number: ER088113
Signature IP Address: 73.206.78.33
Signature Date: 2025-06-30

Signature Hash: 8A711E48704DF20C112ECDC18FBF0BA6F269DC43BD0341B766BD0A58E17F57AC
Form Hash Code at time of 9BBF3C69F1B3DA929B16FE9B5B4C4E1965FA240BF5766CCFF013BA2B739BA69B

Signature:

Fee Payment

Fee Amount: \$2000.00

Check Date: The application fee was paid on 2025-06-30

Check Number: The check number is 1527

Submission

Reference Number: The application reference number is 796406

Submitted by:

The application was submitted by ER088113/Robin L Butcko

Submitted Timestamp: The application was submitted on 2025-07-08 at

10:42:52 CDT

Submitted From: The application was submitted from IP address

73.206.78.33

Confirmation Number: The confirmation number is 663285

Steers Version: The STEERS version is 6.92

Permit Number: The permit number is WQ0015265001

Additional Information

Application Creator: This account was created by Robin L Butcko

THE COMMISSION OF THE PROPERTY OF THE PROPERTY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME:	City of Benito
-----------------	----------------

PERMIT NUMBER (If new, leave blank): WQ00<u>15265001</u>

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

	Y	N		Y	N
Administrative Report 1.0	\boxtimes		Original USGS Map	\boxtimes	
Administrative Report 1.1		\boxtimes	Affected Landowners Map		\boxtimes
SPIF	\boxtimes		Landowner Disk or Labels		\boxtimes
Core Data Form	\boxtimes		Buffer Zone Map		\boxtimes
Summary of Application (PLS)	\boxtimes		Flow Diagram	\boxtimes	
Public Involvement Plan Form		\boxtimes	Site Drawing	\boxtimes	
Technical Report 1.0	\boxtimes		Original Photographs		\boxtimes
Technical Report 1.1		\boxtimes	Design Calculations		\boxtimes
Worksheet 2.0	\boxtimes		Solids Management Plan		\boxtimes
Worksheet 2.1		\boxtimes	Water Balance		\boxtimes
Worksheet 3.0		\boxtimes			
Worksheet 3.1		\boxtimes			
Worksheet 3.2		\boxtimes			
Worksheet 3.3		\boxtimes			
Worksheet 4.0	\boxtimes				
Worksheet 5.0	\boxtimes				
Worksheet 6.0	\boxtimes				
Worksheet 7.0		\boxtimes			
For TCEQ Use Only					
Expiration Date			County Region		
Permit Number					



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 26)

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

Flow	New/Major Amendment	Renewal
< 0.05 MGD	\$350.00 □	\$315.00 □
≥0.05 but <0.10 MGD	\$550.00 □	\$515.00 □
≥0.10 but <0.25 MGD	\$850.00 □	\$815.00 □
≥0.25 but <0.50 MGD	\$1,250.00 □	\$1,215.00
\geq 0.50 but <1.0 MGD	\$1,650.00 □	\$1,615.00
≥1.0 MGD	\$2,050.00 □	\$2,015.00

Minor Amendment (for any flow) \$150.00 □

Pay	vment	Inforn	nation:
I a	y IIICIIC	1111 () 111	iauon.

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

Check/Money Order Amount: Click to enter text.

Name Printed on Check: Click to enter text.

EPAY Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed? Yes □

Section 2. Type of Application (Instructions Page 26)

a.	Check the box next to the appropriate authorization type.			
	☑ Publicly Owned Domestic Wastewater			
	☐ Privately-Owned Domestic Wastewater			
		Conventional Water Treatment		
b.	Che	ck the box next to the appropriate facility status.		
	\boxtimes	Active Inactive		

c.	c. Check the box next to the appropriate permit type.			
	\boxtimes	TPDES Permit		
		TLAP		
		TPDES Permit with TLAP component		
		Subsurface Area Drip Dispersal System (SAD	DS)	
d.	Che	eck the box next to the appropriate application	ı typ	e
		New	, -	
		Major Amendment <i>with</i> Renewal		Minor Amendment <i>with</i> Renewal
		Major Amendment <u>without</u> Renewal		Minor Amendment <u>without</u> Renewal
	\boxtimes	Renewal without changes		Minor Modification of permit
Д	For	amendments or modifications, describe the p	ronc	osed changes: Click to enter text
			торс	osed changes. enex to enter text.
f.		existing permits:		
	Per	mit Number: WQ00 <u>15265001</u>		
	EPA	A I.D. (TPDES only): TX <u>0135470</u>		
	Exp	piration Date: <u>December 29, 2025</u>		
C				Co Ameliana Information
Se	CUI	on 3. Facility Owner (Applicant) a (Instructions Page 26)	ına	Co-Applicant Information
		(mstructions rage 20)		
A.	The	e owner of the facility must apply for the pe	rmit.	
	Wh	at is the Legal Name of the entity (applicant) a	pply	ing for this permit?
	City	<u>y of San Benito</u>		
		ne legal name must be spelled exactly as filed w legal documents forming the entity.)	ith ti	he Texas Secretary of State, County, or in
		he applicant is currently a customer with the I u may search for your CN on the TCEQ website		
		CN: <u>600755326</u>		
	Wha	at is the name and title of the person signing	he a	pplication? The person must be an

executive official meeting signatory requirements in 30 TAC § 305.44.

Prefix: Mr. Last Name, First Name: Guerra, Ricardo

Title: Mayor 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?

N/A

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

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

CN: <u>N/A</u>

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

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

Title: N/A Credential: N/A

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

C. Core Data Form

Complete the Core Data Form for each customer and include as an attachment. If the customer type selected on the Core Data Form is **Individual**, complete **Attachment 1** of Administrative Report 1.0. 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: Mr. Last Name, First Name: Carrizales, Matthew

Organization Name: City of San Benito

Mailing Address: 401 North Sam Houston Boulevard City, State, Zip Code: San Benito, TX 78586

Phone No.: <u>956-361-3845</u> E-mail Address: <u>mcarrizales@cityofsanbenito.com</u>

Check one or both: □ Administrative Contact ⊠ Technical Contact

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

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: Carrizales, Matthew

Title: <u>Wastewater Treatment Plant Supervisor</u> Credential: Click to enter text.

Organization Name: City of San Benito

Mailing Address: 401 North Sam Houston Boulevard City, State, Zip Code: San Benito, TX 78586

Phone No.: 956-361-3845 E-mail Address: mcarrizales@cityofsanbenito.com

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.: <u>713-458-8612</u> E-mail Address: <u>robin@permittingservices.net</u>

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Ms. Last Name, First Name: Pena, Belen

Title: Finance Director Credential: Click to enter text.

Organization Name: City of San Benito

Mailing Address: 485 North Sam Houston Boulevard City, State, Zip Code: San Benito, TX 78586

Phone No.: <u>956-361-3800 x222</u> E-mail Address: <u>956-361-3805</u>

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: Carrizales, Matthew

Title: Wastewater Treatment Plant Supervisor Credential: Click to enter text.

Organization Name: City of San Benito

Mailing Address: 401 North Sam Houston Boulevard City, State, Zip Code: San Benito, TX 78586

Phone No.: <u>956-361-3845</u> E-mail Address: <u>mcarrizales@cityofsanbenito.com</u>

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.: <u>713-458-8612</u> E-mail Address: <u>robin@permittingservices.net</u>

B. Method for Receiving Notice of Receipt and Intent to Obtain a Water Quality 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: 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@permittingservices.net				
D.	Public Viewing Information				
	If the facility or outfall is located in more than one county, a public viewing place for each county must be provided.				
	Public building name: City of San Benito City Hall Building				
	Location within the building: Front Entrance Lobby				
	Physical Address of Building: <u>485 North Sam Houston Boulevard</u>				
	City: <u>San Benito</u> County: <u>Cameron</u>				
	Contact (Last Name, First Name): <u>Ruth McGinnis</u>				
	Phone No.: <u>956-361-3800</u> Ext.: <u>103</u>				
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 not be needed. Complete instructions on publishing the alternative language notices will 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				

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 locatio		at these :	schools atte	nd a bilingual	educa	tion prog	ram a	t another
			Yes		No					
	4.					ide a bilingua 19 TAC §89.			gram l	out the school has
			Yes		No					
	5.									tive language are h Newspaper – N/A
F.	Su	mmary	of Appli	cation in	Plain Langu	age Template	9			
						n in Plain Lang ary or PLS, and) Form 20972), ment.
	At	tachme	nt: <u>A-2</u>							
G.	Pu	blic Inv	olvemer	ıt Plan Foi	rm					
		-				rm (TCEQ For ermit and inc			_	plication for a t.
	At	tachme	nt: <u>N/A</u>							
Se	cti	on 9.	Regu Page		ntity and	Permitted	Site	Inform	ation	(Instructions
Α.			is curren RN <u>10393</u> !		ted by TCEQ	, provide the	Regula	ited Entity	y Num	ber (RN) issued to
					egistry at <u>htt</u> d by TCEQ.	p://www15.to	ceq.tex	as.gov/cr	<u>rpub/</u>	to determine if
B.	Na	me of p	roject or	site (the i	name known	by the comn	nunity	where loc	ated):	
	<u>Cit</u>	y of San	Benito W	astewater 7	<u> Treatment Pla</u>	<u>ınt</u>				
C.	Ov	vner of	treatmen	t facility: <u>(</u>	City of San Be	<u>enito</u>				
	Ov	vnership	of Facil	ity: 🗵 1	Public [□ Private		Both		Federal
D.	Ov	vner of l	land whe	re treatme	ent facility is	s or will be:				
	Pre	efix: Clic	ck to ente	er text.	Last Na	me, First Nar	ne: Clic	ck to ente	r text.	
	Tit	le: Click	k to enter	text.	Creden	tial: Click to e	enter to	ext.		
	Or	ganizat	ion Name	: City of Sa	<u>ın Benito</u>					
	Ma	iling Ac	ddress: <u>40</u>	01 North Sa	am Houston F	Boulevard City	y, State	, Zip Cod	e: <u>San</u>	<u>Benito, TX 78586</u>
	Ph	one No.	: <u>956-361</u> -	<u>-3800</u>	E-mail	Address: Clic	ck to ei	nter text.		
						as the facility ee instructior		or co-ap	plican	t, attach a lease
		Attach	ment: Cl	ick to ente	er text.					

	Prefix: Click to enter text.	Last Name, First Name: Click to enter text.
	Title: Click to enter text.	Credential: Click to enter text.
	Organization Name: Click to ent	er text.
	Mailing Address: 401 North Sam I	Houston Boulevard City, State, Zip Code: San Benito, TX 78586
	Phone No.: <u>956-361-3800</u>	E-mail Address: Click to enter text.
	If the landowner is not the same agreement or deed recorded eas	e person as the facility owner or co-applicant, attach a lease ement. See instructions.
	Attachment: Click to enter to	ext.
F.	Owner sewage sludge disposal s property owned or controlled by	ite (if authorization is requested for sludge disposal on the applicant)::
	Prefix: Click to enter text.	Last Name, First Name: Click to enter text.
	Title: Click to enter text.	Credential: Click to enter text.
	Organization Name: Click to ent	er text.
	Mailing Address: Click to enter t	ext. City, State, Zip Code: Click to enter text.
	Phone No.: Click to enter text.	E-mail Address: Click to enter text.
	If the landowner is not the same agreement or deed recorded eas	e person as the facility owner or co-applicant, attach a lease ement. See instructions.
	Attachment: Click to enter to	ext.
Se	ection 10. TPDES Dischar	ge Information (Instructions Page 31)
		ge Information (Instructions Page 31) lity location in the existing permit accurate?
		· · · · · · · · · · · · · · · · · · ·
	Is the wastewater treatment faci	· · · · · · · · · · · · · · · · · · ·
	Is the wastewater treatment faci	lity location in the existing permit accurate?
A.	Is the wastewater treatment faci	lity location in the existing permit accurate? on, please give an accurate description:
A.	Is the wastewater treatment facing Yes No No If no, or a new permit application Click to enter text. Are the point(s) of discharge and	lity location in the existing permit accurate?
A.	Is the wastewater treatment faci	lity location in the existing permit accurate? on, please give an accurate description:
A.	Is the wastewater treatment facing Yes □ No If no, or a new permit application Click to enter text. Are the point(s) of discharge and Yes □ No If no, or a new or amendment permit application	lity location in the existing permit accurate? on, please give an accurate description:
A.	Is the wastewater treatment facing ✓ Yes □ No If no, or a new permit application of the content text. Are the point(s) of discharge and waste of the content text. ✓ Yes □ No If no, or a new or amendment propoint of discharge and the discharge and the discharge and the content text.	lity location in the existing permit accurate? on, please give an accurate description: d the discharge route(s) in the existing permit correct? permit application, provide an accurate description of the
A.	Is the wastewater treatment facing Yes □ No If no, or a new permit application of discharge and the	lity location in the existing permit accurate? on, please give an accurate description: d the discharge route(s) in the existing permit correct? permit application, provide an accurate description of the
A.	Is the wastewater treatment facing Yes □ No If no, or a new permit application of discharge and the	lity location in the existing permit accurate? on, please give an accurate description: d the discharge route(s) in the existing permit correct? permit application, provide an accurate description of the large route to the nearest classified segment as defined in 30
A.	Is the wastewater treatment facing Yes □ No If no, or a new permit applicating Click to enter text. Are the point(s) of discharge and Yes □ No If no, or a new or amendment property of discharge and the di	lity location in the existing permit accurate? on, please give an accurate description: d the discharge route(s) in the existing permit correct? permit application, provide an accurate description of the large route to the nearest classified segment as defined in 30 enito
A.	Is the wastewater treatment facing Yes □ No If no, or a new permit application Click to enter text. Are the point(s) of discharge and □ Yes □ No If no, or a new or amendment property of discharge and the di	lity location in the existing permit accurate? on, please give an accurate description: d the discharge route(s) in the existing permit correct? permit application, provide an accurate description of the large route to the nearest classified segment as defined in 30 enito s/are located: Cameron discharge to a city, county, or state highway right-of-way, or

E. Owner of effluent disposal site:

	If yes , indicate by a check mark if:		
	oxdot Authorization granted $oxdot$ Authorization pending		
	For new and amendment applications, provide copies of letters that show proof of contact and the approval letter upon receipt.		
	Attachment: N/A		
D.	For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: N/A		
Se	ection 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.		
В.	,		
C.	,		
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.		
	onet to onet to one		
Se	ection 12. Miscellaneous Information (Instructions Page 32)		
A.	Is the facility located on or does the treated effluent cross American Indian Land?		
	□ Yes ⊠ No		
В.	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.	
-		
Se	ection 13. Attachments (Instructions Page 33)	
Ind	dicate 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.	
\boxtimes	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	
\boxtimes	Other Attachments, Please specify: Core Data Form, Site Drawing, Flow Diagram, USGS Map	

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: <u>WQ0015265001</u> Applicant: <u>City of San Benito</u>

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): <u>Ri</u>	<u>cardo Guerra</u>	
Signatory title: <u>Mayor</u>		
C: 4	Day	
Signature:	Da	te:
(Use blue ink)		
Subscribed and Sworn to before me b	y the said	
on thisda	y of	, 20
My commission expires on the		
Notary Public		[SEAL]
County. Texas		

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

A.

B.

C.

D.

E.

Section 1. Affected Landowner Information (Instructions Page 36)

	cate by a check mark that the landowners map or drawing, with scale, includes the owing information, as applicable:					
	The applicant's property boundaries					
	The facility site boundaries within the applicant's property boundaries					
	The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone					
	The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)					
	The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream					
	The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge					
	The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides					
	The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property					
	The property boundaries of all landowners surrounding the effluent disposal site					
	The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located					
	The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located					
☐ Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.						
	Indicate by a check mark that the landowners list has also been provided as mailing ls in electronic format (Avery 5160).					
Prov	ride the source of the landowners' names and mailing addresses: Click to enter text.					
As required by <i>Texas Water Code § 5.115</i> , is any permanent school fund land affected by this application?						
	□ Yes □ No					

	If y land	es, provide the location and foreseeable impacts and effects this application has on the (s):
	Cli	ck to enter text.
Se	ctio	on 2. Original Photographs (Instructions Page 38)
Pro	ovide	original ground level photographs. Indicate with checkmarks that the following ation is provided.
		At least one original photograph of the new or expanded treatment unit location
		At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.
		At least one photograph of the existing/proposed effluent disposal site
		A plot plan or map showing the location and direction of each photograph
Se	ctio	n 3. Buffer Zone Map (Instructions Page 38)
	Buf info	er zone map. Provide a buffer zone map on 8.5 x 11-inch paper with all of the following rmation. The applicant's property line and the buffer zone line may be distinguished by g dashes or symbols and appropriate labels.
		The required buffer zone; and
В.		er zone compliance method. Indicate how the buffer zone requirements will be met. ck all that apply.
		Ownership Restrictive easement
		Nuisance odor control
] Variance
C.		uitable site characteristics. Does the facility comply with the requirements regarding uitable site characteristic found in 30 TAC § 309.13(a) through (d)?
		□ Yes □ No

DOMESTIC WASTEWATER PERMIT APPLICATION SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: 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

BY OVERNIGHT/EXPRESS MAIL

Texas Commission on Environmental Quality Texas Commission on Environmental Quality

Financial Administration Division Financial Administration Division

Cashier's Office, MC-214
P.O. Box 13088
Austin, Texas 78711-3088
Cashier's Office, MC-214
12100 Park 35 Circle
Austin, Texas 78753

Fee Code: WQP Waste Permit No: WQ0015265001

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: Permitting Services, LLC

5. APPLICATION INFORMATION

Name of Project or Site: City of San Benito Wastewater Treatment Plant

Physical Address of Project or Site: 1900 Line 20 Rd., San Benito, TX 78586

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

Staple Check or Money Order in This Space

ATTACHMENT 1

INDIVIDUAL INFORMATION

Section 1. Individual Information (Instructions Page 41)

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

Prefix (Mr., Ms., Miss): Click to enter text.

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

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

Date of Birth: Click to enter text.

Mailing Address: Click to enter text.

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

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

E-mail Address: Click to enter text.

CN: Click to enter text.

For Commission Use Only:

Customer Number:

Regulated Entity Number:

Permit Number:

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

Core Data Form (TCEQ Form No. 10400) (Required for all application types. Must be completed in its entirety a Note: Form may be signed by applicant representative.)	nd s	igned.		Yes
Correct and Current Industrial Wastewater Permit Application Forms (TCEQ Form Nos. 10053 and 10054. Version dated 6/25/2018 or later		Yes		
Water Quality Permit Payment Submittal Form (Page 19) (Original payment sent to TCEQ Revenue Section. See instructions for	□ dress	Yes		
7.5 Minute USGS Quadrangle Topographic Map Attached (Full-size map if seeking "New" permit. 8 ½ x 11 acceptable for Renewals and Amendments)		Yes		
Current/Non-Expired, Executed Lease Agreement or Easement \(\Boxed{\squared} \ N/A \)				Yes
Landowners Map (See instructions for landowner requirements)				Yes
 Things to Know: All the items shown on the map must be labeled. The applicant's complete property boundaries must be del boundaries of contiguous property owned by the applicant. The applicant cannot be its own adjacent landowner. You is landowners immediately adjacent to their property, regard from the actual facility. If the applicant's property is adjacent to a road, creek, or so on the opposite side must be identified. Although the propapplicant's property boundary, they are considered potent of the adjacent road is a divided highway as identified on the applicant does not have to identify the landowner the highway. 	t. mus lless strea perti ially he U	t identi of how m, the es are i affecto	fy th v far landenot a ed lan	e they are owners djacent to idowners. aphic
Landowners Labels and Cross Reference List (See instructions for landowner requirements)				Yes
Electronic Application Submittal (See application submittal requirements on page 23 of the instructions		Yes		
Original signature per 30 TAC § 305.44 – Blue Ink Preferred (If signature page is not signed by an elected official or principle exect a copy of signature authority/delegation letter must be attached)	utive	e officei	r,	Yes
Summary of Application (in Plain Language)		Yes		



TCEQ Core Data Form

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

SECTION I: General Information

		nission (If other is	-		-	-						
☐ New Per	mit, Regi	stration or Authori	zation (<i>Core</i>	Data Form	shoul	d be s	ubmitte	d with	the progr	am apį	olication.)	
2. Custome CN 60075		ence Number (if	issued)	Follow this search for on numbers in Regist	CN or 1 Cent	RN			ed Entity 35599	Refei	rence Nun	nber (if issued)
SECTION	N II:	<u>Customer</u>	Inform	<u>nation</u>								
4. General (Custom	er Information	5. Effective	ve Date for	r Cus	tome	r Infor	mati	on Updat	es (mn	n/dd/yyyy)	
☐ New Custo		me (Verifiable with	_	ate to Custo ecretary of S				ptroll		-	-	l Entity Ownership
		ne submitted her State (SOS) or T	-	-			-			currei	nt and act	ive with the
6. Custome	er Legal	Name (If an indivi	idual, print la	ast name fir	st: eg:	Doe,	John)	<u>If ne</u>	w Custome	r, ente	r previous (Customer below:
City of San B	enito											
		ng Number	8. TX Stat	e Tax ID (11 dig	rits)		9. F ₀ (9 di	e deral Ta gits)	x ID	10. DUN applicable	S Number (if
11. Type of	f Custon	ner: Corpor	ation			[] Indivi	idual Partn		Partn	nership: 🗌 General 🗌 Limited	
Government:	: 🛛 City [☐ County ☐ Feder	ral 🗌 Local	☐ State ☐	Other		☐ Sole P	ropri	etorship	☐ Ot	her:	
12. Numbe ⊠ 0-20 □	r of Em 21-100		251-500	☐ 501 an	d high	ner		13. ː		ently		nd Operated?
14. Custom	er Role	(Proposed or Actu	al) - as it rela	ates to the R	Regula	ted Ei	ıtity liste	ed on	this form. I	Please (check one o	f the following
□Owner □Occupation	nal Licen	☐ Operato			wner & CP/BS	_	rator olicant		⊠ Other: Superviso		ewater Trea	tment Plant
15.												
Mailing	401 Noi	rth Sam Houston B	oulevard									
Address:	City	San Benito		State	TX		ZIP	7858	36		ZIP + 4	
16. Country	y Mailin	g Information (i)	outside USA	.)		17. l	E -Mail A	Addr	ess (if app	licable))	
10 77 1 1		,		10.7.				cityo	fsanbenito		4.0	
18. Telepho		nber		19. Extensi	ion o	r Coc	le		20. Fax	Numb	er (if appli	cable)
	SECTION III: Regulated Entity Information											
				<u>-</u>				,		7.		
□ New Regu	_	ted Entity Informity Update to							ew permit i ed Entity I			required.)
The Regula	ated Ent	ity Name submit	tted may be	e updated,								(removal of
	organizational endings such as Inc, LP, or LLC). 22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)											
		ATER TREATMENT			5 011				<i>J.</i> F 200,			

TCEQ-10400 (11/22) Page 1 of 2

23. Street Address											
of the Regulated Entity:	26300 Li	ne 20 Road									
(No PO Boxes)	City	San Benito	St	ate	TX	Z	ZIP	7858	36	ZIP + 4	8843
24. County	Cameron	1									
]	If no Street	Address	is provid	led, field	ds 2	25-28 are	e req	uired.		
25. Description to Physical Location:											
26. Nearest City								State		Ne	arest ZIP Code
San Benito								TX		785	
Latitude/Longitude of Physical Address ma											
27. Latitude (N) In De	ecimal:	26.178522	N Outf. 00	1	28.	Lor	ngitude	(W) I	n Decimal:	-97.629	0061W Otf. 001
Degrees	Minutes		Second	s	Deg	grees	3		Minutes		Seconds
29. Primary SIC Code (4 digits)). Secondar digits)	y SIC Cod	le	31. Prin (5 or 6 d		y NAICS	S Cod	e 32. Sec (5 or 6		NAICS Code
4952	16	29			221320						
33. What is the Prima	ary Busin	ess of this	entity?	(Do not re	peat the .	SIC o	or NAICS	descr	iption.)		
Wastewater Treatment											
34. Mailing	401 Nor	rth Sam Hous	ston Roule	ward							
Address:					TV		7ID	70.50).C	7ID . 4	
35. E-Mail Address:	City			State	TX		ZIP	7858	50	ZIP + 4	
		carrizales@ci		xtension	or Codo		20 E	ov Ni	ımber (if a <u>ı</u>	malia alala)	
36. Telephone Numb	<i>J</i> E1		37. E2	xtension	or coue		()	<u>ax IVI</u>	annber (ij ag	рисине)	
9. TCEQ Programs an	d ID Num	ıbers Check	all Prograr	ns and wri	te in the	pern	nits/regis	stratio	n numbers t	hat will be	affected by the
pdates submitted on this											
☐ Dam Safety	☐ Di	stricts	☐ Edwai	rds Aquife	r		Emissio	ns Inv	entory Air	∐ Indust Waste	rial Hazardous
☐ Municipal Solid Wast		ew Source ew Air	☐ OSSF		☐ Petroleum Storage Tank				☐ PWS		
Sludge	☐ Ste	orm Water	☐ Title V	V Air			Tires			☐ Used (Dil
☐ Voluntary Cleanup	⊠ Wa	astewater	☐ Waste	ewater Agri	iculture		Water R	ights		Other:	
WQ0015265001								<u> </u>			
SECTION IV: F			rmati	<u>ion</u>		1					
40. Name: Robin But	40. Name: Robin Butcko 41. Title: Senior Wastewater Manager										
42. Telephone Number		rt./Code 4	4. Fax Ni	umber			l Addre				
(713)458-8612		() -		robin@	per	mittings	ervice	s.net		
SECTION V: A	uthor	ized Si	gnatu	<u>re</u>	•						

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

Company:	City of San Benito	Job Title:	Wastewa	ter Treatmer	t Plant Supervisor
Name (In Print):	Matthew Carrizales			Phone:	(956) 940- 893
Signature:				Date:	

TCEQ-10400 (11/22) Page 2 of 2



TCEQ Core Data Form

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

SECTION I: General Information

		nission (If other is	-		-	-						
☐ New Per	mit, Regi	stration or Authori	zation (<i>Core</i>	Data Form	shoul	d be s	ubmitte	d with	the progr	am apį	olication.)	
2. Custome CN 60075		ence Number (if	issued)	Follow this search for on numbers in Regist	CN or 1 Cent	RN			ed Entity 35599	Refei	rence Nun	nber (if issued)
SECTION	N II:	<u>Customer</u>	Inform	<u>nation</u>								
4. General (Custom	er Information	5. Effective	ve Date for	r Cus	tome	r Infor	mati	on Updat	es (mn	n/dd/yyyy)	
☐ New Custo		me (Verifiable with	_	ate to Custo ecretary of S				ptroll		-	-	l Entity Ownership
		ne submitted her State (SOS) or T	-	-			-			currei	nt and act	ive with the
6. Custome	er Legal	Name (If an indivi	idual, print la	ast name fir	st: eg:	Doe,	John)	<u>If ne</u>	w Custome	r, ente	r previous (Customer below:
City of San B	enito											
		ng Number	8. TX Stat	e Tax ID (11 dig	rits)		9. F ₀ (9 di	e deral Ta gits)	x ID	10. DUN applicable	S Number (if
11. Type of	f Custon	ner: Corpor	ation			[] Indivi	idual Partn		Partn	nership: 🗌 General 🗌 Limited	
Government:	: 🛛 City [☐ County ☐ Feder	ral 🗌 Local	☐ State ☐	Other		☐ Sole P	ropri	etorship	☐ Ot	her:	
12. Numbe ⊠ 0-20 □	r of Em 21-100		251-500	☐ 501 an	d high	ner		13. ː		ently		nd Operated?
14. Custom	er Role	(Proposed or Actu	al) - as it rela	ates to the R	Regula	ted Ei	ıtity liste	ed on	this form. I	Please (check one o	f the following
□Owner □Occupation	nal Licen	☐ Operato			wner & CP/BS	_	rator olicant		⊠ Other: Superviso		ewater Trea	tment Plant
15.												
Mailing	401 Noi	rth Sam Houston B	oulevard									
Address:	City	San Benito		State	TX		ZIP	7858	36		ZIP + 4	
16. Country	y Mailin	g Information (i)	outside USA	.)		17.1	E -Mail A	Addr	ess (if app	licable))	
10 77 1 1		,		10.7.				cityo	fsanbenito		4.0	
18. Telepho		nber		19. Extensi	ion o	r Coc	le		20. Fax	Numb	er (if appli	cable)
	SECTION III: Regulated Entity Information											
				<u>-</u>				,		7.		
□ New Regu	_	ted Entity Informity Update to							ew permit i ed Entity I			required.)
The Regula	ated Ent	ity Name submit	tted may be	e updated,								(removal of
	organizational endings such as Inc, LP, or LLC). 22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)											
		ATER TREATMENT			5 011				<i>J.</i> F 200,			

TCEQ-10400 (11/22) Page 1 of 2

23. Street Address												
of the Regulated Entity:	26300 Li	ne 20 Road										
(No PO Boxes)	City	San Benito	0	State	TX	Z	ZIP 7858		6	ZIP + 4	8843	
24. County	4. County Cameron								•			
		If no Street	Addre	ss is provid	led, field	ds 2	5-28 are	e requ	uired.			
25. Description to Physical Location:												
26. Nearest City								State		Nea	rest ZIP Code	
San Benito								ГХ		785		
Latitude/Longitude a Physical Address ma												
27. Latitude (N) In De	ecimal:	26.174814	N Outf.	002	28.	Lon	ıgitude	(W) Ir	n Decimal:	-97.6250	025W Otf. 002	
Degrees	Minutes	1	Seco	nds	Deg	rees			Minutes		Seconds	
29. Primary SIC Code (4 digits)). Secondar digits)	y SIC C	ode	31. Prir (5 or 6 d			Code	32. Sec (5 or 6 d		IAICS Code	
4952	16	529			221320							
33. What is the Prima	ary Busin	ess of this	entity?	Do not re	peat the	SIC o	or NAICS	descri	ption.)			
Wastewater Treatment												
34. Mailing	401 Noi	401 North Sam Houston Boulevard										
Address:	City	San Benit	0	State	TX		ZIP	7858	66	ZIP + 4		
35. E-Mail Address:		carrizales@c	ityofsan	benito.com								
36. Telephone Numb	er		37.	Extension	or Code		38. F	ax Nu	ımber (if ap	plicable)		
(956) 840-893							()	-				
9. TCEQ Programs and odates submitted on this									n numbers tl	nat will be	affected by the	
☐ Dam Safety	☐ Di	stricts	☐ Edv	wards Aquife	r		Emission	ns Inve	eniory air i	☐ Industr Waste	ial Hazardous	
☐ Municipal Solid Wast	Δ	ew Source	OSSF			☐ Petroleum Storage Tank				□ PWS		
<u></u>	Revie	ew Air										
☐ Sludge	☐ St	orm Water	☐ Titl	le V Air			Tires			☐ Used O	il	
☐ Voluntary Cleanup ☐ Wastewater		astewater	☐ Wastewater Agriculture			☐ Water Rights				☐ Other:		
	WQ00	015265001										
ECTION IV: P	repar	er Info	<u>rma</u>	<u>tion</u>								
40. Name: Robin But	cko				41. Tit	le:	Senior	Waste	water Manag	er		
42. Telephone Numbe	er 43. Ex	ct./Code 4	14. Fax	Number	45. E-	Mai	l Addre	SS				
(713)458-8612		()	-	robin@	per	mittings	ervices	s.net			
SECTION V: A	uthor	ized Si	anst	uro	<u> </u>							

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

Company:	City of San Benito	Job Title:	Wastewa	ter Treatmer	nt Plant Supervisor
Name (In Print):	Matthew Carrizales			Phone:	(956) 361- 0893
Signature:				Date:	

TCEQ-10400 (11/22) Page 2 of 2 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.

The City of San Benito (CN600755326) operates the City of San Benito Wastewater Treatment Plant (RN103935599), an activated sludge process, operating in complete mix/single-stage nitrification mode. The facility is located at 1900 Line 20 Road in Cameron County, Texas 78586.

This application is for a renewal to discharge at a combined flow from Outfalls 001 and 002 shall not exceed an annual average flow of 3.75 MGD.

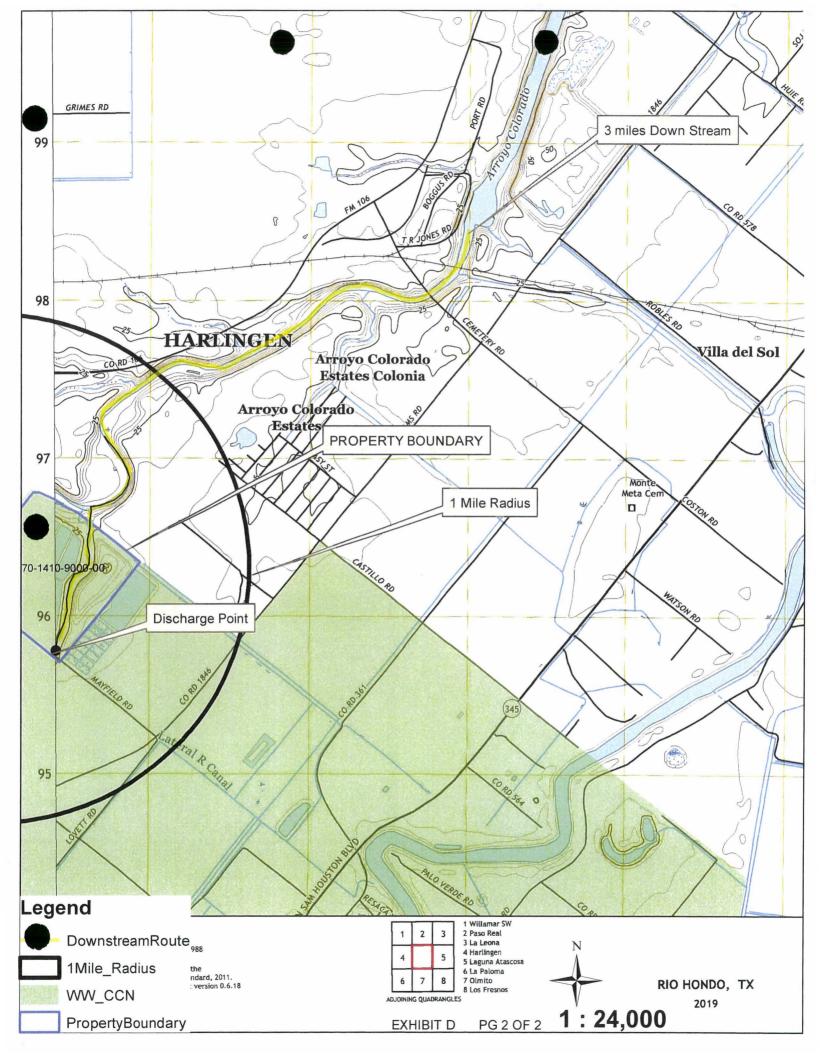
Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD $_5$), total suspended solids (TSS), ammonia nitrogen (NH $_3$ -N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by the main lift station, headworks, aeration basins, clarifiers, digester basins, UV disinfection, a small effluent lift station to pump treated effluent to nourish a 4-acre wetland ponds site, constructed in accordance with TCEQ regulations as an educational component for the community's benefit.

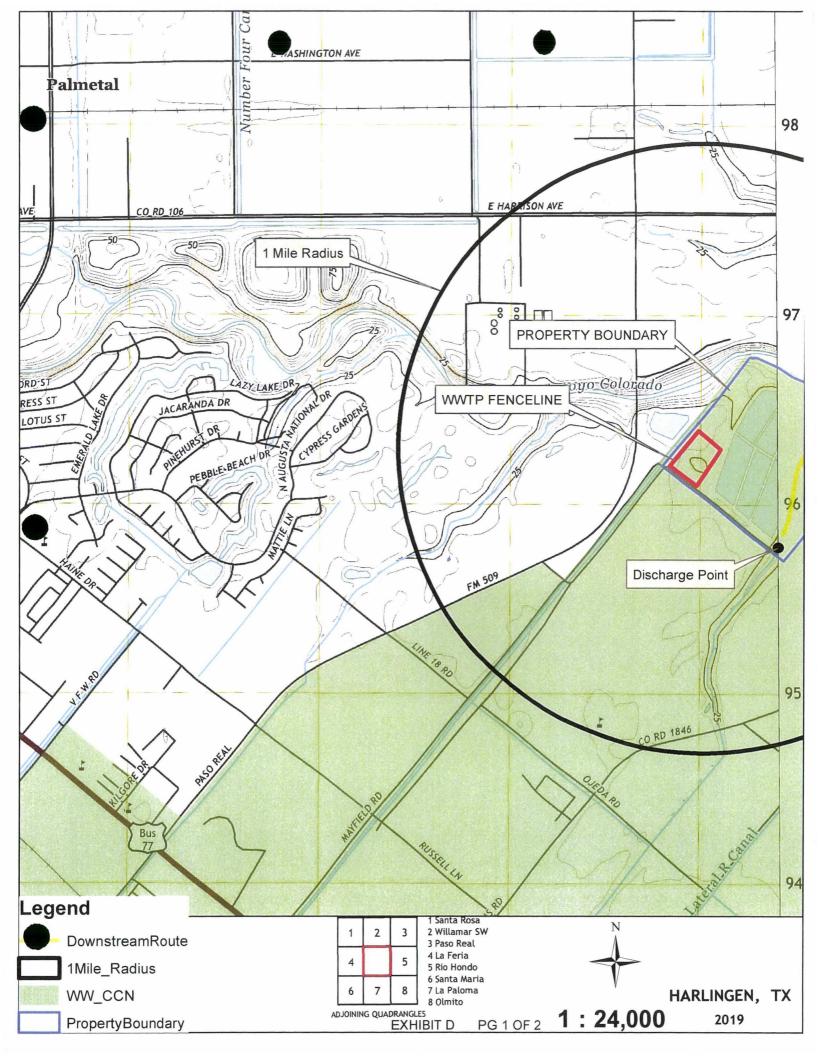
El siguiente resumen se proporciona para esta solicitud de permiso de calidad del agua pendiente que está siendo revisada por la Comisión de Calidad Ambiental de Texas según lo requerido por el Capítulo 39 del Código Administrativo de Texas 30. La información proporcionada en este resumen puede cambiar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

The City of San Benito (CN600755326) operates the City of San Benito Wastewater Treatment Plant (RN103935599), an activated sludge process, operating in complete mix/single-stage nitrification mode. The facility is located at 1900 Line 20 Road in Cameron County, Texas 78586.

Esta solicitud es para una renovación para que la descarga en un flujo combinado de los desagües 001 y 002 no exceda un flujo promedio anual de 3.75 MGD.

Se espera que los efluentes de la instalación contengan demanda bioquímica de oxígeno carbonáceo a cinco días (CBOD5), sólidos suspendidos totales (SST), nitrógeno amoniacal (NH3-N) y Escherichia coli. Se incluyen contaminantes potenciales adicionales en el Informe Técnico Doméstico 1.0, Sección 7. Análisis de Contaminantes de Efluentes Tratados y Hoja de Cálculo Doméstica 4.0 en el paquete de solicitud de permiso. Las aguas residuales domésticas son tratadas por la estación de bombeo principal, las obras de entrada, los estanques de aireación, los clarificadores, los tanques digestores, la desinfección UV, una pequeña estación de bombeo de efluentes para bombear efluentes tratados para nutrir un sitio de estanques de humedales de 4 acres, construido de acuerdo con las regulaciones de TCEQ como un componente educativo para el beneficio de la comunidad.+





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:RenewalMajor AmendmentMinor AmendmentNew
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 our agreement with EPA. If any of the items are not completely addressed or further informatio 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 for may be directed to the Water Quality Division's Application Review and Processing Team by email at

answer specific questions about the property.
Prefix (Mr., Ms., Miss): Mr.
First and Last Name: <u>Matthew Carrizales</u>
Credential (P.E, P.G., Ph.D., etc.):
Title: Wastewater Treatment Plant Supervisor
Mailing Address: <u>401 North Sam Houston Boulevard</u>
City, State, Zip Code: San Benito, TX 78586
Phone No.: <u>956-361-3845</u> Ext.: Fax No.:
E-mail Address: <u>mcarrizales@cityofsanbenito.com</u>
List the county in which the facility is located: <u>Cameron</u>
If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property.
N/A
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.
An unnamed creek receives the treated effluent flow. The final receiveing water bodLis Segment No. 2202 of the Nueces-Rio Grande Coastal Basin.
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
_

Provide the name, address, phone and fax number of an individual that can be contacted to

2.3.

4.

5.

		Disturbance of vegetation or wetlands
1.		oposed construction impact (surface acres to be impacted, depth of excavation, sealing es, or other karst features):
	N/A	
2.		be existing disturbances, vegetation, and land use:
	N/A	
		OWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR ENTS TO TPDES PERMITS
3.		nstruction dates of all buildings and structures on the property:
	<u>N/A</u>	
4.	Provide	e a brief history of the property, and name of the architect/builder, if known.
	N/A	

THE TONMENTAL OUR LAND

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 3.75

2-Hr Peak Flow (MGD): 7,813 GPM

Estimated construction start date: <u>N/A</u>
Estimated waste disposal start date: <u>N/A</u>

B. Interim II Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: Click to enter text.

C. Final Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

D. Current Operating Phase

Provide the startup date of the facility: <u>05-01-2006</u>

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**.



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)
Headworks	1	90' x 14.33' x 14.3'
Reaction Basin	3	134.16' x 54.75' x 22'
Clarifier	3	8' Dia. x 24.21'Depth.
Aerobic Digestion	3	97' x 25' x 19'
UV Disinfection	1	65' x 40.75' x 14.43'

C. Process Flow Diagram

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

Attachment: T-B

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

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

- Latitude: 26.178522N Outfall 001 / 26.174814N Outfall 002
- Longitude: -97.629061W Outfall 001 / -97.625025W Outfall 002

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-C

City of San Benito, Texas 7853 Collection System Informati each uniquely owned collection systems. examples.	on for wastewater T etion system, existing	and new, served by th	nis facility, including
Collection System Information			
Collection System Name	Owner Name	Owner Type	Population Served
City of San Benito WWTP	City of San Benito	Publicly Owned	
		Choose an item.	
		Choose an item.	
		Choose an item.	
If yes, does the existing per years of being authorized b Yes No If yes, provide a detailed dis Failure to provide sufficient recommending denial of the	y the TCEQ? scussion regarding th at justification may r	ne continued need for t result in the Executive	the unbuilt phase.
Click to enter text.			
Section 5. Closure F	Plans (Instruction	ns Page 44)	
Have any treatment units be out of service in the next fiv		ce permanently, or wil	ll any units be taken

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.
Se	ection 6. Permit Specific Requirements (Instructions Page 44) or applicants with an existing permit, check the Other Requirements or Special evisions of the permit.
	Summary transmittal
A.	•
	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 <i>requirement or provision</i> 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.
В.	Buffer zones
	Have the buffer zone requirements been met?
	⊠ Yes □ No
	Provide information below, including dates, on any actions taken to meet the conditions of the buffer zone. If available, provide any new documentation relevant to maintaining the buffer zones.
	Click to enter text.

C.	Ot	her actions required by the current permit
	sul	bes the <i>Other Requirements</i> or <i>Special Provisions</i> section in the existing permit require bmission of any other information or other required actions? Examples include tification of Completion, progress reports, soil monitoring data, etc.
		□ Yes ⊠ No
		yes, provide information below on the status of any actions taken to meet the nditions of an <i>Other Requirement</i> or <i>Special Provision</i> .
	C.	lick to enter text.
D.	Gr	it 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
	<i>J.</i>	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.
		Licensed landfill (Allied Waste Services)
	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.
F	Sto	ormwater management
		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 <u>BV80</u> or TXRNE <u>Click to enter text.</u>
		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.
	Discharge via separate dedicated stormwater outfall.
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

		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.	Di	scharges to the Lake Houston Watershed
	Do	es the facility discharge in the Lake Houston watershed?
		□ Yes ⊠ No
		yes, attach a Sewage Sludge Solids Management Plan. See Example 5 in the instructions. ck to enter text.
G.	Ot	her wastes received including sludge from other WWTPs and septic waste
	1.	Acceptance of sludge from other WWTPs
		Does or will the facility accept sludge from other treatment plants at the facility site?
		□ Yes ⊠ No
		If yes, attach sewage sludge solids management plan. See Example 5 of instructions.
		In addition, provide the date the plant started or is anticipated to start accepting
		sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an
		estimate of the BOD ₅ concentration of the sludge, and the design BOD ₅ concentration of the influent from the collection system. Also note if this information has or has not
		changed since the last permit action.
		Click to enter text.
		Note: Demoite that appoint alludge from other weather weather that allower may be
		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

intend to divert stormwater to the treatment plant headworks and indirectly discharge

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

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		Yes	\boxtimes	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					
Entercocci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, µmohs/cm, †					
Oil & Grease, mg/l					
Alkalinity (CaCO ₃)*, mg/l					

^{*}TPDES permits only

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: Matthew Carrizales

Facility Operator's License Classification and Level: $\underline{\mathbf{B}}$

Facility Operator's License Number: WWoo63642

[†]TLAP permits only

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 $\geq 10,000$ people Class I Sludge Management Facility (per 40 CFR § 503.9) Biosolids generator Biosolids end user - land application (onsite) Biosolids end user - surface disposal (onsite) Biosolids end user - incinerator (onsite) B. WWTP's Sewage Sludge or Biosolids Treatment Process Check all that apply. See instructions for guidance. **Aerobic Digestion** Air Drying (or sludge drying beds) Lower Temperature Composting Lime Stabilization **Higher Temperature Composting Heat Drying** Thermophilic Aerobic Digestion **Beta Ray Irradiation** Gamma Ray Irradiation **Pasteurization** Preliminary Operation (e.g. grinding, de-gritting, blending) Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter) Sludge Lagoon Temporary Storage (< 2 years) Long Term Storage (>= 2 years) Methane or Biogas Recovery Other Treatment Process: Activated Sludge Process, in Complete Mix/Single-Stage Nitrification 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. monofill or transport to another WWTP): Click to enter text.

D. Disposal site

Disposal site name: <u>La Joya Requis Farms</u>

TCEQ permit or registration number: <u>WQooo44630000</u>

County where disposal site is located: Hidalgo

E. Transportation method

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

Name of the hauler: **Denali Water Solutions**

Hauler registration number: 24979

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 Sluc (TCEQ Form No. 10451) attached to this permit application (see the instructions for details)?	lge

□ Yes □ No

	he existing permit include authorization for each of the contraction for the contraction of the contraction for the contraction for the contraction of the contraction for the contraction of the contraction of the contraction for the contraction of the contract	r any	y of the	follow	ring sludge processing,
Sluc	dge Composting		Yes	\boxtimes	No
Mar	rketing and Distribution of Biosolids		Yes	\boxtimes	No
Sluc	dge Surface Disposal or Sludge Monofill		Yes	\boxtimes	No
Ten	nporary storage in sludge lagoons		Yes	\boxtimes	No
author	to any of the above sludge options and the ization, is the completed Domestic Wastew ical Report (TCEQ Form No. 10056) attach	vate	r Permi	t Appl	ication: Sewage Sludge
	Yes □ No				
Section	11. Sewage Sludge Lagoons (Ins	truc	ctions	Page	2 53)
Does this	facility include sewage sludge lagoons?				
□ Ye	es 🗵 No				
If yes, com	nplete the remainder of this section. If no, p	oroc	eed to S	ection	12.
A. Locatio	on information				
	llowing maps are required to be submitted e the Attachment Number.	as p	art of tl	ne app	lication. For each map,
•	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.				
Discus apply.	s in a description if any of the following ex	ist w	vithin th	e lago	on area. Check all that
	Overlap a designated 100-year frequency	floo	d plain		
	Soils with flooding classification				
	Overlap an unstable area				
	Wetlands				
	Located less than 60 meters from a fault				
	None of the above				
Att	achment: Click to enter text.				

B. Sludge processing authorization

	Click to enter text.
-	Temporary storage information
	Provide the results for the pollutant screening of sludge lagoons. These results are in addition to pollutant results in <i>Section 7 of Technical Report 1.0.</i>
	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: <u>Click to enter text.</u>
	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: <u>Click to enter text.</u>
1	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	hydraul	iC
conductivity of	1x10 ⁻⁷ cm/	sec?							

Yes	No

	If yes	, describe the liner below. Please note that a liner is required.
	Click	to enter text.
D.	Site d	evelopment plan
	Provid	de a detailed description of the methods used to deposit sludge in the lagoon(s):
	Click	to enter text.
	Attac	n 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.	Grou	ndwater monitoring
	groun	undwater monitoring currently conducted at this site, or are any wells available for dwater monitoring, or are groundwater monitoring data otherwise available for the e lagoon(s)?
		Yes 🗵 No
	types	undwater monitoring data are available, provide a copy. Provide a profile of soil encountered down to the groundwater table and the depth to the shallowest dwater as a separate attachment.

Attachment: Click to enter text.

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

 A. Additional authorizations Does the permittee have additional authorizations for this facility, such as reuse authorization, sludge permit, etc? □ Yes ⋈ No If yes, provide the TCEQ authorization number and description of the authorization: Click to enter text. 	
B. Permittee enforcement status	
Is the permittee currently under enforcement for this facility?	
□ Yes ⊠ No	
Is the permittee required to meet an implementation schedule for compliance or enforcement?	
□ Yes ⊠ No	
If yes to either question, provide a brief summary of the enforcement, the implementa schedule, and the current status:	tion
Click to enter text.	
Section 13. RCRA/CERCLA Wastes (Instructions Page 55)	
A DCDA hozardous visatos	

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:
 - o periodically inspected by the TCEQ; or
 - o located in another state and is accredited or inspected by that state; or
 - o 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: Matthew Carrizales

Title: Wastewater Treatment Plant Supervisor

Signature:
Date:

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.1

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

Section 1. Justification for Permit (Instructions Page 56)

٨	Justification	of.	normit	nood
A.	Justincation	ΟI	регищ	neeu

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

	Click to enter text.
В.	Regionalization of facilities
	For additional guidance, please review <u>TCEQ's Regionalization Policy for Wastewater</u> <u>Treatment</u> ¹ .
	Provide the following information concerning the potential for regionalization of domest wastewater treatment facilities:
	1. Municipally incorporated areas
	If the applicant is a city, then Item 1 is not applicable. Proceed to Item 2 Utility CCN areas.
	Is any portion of the proposed service area located in an incorporated city?
	□ Yes □ No □ Not Applicable
	If yes , within the city limits of: <u>Click to enter text.</u>
	If yes, attach correspondence from the city.
	Attachment: Click to enter text.
	If consent to provide service is available from the city, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the city versus the cost of the proposed facility or expansion attached.
	Attachment: Click to enter text.
	2. Utility CCN areas
	Is any portion of the proposed service area located inside another utility's CCN area?
	□ Yes □ No

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

If yes, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the CCN facilities versus the cost of the proposed facility or expansion.
Attachment: Click to enter text.
3. Nearby WWTPs or collection systems
Are there any domestic permitted wastewater treatment facilities or collection systems located within a three-mile radius of the proposed facility?
□ Yes □ No
If yes, attach a list of these facilities and collection systems that includes each permittee's name and permit number, and an area map showing the location of these facilities and collection systems.
Attachment: Click to enter text.
If yes, attach proof of mailing a request for service to each facility and collection system, the letters requesting service, and correspondence from each facility and collection system.
Attachment: Click to enter text.
If the facility or collection system agrees to provide service, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the facility or collection system versus the cost of the proposed facility or expansion.
Attachment: Click to enter text.
Section 2. Proposed Organic Loading (Instructions Page 58)
Is this facility in operation?
□ Yes □ No
If no, proceed to Item B, Proposed Organic Loading.
If yes, provide organic loading information in Item A, Current Organic Loading
A. Current organic loading
Facility Design Flow (flow being requested in application): Click to enter text.
Average Influent Organic Strength or BOD ₅ Concentration in mg/l: <u>Click to enter text.</u>
Average Influent Loading (lbs/day = total average flow X average BOD ₅ conc. X 8.34): $\underline{\text{Click}}$ to enter text.
Provide the source of the average organic strength or BOD ₅ concentration.
Click to enter text.

B. Proposed organic loading

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

Table 1.1(1) - Design Organic Loading

Source	Total Average Flow (MGD)	Influent BOD5 Concentration (mg/l)
Municipality		
Subdivision		
Trailer park - transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources		
AVERAGE BOD ₅ from all sources		

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

A. Existing/Interim I Phase Design Effluent Quality

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

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

Ammonia Nitrogen, mg/l: <u>Click to enter text.</u>
Total Phosphorus, mg/l: <u>Click to enter text.</u>
Dissolved Oxygen, mg/l: <u>Click to enter text.</u>

Other: Click to enter text.

B.	Interim II Phase Design Effluent Quality
	Biochemical Oxygen Demand (5-day), mg/l: Click to enter text.
	Total Suspended Solids, mg/l: Click to enter text.
	Ammonia Nitrogen, mg/l: Click to enter text.
	Total Phosphorus, mg/l: Click to enter text.
	Dissolved Oxygen, mg/l: Click to enter text.
	Other: Click to enter text.
C.	Final Phase Design Effluent Quality
	Biochemical Oxygen Demand (5-day), mg/l: Click to enter text.
	Total Suspended Solids, mg/l: Click to enter text.
	Ammonia Nitrogen, mg/l: Click to enter text.
	Total Phosphorus, mg/l: Click to enter text.
	Dissolved Oxygen, mg/l: Click to enter text.
	Other: Click to enter text.
D.	Disinfection Method
	Identify the proposed method of disinfection.
	☐ Chlorine: Click to enter text. mg/l after Click to enter text. minutes detention time
	at peak flow
	Dechlorination process: <u>Click to enter text.</u>
	☐ Ultraviolet Light: <u>Click to enter text.</u> seconds contact time at peak flow
	□ Other: <u>Click to enter text.</u>
Se	ction 4. Design Calculations (Instructions Page 58)
	each design calculations and plant features for each proposed phase. Example 4 of the
	tructions includes sample design calculations and plant features.
	Attachment: Click to enter text.
Se	ction 5. Facility Site (Instructions Page 59)
	· · · · · · · · · · · · · · · · · · ·
A.	100-year floodplain
	Will the proposed facilities be located <u>above</u> the 100-year frequency flood level?
	□ Yes □ No
	If no , describe measures used to protect the facility during a flood event. Include a site map showing the location of the treatment plant within the 100-year frequency flood level. If applicable, provide the size and types of protective structures.
	Click to enter text.

	Provide the source(s) used to determine 100-year frequency flood plain.
	Click to enter text.
	For a new or expansion of a facility, will a wetland or part of a wetland be filled?
	☐ Yes ☐ No
	If yes, has the applicant applied for a US Corps of Engineers 404 Dredge and Fill Permit? ☐ Yes ☐ No
	If yes, provide the permit number: Click to enter text.
	If no, provide the approximate date you anticipate submitting your application to the Corps: Click to enter text.
B.	Wind rose
	Attach a wind rose: Click to enter text.
Se	ction 6. Permit Authorization for Sewage Sludge Disposal (Instructions Page 59)
A.	Beneficial use authorization
	Are you requesting to include authorization to land apply sewage sludge for beneficial use on property located adjacent to the wastewater treatment facility under the wastewater permit?
	□ Yes □ No
	If yes, attach the completed Application for Permit for Beneficial Land Use of Sewage Sludge (TCEQ Form No. 10451): Click to enter text.
B.	Sludge processing authorization
	Identify the sludge processing, storage or disposal options that will be conducted at the wastewater treatment facility:
	□ Sludge Composting
	□ Marketing and Distribution of sludge
	□ Sludge Surface Disposal or Sludge Monofill
	If any of the above, sludge options are selected, attach the completed Domestic Wastewater Permit Application: Sewage Sludge Technical Report (TCEQ Form No. 10056): Click to enter text.
Se	ection 7. Sewage Sludge Solids Management Plan (Instructions Page 60)

Attach a solids management plan to the application.

Attachment: Click to enter text.

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

Treatment units and processes dimensions and capacities

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

Section 1. Domestic Drinking Water Supply (Instructions Page 63)
Is there a surface water intake for domestic drinking water supply located within 5 miles downstream from the point or proposed point of discharge?
□ Yes ⊠ No
If no , proceed it Section 2. If yes , provide the following:
Owner of the drinking water supply: Click to enter text.
Distance and direction to the intake: Click to enter text.
Attach a USGS map that identifies the location of the intake.
Attachment: Click to enter text.
Section 2. Discharge into Tidally Affected Waters (Instructions Page 63)
Does the facility discharge into tidally affected waters?
⊠ Yes □ No
If no , proceed to Section 3. If yes , complete the remainder of this section. If no, proceed to Section 3.
A. Receiving water outfall
Width of the receiving water at the outfall, in feet: Click to enter text.
B. Oyster waters
Are there oyster waters in the vicinity of the discharge?
□ Yes ⊠ No
If yes, provide the distance and direction from outfall(s).
Click to enter text.
C. Sea grasses
Are there any sea grasses within the vicinity of the point of discharge?
□ Yes ⊠ No
If yes, provide the distance and direction from the outfall(s).
Click to enter text.

Section 3. **Classified Segments (Instructions Page 63)** Is the discharge directly into (or within 300 feet of) a classified segment? Yes ⊠ No If yes, this Worksheet is complete. **If no**, complete Sections 4 and 5 of this Worksheet. Section 4. **Description of Immediate Receiving Waters (Instructions Page 63)** Name of the immediate receiving waters: Click to enter text. A. Receiving water type Identify the appropriate description of the receiving waters. Stream Freshwater Swamp or Marsh Lake or Pond Surface area, in acres: Click to enter text. Average depth of the entire water body, in feet: Click to enter text. Average depth of water body within a 500-foot radius of discharge point, in feet: Click to enter text. Man-made Channel or Ditch \boxtimes 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: City Personnel Observations

C.	Downstream perennial confluences				
		e names of all perennial streams tha tream of the discharge point.	t joii	n the receiving water within three miles	
	N/A				
D.	Downs	tream characteristics			
		receiving water characteristics change (e.g., natural or man-made dams	_	rithin three miles downstream of the ads, reservoirs, etc.)?	
		Yes ⊠ No			
	If yes,	discuss how.			
	N/A				
Ε.	Norma	l dry weather characteristics			
	Provide	e general observations of the water h	ody	during normal dry weather conditions.	
	Contin	uous Low Flow, Mainly from Treated E	ffluer	nt Discharge	
	Date ar	nd time of observation: <u>April 21, 2025</u>	i		
	Was th	e water body influenced by stormwa	iter r	runoff during observations?	
		Yes 🗵 No			
Se	ection	5. General Characteristics Page 65)	s of	the Waterbody (Instructions	
Α.	Upstre	am influences			
	Is the i			ne discharge or proposed discharge site at apply.	
		Oil field activities		Urban runoff	
		Upstream discharges	\boxtimes	Agricultural runoff	
		Septic tanks		Other(s), specify: Click to enter text.	

B. Waterbody uses Observed or evidences of the following uses. Check all that apply. Livestock watering Contact recreation Irrigation withdrawal Non-contact recreation **Fishing** Navigation Domestic water supply Industrial water supply Park activities \boxtimes Other(s), specify: Click to enter text. C. Waterbody aesthetics Check one of the following that best describes the aesthetics of the receiving water and the surrounding area. Wilderness: outstanding natural beauty; usually wooded or unpastured area; water clarity exceptional Natural Area: trees and/or native vegetation; some development evident (from fields, pastures, dwellings); water clarity discolored \boxtimes Common Setting: not offensive; developed but uncluttered; water may be colored or turbid Offensive: stream does not enhance aesthetics; cluttered; highly developed;

dumping areas; water discolored

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.1: STREAM PHYSICAL CHARACTERISTICS

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

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

Section 1. General Information (Instructions Page 65)
Date of study: Click to enter text. Time of study: Click to enter text.
Stream name: <u>Click to enter text.</u>
Location: Click to enter text.
Type of stream upstream of existing discharge or downstream of proposed discharge (check one).
□ Perennial □ Intermittent with perennial pools
Section 2. Data Collection (Instructions Page 65)
Number of stream bends that are well defined: Click to enter text.
Number of stream bends that are moderately defined: Click to enter text.
Number of stream bends that are poorly defined: Click to enter text.
Number of riffles: Click to enter text.
Evidence of flow fluctuations (check one):
□ Minor □ moderate □ severe
Indicate the observed stream uses and if there is evidence of flow fluctuations or channel obstruction/modification.
Click to enter text.

Stream transects

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

Table 2.1(1) - Stream Transect Records

Stream type at transect	ansect surface	surface	Stream depths (ft) at 4 to 10 points along each		
Select riffle, run, glide, or pool. See Instructions, Definitions section.		width (ft)	transect from the channel bed to the water surface. Separate the measurements with commas.		
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.					

Section 3. Summarize Measurements (Instructions Page 65)

Streambed slope of entire reach, from USGS map in feet/feet: Click to enter text.

Approximate drainage area above the most downstream transect (from USGS map or county highway map, in square miles): <u>Click to enter text.</u>

Length of stream evaluated, in feet: Click to enter text.

Number of lateral transects made: Click to enter text.

Average stream width, in feet: Click to enter text.

Average stream depth, in feet: Click to enter text.

Average stream velocity, in feet/second: Click to enter text.

Instantaneous stream flow, in cubic feet/second: Click to enter text.

Indicate flow measurement method (type of meter, floating chip timed over a fixed distance, etc.): <u>Click to enter text.</u>

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

Maximum pool depth, in feet: Click to enter text.

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND DISPOSAL OF EFFLUENT

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

Section 1. Type of Disposal System (Instructions Page 67) Identify the method of land disposal: Surface application Subsurface application Irrigation Subsurface soils absorption Subsurface area drip dispersal system Drip irrigation system Evaporation Evapotranspiration beds Other (describe in detail): Click to enter text.

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

For existing authorizations, provide Registration Number: Click to enter text.

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

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

Table 3.0(1) - Land Application Site Crops

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

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

Table 3.0(2) – Storage and Evaporation Ponds

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

Attach a copy of licensed profess			red, signed, and seale	ed by a Texas
Attachment:	Click to enter te	ext.		
Section 4.	Flood and Ru	unoff Protectio	n (Instructions F	Page 67)
Is the land appli	cation site <u>withi</u>	<u>n</u> the 100-year freq	uency flood level?	
□ Yes □	No			
If yes , describe	how the site will	be protected from	inundation.	
Click to enter to	ext.			
Provide the sour	ce used to deter	mine the 100-year	frequency flood level:	
Click to enter to	ext.			
Provide a descripapplication site.	ption of tailwate	r controls and rain	fall run-on controls us	sed for the land
Click to enter to	ext.			

Section 5. Annual Cropping Plan (Instructions Page 67)

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

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

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

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation indicating why. **Attachment**: <u>Click to enter text.</u>

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

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

Table 3.0(3) - Water Well Data

Well ID	Well Use	Producing? Y/N	Open, cased, capped, or plugged?	Proposed Best Management Practice
			Choose an item.	
			Choose an item.	
			Choose an item.	
			Choose an item.	
			Choose an item.	

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

Attachment: Click to enter text.

Section 7. Groundwater Quality (Instructions Page 68)

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

Attachment: Click to enter text.
Are groundwater monitoring wells available onsite? \square Yes \square No
Do you plan to install ground water monitoring wells or lysimeters around the land application site? \Box Yes \Box No
If yes, provide the proposed location of the monitoring wells or lysimeters on a site map.
Attachment: Click to enter text.

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

A. Soil map

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

Attachment: Click to enter text.

B. Soil analyses

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

Attachment: Click to enter text.

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

Table 3.0(4) - Soil Data

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number

Section 9. Effluent Monitoring Data (Instructions Page 70) Is the facility in operation? Yes □ No **If no**, this section is not applicable and the worksheet is complete. If yes, provide the effluent monitoring data for the parameters regulated in the existing permit. If a parameter is not regulated in the existing permit, enter N/A. Table 3.0(5) – Effluent Monitoring Data BOD5 Chlorine **Date** 30 Day Avg **TSS** рН Acres Flow MGD Residual mg/l mg/l mg/l irrigated

corrective actions taken.		
Click to enter text.		

Provide a discussion of all persistent excursions above the permitted limits and any

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.1: SURFACE LAND DISPOSAL OF EFFLUENT

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

Section 1. Surface Disposal (Instructions Page 71)

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

A. Irrigation

Area under irrigation, in acres: Click to enter text.

Design application frequency:

hours/day Click to enter text. And days/week Click to enter text.

Land grade (slope):

average percent (%): Click to enter text.

maximum percent (%): Click to enter text.

Design application rate in acre-feet/acre/year: Click to enter text.

Design total nitrogen loading rate, in lbs N/acre/year: Click to enter text.

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

Method of application: Click to enter text.

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

Attachment: Click to enter text.

B. Evaporation ponds

Daily average effluent flow into ponds, in gallons per day: Click to enter text.

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

Attachment: Click to enter text.

C. Evapotranspiration beds

Number of beds: Click to enter text.

Area of bed(s), in acres: <u>Click to enter text.</u>

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

Void ratio of soil in the beds: Click to enter text.

Storage volume within the beds, in acre-feet: Click to enter text.

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

Attachment: Click to enter text.

Area used for application, in acres: Click to enter text. Slopes for application area, percent (%): Click to enter text. Design application rate, in gpm/foot of slope width: Click to enter text. Slope length, in feet: Click to enter text. Design BOD5 loading rate, in lbs BOD5/acre/day: Click to enter text. Design application frequency: hours/day: Click to enter text. And days/week: Click to enter text. Attach a separate engineering report with the method of application and design requirements according to 30 TAC Chapter 217. Attachment: Click to enter text.

Section 2. Edwards Aquifer (Instructions Page 72)

Is the facility subject to 30 TAC Chapter 213, Edwards Aquifer Rules?
□ Yes □ No
If yes , is the facility located on the Edwards Aquifer Recharge Zone?
□ Yes □ No
If yes, attach a geological report addressing potential recharge features.
Attachment: Click to enter text.

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.2: SURFACE LAND DISPOSAL OF EFFLUENT

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

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

Section 1. Subsurface Application (Instructions Page 73)
Identify the type of system:
□ Conventional Gravity Drainfield, Beds, or Trenches (new systems must be less than 5,000 GPD)
□ Low Pressure Dosing
☐ Other, specify: <u>Click to enter text.</u>
Application area, in acres: Click to enter text.
Area of drainfield, in square feet: Click to enter text.
Application rate, in gal/square foot/day: Click to enter text.
Depth to groundwater, in feet: Click to enter text.
Area of trench, in square feet: Click to enter text.
Dosing duration per area, in hours: <u>Click to enter text.</u>
Number of beds: Click to enter text.
Dosing amount per area, in inches/day: Click to enter text.
Infiltration rate, in inches/hour: Click to enter text.
Storage volume, in gallons: <u>Click to enter text.</u>
Area of bed(s), in square feet: Click to enter text.
Soil Classification: <u>Click to enter text.</u>
Attach a separate engineering report with the information required in $30\ TAC\ \S\ 309.20$, excluding the requirements of $\S\ 309.20\ b(3)(A)$ and (B) design analysis which may be asked for on a case by case basis. Include a description of the schedule of dosing basin rotation.
Attachment: Click to enter text.
Section 2. Edwards Aquifer (Instructions Page 73)
Is the subsurface system over the Edwards Aquifer Recharge Zone as mapped by TCEQ?
□ Yes □ No
Is the subsurface system over the Edwards Aquifer Transition Zone as mapped by TCEQ?
□ Yes □ No
If ves to either question, the subsurface system may be prohibited by 30 TAC §213.8. Please

call the Municipal Permits Team, at 512-239-4671, to schedule a pre-application meeting.

DOMESTIC WASTEWATER PERMIT APPLICATION **WORKSHEET 3.3: SUBSURFACE AREA DRIP DISPERSAL** (SADDS) LAND DISPOSAL OF EFFLUENT

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

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

Se	ction 1. Administrative Information (Instructions Page 74)
Α.	Provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the treatment facility:
В.	<u>Click to enter text.</u> Is the owner of the land where the treatment facility is located the same as the owner of the treatment facility?
	□ Yes □ No
	If no , provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the land where the treatment facility is located.
	Click to enter text.
C.	Owner of the subsurface area drip dispersal system: <u>Click to enter text.</u>
D.	Is the owner of the subsurface area drip dispersal system the same as the owner of the wastewater treatment facility or the site where the wastewater treatment facility is located?
	□ Yes □ No
	If no , identify the names of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in Item 1.C.
	Click to enter text.
Е.	Owner of the land where the subsurface area drip dispersal system is located: <u>Click to enter text.</u>
F.	Is the owner of the land where the subsurface area drip dispersal system is located the same as owner of the wastewater treatment facility, the site where the wastewater treatment facility is located, or the owner of the subsurface area drip dispersal system? \[\textstyle \text{Yes} \textstyle \text{No} \]
	If no , identify the name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in item 1.E.
	Click to enter text.

Section 2. Subsurface Area Drip Dispersal System (Instructions Page

A.	Type of system
	☐ Subsurface Drip Irrigation
	□ Surface Drip Irrigation
	□ Other, specify: <u>Click to enter text.</u>
B.	Irrigation operations
	Application area, in acres: <u>Click to enter text.</u>
	Infiltration Rate, in inches/hour: Click to enter text.
	Average slope of the application area, percent (%): Click to enter text.
	Maximum slope of the application area, percent (%): Click to enter text.
	Storage volume, in gallons: Click to enter text.
	Major soil series: Click to enter text.
	Depth to groundwater, in feet: Click to enter text.
C.	Application rate
	Is the facility located west of the boundary shown in <i>30 TAC § 222.83</i> and also using a vegetative cover of non-native grasses over seeded with cool season grasses during the winter months (October-March)?
	□ Yes □ No
	If yes, then the facility may propose a hydraulic application rate not to exceed 0.1 gal/square foot/day.
	Is the facility located east of the boundary shown in <i>30 TAC § 222.83</i> or in any part of the state when the vegetative cover is any crop other than non-native grasses?
	□ Yes □ No
	If yes , the facility must use the formula in <i>30 TAC §222.83</i> to calculate the maximum hydraulic application rate.
	Do you plan to submit an alternative method to calculate the hydraulic application rate for approval by the executive director?
	□ Yes □ No
	Hydraulic application rate, in gal/square foot/day: Click to enter text.
	Nitrogen application rate, in lbs/gal/day: Click to enter text.
D.	Dosing information
	Number of doses per day: <u>Click to enter text.</u>
	Dosing duration per area, in hours: <u>Click to enter text.</u>

Rest period between doses, in hours: Click to enter text.

Dosing amount per area, in inches/day: Click to enter text.

	Number of zones: Click to enter text.
	Does the proposed subsurface drip irrigation system use tree vegetative cover as a crop?
	□ Yes □ No
	If yes , provide a vegetation survey by a certified arborist. Please call the Water Quality Assessment Team at (512) 239-4671 to schedule a pre-application meeting.
	Attachment: Click to enter text.
Se	ction 3. Required Plans (Instructions Page 74)
A.	Recharge feature plan
	Attach a Recharge Feature Plan with all information required in 30 TAC §222.79.
	Attachment: Click to enter text.
B.	Soil evaluation
	Attach a Soil Evaluation with all information required in 30 TAC §222.73.
	Attachment: Click to enter text.
C.	Site preparation plan
	Attach a Site Preparation Plan with all information required in 30 TAC §222.75.
	Attachment: Click to enter text.
D.	Soil sampling/testing
	Attach soil sampling and testing that includes all information required in <i>30 TAC §222.157</i> .
	Attachment: Click to enter text.
C	
Se	ction 4. Floodway Designation (Instructions Page 75)
A.	Site location
	Is the existing/proposed land application site within a designated floodway?
	□ Yes □ No
B.	Flood map
	Attach either the FEMA flood map or alternate information used to determine the floodway.
	Attachment: Click to enter text.
Ca	ction 5. Surface Waters in the State (Instructions Page 75)
JC	etion 5. Surface waters in the state (instructions rage 73)

S

A. Buffer Map

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

Attachment: Click to enter text.

Do you plan to request a buffer variance from water wells or waters in the state?
□ Yes □ No
If yes, then attach the additional information required in 30 TAC § 222.81(c).
Attachment: Click to enter text.
Section 6 Edwards Aguifor (Instructions Dags 75)
Section 6. Edwards Aquifer (Instructions Page 75)
A. Is the SADDS located over the Edwards Aquifer Recharge Zone as mapped by TCEQ?
□ Yes □ No
B. Is the SADDS located over the Edwards Aquifer Transition Zone as mapped by TCEQ?
□ Yes □ No
If yes to either question , then the SADDS may be prohibited by <i>30 TAC §213.8</i> . Please call the Municipal Permits Team at 512-239-4671 to schedule a pre-application meeting.

B. Buffer variance request

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 4.0: POLLUTANT ANALYSIS REQUIREMENTS

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

This worksheet is not required minor amendments without renewal.

Section 1. Toxic Pollutants (Instructions Page 76)

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

Grab ⊠ Composite □

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

Table 4.0(1) - Toxics Analysis

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

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

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

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (μg/l)
Nonylphenol				333
Parathion (ethyl)				0.1
Pentachlorobenzene				20
Pentachlorophenol				5
Phenanthrene				10
Polychlorinated Biphenyls (PCB's) (*3)				0.2
Pyridine				20
Selenium				5
Silver				0.5
1,2,4,5-Tetrachlorobenzene				20
1,1,2,2-Tetrachloroethane				10
Tetrachloroethylene				10
Thallium				0.5
Toluene				10
Toxaphene				0.3
2,4,5-TP (Silvex)				0.3
Tributyltin (see instructions for explanation)				0.01
1,1,1-Trichloroethane				10
1,1,2-Trichloroethane				10
Trichloroethylene				10
2,4,5-Trichlorophenol				50
TTHM (Total Trihalomethanes)				10
Vinyl Chloride				10
Zinc				5

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

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

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

Section 2. Priority Pollutants

For 1	pollutants	identified	in	Tables	4.0(2)A-E,	indicate	type	of s	sample.
-------	------------	------------	----	--------	------------	----------	------	------	---------

Grab □ Composite □

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

Table 4.0(2)A - Metals, Cyanide, and Phenols

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

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

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

Table 4.0(2)B - Volatile Compounds

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

Table 4.0(2)C - Acid Compounds

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

Table 4.0(2)D - Base/Neutral Compounds

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

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

Table 4.0(2)E - Pesticides

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

^{*} For PCBS, if all are non-detects, enter the highest non-detect preceded by a "<".

Section 3. Dioxin/Furan Compounds A. Indicate which of the following compounds from may be present in the influent from a contributing industrial user or significant industrial user. Check all that apply. 2,4,5-trichlorophenoxy acetic acid Common Name 2,4,5-T, CASRN 93-76-5 2-(2,4,5-trichlorophenoxy) propanoic acid Common Name Silvex or 2,4,5-TP, CASRN 93-72-1 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate Common Name Erbon, CASRN 136-25-4 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate Common Name Ronnel, CASRN 299-84-3 2,4,5-trichlorophenol Common Name TCP, CASRN 95-95-4 hexachlorophene Common Name HCP, CASRN 70-30-4 For each compound identified, provide a brief description of the conditions of its/their presence at the facility. Click to enter text.

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

□ Yes ⊠ No

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

Click to enter text.

C.	If any of the compounds in Subsection A ${f or}$ B are present, complete Table 4.0(2)F.
	For pollutants identified in Table 4.0(2)F, indicate the type of sample.

Grab □ Composite □

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

Table 4.0(2)F - Dioxin/Furan Compounds

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 5.0: TOXICITY TESTING REQUIREMENTS

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

This worksheet is not required minor amendments without renewal.

Section 1. Required Tests

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

7-day Chronic: <u>17</u> 48-hour Acute: <u>o</u>

Section 2. Toxicity Reduction Evaluations (TREs)

Has this facility	completed a	TRE in the	past four	and a ha	lf years? (Or is the	facility	currently
performing a TF	RE?							

□ Yes ⊠ No

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

Section 3. Summary of WET Tests

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

Table 5.0(1) Summary of WET Tests

Test Date	Test Species	NOEC Survival	NOEC Sub-lethal

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

Section 1. All POTWs (Instructions Page 87)

A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: N/A

Average Daily Flows, in MGD: N/A

Significant IUs - non-categorical:

Number of IUs: N/A

Average Daily Flows, in MGD: N/A

Other IUs:

Number of IUs: N/A

Average Daily Flows, in MGD: N/A

B. Treatment plant interference

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

□ Yes ⊠ No

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

N/A

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. N/A 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	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. N/A 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.	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. N/A 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	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.	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.	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.		In the past three years, has your POTW experienced pass through (see instructions)?
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 only of this Worksheet. Is your POTW required to develop 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	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. N/A 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.	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. N/A 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	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.	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.	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.		□ Yes ⊠ No
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	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.	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	N/A	N/A	N/A		treatment plant, and probable cause(s) and possible source(s) of each pass through event.
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	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.	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					N/A
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	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.	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					
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	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.	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					
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	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.	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					
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	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.	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					
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	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.	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					
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	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.	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				D.	Pretreatment program
 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 	 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. 	 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 	D. Pretreatment program	D. Pretreatment program	D. Pretreatment program		
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	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.	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					□ Yes ⊠ No
☐ 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	☐ 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.	☐ 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	Does your POTW have an approved pretreatment program?	Does your POTW have an approved pretreatment program?	Does your POTW have an approved pretreatment program?		If yes, complete Section 2 only of this Worksheet.
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	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.	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	Does your POTW have an approved pretreatment program? ☐ Yes ☑ No	Does your POTW have an approved pretreatment program? ☐ Yes ☑ No	Does your POTW have an approved pretreatment program? ☐ Yes ☑ No		Is your POTW required to develop an approved pretreatment program?
If no to either question above, skip Section 2 and complete Section 3 for each significant	If no to either question above, skip Section 2 and complete Section 3 for each significant industrial user and categorical industrial user.	If no to either question above, skip Section 2 and complete Section 3 for each significant	Does your POTW have an approved pretreatment program? ☐ Yes ☑ No If yes, complete Section 2 only of this Worksheet.	Does your POTW have an approved pretreatment program? ☐ Yes ☑ No If yes, complete Section 2 only of this Worksheet.	Does your POTW have an approved pretreatment program? ☐ Yes ☑ No If yes, complete Section 2 only of this Worksheet.		□ Yes ⊠ No
	industrial user and categorical industrial user.		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?	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?	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?		If yes, complete Section 2.c. and 2.d. only, and skip Section 3.
madelia del ma entegorien manorim dell'	Section 2 POTWs with Approved Programs or Those Required to		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	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	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		
		Section 2. POTWs with Approved Programs or Those Required to	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	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	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		<u> </u>
Develop a Hogram (motractions rage or)	Develop a rrogram (motractions rage or)		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	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	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	Se	ection 2. POTWs with Approved Programs or Those Required to
Substantial modifications		Develop a Hogram (mstructions Lage 67)	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.	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	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	Se	ection 2. POTWs with Approved Programs or Those Required to
		A. Substantial modifications	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	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	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		ection 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 87) 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 <i>40 CFR §403.18</i> ?	Have there been any substantial modifications to the approved pretreatment program	A. Substantial modifications Have there been any substantial modifications to the approved 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	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	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		ection 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 87) Substantial modifications Have there been any substantial modifications to the approved pretreatment program
	Have there been any substantial modifications to the approved pretreatment program that have not been submitted to the TCEQ for approval according to <i>40 CFR §403.18</i> ?	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?	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?	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?	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?		Ection 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 87) 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?
that have not been submitted to the TCEQ for approval according to 40 CFR §403.18?	Have there been any substantial modifications to the approved pretreatment program that have not been submitted to the TCEQ for approval according to <i>40 CFR §403.18</i> ? Yes No If yes , identify the modifications that have not been submitted to TCEQ, including the	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 <i>40 CFR §403.18</i> ? Yes No If yes, identify the modifications that have not been submitted to TCEQ, including the	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	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	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		POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 87) 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
that have not been submitted to the TCEQ for approval according to <i>40 CFR §403.18</i> ? Yes No If yes, identify the modifications that have not been submitted to TCEQ, including the	Have there been any substantial modifications to the approved pretreatment program that have not been submitted to the TCEQ for approval according to <i>40 CFR §403.18</i> ? Pes No If yes , identify the modifications that have not been submitted to TCEQ, including the purpose of the modification.	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 <i>40 CFR §403.18</i> ? Yes No If yes , identify the modifications that have not been submitted to TCEQ, including the purpose of the modification.	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.	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.	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.		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.
that have not been submitted to the TCEQ for approval according to <i>40 CFR §403.18</i> ? Yes No If yes, identify the modifications that have not been submitted to TCEQ, including the purpose of the modification.	Have there been any substantial modifications to the approved pretreatment program that have not been submitted to the TCEQ for approval according to <i>40 CFR §403.18</i> ? Pes No If yes , identify the modifications that have not been submitted to TCEQ, including the purpose of the modification.	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 <i>40 CFR §403.18</i> ? Yes No If yes , identify the modifications that have not been submitted to TCEQ, including the purpose of the modification.	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.	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.	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.		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.
that have not been submitted to the TCEQ for approval according to <i>40 CFR §403.18</i> ? Yes No If yes, identify the modifications that have not been submitted to TCEQ, including the purpose of the modification.	Have there been any substantial modifications to the approved pretreatment program that have not been submitted to the TCEQ for approval according to <i>40 CFR §403.18</i> ? Pes No If yes , identify the modifications that have not been submitted to TCEQ, including the purpose of the modification.	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 <i>40 CFR §403.18</i> ? Yes No If yes , identify the modifications that have not been submitted to TCEQ, including the purpose of the modification.	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.	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.	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.		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.
that have not been submitted to the TCEQ for approval according to <i>40 CFR §403.18</i> ? Yes No If yes, identify the modifications that have not been submitted to TCEQ, including the purpose of the modification.	Have there been any substantial modifications to the approved pretreatment program that have not been submitted to the TCEQ for approval according to <i>40 CFR §403.18</i> ? Pes No If yes , identify the modifications that have not been submitted to TCEQ, including the purpose of the modification.	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.	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.	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.	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.		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.
that have not been submitted to the TCEQ for approval according to <i>40 CFR §403.18</i> ? Yes No If yes, identify the modifications that have not been submitted to TCEQ, including the purpose of the modification.	Have there been any substantial modifications to the approved pretreatment program that have not been submitted to the TCEQ for approval according to <i>40 CFR §403.18</i> ? Pes No If yes , identify the modifications that have not been submitted to TCEQ, including the purpose of the modification.	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.	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.	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.	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.		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.
Develop a Program (Instructions Page 87)			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 signification.	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 signification.	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 signification.		G C C C C C C C C C C C C C C C C C C C
			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	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	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		
			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	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	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		•
		Section 2. POTWs with Approved Programs or Those Required to	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	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	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.
maddim add and dategoriem mandrim addr.	Section 2 POTWs with Approved Programs or Those Required to		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.	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.	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.		
madelia del and edebotica madelia dell'	Section 2 POTWs with Approved Programs or Those Required to		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	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	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		
MOUSINALUSELANO CATEVOLICAL MOUSINALUSEL		muustriai user ana categoricai muustriai user.	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	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	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		
	industrial user and categorical industrial user.		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	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	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		• • • •
	industrial user and categorical industrial user.		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?	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?	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?		• • • •
	industrial user and categorical industrial user.		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?	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?	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?		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	If no to either question above, skip Section 2 and complete Section 3 for each significant industrial user and categorical industrial user.	If no to either question above, skip Section 2 and complete Section 3 for each significant	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?	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?	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?		
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	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.	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	Does your POTW have an approved pretreatment program? ☐ Yes ☑ No If yes, complete Section 2 only of this Worksheet.	Does your POTW have an approved pretreatment program? ☐ Yes ☑ No If yes, complete Section 2 only of this Worksheet.	Does your POTW have an approved pretreatment program? ☐ Yes ☑ No If yes, complete Section 2 only of this Worksheet.		
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	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.	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	Does your POTW have an approved pretreatment program? ☐ Yes ☑ No	Does your POTW have an approved pretreatment program? ☐ Yes ☑ No	Does your POTW have an approved pretreatment program? ☐ Yes ☑ No		• • •
☐ 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	☐ 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.	☐ 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	Does your POTW have an approved pretreatment program?	Does your POTW have an approved pretreatment program?	Does your POTW have an approved pretreatment program?		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	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.	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	Does your POTW have an approved pretreatment program?	Does your POTW have an approved pretreatment program?	Does your POTW have an approved pretreatment program?		
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	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.	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					□ Yes ⊠ No
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	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.	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					□ 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 	 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. 	 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 					
 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 	 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. 	 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 	D. Pretreatment program	D. Pretreatment program	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 	 □ 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. 	 □ 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 	D. Drotroatmont program	D. Protroatment program	D. Protroatment program	υ.	
 □ 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 	 □ 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. 	 □ 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 				D.	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 	 □ 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. 	 □ 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 				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	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.	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					
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	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.	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					
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	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.	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					,
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	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.	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	, , , ,	, , , ,	, , , ,		treatment plant, and probable cause(s) and possible source(s) of each pass through event.
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 only of this Worksheet. Is your POTW required to develop 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	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. N/A 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.	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. N/A 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	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.	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.	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.		□ 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. N/A 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	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. N/A 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.	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. N/A 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	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.	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.	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.		in the publishmee years, has your 101W experienced publishmough (see histractions).

C. Treatment plant pass through

		ny non-substantial e not been submitte			
	□ Yes □	No			
		non-substantial mo oose of the modifica		ave not been su	bmitted to TCEQ,
	Click to enter tex	t.			
C.	Effluent paramete	ers above the MAL			
Tal		t all parameters me the last three year ters Above the MAL			
P	ollutant	Concentration	MAL	Units	Date
D.	Industrial user in	terruptions			
		or other IU caused o ass throughs) at you		, -	excluding
	□ Yes □	No			
		e industry, describe nd probable polluta		cluding dates, di	uration, description
	Click to enter tex	t.			

B. Non-substantial modifications

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

A. General information

	Company Name: <u>N/A</u>
	SIC Code: N/A
	Contact name: <u>N/A</u>
	Address: <u>N/A</u>
	City, State, and Zip Code: <u>N/A</u>
	Telephone number: <u>N/A</u>
	Email address: <u>N/A</u>
В.	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
C.	Product and service information Provide a description of the principal product(s) or services performed.
C.	
C.	Provide a description of the principal product(s) or services performed.
C.	Provide a description of the principal product(s) or services performed.
C.	Provide a description of the principal product(s) or services performed.
C.	Provide a description of the principal product(s) or services performed.
C.	Provide a description of the principal product(s) or services performed.
	Provide a description of the principal product(s) or services performed. N/A
	Provide a description of the principal product(s) or services performed.
	Provide a description of the principal product(s) or services performed. N/A Flow rate information
	Provide a description of the principal product(s) or services performed. N/A Flow rate information See the Instructions for definitions of "process" and "non-process wastewater." Process Wastewater:
	Provide a description of the principal product(s) or services performed. N/A Flow rate information See the Instructions for definitions of "process" and "non-process wastewater." Process Wastewater: Discharge, in gallons/day: Click to enter text.
	Provide a description of the principal product(s) or services performed. N/A Flow rate information See the Instructions for definitions of "process" and "non-process wastewater." Process Wastewater: Discharge, in gallons/day: Click to enter text. Discharge Type: Continuous Batch Intermittent
	Provide a description of the principal product(s) or services performed. N/A Flow rate information See the Instructions for definitions of "process" and "non-process wastewater." Process Wastewater: Discharge, in gallons/day: Click to enter text. Discharge Type: Continuous Batch Intermittent Non-Process Wastewater:
	Provide a description of the principal product(s) or services performed. N/A Flow rate information See the Instructions for definitions of "process" and "non-process wastewater." Process Wastewater: Discharge, in gallons/day: Click to enter text. Discharge Type: Continuous Batch Intermittent

Pretreatment standards
Is the SIU or CIU subject to technically based local limits as defined in the <i>i</i> nstructions?
□ Yes □ No
Is the SIU or CIU subject to categorical pretreatment standards found in 40 CFR Parts 405 - 471 ?
□ Yes □ No
If subject to categorical pretreatment standards , indicate the applicable category and subcategory for each categorical process.
Category: Subcategories: Click to enter text.
Click or tap here to enter text. Click to enter text.
Category: Click to enter text.
Subcategories: <u>Click to enter text.</u>
Category: Click to enter text.
Subcategories: <u>Click to enter text.</u>
Category: Click to enter text.
Subcategories: <u>Click to enter text.</u>
Category: <u>Click to enter text.</u>
Subcategories: <u>Click to enter text.</u>
Industrial user interruptions
Has the SIU or CIU caused or contributed to any problems (e.g., interferences, pass through, odors, corrosion, blockages) at your POTW in the past three years?
□ Yes □ No
If yes , identify the SIU, describe each episode, including dates, duration, description of problems, and probable pollutants.
N/A

E.

F.

WORKSHEET 7.0

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:

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

For TCEQ Use Only	
Reg. No	
Date Received	
Date Authorized	

Section 1. General Information (Instructions Page 90)

1.	TCEQ Program	Area
----	--------------	------

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

Program ID: Click to enter text.

Contact Name: <u>Click to enter text.</u>
Phone Number: <u>Click to enter text.</u>

2. Agent/Consultant Contact Information

Contact Name: Click to enter text.

Address: Click to enter text.

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

Phone Number: Click to enter text.

3. Owner/Operator Contact Information

□ Owner □ Operator

Owner/Operator Name: Click to enter text.

Contact Name: Click to enter text.

Address: Click to enter text.

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

Phone Number: Click to enter text.

4. Facility Contact Information

Facility Name: <u>Click to enter text.</u>

Address: Click to enter text.

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

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

Facility Contact Person: <u>Click to enter text.</u>

Phone Number: Click to enter text.

<i>J</i> .	Latitude and Longitude, in degrees innuites seconds
	Latitude: Click to enter text.
	Longitude: Click to enter text.
	Method of determination (GPS, TOPO, etc.): Click to enter text.
	Attach topographic quadrangle map as attachment A.
6.	Well Information
	Type of Well Construction, select one:
	□ Vertical Injection
	□ Subsurface Fluid Distribution System
	□ Infiltration Gallery
	☐ Temporary Injection Points
	□ Other, Specify: <u>Click to enter text.</u>
	Number of Injection Wells: <u>Click to enter text.</u>
7.	Purpose
	Detailed Description regarding purpose of Injection System:
	Click to enter text.
	Attach a Site Map as Attachment B (Attach the Approved Remediation Plan, if appropriate.)
8.	Water Well Driller/Installer
	Water Well Driller/Installer Name: Click to enter text.
	City, State, and Zip Code: Click to enter text.
	Phone Number: Click to enter text.
	License Number: <u>Click to enter text.</u>
ection	1 2. Proposed Down Hole Design
	diagram signed and sealed by a licensed engineer as Attachment C.
	(1) - Down Hole Design Table
Name o	f Size Setting Sacks Cement/Grout - Hole Weight

Та

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

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

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

System(s) Dimensions: <u>Click to enter text.</u> System(s) Construction: Click to enter text.

Section 4.	Site Hydrogeo	logical and In	ijection Zone D	ata

- 1. Name of Contaminated Aquifer: Click to enter text.
- 2. Receiving Formation Name of Injection Zone: Click to enter text.
- **3.** Well/Trench Total Depth: Click to enter text.
- **4.** Surface Elevation: <u>Click to enter text.</u>
- **5.** Depth to Ground Water: <u>Click to enter text.</u>
- **6.** Injection Zone Depth: Click to enter text.
- 7. Injection Zone vertically isolated geologically? ☐ Yes ☐ No Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:

Name: Click to enter text.

Thickness: Click to enter text.

- **8.** Provide a list of contaminants and the levels (ppm) in contaminated aquifer Attach as Attachment E.
- **9.** Horizontal and Vertical extent of contamination and injection plume Attach as Attachment F.
- **10.** Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc. Attach as Attachment G.
- **11.** Injection Fluid Chemistry in PPM at point of injection Attach as Attachment H.
- 12. Lowest Known Depth of Ground Water with < 10,000 PPM TDS: Click to enter text.
- 13. Maximum injection Rate/Volume/Pressure: Click to enter text.
- **14.** Water wells within 1/4 mile radius (attach map as Attachment I): Click to enter text.
- 15. Injection wells within 1/4 mile radius (attach map as Attachment J): <u>Click to enter text.</u>
- 16. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K): Click to enter text.
- **17.** Sampling frequency: Click to enter text.
- **18.** Known hazardous components in injection fluid: Click to enter text.

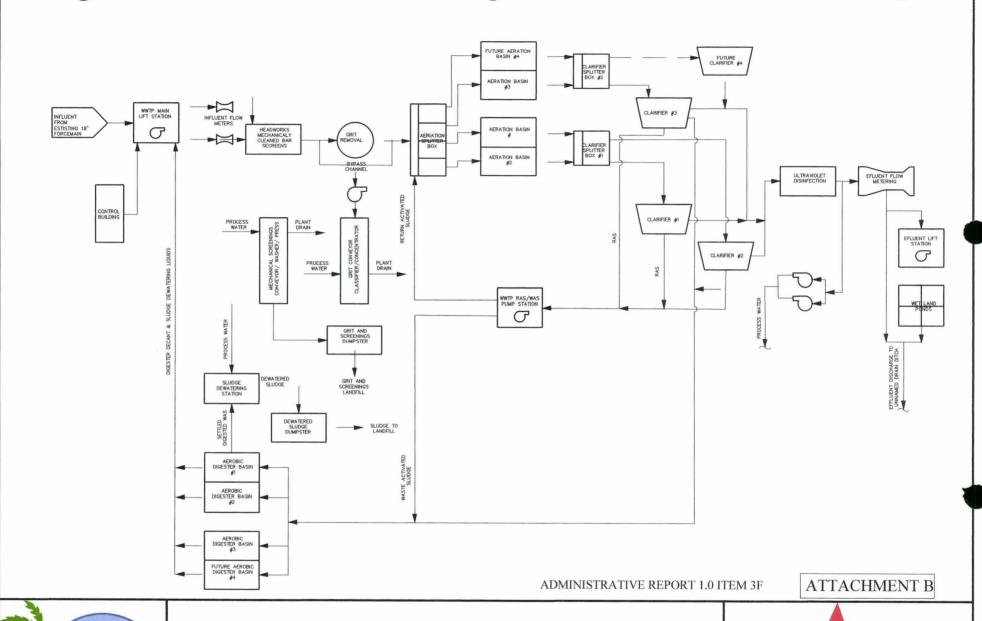
Section 5. Site History

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

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

Class V Injection Well Designations

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





CITY OF SAN BENITO

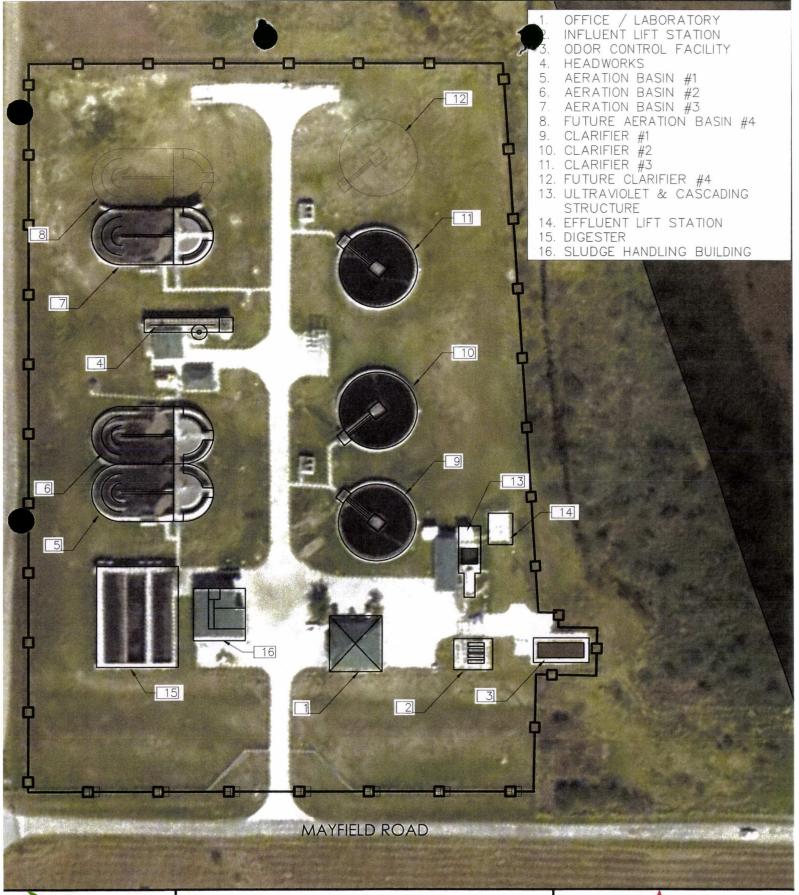
WASTE WATER TREATMENT DICHARGE PERMIT RENEWAL

FLOW DIAGRAM EXHIBIT

SHEET 1 OF 1



130 W MAGNOLIA LA FERIA, TEXAS PHONE: (956) 363-0768 FAX: 1-888-747-3965 EMAIL:JUAN@alpha-eng.us TXPE FRIRM# 19322





CITY OF SAN BENITO

WASTE WATER TREATMENT DICHARGE PERMIT RENEWAL

ATTACHMENT C
WASTEWATER TREATMENT PLANT
SITE PLAN
SHEET 1 OF 2



130 W MAGNOLIA LA FERIA, TEXAS PHONE: (956) 363-0768 FAX: 1-888-747-3965 EMAIL:JUAN@alpha-eng.us TXPE FRIRM# 19322





WASTE WATER TREATMENT DICHARGE PERMIT RENEWAL ATTACHMENT C

WASTEWATER TREATMENT PLANT
OVER ALL SITE PLAN
SHEET 2 OF 2



130 W MAGNOLIA LA FERIA, TEXAS PHONE: (956) 363-0768 FAX: 1-888-747-3965 EMAIL:JUAN@alpha-eng.us TXPE FRIRM# 19322

City of San Benito Wastewater Treatment Plant Discharge Permit Renewal

Attachment 'A'

Section 2-A Treatment Process Domestic Technical Report 1.0

1.0 DESCRIPTION OF TREATMENT PROCESS

The City of San Benito's wastewater treatment plant, with its 1.25 MGD expansion, includes an activated sludge process, operating in the complete mix/single-stage nitrification mode, as well as the major components in the treatment process such as the main lift station, headworks, aeration basins, clarifiers, digester basins, UV disinfection, a small effluent lift station to pump treated effluent to nourish a 4-acre wetland ponds site, constructed in accordance with TCEQ regulations as an educational component for the community's benefit.

The major steps in the treatment process of wastewater is as follows: aeration, clarification and ultraviolet light disinfection. Sludge will be digested, thickened, and then mechanically dewatered.

The head of the wastewater treatment plant is a lift station, fed by an existing 18" force main that upsizes to a 30" ductile iron force main as it enters the lift station. From here, influent will be pumped through a force main into a headworks structure. Two influent screening channels are provided. One channel is equipped with a top-mounted mechanically cleaned screen. The parallel channel is fitted with a standby manual screen. The mechanical screen has an elevated chute to discharge into a solid waste container. The screened wastewater then flows through a vortex-type grit chamber to facilitate grit separation. Grit and screenings will then be transported to a permitted landfill.

There are three "racetrack" channel-style aeration basins with vertical shaft mechanical aerators. Effluent from the bar screen structure will enter the aeration basins in the mixing zone of the aerators.

Three clarifiers exist presently at the wastewater treatment plant. The clarifier mechanism has dual scraper arms with multiple plows to transfer settled sludge to a center hopper. Return Activated Sludge (RAS) pumps are provided to return settled sludge to the headworks. Full surface skimming is provided, with skimmed materials, in slurry form, pumped to the aerobic digester. Waste Activated Sludge (WAS) is then pumped to the aerobic digester.

The ultraviolet disinfection system uses horizontal lamps grouped in three banks, in series, in each channel. Disinfection performance will be monitored by coliform bacteria count. The UV system operates in a narrow channel where the lamp bundles are maintained at a constant

City of San Benito Wastewater Treatment Plant Discharge Permit Renewal

submergence by variable weir. A Parshall flume is provided at the end of the channel so that effluent flow can be indicated, recorded, and totalized, using an ultrasonic level transmitter. A stepped cascade re-aerates the effluent prior to discharge, so that the treated effluent minimum dissolved oxygen concentration will be met. Treated effluent will discharge into an unnamed ditch connecting to the Arroyo Colorado located northeast of the site.

WAS will be pumped from the underflow of the clarifiers to the three aerobic basins. These basins will be capable of being operated in series or individually in either batch or continuous modes.

Settled, digested WAS from the aerobic digesters at a suspended solids concentration of approximately 2%, will be pumped to a belt press for thickening. Polymer will be mixed-in-line with the sludge as it is pumped to a belt press. The solids content of thickened sludge is projected to be minimum of 18%. Thickened sludge will be deposited into roll-off containers, hauled in semi-liquid from by truck (Registration Number SLGTR21466), and disposed of in a permitted solids waste landfill (BFI Rio Grande Valley Landfill, Permit #1948, Cameron County).

Rainee Trevino

From: Robin Butcko <robin@permittingservices.net>

Sent: Thursday, July 17, 2025 12:41 PM

To: Rainee Trevino

Cc: mcarrizales@cityofsanbenito.com

Subject:Re: Application to Renew Permit No. WQ0015265001- Notice of Deficiency LetterAttachments:Core Data Form Section III. Item 23 (7-17-25).pdf; SPIF Form Updated Address

(7-17-25).pdf; PLS English Summary.docx; PLS Spanish Summary.docx; Tech Report

Section 1 Updated (7-17-25).pdf

Importance: High

Categories: NOD Response Review

Hello Rainee,

Please see the attached for Comment 1, Comment 2, and Comment 4.

Please stand by for Comment 3 and Comment 5.

Thank you, Robin

Robin Butcko

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



robin@permittingservices.net
www.permittingservices.net

From: Rainee Trevino < Rainee. Trevino@tceq.texas.gov>

Sent: Wednesday, July 16, 2025 3:43 PM

To: Robin Butcko <robin@permittingservices.net>

Cc: mcarrizales@cityofsanbenito.com <mcarrizales@cityofsanbenito.com>

Subject: Application to Renew Permit No. WQ0015265001- Notice of Deficiency Letter

Dear Ms. Butcko,

The attached Notice of Deficiency letter sent on July 16, 2025, requests additional information needed to declare the application administratively complete. Please send the complete response to my attention by July 30, 2025.

Regards,

Rainee Trevino

Water Quality Division | ARP Team Texas Commission on Environmental Quality 512-239-4324





Permitting Services, LLC 4700 S. Kirkwood Road, Suite 513

Houston, TX 77072
robin@permittingservices.net
Tel. 713-458-8612

July 17, 2025

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

ATTN: Ms. Rainee Trevino

Re: Application to Renew Permit No. WQ0015265001

Regulated Entity Number: RN103935599

Dear Ms. Trevino,

The following is my response to the Notice of Deficiency Letter for City of San Benito for the San Benito WWTP.

Comment #1. Core Data Form, Section III, Item 23: Please verify the address provided is the correct official address for the facility. When verifying the address, the street name for the facility shows as Mayfield Road. If the address does need to be corrected, please resubmit the Core Data Form with the correct address. In addition, the location in the Plain Language Summary and Supplement Permit Information Form will also need to be resubmitted with the correct address. I have verified the address of 26300 Line 20 Road, San Benito, TX 78586 with the Public Works Director Matthew Carrizales. The PLS Summaries and SPIF Form have been revised to reflect the 26300 Line 20 Road address.

Comment #2. Plain Language Summary: The summary submitted does not include the flow for the Outfall 002. The summary must include the flow for each individual outfall. Please resubmit the summary with the flow for Outfall 002. *I have revised the PLS Summaries to include discharge for outfall 001 and outfall 002.*

Comment #3. USGS Topographic Map: The map submitted does not have both outfalls labeled. Please resubmit the map to include both outfalls labeled. <u>The USGS Map has been updated to include outfall locations of 001 and 002.</u>

Comment #4. Technical Report 1.0, Section 1: The report does not include the flow for Outfall 002. Please resubmit the report to include the flow for Outfall 002. <u>The technical report page 1 has been updated to include both outfalls 001 and 002.</u>

Comment #5. Certification: The electronic certification signature for the application does not match the Responsible Authority Contact listed in the application. Please submit the signature page section of the Administrative Report 1.0 with the notarized signature of the Responsible Authority contact. <u>The Signature Page Notarized has been signed by the person responsible and enclosed with this letter. A scan copy of the form has been emailed to Rainee Trevino, TCEQ Representative.</u>

Comment #6. The following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions. The complete notice will be sent to you once the application is declared administratively complete. I have read the Notice of Receipt of Application and Intent to Obtain a Water Quality Permit, It does not contain any errors and there are no omissions.

I appreciate your time and effort in reviewing my Notice of Deficiencies. If you have any questions, please contact me at (713) 458-8612, or via email at robin@permittingservices.net.

Yours truly,

Robin Butcho

Robin Butcko Senior Wastewater Consultant (713) 458-8612 robin@permittingservices.net

(956) 840-0893						() -		
SECTION III:	Regul	ated Ent	ity Inform	matio	<u>n</u>			
21. General Regulated E	ntity Inform	ation (If 'New Reg	gulated Entity" is sele	ected, a new	permit applica	tion is also required.)		
☐ New Regulated Entity	Update to	Regulated Entity	Name 🛚 Update	to Regulate	d Entity Inform	ation		.*
The Regulated Entity Na as Inc, LP, or LLC).	ıme submitte	ed may be upda	ted, in order to me	eet TCEQ Co	ore Data Stai	ndards (removal of	organizatio	nal endings such
22. Regulated Entity Nam	me (Enter nan	ne of the site wher	re the regulated actio	on is taking p	lace.)			
SAN BENITO WASTEWATER	TREATMENT P	LANT				*		
23. Street Address of								
the Regulated Entity:	26300 Line	20 Road						
(No PO Boxes)	City	San Benito	State	TX	ZIP	78586	ZIP + 4	8843
24. County	Cameron							
		If no Stree	et Address is provi	ided, fields	25-28 are re	quired.		
25. Description to								
Physical Location:								
26. Nearest City						State	Nea	rest ZIP Code
San Benito						TX	785	36
Latitude/Longitude are used to supply coordinate						rds. (Geocoding of	the Physical	Address may be
27. Latitude (N) In Decim	nal:	26.178522N Ou	tf. 001	28.	Longitude (V	V) In Decimal:	-97.6290	61W Otf. 001
Degrees	Minutes		Seconds	Degi	rees	Minutes		Seconds
29. Primary SIC Code	30.	Secondary SIC	Code		ary NAICS Co	de 32. Sec	ondary NAI	CS Code
(4 digits)	(4 d	ligits)		(5 or 6 dig	gits)	(5 or 6 d	ligits)	
4952	162	9		221320				
33. What is the Primary	Business of t	this entity? (Do	o not repeat the SIC o	or NAICS desc	cription.)			
Wastewater Treatment				7.1	3			
							es	
34. Mailing	401 North Sam Houston Boulevard							
Address:	City	San Benito	State	тх	ZIP	78586	ZIP+4	
35. E-Mail Address:	mca	arrizales@cityofsa	nbenito.com					
36. Telephone Number			37. Extension or	Code	38. F	ax Number (if applice	able)	
(956) 840-893					• () -		

19. Extension or Code

20. Fax Number (if applicable)

TCEQ-10400 (11/22)

18. Telephone Number

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:RenewalMajor Ame	endmentNinor AmendmentNew
County:	Segment Number:
Admin Complete Date:	1
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	
	EQ will mail a copy to each agency as required by not completely addressed or further information ormation before issuing the permit. Address
Do not refer to your response to any item in the attachment for this form separately from the Ad application will not be declared administratively completed in its entirety including all attachmen may be directed to the Water Quality Division's Amail at WO-ARPTeam@tceq.texas.gov or by pho	ministrative Report of the application. The complete without this SPIF form being its. Questions or comments concerning this form Application Review and Processing Team by
The following applies to all applications:	
1. Permittee:	
Permit No. WQ00 <u>15265001</u>	EPA ID No. TX <u>0135470</u>
Address of the project (or a location descript and county):	ion that includes street/highway, city/vicinity,
26300 Line 20 Road, San Benito, Cameron Co	ounty Texas 78586
	3a - 5

PARTITION OF THE PROPERTY OF T

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 3.75 MGD outfall 001 / 0.144 MGD outfall 002

2-Hr Peak Flow (MGD): 7,813 GPM

Estimated construction start date: N/A Estimated waste disposal start date: N/A

B. Interim II Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: Click to enter text.

C. Final Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

D. Current Operating Phase

Provide the startup date of the facility: <u>05-01-2006</u>

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

Rainee Trevino

From: Robin Butcko <robin@permittingservices.net>

Sent: Thursday, July 17, 2025 12:44 PM

To: Rainee Trevino

Cc: mcarrizales@cityofsanbenito.com

Subject: Re: Application to Renew Permit No. WQ0015265001- Notice of Deficiency Letter

Signature Page Notarized (7-17-25).pdf **Attachments:**

Categories: NOD Response Review

Rainee.

Please see the Signature Page attached. I will mail you the original with the complete response.

Thanks,

Robin

Robin Butcko

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



**** 713-458-8612

robin@permittingservices.net www.permittingservices.net

From: Rainee Trevino < Rainee. Trevino@tceq.texas.gov>

Sent: Wednesday, July 16, 2025 3:43 PM

To: Robin Butcko <robin@permittingservices.net>

Cc: mcarrizales@cityofsanbenito.com <mcarrizales@cityofsanbenito.com>

Subject: Application to Renew Permit No. WQ0015265001- Notice of Deficiency Letter

Dear Ms. Butcko,

The attached Notice of Deficiency letter sent on July 16, 2025, requests additional information needed to declare the application administratively complete. Please send the complete response to my attention by July 30, 2025.

Regards,

Rainee Trevino

Water Quality Division | ARP Team Texas Commission on Environmental Quality 512-239-4324



Section 14. Signature Page (Instructions Page 39)

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

Permit Number: <u>WQ0015265001</u> Applicant: <u>City of San Benito</u>

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): <u>Ricardo Guerra</u>
Signatory title: Mayor
Signature: Recards Guerra Date: Jung 30, 2025
(Use blue ink)
Subscribed and Sworn to before me by the said Ricardo Guerra
on this 30 4 day of 10ne, 20 25.
My commission expires on the 17% day of $\overline{Fehrony}$, 2027 .

Notary Public

County, Texas



Rainee Trevino

From: Robin Butcko <robin@permittingservices.net>

Sent: Thursday, July 17, 2025 1:28 PM

To: Rainee Trevino

Cc: mcarrizales@cityofsanbenito.com

Re: Application to Renew Permit No. WQ0015265001- Notice of Deficiency Letter **Subject:**

USGS Map -- A-3.pdf; TCEQ NOD Response Coverletter (7-17-23).docx **Attachments:**

Categories: NOD Response Review

Hello Rainee.

Thank you for your help today.

Please see the attached for the NOD Response Cover letter and USGS Map.

I will mail you the complete response today.

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: Rainee Trevino < Rainee. Trevino@tceq.texas.gov>

Sent: Wednesday, July 16, 2025 3:43 PM

To: Robin Butcko <robin@permittingservices.net>

Cc: mcarrizales@cityofsanbenito.com <mcarrizales@cityofsanbenito.com>

Subject: Application to Renew Permit No. WQ0015265001- Notice of Deficiency Letter

Dear Ms. Butcko,

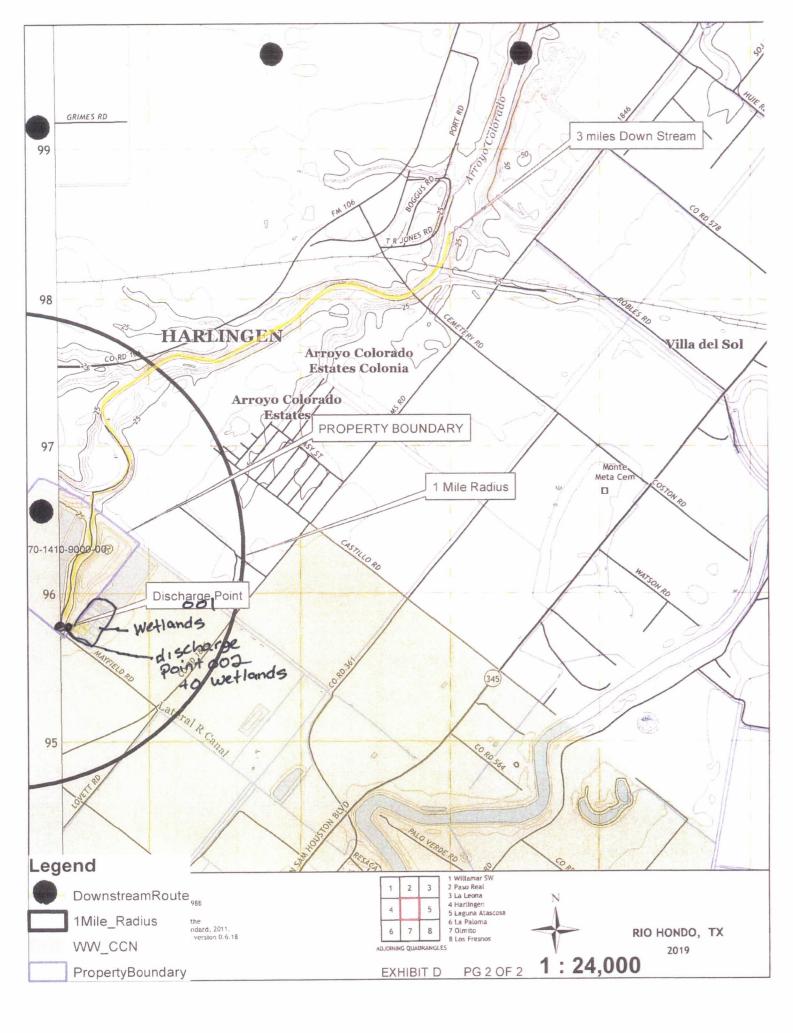
The attached Notice of Deficiency letter sent on July 16, 2025, requests additional information needed to declare the application administratively complete. Please send the complete response to my attention by July 30, 2025.

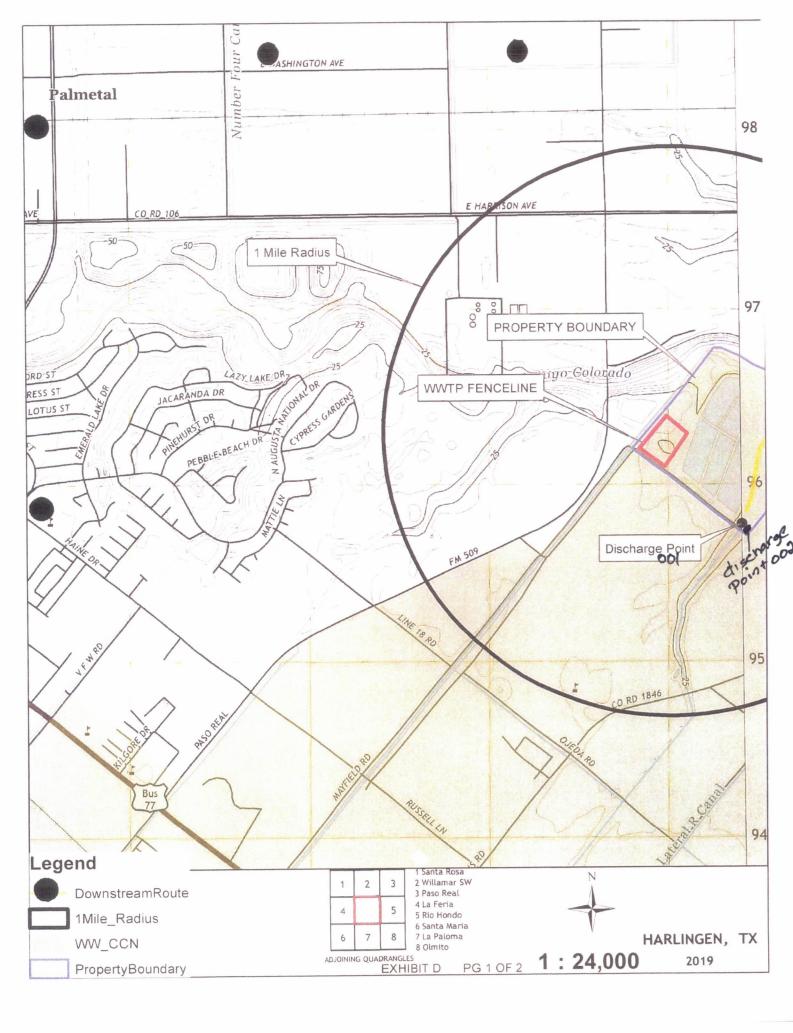
Regards,

Rainee Trevino

Water Quality Division | ARP Team Texas Commission on Environmental Quality 512-239-4324







Rainee Trevino

From: Robin Butcko <robin@permittingservices.net>

Sent: Monday, July 21, 2025 3:10 PM

To: Rainee Trevino

Cc: mcarrizales@cityofsanbenito.com

Subject: Re: Application to Renew Permit No. WQ0015265001- Notice of Deficiency Letter

Attachments: PLS English Summary.docx; PLS Spanish Summary.docx

Categories: NOD Response Review

Please see the attached.

Thanks, Robin

Robin Butcko

President & CEO

4700 S. Kirkwood Road Suite 513 Houston, TX 77072

**** 713-458-8612

robin@permittingservices.net
www.permittingservices.net

From: Rainee Trevino < Rainee. Trevino@tceq.texas.gov>

Sent: Monday, July 21, 2025 9:32 AM

To: Robin Butcko <robin@permittingservices.net>

Cc: mcarrizales@cityofsanbenito.com <mcarrizales@cityofsanbenito.com>

Subject: RE: Application to Renew Permit No. WQ0015265001- Notice of Deficiency Letter

Good morning, Robin,

Thank you for the prompt response. The only thing that needs a small correction is the Plain Language Summary (English and Spanish). I have left a comment in the summary, please see attached.

All other items are sufficient.

Regards, Rainee Trevino

From: Robin Butcko <robin@permittingservices.net>

Sent: Thursday, July 17, 2025 12:41 PM

To: Rainee Trevino < Rainee. Trevino@tceq.texas.gov>

Cc: mcarrizales@cityofsanbenito.com

Subject: Re: Application to Renew Permit No. WQ0015265001- Notice of Deficiency Letter

Importance: High

Hello Rainee,

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.

The City of San Benito (CN600755326) operates the City of San Benito Wastewater Treatment Plant (RN103935599), an activated sludge process, operating in complete mix/single-stage nitrification mode. The facility is located at 26300 Line 20 Road in Cameron County, Texas 78586.

This application is for a renewal to discharge from Outfalls 001 shall not exceed an annual average flow of 3.75 MGD and 002 shall not exceed an annual average flow of 0.144 MGD.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($CBOD_5$), total suspended solids (TSS), ammonia nitrogen (NH_3 -N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by the main lift station, headworks, aeration basins, clarifiers, digester basins, UV disinfection, a small effluent lift station to pump treated effluent to nourish a 4-acre wetland ponds site, constructed in accordance with TCEQ regulations as an educational component for the community's benefit.

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.

La Ciudad de San Benito (CN600755326) opera la Planta de Tratamiento de Aguas Residuales de la Ciudad de San Benito (RN103935599), un proceso de lodos activados, que opera en modo de nitrificación de mezcla completa/etapa única. La instalación está ubicada en 23600 Line 20 Road en el Condado de Cameron, Texas 78586.

Esta solicitud es para una renovación para liberar de las Salidas 001 que no excederá un flujo promedio anual de 3.75 MGD y 002 que no excederá un flujo promedio anual de 0.144 MGD.

Se espera que los efluentes de la instalación contengan demanda bioquímica de oxígeno carbonáceo a cinco días (CBOD5), sólidos suspendidos totales (SST), nitrógeno amoniacal (NH3-N) y Escherichia coli. Se incluyen contaminantes potenciales adicionales en el Informe Técnico Doméstico 1.0, Sección 7. Análisis de Contaminantes de Efluentes Tratados y Hoja de Cálculo Doméstica 4.0 en el paquete de solicitud de permiso. Las aguas residuales domésticas son tratadas por la estación de bombeo principal, las obras de entrada, los estanques de aireación, los clarificadores, los tanques digestores, la desinfección UV, una pequeña estación de bombeo de efluentes para bombear efluentes tratados para nutrir un sitio de estanques de humedales de 4 acres, construido de acuerdo con las regulaciones de TCEQ como un componente educativo para el beneficio de la comunidad.+



TPDES PERMIT NO. WQ0015265001 [For TCEQ office use only - EPA I.D. No. TX0135470]

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY P.O. Box 13087 Austin, Texas 78711-3087

This is a renewal that replaces TPDES Permit No. WQ0015265001 issued on December 29, 2020.

PERMIT TO DISCHARGE WASTES

under provisions of Section 402 of the Clean Water Act and Chapter 26 of the Texas Water Code

City of San Benito

whose mailing address is

401 North Sam Houston Boulevard San Benito, Texas 78586

is authorized to treat and discharge wastes from the San Benito Wastewater Treatment Facility, SIC Code 4952

located at 26300 Line 20 Road, in Cameron County, Texas 78586

via Outfall 001 through a pipeline to an unnamed tributary, thence to Arroyo Colorado Above Tidal, and via Outfall 002 through a treatment wetland to an unnamed tributary, thence to Arroyo Colorado Above Tidal in Segment No. 2202 of the Nueces-Rio Grande Coastal Basin.

only according to effluent limitations, monitoring requirements, and other conditions set forth in this permit, as well as the rules of the Texas Commission on Environmental Quality (TCEQ), the laws of the State of Texas, and other orders of the TCEQ. The issuance of this permit does not grant to the permittee the right to use private or public property for conveyance of wastewater along the discharge route described in this permit. This includes, but is not limited to, property belonging to any individual, partnership, corporation, or other entity. Neither does this permit authorize any invasion of personal rights nor any violation of federal, state, or local laws or regulations. It is the responsibility of the permittee to acquire property rights as may be necessary to use the discharge route.

This permit shall expire at midnight, five years from the date of issuance.

ISSUED DATE:	
	For the Commission

EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

Outfall Number 001

1. During the period beginning upon the date of issuance and lasting through the date of expiration, the permittee is authorized to discharge subject to the following effluent limitations:

The annual average flow of effluent shall not exceed 3.75 MGD*, nor shall the average discharge during any two-hour period (2-hour peak) exceed 7,813 gallons per minute.

Effluent Characteristic		Discharge Limitations			Min. Self-Mor	Min. Self-Monitoring Requirements	
	Daily Avg	7-day Avg	Daily Max	Single Grab	Report Daily	Avg. & Daily Max.	
	mg/l (lbs/day)	mg/l	mg/l	mg/l	Measurement Frequency	Sample Type	
Flow, MGD	Report	N/A	Report	N/A	Continuous	Totalizing Meter	
Carbonaceous Biochemical Oxygen Demand (5-day)	10 (313)	15	25	35	Two/week	Composite	
Total Suspended Solids	15 (469)	25	40	60	Two/week	Composite	
Ammonia Nitrogen	3 (94)	6	10	15	Two/week	Composite	
<i>E. coli</i> , colony-forming units or most probable number per 100 ml	126	N/A	399	N/A	Daily	Grab	

^{*} The combined flow from Outfalls 001 and 002 shall not exceed an annual average flow of 3.75 MGD.

- 2. The permittee shall utilize an Ultraviolet Light (UV) system for disinfection purposes. An equivalent method of disinfection may be substituted only with prior approval of the Executive Director.
- 3. The pH shall not be less than 6.0 standard units nor greater than 9.0 standard units and shall be monitored once per week by grab sample.
- 4. There shall be no discharge of floating solids or visible foam in other than trace amounts and no discharge of visible oil.
- 5. Effluent monitoring samples shall be taken at the following location(s): Following the final treatment unit.
- 6. The effluent shall contain a minimum dissolved oxygen of 4.0 mg/l and shall be monitored twice per week by grab sample.
- 7. The annual average flow and maximum 2-hour peak flow shall be reported monthly.

EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

Outfall Number 002

1. During the period beginning upon the date of issuance and lasting through the date of expiration, the permittee is authorized to discharge subject to the following effluent limitations:

The annual average flow of effluent shall not exceed 0.144 MGD*.

Effluent Characteristic		Discharge Limitations			Min. Self-Monitoring Requirements		
	Daily Avg	7-day Avg	Daily Max	Single Grab	Report Daily Avg. & Max. Single Grab		
	mg/l (lbs/day)	mg/l	mg/l	mg/l	Measurement Frequency	Sample Type	
Flow, MGD	Report	N/A	Report	N/A	Five/week	Instantaneous	
Carbonaceous Biochemical Oxygen Demand (5-day)	10 (12)	15	25	35	One/week	Grab	
Total Suspended Solids	15 (18)	25	40	60	One/week	Grab	
Ammonia Nitrogen	3 (3.6)	6	10	15	One/week	Grab	
<i>E. coli</i> , colony-forming units or most probable number per 100 ml	126	N/A	N/A	399	Five/week	Grab	

^{*} The combined flow from Outfalls 001 and 002 shall not exceed an annual average flow of 3.75 MGD.

- 2. The total residence time in the wastewater treatment system shall be at least 21 days, based on a daily average flow of 0.144 MGD. An equivalent method of disinfection may be substituted only with prior approval of the Executive Director.
- $3. \ The pH \ shall \ not \ be \ less \ than \ 6.o \ standard \ units \ nor \ greater \ than \ 9.o \ standard \ units \ and \ shall \ be \ monitored \ once \ per \ month \ by \ grab \ sample.$
- 4. There shall be no discharge of floating solids or visible foam in other than trace amounts and no discharge of visible oil.
- 5. Effluent monitoring samples shall be taken at the following location(s): Following the final treatment unit.
- 6. The effluent shall contain a minimum dissolved oxygen of 4.0 mg/l and shall be monitored once per week by grab sample.
- 7. The annual average flow and maximum 2-hour peak flow shall be reported monthly.

Page 2a

DEFINITIONS AND STANDARD PERMIT CONDITIONS

As required by Title 30 Texas Administrative Code (TAC) Chapter 305, certain regulations appear as standard conditions in waste discharge permits. 30 TAC § 305.121 - 305.129 (relating to Permit Characteristics and Conditions) as promulgated under the Texas Water Code (TWC) §§ 5.103 and 5.105, and the Texas Health and Safety Code (THSC) §§ 361.017 and 361.024(a), establish the characteristics and standards for waste discharge permits, including sewage sludge, and those sections of 40 Code of Federal Regulations (CFR) Part 122 adopted by reference by the Commission. The following text includes these conditions and incorporates them into this permit. All definitions in TWC § 26.001 and 30 TAC Chapter 305 shall apply to this permit and are incorporated by reference. Some specific definitions of words or phrases used in this permit are as follows:

1. Flow Measurements

- a. Annual average flow the arithmetic average of all daily flow determinations taken within the preceding 12 consecutive calendar months. The annual average flow determination shall consist of daily flow volume determinations made by a totalizing meter, charted on a chart recorder and limited to major domestic wastewater discharge facilities with one million gallons per day or greater permitted flow.
- b. Daily average flow the arithmetic average of all determinations of the daily flow within a period of one calendar month. The daily average flow determination shall consist of determinations made on at least four separate days. If instantaneous measurements are used to determine the daily flow, the determination shall be the arithmetic average of all instantaneous measurements taken during that month. Daily average flow determination for intermittent discharges shall consist of a minimum of three flow determinations on days of discharge.
- c. Daily maximum flow the highest total flow for any 24-hour period in a calendar month.
- d. Instantaneous flow the measured flow during the minimum time required to interpret the flow measuring device.
- e. 2-hour peak flow (domestic wastewater treatment plants) the maximum flow sustained for a two-hour period during the period of daily discharge. The average of multiple measurements of instantaneous maximum flow within a two-hour period may be used to calculate the 2-hour peak flow.
- f. Maximum 2-hour peak flow (domestic wastewater treatment plants) the highest 2-hour peak flow for any 24-hour period in a calendar month.

2. Concentration Measurements

- a. Daily average concentration the arithmetic average of all effluent samples, composite or grab as required by this permit, within a period of one calendar month, consisting of at least four separate representative measurements.
 - i. For domestic wastewater treatment plants When four samples are not available in a calendar month, the arithmetic average (weighted by flow) of all values in the previous four consecutive month period consisting of at least four measurements shall be utilized as the daily average concentration.

- ii. For all other wastewater treatment plants When four samples are not available in a calendar month, the arithmetic average (weighted by flow) of all values taken during the month shall be utilized as the daily average concentration.
- b. 7-day average concentration the arithmetic average of all effluent samples, composite or grab as required by this permit, within a period of one calendar week, Sunday through Saturday.
- c. Daily maximum concentration the maximum concentration measured on a single day, by the sample type specified in the permit, within a period of one calendar month.
- d. Daily discharge the discharge of a pollutant measured during a calendar day or any 24-hour period that reasonably represents the calendar day for purposes of sampling. For pollutants with limitations expressed in terms of mass, the daily discharge is calculated as the total mass of the pollutant discharged over the sampling day. For pollutants with limitations expressed in other units of measurement, the daily discharge is calculated as the average measurement of the pollutant over the sampling day.
 - The daily discharge determination of concentration made using a composite sample shall be the concentration of the composite sample. When grab samples are used, the daily discharge determination of concentration shall be the arithmetic average (weighted by flow value) of all samples collected during that day.
- e. Bacteria concentration (*E. coli* or Enterococci) Colony Forming Units (CFU) or Most Probable Number (MPN) of bacteria per 100 milliliters effluent. The daily average bacteria concentration is a geometric mean of the values for the effluent samples collected in a calendar month. The geometric mean shall be determined by calculating the nth root of the product of all measurements made in a calendar month, where n equals the number of measurements made; or, computed as the antilogarithm of the arithmetic mean of the logarithms of all measurements made in a calendar month. For any measurement of bacteria equaling zero, a substituted value of one shall be made for input into either computation method. If specified, the 7-day average for bacteria is the geometric mean of the values for all effluent samples collected during a calendar week.
- f. Daily average loading (lbs/day) the arithmetic average of all daily discharge loading calculations during a period of one calendar month. These calculations must be made for each day of the month that a parameter is analyzed. The daily discharge, in terms of mass (lbs/day), is calculated as (Flow, MGD x Concentration, mg/l x 8.34).
- g. Daily maximum loading (lbs/day) the highest daily discharge, in terms of mass (lbs/day), within a period of one calendar month.

3. Sample Type

a. Composite sample - For domestic wastewater, a composite sample is a sample made up of a minimum of three effluent portions collected in a continuous 24-hour period or during the period of daily discharge if less than 24 hours, and combined in volumes proportional to flow, and collected at the intervals required by 30 TAC § 319.9 (a). For industrial wastewater, a composite sample is a sample made up of a minimum of three effluent portions collected in a continuous 24-hour period or during the period of daily discharge if less than 24 hours, and combined in volumes proportional to flow, and collected at the intervals required by 30 TAC § 319.9 (b).

- b. Grab sample an individual sample collected in less than 15 minutes.
- 4. Treatment Facility (facility) wastewater facilities used in the conveyance, storage, treatment, recycling, reclamation and/or disposal of domestic sewage, industrial wastes, agricultural wastes, recreational wastes, or other wastes including sludge handling or disposal facilities under the jurisdiction of the Commission.
- 5. The term "sewage sludge" is defined as solid, semi-solid, or liquid residue generated during the treatment of domestic sewage in 30 TAC Chapter 312. This includes the solids that have not been classified as hazardous waste separated from wastewater by unit processes.
- 6. The term "biosolids" is defined as sewage sludge that has been tested or processed to meet Class A, Class AB, or Class B pathogen standards in 30 TAC Chapter 312 for beneficial use.
- 7. Bypass the intentional diversion of a waste stream from any portion of a treatment facility.

MONITORING AND REPORTING REQUIREMENTS

1. Self-Reporting

Monitoring results shall be provided at the intervals specified in the permit. Unless otherwise specified in this permit or otherwise ordered by the Commission, the permittee shall conduct effluent sampling and reporting in accordance with 30 TAC §§ 319.4 - 319.12. Unless otherwise specified, effluent monitoring data shall be submitted each month, to the Enforcement Division (MC 224), by the 20th day of the following month for each discharge which is described by this permit whether or not a discharge is made for that month. Monitoring results must be submitted online using the NetDMR reporting system available through the TCEQ website unless the permittee requests and obtains an electronic reporting waiver. Monitoring results must be signed and certified as required by Monitoring and Reporting Requirements No. 10.

As provided by state law, the permittee is subject to administrative, civil and criminal penalties, as applicable, for negligently or knowingly violating the Clean Water Act (CWA); TWC §§ 26, 27, and 28; and THSC § 361, including but not limited to knowingly making any false statement, representation, or certification on any report, record, or other document submitted or required to be maintained under this permit, including monitoring reports or reports of compliance or noncompliance, or falsifying, tampering with or knowingly rendering inaccurate any monitoring device or method required by this permit or violating any other requirement imposed by state or federal regulations.

2. Test Procedures

- a. Unless otherwise specified in this permit, test procedures for the analysis of pollutants shall comply with procedures specified in 30 TAC §§ 319.11 319.12. Measurements, tests, and calculations shall be accurately accomplished in a representative manner.
- b. All laboratory tests submitted to demonstrate compliance with this permit must meet the requirements of 30 TAC § 25, Environmental Testing Laboratory Accreditation and Certification.

3. Records of Results

a. Monitoring samples and measurements shall be taken at times and in a manner so as to be representative of the monitored activity.

- b. Except for records of monitoring information required by this permit related to the permittee's sewage sludge or biosolids use and disposal activities, which shall be retained for a period of at least five years (or longer as required by 40 CFR Part 503), monitoring and reporting records, including strip charts and records of calibration and maintenance, copies of all records required by this permit, records of all data used to complete the application for this permit, and the certification required by 40 CFR § 264.73(b)(9) shall be retained at the facility site, or shall be readily available for review by a TCEQ representative for a period of three years from the date of the record or sample, measurement, report, application or certification. This period shall be extended at the request of the Executive Director.
- c. Records of monitoring activities shall include the following:
 - i. date, time and place of sample or measurement;
 - ii. identity of individual who collected the sample or made the measurement.
 - iii. date and time of analysis;
 - iv. identity of the individual and laboratory who performed the analysis;
 - v. the technique or method of analysis; and
 - vi. the results of the analysis or measurement and quality assurance/quality control records.

The period during which records are required to be kept shall be automatically extended to the date of the final disposition of any administrative or judicial enforcement action that may be instituted against the permittee.

4. Additional Monitoring by Permittee

If the permittee monitors any pollutant at the location(s) designated herein more frequently than required by this permit using approved analytical methods as specified above, all results of such monitoring shall be included in the calculation and reporting of the values submitted on the approved self-report form. Increased frequency of sampling shall be indicated on the self-report form.

5. Calibration of Instruments

All automatic flow measuring or recording devices and all totalizing meters for measuring flows shall be accurately calibrated by a trained person at plant start-up and as often thereafter as necessary to ensure accuracy, but not less often than annually unless authorized by the Executive Director for a longer period. Such person shall verify in writing that the device is operating properly and giving accurate results. Copies of the verification shall be retained at the facility site and/or shall be readily available for review by a TCEQ representative for a period of three years.

6. Compliance Schedule Reports

Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule of the permit shall be submitted no later than 14 days following each schedule date to the Regional Office and the Enforcement

Division (MC 224).

7. Noncompliance Notification

- a. In accordance with 30 TAC § 305.125(9) any noncompliance which may endanger human health or safety, or the environment shall be reported by the permittee to the TCEQ. Except as allowed by 30 TAC § 305.132, report of such information shall be provided orally or by facsimile transmission (FAX) to the Regional Office within 24 hours of becoming aware of the noncompliance. A written submission of such information shall also be provided by the permittee to the Regional Office and the Enforcement Division (MC 224) within five working days of becoming aware of the noncompliance. For Publicly Owned Treatment Works (POTWs), effective December 21, 2025, the permittee must submit the written report for unauthorized discharges and unanticipated bypasses that exceed any effluent limit in the permit using the online electronic reporting system available through the TCEQ website unless the permittee requests and obtains an electronic reporting waiver. The written submission shall contain a description of the noncompliance and its cause; the potential danger to human health or safety, or the environment; the period of noncompliance, including exact dates and times; if the noncompliance has not been corrected, the time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance, and to mitigate its adverse effects.
- b. The following violations shall be reported under Monitoring and Reporting Requirement 7.a.:
 - i. Unauthorized discharges as defined in Permit Condition 2(g).
 - ii. Any unanticipated bypass that exceeds any effluent limitation in the permit.
 - iii. Violation of a permitted maximum daily discharge limitation for pollutants listed specifically in the Other Requirements section of an Industrial TPDES permit.
- c. In addition to the above, any effluent violation which deviates from the permitted effluent limitation by more than 40% shall be reported by the permittee in writing to the Regional Office and the Enforcement Division (MC 224) within 5 working days of becoming aware of the noncompliance.
- d. Any noncompliance other than that specified in this section, or any required information not submitted or submitted incorrectly, shall be reported to the Enforcement Division (MC 224) as promptly as possible. For effluent limitation violations, noncompliances shall be reported on the approved self-report form.
- 8. In accordance with the procedures described in 30 TAC §§ 35.301 35.303 (relating to Water Quality Emergency and Temporary Orders) if the permittee knows in advance of the need for a bypass, it shall submit prior notice by applying for such authorization.
- 9. Changes in Discharges of Toxic Substances

All existing manufacturing, commercial, mining, and silvicultural permittees shall notify the Regional Office, orally or by facsimile transmission within 24 hours, and both the Regional Office and the Enforcement Division (MC 224) in writing within five (5) working days, after becoming aware of or having reason to believe:

- a. That any activity has occurred or will occur which would result in the discharge, on a routine or frequent basis, of any toxic pollutant listed at 40 CFR Part 122, Appendix D, Tables II and III (excluding Total Phenols) which is not limited in the permit, if that discharge will exceed the highest of the following "notification levels":
 - i. One hundred micrograms per liter (100 μ g/L);
 - ii. Two hundred micrograms per liter (200 μ g/L) for acrolein and acrylonitrile; five hundred micrograms per liter (500 μ g/L) for 2,4-dinitrophenol and for 2-methyl-4,6-dinitrophenol; and one milligram per liter (1 mg/L) for antimony;
 - iii. Five (5) times the maximum concentration value reported for that pollutant in the permit application; or
 - iv. The level established by the TCEQ.
- b. That any activity has occurred or will occur which would result in any discharge, on a nonroutine or infrequent basis, of a toxic pollutant which is not limited in the permit, if that discharge will exceed the highest of the following "notification levels":
 - i. Five hundred micrograms per liter (500 μ g/L);
 - ii. One milligram per liter (1 mg/L) for antimony;
 - iii. Ten (10) times the maximum concentration value reported for that pollutant in the permit application; or
 - iv. The level established by the TCEQ.

10. Signatories to Reports

All reports and other information requested by the Executive Director shall be signed by the person and in the manner required by 30 TAC § 305.128 (relating to Signatories to Reports).

- 11. All POTWs must provide adequate notice to the Executive Director of the following:
 - a. Any new introduction of pollutants into the POTW from an indirect discharger which would be subject to CWA § 301 or § 306 if it were directly discharging those pollutants;
 - b. Any substantial change in the volume or character of pollutants being introduced into that POTW by a source introducing pollutants into the POTW at the time of issuance of the permit; and
 - c. For the purpose of this paragraph, adequate notice shall include information on:
 - i. The quality and quantity of effluent introduced into the POTW; and
 - ii. Any anticipated impact of the change on the quantity or quality of effluent to be discharged from the POTW.

PERMIT CONDITIONS

1. General

- a. When the permittee becomes aware that it failed to submit any relevant facts in a permit application, or submitted incorrect information in an application or in any report to the Executive Director, it shall promptly submit such facts or information.
- b. This permit is granted on the basis of the information supplied and representations made by the permittee during action on an application, and relying upon the accuracy and completeness of that information and those representations. After notice and opportunity for a hearing, this permit may be modified, suspended, or revoked, in whole or in part, in accordance with 30 TAC Chapter 305, Subchapter D, during its term for good cause including, but not limited to, the following:
 - i. Violation of any terms or conditions of this permit;
 - ii. Obtaining this permit by misrepresentation or failure to disclose fully all relevant facts; or
 - iii. A change in any condition that requires either a temporary or permanent reduction or elimination of the authorized discharge.
- c. The permittee shall furnish to the Executive Director, upon request and within a reasonable time, any information to determine whether cause exists for amending, revoking, suspending or terminating the permit. The permittee shall also furnish to the Executive Director, upon request, copies of records required to be kept by the permit.

2. Compliance

- a. Acceptance of the permit by the person to whom it is issued constitutes acknowledgment and agreement that such person will comply with all the terms and conditions embodied in the permit, and the rules and other orders of the Commission.
- b. The permittee has a duty to comply with all conditions of the permit. Failure to comply with any permit condition constitutes a violation of the permit and the Texas Water Code or the Texas Health and Safety Code, and is grounds for enforcement action, for permit amendment, revocation, or suspension, or for denial of a permit renewal application or an application for a permit for another facility.
- c. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of the permit.
- d. The permittee shall take all reasonable steps to minimize or prevent any discharge or sludge use or disposal or other permit violation that has a reasonable likelihood of adversely affecting human health or the environment.
- e. Authorization from the Commission is required before beginning any change in the permitted facility or activity that may result in noncompliance with any permit requirements.
- f. A permit may be amended, suspended and reissued, or revoked for cause in accordance

with 30 TAC §§ 305.62 and 305.66 and TWC§ 7.302. The filing of a request by the permittee for a permit amendment, suspension and reissuance, or termination, or a notification of planned changes or anticipated noncompliance, does not stay any permit condition.

- g. There shall be no unauthorized discharge of wastewater or any other waste. For the purpose of this permit, an unauthorized discharge is considered to be any discharge of wastewater into or adjacent to water in the state at any location not permitted as an outfall or otherwise defined in the Other Requirements section of this permit.
- h. In accordance with 30 TAC § 305.535(a), the permittee may allow any bypass to occur from a TPDES permitted facility which does not cause permitted effluent limitations to be exceeded or an unauthorized discharge to occur, but only if the bypass is also for essential maintenance to assure efficient operation.
- i. The permittee is subject to administrative, civil, and criminal penalties, as applicable, under TWC §§ 7.051 7.075 (relating to Administrative Penalties), 7.101 7.111 (relating to Civil Penalties), and 7.141 7.202 (relating to Criminal Offenses and Penalties) for violations including, but not limited to, negligently or knowingly violating the federal CWA §§ 301, 302, 306, 307, 308, 318, or 405, or any condition or limitation implementing any sections in a permit issued under the CWA § 402, or any requirement imposed in a pretreatment program approved under the CWA §§ 402 (a)(3) or 402 (b)(8).

3. Inspections and Entry

- a. Inspection and entry shall be allowed as prescribed in the TWC Chapters 26, 27, and 28, and THSC \S 361.
- b. The members of the Commission and employees and agents of the Commission are entitled to enter any public or private property at any reasonable time for the purpose of inspecting and investigating conditions relating to the quality of water in the state or the compliance with any rule, regulation, permit or other order of the Commission. Members, employees, or agents of the Commission and Commission contractors are entitled to enter public or private property at any reasonable time to investigate or monitor or, if the responsible party is not responsive or there is an immediate danger to public health or the environment, to remove or remediate a condition related to the quality of water in the state. Members, employees, Commission contractors, or agents acting under this authority who enter private property shall observe the establishment's rules and regulations concerning safety, internal security, and fire protection, and if the property has management in residence, shall notify management or the person then in charge of his presence and shall exhibit proper credentials. If any member, employee, Commission contractor, or agent is refused the right to enter in or on public or private property under this authority, the Executive Director may invoke the remedies authorized in TWC § 7.002. The statement above, that Commission entry shall occur in accordance with an establishment's rules and regulations concerning safety, internal security, and fire protection, is not grounds for denial or restriction of entry to any part of the facility, but merely describes the Commission's duty to observe appropriate rules and regulations during an inspection.

4. Permit Amendment and/or Renewal

- a. The permittee shall give notice to the Executive Director as soon as possible of any planned physical alterations or additions to the permitted facility if such alterations or additions would require a permit amendment or result in a violation of permit requirements. Notice shall also be required under this paragraph when:
 - i. The alteration or addition to a permitted facility may meet one of the criteria for determining whether a facility is a new source in accordance with 30 TAC § 305.534 (relating to New Sources and New Dischargers); or
 - ii. The alteration or addition could significantly change the nature or increase the quantity of pollutants discharged. This notification applies to pollutants that are subject neither to effluent limitations in the permit, nor to notification requirements in Monitoring and Reporting Requirements No. 9; or
 - iii. The alteration or addition results in a significant change in the permittee's sludge use or disposal practices, and such alteration, addition, or change may justify the application of permit conditions that are different from or absent in the existing permit, including notification of additional use or disposal sites not reported during the permit application process or not reported pursuant to an approved land application plan.
- b. Prior to any facility modifications, additions, or expansions that will increase the plant capacity beyond the permitted flow, the permittee must apply for and obtain proper authorization from the Commission before commencing construction.
- c. The permittee must apply for an amendment or renewal at least 180 days prior to expiration of the existing permit in order to continue a permitted activity after the expiration date of the permit. If an application is submitted prior to the expiration date of the permit, the existing permit shall remain in effect until the application is approved, denied, or returned. If the application is returned or denied, authorization to continue such activity shall terminate upon the effective date of the action. If an application is not submitted prior to the expiration date of the permit, the permit shall expire and authorization to continue such activity shall terminate.
- d. Prior to accepting or generating wastes which are not described in the permit application or which would result in a significant change in the quantity or quality of the existing discharge, the permittee must report the proposed changes to the Commission. The permittee must apply for a permit amendment reflecting any necessary changes in permit conditions, including effluent limitations for pollutants not identified and limited by this permit.
- e. In accordance with the TWC § 26.029(b), after a public hearing, notice of which shall be given to the permittee, the Commission may require the permittee, from time to time, for good cause, in accordance with applicable laws, to conform to new or additional conditions.
- f. If any toxic effluent standard or prohibition (including any schedule of compliance specified in such effluent standard or prohibition) is promulgated under CWA § 307(a) for a toxic pollutant which is present in the discharge and that standard or prohibition is more stringent than any limitation on the pollutant in this permit, this permit shall be modified or revoked and reissued to conform to the toxic effluent standard or prohibition. The permittee shall comply with effluent standards or prohibitions established under CWA § 307(a) for toxic pollutants within the time provided in the

regulations that established those standards or prohibitions, even if the permit has not yet been modified to incorporate the requirement.

5. Permit Transfer

- a. Prior to any transfer of this permit, Commission approval must be obtained. The Commission shall be notified in writing of any change in control or ownership of facilities authorized by this permit. Such notification should be sent to the Applications Review and Processing Team (MC 148) of the Water Quality Division.
- b. A permit may be transferred only according to the provisions of 30 TAC § 305.64 (relating to Transfer of Permits) and 30 TAC § 50.133 (relating to Executive Director Action on Application or WQMP update).

6. Relationship to Hazardous Waste Activities

This permit does not authorize any activity of hazardous waste storage, processing, or disposal that requires a permit or other authorization pursuant to the Texas Health and Safety Code.

7. Relationship to Water Rights

Disposal of treated effluent by any means other than discharge directly to water in the state must be specifically authorized in this permit and may require a permit pursuant to TWC Chapter 11.

8. Property Rights

A permit does not convey any property rights of any sort, or any exclusive privilege.

9. Permit Enforceability

The conditions of this permit are severable, and if any provision of this permit, or the application of any provision of this permit to any circumstances, is held invalid, the application of such provision to other circumstances, and the remainder of this permit, shall not be affected thereby.

10. Relationship to Permit Application

The application pursuant to which the permit has been issued is incorporated herein; provided, however, that in the event of a conflict between the provisions of this permit and the application, the provisions of the permit shall control.

11. Notice of Bankruptcy

- a. Each permittee shall notify the Executive Director, in writing, immediately following the filing of a voluntary or involuntary petition for bankruptcy under any chapter of Title 11 (Bankruptcy) of the United States Code (11 USC) by or against:
 - i. the permittee;
 - ii. an entity (as that term is defined in 11 USC, \S 101(14)) controlling the permittee or listing the permit or permittee as property of the estate; or
 - iii. an affiliate (as that term is defined in 11 USC, § 101(2)) of the permittee.

- b. This notification must indicate:
 - i. the name of the permittee;
 - ii. the permit number(s);
 - iii. the bankruptcy court in which the petition for bankruptcy was filed; and
 - iv. the date of filing of the petition.

OPERATIONAL REQUIREMENTS

- 1. The permittee shall at all times ensure that the facility and all of its systems of collection, treatment, and disposal are properly operated and maintained. This includes, but is not limited to, the regular, periodic examination of wastewater solids within the treatment plant by the operator in order to maintain an appropriate quantity and quality of solids inventory as described in the various operator training manuals and according to accepted industry standards for process control. Process control, maintenance, and operations records shall be retained at the facility site, or shall be readily available for review by a TCEQ representative, for a period of three years.
- 2. Upon request by the Executive Director, the permittee shall take appropriate samples and provide proper analysis in order to demonstrate compliance with Commission rules. Unless otherwise specified in this permit or otherwise ordered by the Commission, the permittee shall comply with all applicable provisions of 30 TAC Chapter 312 concerning sewage sludge or biosolids use and disposal and 30 TAC §§ 319.21 319.29 concerning the discharge of certain hazardous metals.
- 3. Domestic wastewater treatment facilities shall comply with the following provisions:
 - a. The permittee shall notify the Domestic Permits Team, Domestic Wastewater Section (MC 148) of the Water Quality Division, in writing, of any facility expansion at least 90 days prior to conducting such activity.
 - b. The permittee shall submit a closure plan for review and approval to the Domestic Permits Team, Domestic Wastewater Section (MC 148) of the Water Quality Division, for any closure activity at least 90 days prior to conducting such activity. Closure is the act of permanently taking a waste management unit or treatment facility out of service and includes the permanent removal from service of any pit, tank, pond, lagoon, surface impoundment and/or other treatment unit regulated by this permit.
- 4. The permittee is responsible for installing prior to plant start-up, and subsequently maintaining, adequate safeguards to prevent the discharge of untreated or inadequately treated wastes during electrical power failures by means of alternate power sources, standby generators, and/or retention of inadequately treated wastewater.
- 5. Unless otherwise specified, the permittee shall provide a readily accessible sampling point and, where applicable, an effluent flow measuring device or other acceptable means by which effluent flow may be determined.
- 6. The permittee shall remit an annual water quality fee to the Commission as required by 30

TAC Chapter 21. Failure to pay the fee may result in revocation of this permit under TWC § 7.302(b)(6).

7. Documentation

For all written notifications to the Commission required of the permittee by this permit, the permittee shall keep and make available a copy of each such notification under the same conditions as self-monitoring data are required to be kept and made available. Except for information required for TPDES permit applications, effluent data, including effluent data in permits, draft permits and permit applications, and other information specified as not confidential in 30 TAC §§ 1.5(d), any information submitted pursuant to this permit may be claimed as confidential by the submitter. Any such claim must be asserted in the manner prescribed in the application form or by stamping the words confidential business information on each page containing such information. If no claim is made at the time of submission, information may be made available to the public without further notice. If the Commission or Executive Director agrees with the designation of confidentiality, the TCEQ will not provide the information for public inspection unless required by the Texas Attorney General or a court pursuant to an open records request. If the Executive Director does not agree with the designation of confidentiality, the person submitting the information will be notified.

- 8. Facilities that generate domestic wastewater shall comply with the following provisions; domestic wastewater treatment facilities at permitted industrial sites are excluded.
 - a. Whenever flow measurements for any domestic sewage treatment facility reach 75% of the permitted daily average or annual average flow for three consecutive months, the permittee must initiate engineering and financial planning for expansion and/or upgrading of the domestic wastewater treatment and/or collection facilities. Whenever the flow reaches 90% of the permitted daily average or annual average flow for three consecutive months, the permittee shall obtain necessary authorization from the Commission to commence construction of the necessary additional treatment and/or collection facilities. In the case of a domestic wastewater treatment facility which reaches 75% of the permitted daily average or annual average flow for three consecutive months, and the planned population to be served or the quantity of waste produced is not expected to exceed the design limitations of the treatment facility, the permittee shall submit an engineering report supporting this claim to the Executive Director of the Commission.

If in the judgment of the Executive Director the population to be served will not cause permit noncompliance, then the requirement of this section may be waived. To be effective, any waiver must be in writing and signed by the Director of the Enforcement Division (MC 219) of the Commission, and such waiver of these requirements will be reviewed upon expiration of the existing permit; however, any such waiver shall not be interpreted as condoning or excusing any violation of any permit parameter.

b. The plans and specifications for domestic sewage collection and treatment works associated with any domestic permit must be approved by the Commission and failure to secure approval before commencing construction of such works or making a discharge is a violation of this permit and each day is an additional violation until approval has been secured.

- c. Permits for domestic wastewater treatment plants are granted subject to the policy of the Commission to encourage the development of area-wide waste collection, treatment, and disposal systems. The Commission reserves the right to amend any domestic wastewater permit in accordance with applicable procedural requirements to require the system covered by this permit to be integrated into an area-wide system, should such be developed; to require the delivery of the wastes authorized to be collected in, treated by or discharged from said system, to such area-wide system; or to amend this permit in any other particular to effectuate the Commission's policy. Such amendments may be made when the changes required are advisable for water quality control purposes and are feasible on the basis of waste treatment technology, engineering, financial, and related considerations existing at the time the changes are required, exclusive of the loss of investment in or revenues from any then existing or proposed waste collection, treatment or disposal system.
- 9. Domestic wastewater treatment plants shall be operated and maintained by sewage plant operators holding a valid certificate of competency at the required level as defined in 30 TAC Chapter 30.
- 10. For Publicly Owned Treatment Works (POTWs), the 30-day average (or monthly average) percent removal for BOD and TSS shall not be less than 85%, unless otherwise authorized by this permit.
- 11. Facilities that generate industrial solid waste as defined in 30 TAC § 335.1 shall comply with these provisions:
 - a. Any solid waste, as defined in 30 TAC § 335.1 (including but not limited to such wastes as garbage, refuse, sludge from a waste treatment, water supply treatment plant or air pollution control facility, discarded materials, discarded materials to be recycled, whether the waste is solid, liquid, or semisolid), generated by the permittee during the management and treatment of wastewater, must be managed in accordance with all applicable provisions of 30 TAC Chapter 335, relating to Industrial Solid Waste Management.
 - b. Industrial wastewater that is being collected, accumulated, stored, or processed before discharge through any final discharge outfall, specified by this permit, is considered to be industrial solid waste until the wastewater passes through the actual point source discharge and must be managed in accordance with all applicable provisions of 30 TAC Chapter 335.
 - c. The permittee shall provide written notification, pursuant to the requirements of 30 TAC § 335.8(b)(1), to the Corrective Action Section (MC 127) of the Remediation Division informing the Commission of any closure activity involving an Industrial Solid Waste Management Unit, at least 90 days prior to conducting such an activity.
 - d. Construction of any industrial solid waste management unit requires the prior written notification of the proposed activity to the Registration and Reporting Section (MC 129) of the Permitting and Registration Support Division. No person shall dispose of industrial solid waste, including sludge or other solids from wastewater treatment processes, prior to fulfilling the deed recordation requirements of 30 TAC § 335.5.
 - e. The term "industrial solid waste management unit" means a landfill, surface impoundment, waste-pile, industrial furnace, incinerator, cement kiln, injection well,

container, drum, salt dome waste containment cavern, or any other structure vessel, appurtenance, or other improvement on land used to manage industrial solid waste.

- f. The permittee shall keep management records for all sludge (or other waste) removed from any wastewater treatment process. These records shall fulfill all applicable requirements of 30 TAC § 335 and must include the following, as it pertains to wastewater treatment and discharge:
 - i. Volume of waste and date(s) generated from treatment process;
 - ii. Volume of waste disposed of on-site or shipped off-site;
 - iii. Date(s) of disposal;
 - iv. Identity of hauler or transporter;
 - v. Location of disposal site; and
 - vi. Method of final disposal.

The above records shall be maintained on a monthly basis. The records shall be retained at the facility site, or shall be readily available for review by authorized representatives of the TCEQ for at least five years.

12. For industrial facilities to which the requirements of 30 TAC § 335 do not apply, sludge and solid wastes, including tank cleaning and contaminated solids for disposal, shall be disposed of in accordance with THSC § 361.

TCEO Revision 06/2020

SLUDGE PROVISIONS

The permittee is authorized to dispose of sludge only at a Texas Commission on Environmental Quality (TCEQ) authorized land application site, co-disposal landfill, wastewater treatment facility, or facility that further processes sludge. The disposal of sludge or biosolids by land application on property owned, leased or under the direct control of the permittee is a violation of the permit unless the site is authorized with the TCEQ. This provision does not authorize Distribution and Marketing of Class A or Class AB Biosolids. This provision does not authorize the permittee to land apply biosolids on property owned, leased or under the direct control of the permittee.

SECTION I. REQUIREMENTS APPLYING TO ALL SEWAGE SLUDGE OR BIOSOLIDS LAND APPLICATION

A. General Requirements

- 1. The permittee shall handle and dispose of sewage sludge or biosolids in accordance with 30 TAC § 312 and all other applicable state and federal regulations in a manner that protects public health and the environment from any reasonably anticipated adverse effects due to any toxic pollutants that may be present in the sludge or biosolids.
- 2. In all cases, if the person (permit holder) who prepares the sewage sludge supplies the sewage sludge to another person for land application use or to the owner or lease holder of the land, the permit holder shall provide necessary information to the parties who receive the sludge to assure compliance with these regulations.
- 3. The land application of processed or unprocessed chemical toilet waste, grease trap waste, grit trap waste, milk solids, or similar non-hazardous municipal or industrial solid wastes, or any of the wastes listed in this provision combined with biosolids, WTP residuals or domestic septage is prohibited unless the grease trap waste is added at a fats, oil and grease (FOG) receiving facility as part of an anaerobic digestion process.

B. Testing Requirements

1. Sewage sludge or biosolids shall be tested annually in accordance with the method specified in both 40 CFR Part 261, Appendix II and 40 CFR Part 268, Appendix I [Toxicity Characteristic Leaching Procedure (TCLP)] or other method that receives the prior approval of the TCEQ for the contaminants listed in 40 CFR Part 261.24, Table 1. Sewage sludge or biosolids failing this test shall be managed according to RCRA standards for generators of hazardous waste, and the waste's disposition must be in accordance with all applicable requirements for hazardous waste processing, storage, or disposal. Following failure of any TCLP test, the management or disposal of sewage sludge or biosolids at a facility other than an authorized hazardous waste processing, storage, or disposal facility shall be prohibited until such time as the permittee can demonstrate the sewage sludge or biosolids no longer exhibits the hazardous waste toxicity characteristics (as demonstrated by the results of the TCLP tests). A written report shall be provided to both the TCEQ Registration and Reporting Section (MC 129) of the Permitting and Registration Support Division and the Regional Director (MC Region 15) within seven (7) days after failing the TCLP Test.

The report shall contain test results, certification that unauthorized waste management has stopped, and a summary of alternative disposal plans that comply with RCRA standards for the management of hazardous waste. The report shall be addressed to: Director, Permitting and Registration Support Division (MC 129), Texas Commission on Environmental Quality, P.O. Box 13087, Austin, Texas 78711-3087. In addition, the permittee shall prepare an annual report on the results of all sludge toxicity testing. The permittee shall submit the following information in an annual report to the TCEQ by September 30th of each year. The permittee must submit this annual report using the online electronic reporting system available through TCEQ's website. If the permittee requests and obtains an electronic reporting waiver, the annual report can be submitted in hard copy to the TCEQ Regional Office (MC Region 15) and the Enforcement Division (MC 224).

2. Biosolids shall not be applied to the land if the concentration of the pollutants exceeds the pollutant concentration criteria in Table 1. The frequency of testing for pollutants in Table 1 is found in Section I.C. of this permit.

TABLE 1

Ceiling Concentration
(Milligrams per kilogram)*
75
85
3000
4300
840
57
75
420
49
100
7500

^{*} Dry weight basis

3. Pathogen Control

All sewage sludge that is applied to agricultural land, forest, a public contact site, or a reclamation site must be treated by one of the following methods to ensure that the sludge meets either the Class A, Class AB or Class B biosolids pathogen requirements.

a. For sewage sludge to be classified as Class A biosolids with respect to pathogens, the density of fecal coliform in the sewage sludge must be less than 1,000 most probable number (MPN) per gram of total solids (dry weight basis), or the density of Salmonella sp. bacteria in the sewage sludge must be less than three MPN per four grams of total solids (dry weight basis) at the time the sewage sludge is used or disposed. In addition, one of the alternatives listed below must be met:

<u>Alternative 1</u> - The temperature of the sewage sludge that is used or disposed shall be maintained at or above a specific value for a period of time. See 30 TAC § 312.82(a)(3)(A) for specific information;

Alternative 5 (PFRP) - Sewage sludge that is used or disposed of must be treated in one of the Processes to Further Reduce Pathogens (PFRP) described in 40 CFR Part 503, Appendix B. PFRP include composting, heat drying, heat treatment, and thermophilic aerobic digestion; or

Alternative 6 (PFRP Equivalent) - Sewage sludge that is used or disposed of must be treated in a process that has been approved by the U. S. Environmental Protection Agency as being equivalent to those in Alternative 5.

b. For sewage sludge to be classified as Class AB biosolids with respect to pathogens, the density of fecal coliform in the sewage sludge must be less than 1,000 MPN per gram of total solids (dry weight basis), or the density of *Salmonella* sp. bacteria in the sewage sludge be less than three MPN per four grams of total solids (dry weight basis) at the time the sewage sludge is used or disposed. In addition, one of the alternatives listed below must be met:

<u>Alternative 2</u> - The pH of the sewage sludge that is used or disposed shall be raised to above 12 std. units and shall remain above 12 std. units for 72 hours.

The temperature of the sewage sludge shall be above 52° Celsius for 12 hours or longer during the period that the pH of the sewage sludge is above 12 std. units.

At the end of the 72-hour period during which the pH of the sewage sludge is above 12 std. units, the sewage sludge shall be air dried to achieve a percent solids in the sewage sludge greater than 50%; or

<u>Alternative 3</u> - The sewage sludge shall be analyzed for enteric viruses prior to pathogen treatment. The limit for enteric viruses is less than one Plaque-forming Unit per four grams of total solids (dry weight basis) either before or following pathogen treatment. See 30 TAC § 312.82(a)(2)(C)(i-iii) for specific information. The sewage sludge shall be analyzed for viable helminth ova prior to pathogen treatment. The limit for viable helminth ova is less than one per four grams of total solids (dry weight basis) either before or following pathogen treatment. See 30 TAC § 312.82(a)(2)(C)(iv-vi) for specific information; or

<u>Alternative 4</u> - The density of enteric viruses in the sewage sludge shall be less than one Plaque-forming Unit per four grams of total solids (dry weight basis) at the time the sewage sludge is used or disposed. The density of viable helminth ova in the sewage sludge shall be less than one per four grams of total solids (dry weight basis) at the time the sewage sludge is used or disposed.

- c. Sewage sludge that meets the requirements of Class AB biosolids may be classified a Class A biosolids if a variance request is submitted in writing that is supported by substantial documentation demonstrating equivalent methods for reducing odors and written approval is granted by the executive director. The executive director may deny the variance request or revoke that approved variance if it is determined that the variance may potentially endanger human health or the environment, or create nuisance odor conditions.
- d. Three alternatives are available to demonstrate compliance with Class B biosolids criteria.

Alternative 1

- i. A minimum of seven random samples of the sewage sludge shall be collected within 48 hours of the time the sewage sludge is used or disposed of during each monitoring episode for the sewage sludge.
- ii. The geometric mean of the density of fecal coliform in the samples collected shall be less than either 2,000,000 MPN per gram of total solids (dry weight basis) or 2,000,000 Colony Forming Units per gram of total solids (dry weight basis).

<u>Alternative 2</u> - Sewage sludge that is used or disposed of shall be treated in one of the Processes to Significantly Reduce Pathogens (PSRP) described in 40 CFR Part 503, Appendix B, so long as all of the following requirements are met by the generator of the sewage sludge.

- i. Prior to use or disposal, all the sewage sludge must have been generated from a single location, except as provided in paragraph v. below;
- ii. An independent Texas Licensed Professional Engineer must make a certification to the generator of a sewage sludge that the wastewater treatment facility generating the sewage sludge is designed to achieve one of the PSRP at the permitted design loading of the facility. The certification need only be repeated if the design loading of the facility is increased. The certification shall include a statement indicating the design meets all the applicable standards specified in Appendix B of 40 CFR Part 503;
- iii. Prior to any off-site transportation or on-site use or disposal of any sewage sludge generated at a wastewater treatment facility, the chief certified operator of the wastewater treatment facility or other responsible official who manages the processes to significantly reduce pathogens at the wastewater treatment facility for the permittee, shall certify that the sewage sludge underwent at least the minimum operational requirements necessary in order to meet one of the PSRP. The acceptable processes and the minimum operational and record keeping requirements shall be in accordance with established U.S. Environmental Protection Agency final guidance;
- iv. All certification records and operational records describing how the requirements of this paragraph were met shall be kept by the generator for a minimum of three years and be available for inspection by commission staff for review; and
- v. If the sewage sludge is generated from a mixture of sources, resulting from a person who prepares sewage sludge from more than one wastewater treatment facility, the resulting derived product shall meet one of the PSRP, and shall meet the certification, operation, and record keeping requirements of this paragraph.

<u>Alternative 3</u> - Sewage sludge shall be treated in an equivalent process that has been approved by the U.S. Environmental Protection Agency, so long as all of the following requirements are met by the generator of the sewage sludge.

i. Prior to use or disposal, all the sewage sludge must have been generated from a single location, except as provided in paragraph v. below;

- ii. Prior to any off-site transportation or on-site use or disposal of any sewage sludge generated at a wastewater treatment facility, the chief certified operator of the wastewater treatment facility or other responsible official who manages the processes to significantly reduce pathogens at the wastewater treatment facility for the permittee, shall certify that the sewage sludge underwent at least the minimum operational requirements necessary in order to meet one of the PSRP. The acceptable processes and the minimum operational and record keeping requirements shall be in accordance with established U.S. Environmental Protection Agency final guidance;
- iii. All certification records and operational records describing how the requirements of this paragraph were met shall be kept by the generator for a minimum of three years and be available for inspection by commission staff for review;
- iv. The Executive Director will accept from the U.S. Environmental Protection Agency a finding of equivalency to the defined PSRP; and
- v. If the sewage sludge is generated from a mixture of sources resulting from a person who prepares sewage sludge from more than one wastewater treatment facility, the resulting derived product shall meet one of the Processes to Significantly Reduce Pathogens, and shall meet the certification, operation, and record keeping requirements of this paragraph.

In addition to the Alternatives 1 - 3, the following site restrictions must be met if Class B biosolids are land applied:

- i. Food crops with harvested parts that touch the biosolids/soil mixture and are totally above the land surface shall not be harvested for 14 months after application of biosolids.
- ii. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after application of biosolids when the biosolids remain on the land surface for 4 months or longer prior to incorporation into the soil.
- iii. Food crops with harvested parts below the surface of the land shall not be harvested for 38 months after application of biosolids when the biosolids remain on the land surface for less than 4 months prior to incorporation into the soil.
- iv. Food crops, feed crops, and fiber crops shall not be harvested for 30 days after application of biosolids.
- v. Domestic livestock shall not be allowed to graze on the land for 30 days after application of biosolids.
- vi. Turf grown on land where biosolids are applied shall not be harvested for 1 year after application of the biosolids when the harvested turf is placed on either land with a high potential for public exposure or a lawn.
- vii. Public access to land with a high potential for public exposure shall be restricted for 1 year after application of biosolids.
- viii. Public access to land with a low potential for public exposure shall be restricted

for 30 days after application of biosolids.

ix. Land application of biosolids shall be in accordance with the buffer zone requirements found in 30 TAC § 312.44.

4. Vector Attraction Reduction Requirements

All bulk sewage sludge that is applied to agricultural land, forest, a public contact site, or a reclamation site shall be treated by one of the following Alternatives 1 through 10 for vector attraction reduction.

- <u>Alternative 1</u> The mass of volatile solids in the sewage sludge shall be reduced by a minimum of 38%.
- Alternative 2 If Alternative 1 cannot be met for an anaerobically digested sludge, demonstration can be made by digesting a portion of the previously digested sludge anaerobically in the laboratory in a bench-scale unit for 40 additional days at a temperature between 30° and 37° Celsius. Volatile solids must be reduced by less than 17% to demonstrate compliance.
- Alternative 3 If Alternative 1 cannot be met for an aerobically digested sludge, demonstration can be made by digesting a portion of the previously digested sludge with percent solids of two percent or less aerobically in the laboratory in a bench-scale unit for 30 additional days at 20° Celsius. Volatile solids must be reduced by less than 15% to demonstrate compliance.
- Alternative 4 The specific oxygen uptake rate (SOUR) for sewage sludge treated in an aerobic process shall be equal to or less than 1.5 milligrams of oxygen per hour per gram of total solids (dry weight basis) at a temperature of 20° Celsius.
- Alternative 5 Sewage sludge shall be treated in an aerobic process for 14 days or longer. During that time, the temperature of the sewage sludge shall be higher than 40° Celsius and the average temperature of the sewage sludge shall be higher than 45° Celsius.
- Alternative 6 The pH of sewage sludge shall be raised to 12 or higher by alkali addition and, without the addition of more alkali shall remain at 12 or higher for two hours and then remain at a pH of 11.5 or higher for an additional 22 hours at the time the sewage sludge is prepared for sale or given away in a bag or other container.
- Alternative 7 The percent solids of sewage sludge that does not contain unstabilized solids generated in a primary wastewater treatment process shall be equal to or greater than 75% based on the moisture content and total solids prior to mixing with other materials. Unstabilized solids are defined as organic materials in sewage sludge that have not been treated in either an aerobic or anaerobic treatment process.
- <u>Alternative 8</u> The percent solids of sewage sludge that contains unstabilized solids

generated in a primary wastewater treatment process shall be equal to or greater than 90% based on the moisture content and total solids prior to mixing with other materials at the time the sludge is used. Unstabilized solids are defined as organic materials in sewage sludge that have not been treated in either an aerobic or anaerobic treatment process.

Alternative 9 -

- i. Biosolids shall be injected below the surface of the land.
- ii. No significant amount of the biosolids shall be present on the land surface within one hour after the biosolids are injected.
- iii. When sewage sludge that is injected below the surface of the land is Class A or Class AB with respect to pathogens, the biosolids shall be injected below the land surface within eight hours after being discharged from the pathogen treatment process.

Alternative 10-

- i. Biosolids applied to the land surface or placed on a surface disposal site shall be incorporated into the soil within six hours after application to or placement on the land.
- ii. When biosolids that are incorporated into the soil is Class A or Class AB with respect to pathogens, the biosolids shall be applied to or placed on the land within eight hours after being discharged from the pathogen treatment process.

C. Monitoring Requirements

Toxicity Characteristic Leaching Procedure - annually (TCLP) Test
PCBs - annually

All metal constituents and fecal coliform or *Salmonella* sp. bacteria shall be monitored at the appropriate frequency shown below, pursuant to 30 TAC § 312.46(a)(1):

Amount of biosolids (*)

metric tons per 365-day period Monitoring Frequency

o to less than 290 Once/Year

290 to less than 1,500 Once/Quarter

1,500 to less than 15,000 Once/Two Months

15,000 or greater Once/Month

(*) The amount of bulk biosolids applied to the land (dry wt. basis).

Representative samples of sewage sludge shall be collected and analyzed in accordance with the methods referenced in 30 TAC § 312.7

Identify each of the analytic methods used by the facility to analyze enteric viruses, fecal

coliforms, helminth ova, Salmonella sp., and other regulated parameters.

Identify in the following categories (as applicable) the sewage sludge or biosolids treatment process or processes at the facility: preliminary operations (e.g., sludge or biosolids grinding and degritting), thickening (concentration), stabilization, anaerobic digestion, aerobic digestion, composting, conditioning, disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization), dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons), heat drying, thermal reduction, and methane or biogas capture and recovery.

Identify the nature of material generated by the facility (such as a biosolid for beneficial use or land-farming, or sewage sludge or biosolids for disposal at a monofill) and whether the material is ultimately conveyed off-site in bulk or in bags.

SECTION II. REQUIREMENTS SPECIFIC TO BULK SEWAGE SLUDGE OR BIOSOLIDS FOR APPLICATION TO THE LAND MEETING CLASS A, CLASS AB or B PATHOGEN REDUCTION AND THE CUMULATIVE LOADING RATES IN TABLE 2, OR CLASS B PATHOGEN REDUCTION AND THE POLLUTANT CONCENTRATIONS IN TABLE 3

For those permittees meeting Class A, Class AB or B pathogen reduction requirements and that meet the cumulative loading rates in Table 2 below, or the Class B pathogen reduction requirements and contain concentrations of pollutants below listed in Table 3, the following conditions apply:

A. Pollutant Limits

Table 2

	Cumulative Pollutant Loading Rate
<u>Pollutant</u>	(pounds per acre)*
Arsenic	36
Cadmium	35
Chromium	2677
Copper	1339
Lead	268
Mercury	15
Molybdenum	Report Only
Nickel	375
Selenium	89
Zinc	2500

Table 3

Monthly Average
Concentration
(milligrams per kilogram)*
41
39
1200
1500
300
17
Report Only
420
36
2800

^{*}Dry weight basis

B. Pathogen Control

All bulk sewage sludge that is applied to agricultural land, forest, a public contact site, a reclamation site, shall be treated by either Class A, Class AB or Class B biosolids pathogen reduction requirements as defined above in Section I.B.3.

C. Management Practices

- 1. Bulk biosolids shall not be applied to agricultural land, forest, a public contact site, or a reclamation site that is flooded, frozen, or snow-covered so that the bulk sewage sludge enters a wetland or other waters in the State.
- 2. Bulk biosolids not meeting Class A requirements shall be land applied in a manner which complies with Applicability in accordance with 30 TAC §312.41 and the Management Requirements in accordance with 30 TAC § 312.44.
- 3. Bulk biosolids shall be applied at or below the agronomic rate of the cover crop.
- 4. An information sheet shall be provided to the person who receives bulk Class A or AB biosolids sold or given away. The information sheet shall contain the following information:
 - a. The name and address of the person who prepared the Class A or AB biosolids that are sold or given away in a bag or other container for application to the land.
 - b. A statement that application of the biosolids to the land is prohibited except in accordance with the instruction on the label or information sheet.
 - c. The annual whole sludge application rate for the biosolids application rate for the biosolids that does not cause any of the cumulative pollutant loading rates in Table 2 above to be exceeded, unless the pollutant concentrations in Table 3 found in Section II above are met.

D. Notification Requirements

- 1. If bulk biosolids are applied to land in a State other than Texas, written notice shall be provided prior to the initial land application to the permitting authority for the State in which the bulk biosolids are proposed to be applied. The notice shall include:
 - a. The location, by street address, and specific latitude and longitude, of each land application site.
 - b. The approximate time period bulk biosolids will be applied to the site.
 - c. The name, address, telephone number, and National Pollutant Discharge Elimination System permit number (if appropriate) for the person who will apply the bulk biosolids.

E. Record Keeping Requirements

The documents will be retained at the facility site and/or shall be readily available for review by a TCEQ representative. The person who prepares bulk sewage sludge or a biosolids material shall develop the following information and shall retain the information at the facility site and/or shall be readily available for review by a TCEQ representative for a period of <u>five years</u>. If the permittee supplies the sludge to another person who land applies the sludge, the permittee shall notify the land applier of the requirements for record keeping found in 30 TAC § 312.47 for persons who land apply.

- 1. The concentration (mg/kg) in the sludge of each pollutant listed in Table 3 above and the applicable pollutant concentration criteria (mg/kg), or the applicable cumulative pollutant loading rate and the applicable cumulative pollutant loading rate limit (lbs/ac) listed in Table 2 above.
- 2. A description of how the pathogen reduction requirements are met (including site restrictions for Class AB and Class B biosolids, if applicable).
- 3. A description of how the vector attraction reduction requirements are met.
- 4. A description of how the management practices listed above in Section II.C are being met.
- 5. The following certification statement:
 - "I certify, under penalty of law, that the applicable pathogen requirements in 30 TAC § 312.82(a) or (b) and the vector attraction reduction requirements in 30 TAC § 312.83(b) have been met for each site on which bulk biosolids are applied. This determination has been made under my direction and supervision in accordance with the system designed to ensure that qualified personnel properly gather and evaluate the information used to determine that the management practices have been met. I am aware that there are significant penalties for false certification including fine and imprisonment."
- 6. The recommended agronomic loading rate from the references listed in Section II.C.3. above, as well as the actual agronomic loading rate shall be retained. The person who applies bulk biosolids shall develop the following information and shall retain the information at the facility site and/or shall be readily available for review by a TCEQ representative <u>indefinitely</u>. If the permittee supplies the sludge to another person who land applies the sludge, the permittee shall notify the land applier of the requirements for record keeping found in 30 TAC § 312.47 for persons who land apply:
 - a. A certification statement that all applicable requirements (specifically listed) have been met, and that the permittee understands that there are significant penalties for false certification including fine and imprisonment. See 30 TAC § 312.47(a)(4)(A)(ii) or 30 TAC § 312.47(a)(5)(A)(ii), as applicable, and to the permittee's specific sludge treatment activities.
 - b. The location, by street address, and specific latitude and longitude, of each site on which biosolids are applied.
 - c. The number of acres in each site on which bulk biosolids are applied.
 - d. The date and time biosolids are applied to each site.
 - e. The cumulative amount of each pollutant in pounds/acre listed in Table 2 applied to each site.
 - f. The total amount of biosolids applied to each site in dry tons.

The above records shall be maintained on-site on a monthly basis and shall be made available to the Texas Commission on Environmental Quality upon request.

F. Reporting Requirements

The permittee shall submit the following information in an annual report to the TCEQ by September 30th of each year. The permittee must submit this annual report using the online electronic reporting system available through TCEQ's website. If the permittee requests and obtains an electronic reporting waiver, the annual report can be submitted in hard copy to the TCEQ Regional Office (MC Region 15) and the Enforcement Division (MC 224).

- 1. Identify in the following categories (as applicable) the sewage sludge or biosolids treatment process or processes at the facility: preliminary operations (e.g., sludge or biosolids grinding and degritting), thickening (concentration), stabilization, anaerobic digestion, aerobic digestion, composting, conditioning, disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization), dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons), heat drying, thermal reduction, and methane or biogas capture and recovery.
- 2. Identify the nature of material generated by the facility (such as a biosolid for beneficial use or land-farming, or sewage sludge for disposal at a monofill) and whether the material is ultimately conveyed off-site in bulk or in bags.
- 3. Results of tests performed for pollutants found in either Table 2 or 3 as appropriate for the permittee's land application practices.
- 4. The frequency of monitoring listed in Section I.C. that applies to the permittee.
- 5. Toxicity Characteristic Leaching Procedure (TCLP) results.
- 6. PCB concentration in sludge or biosolids in mg/kg.
- 7. Identity of hauler(s) and TCEQ transporter number.
- 8. Date(s) of transport.
- 9. Texas Commission on Environmental Quality registration number, if applicable.
- 10. Amount of sludge or biosolids disposal dry weight (lbs/acre) at each disposal site.
- 11. The concentration (mg/kg) in the sludge of each pollutant listed in Table 1 (defined as a monthly average) as well as the applicable pollutant concentration criteria (mg/kg) listed in Table 3 above, or the applicable pollutant loading rate limit (lbs/acre) listed in Table 2 above if it exceeds 90% of the limit.
- 12. Level of pathogen reduction achieved (Class A, Class AB or Class B).
- 13. Alternative used as listed in Section I.B.3.(a. or b.). Alternatives describe how the pathogen reduction requirements are met. If Class B biosolids, include information on how site restrictions were met.
- 14. Identify each of the analytic methods used by the facility to analyze enteric viruses, fecal coliforms, helminth ova, *Salmonella* sp., and other regulated parameters.
- 15. Vector attraction reduction alternative used as listed in Section I.B.4.
- 16. Amount of sludge or biosolids transported in dry tons/year.

- 17. The certification statement listed in either 30 TAC § 312.47(a)(4)(A)(ii) or 30 TAC § 312.47(a)(5)(A)(ii) as applicable to the permittee's sludge or biosolids treatment activities, shall be attached to the annual report.
- 18. When the amount of any pollutant applied to the land exceeds 90% of the cumulative pollutant loading rate for that pollutant, as described in Table 2, the permittee shall report the following information as an attachment to the annual report.
 - a. The location, by street address, and specific latitude and longitude.
 - b. The number of acres in each site on which bulk biosolids are applied.
 - c. The date and time bulk biosolids are applied to each site.
 - d. The cumulative amount of each pollutant (i.e., pounds/acre) listed in Table 2 in the bulk biosolids applied to each site.
 - e. The amount of biosolids (i.e., dry tons) applied to each site.

The above records shall be maintained on a monthly basis and shall be made available to the Texas Commission on Environmental Quality upon request.

SECTION III. REQUIREMENTS APPLYING TO ALL SEWAGE SLUDGE OR BIOSOLIDS DISPOSED IN A MUNICIPAL SOLID WASTE LANDFILL

- A. The permittee shall handle and dispose of sewage sludge or biosolids in accordance with 30 TAC § 330 and all other applicable state and federal regulations to protect public health and the environment from any reasonably anticipated adverse effects due to any toxic pollutants that may be present. The permittee shall ensure that the sewage sludge meets the requirements in 30 TAC § 330 concerning the quality of the sludge or biosolids disposed in a municipal solid waste landfill.
- B. If the permittee generates sewage sludge and supplies that sewage sludge or biosolids to the owner or operator of a municipal solid waste landfill (MSWLF) for disposal, the permittee shall provide to the owner or operator of the MSWLF appropriate information needed to be in compliance with the provisions of this permit.
- C. Sewage sludge or biosolids shall be tested annually in accordance with the method specified in both 40 CFR Part 261, Appendix II and 40 CFR Part 268, Appendix I (Toxicity Characteristic Leaching Procedure) or other method, which receives the prior approval of the TCEQ for contaminants listed in Table 1 of 40 CFR § 261.24. Sewage sludge or biosolids failing this test shall be managed according to RCRA standards for generators of hazardous waste, and the waste's disposition must be in accordance with all applicable requirements for hazardous waste processing, storage, or disposal.

Following failure of any TCLP test, the management or disposal of sewage sludge or biosolids at a facility other than an authorized hazardous waste processing, storage, or disposal facility shall be prohibited until such time as the permittee can demonstrate the sewage sludge or biosolids no longer exhibits the hazardous waste toxicity characteristics (as demonstrated by the results of the TCLP tests). A written report shall be provided to both the TCEQ Registration and Reporting Section (MC 129) of the Permitting and Registration Support Division and the Regional Director (MC Region 15) of the appropriate TCEQ field office within 7 days after failing the TCLP Test.

The report shall contain test results, certification that unauthorized waste management has stopped, and a summary of alternative disposal plans that comply with RCRA standards for the management of hazardous waste. The report shall be addressed to: Director, Permitting and Registration Support Division (MC 129), Texas Commission on Environmental Quality, P. O. Box 13087, Austin, Texas 78711-3087. In addition, the permittee shall prepare an annual report on the results of all sludge toxicity testing. This annual report shall be submitted to the TCEQ Regional Office (MC Region 15) and the Enforcement Division (MC 224), by September 30 of each year.

- D. Sewage sludge or biosolids shall be tested as needed, in accordance with the requirements of 30 TAC Chapter 330.
- E. Record Keeping Requirements

The permittee shall develop the following information and shall retain the information for five years.

- 1. The description (including procedures followed and the results) of all liquid Paint Filter Tests performed.
- 2. The description (including procedures followed and results) of all TCLP tests performed.

The above records shall be maintained on-site on a monthly basis and shall be made available to the Texas Commission on Environmental Quality upon request.

F. Reporting Requirements

The permittee shall submit the following information in an annual report to the TCEQ by September 30th of each year. The permittee must submit this annual report using the online electronic reporting system available through TCEQ's website. If the permittee requests and obtains an electronic reporting waiver, the annual report can be submitted in hard copy to the TCEQ Regional Office (MC Region 15) and the Enforcement Division (MC 224).

- 1. Identify in the following categories (as applicable) the sewage sludge or biosolids treatment process or processes at the facility: preliminary operations (e.g., sludge or biosolids grinding and degritting), thickening (concentration), stabilization, anaerobic digestion, aerobic digestion, composting, conditioning, disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization), dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons), heat drying, thermal reduction, and methane or biogas capture and recovery.
- 2. Toxicity Characteristic Leaching Procedure (TCLP) results.
- 3. Annual sludge or biosolids production in dry tons/year.
- 4. Amount of sludge or biosolids disposed in a municipal solid waste landfill in dry tons/year.
- 5. Amount of sludge or biosolids transported interstate in dry tons/year.
- 6. A certification that the sewage sludge or biosolids meets the requirements of 30 TAC § 330 concerning the quality of the sludge disposed in a municipal solid waste landfill.
- 7. Identity of hauler(s) and transporter registration number.
- 8. Owner of disposal site(s).
- 9. Location of disposal site(s).
- 10. Date(s) of disposal.

The above records shall be maintained on-site on a monthly basis and shall be made available to the Texas Commission on Environmental Quality upon request.

SECTION IV. REQUIREMENTS APPLYING TO SLUDGE OR BIOSOLIDS TRANSPORTED TO ANOTHER FACILITY FOR FURTHER PROCESSING

These provisions apply to sludge or biosolids that is transported to another wastewater treatment facility or facility that further processes sludge or biosolids. These provisions are intended to allow transport of sludge or biosolids to facilities that have been authorized to accept sludge or biosolids. These provisions do not limit the ability of the receiving facility to determine whether to accept the sludge or biosolids, nor do they limit the ability of the receiving facility to request additional testing or documentation.

A. General Requirements

- 1. The permittee shall handle and dispose of sewage sludge or biosolids in accordance with 30 TAC Chapter 312 and all other applicable state and federal regulations in a manner that protects public health and the environment from any reasonably anticipated adverse effects due to any toxic pollutants that may be present in the sludge.
- 2. Sludge or biosolids may only be transported using a registered transporter or using an approved pipeline.

B. Record Keeping Requirements

- 1. For sludge transported by an approved pipeline, the permittee must maintain records of the following:
 - a. the amount of sludge or biosolids transported;
 - b. the date of transport;
 - c. the name and TCEQ permit number of the receiving facility or facilities;
 - d. the location of the receiving facility or facilities;
 - e. the name and TCEQ permit number of the facility that generated the waste; and
 - f. copy of the written agreement between the permittee and the receiving facility to accept sludge or biosolids.
- 2. For sludge or biosolids transported by a registered transporter, the permittee must maintain records of the completed trip tickets in accordance with 30 TAC § 312.145(a)(1)-(7) and amount of sludge or biosolids transported.
- The above records shall be maintained on-site on a monthly basis and shall be made available to the TCEQ upon request. These records shall be retained for at least five years.

C. Reporting Requirements

The permittee shall submit the following information in an annual report to the TCEQ by September 30th of each year. The permittee must submit this annual report using the online electronic reporting system available through TCEQ's website. If the permittee requests and obtains an electronic reporting waiver, the annual report can be submitted in hard copy to the TCEQ Regional Office (MC Region 15) and the Enforcement Division (MC 224).

- 1. Identify in the following categories (as applicable) the sewage sludge or biosolids treatment process or processes at the facility: preliminary operations (e.g., sludge or biosolids grinding and degritting), thickening (concentration), stabilization, anaerobic digestion, aerobic digestion, composting, conditioning, disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization), dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons), heat drying, thermal reduction, and methane or biogas capture and recovery.
- 2. the annual sludge or biosolids production;
- 3. the amount of sludge or biosolids transported;
- 4. the owner of each receiving facility;
- 5. the location of each receiving facility; and
- 6. the date(s) of disposal at each receiving facility.

TCEQ Revision 06/2020

OTHER REQUIREMENTS

- 1. The permittee shall employ or contract with one or more licensed wastewater treatment facility operators or wastewater system operations companies holding a valid license or registration according to the requirements of 30 TAC Chapter 30, Occupational Licenses and Registrations, and in particular 30 TAC Chapter 30, Subchapter J, Wastewater Operators and Operations Companies.
 - This Category B facility must be operated by a chief operator or an operator holding a Class B license or higher. The facility must be operated a minimum of five days per week by the licensed chief operator or an operator holding the required level of license or higher. The licensed chief operator or operator holding the required level of license or higher must be available by telephone or pager seven days per week. Where shift operation of the wastewater treatment facility is necessary, each shift that does not have the on-site supervision of the licensed chief operator must be supervised by an operator in charge who is licensed not less than one level below the category for the facility.
- 2. The facility is not located in the Coastal Management Program boundary.
- 3. There is no mixing zone established for this discharge to an intermittent stream. Acute toxic criteria apply at the point of discharge.
- 4. The permittee shall comply with the requirements of 30 TAC § 309.13(a) through (d). In addition, by ownership of the required buffer zone area, the permittee shall comply with the requirements of 30 TAC § 309.13(e).
- 5. The permittee shall provide facilities for the protection of its wastewater treatment facility from a 100-year flood.
- 6. In accordance with 30 TAC § 319.9, a permittee that has at least twelve months of uninterrupted compliance with its bacteria limit may notify the commission in writing of its compliance and request a less frequent measurement schedule. To request a less frequent schedule, the permittee shall submit a written request to the TCEQ Domestic Wastewater Section (MC 148) for each phase that includes a different monitoring frequency. The request must contain all of the reported bacteria values (Daily Avg. and Daily Max/Single Grab) for the twelve consecutive months immediately prior to the request. If the Executive Director finds that a less frequent measurement schedule is protective of human health and the environment, the permittee may be given a less frequent measurement schedule. For this permit, daily may be reduced to five/week at outfall 001, and five/week may be reduced to three/week at outfall 002. A violation of any bacteria limit by a facility that has been granted a less frequent measurement schedule will require the permittee to return to the standard frequency schedule and submit written notice to the TCEQ Domestic Wastewater Section (MC 148). The permittee may not apply for another reduction in measurement frequency for at least 24 months from the date of the last violation. The Executive Director may establish a more frequent measurement schedule if necessary to protect human health or the environment.
- 7. **Within 60 days from the start-up of the facility** the permittee shall submit to the TCEQ Wastewater Permitting Section (MC 148) a summary transmittal letter in accordance with the requirements in 30 TAC § 217.6(d). If requested by the Wastewater Permitting Section, the permittee shall submit plans, specifications, and a final engineering design

report which comply with 30 TAC Chapter 217, Design Criteria for Domestic Wastewater Systems. The permittee shall clearly show how the treatment system will meet the effluent limitations required on Page 2 and 2a of this permit. A copy of the summary transmittal letter shall be available at the plant site for inspection by authorized representatives of the TCEQ. This provision is continued from the permit issued on December 29, 2020, which has not been complied with to date.

CONTRIBUTING INDUSTRIES AND PRETREATMENT REQUIREMENTS

- 1. The following pollutants may not be introduced into the treatment facility:
 - a. Pollutants which create a fire or explosion hazard in the publicly owned treatment works (POTW), including, but not limited to, waste streams with a closed-cup flash point of less than 140° Fahrenheit (60° Celsius) using the test methods specified in 40 CFR § 261.21;
 - b. Pollutants which will cause corrosive structural damage to the POTW, but in no case shall there be discharges with a pH lower than 5.0 standard units, unless the works are specifically designed to accommodate such discharges;
 - c. Solid or viscous pollutants in amounts which will cause obstruction to the flow in the POTW, resulting in Interference;
 - d. Any pollutant, including oxygen-demanding pollutants (e.g., biochemical oxygen demand), released in a discharge at a flow rate and/or pollutant concentration which will cause Interference with the POTW;
 - e. Heat in amounts which will inhibit biological activity in the POTW, resulting in Interference, but in no case shall there be heat in such quantities that the temperature at the POTW treatment plant exceeds 104° Fahrenheit (40° Celsius) unless the Executive Director, upon request of the POTW, approves alternate temperature limits;
 - f. Petroleum oil, nonbiodegradable cutting oil, or products of mineral oil origin in amounts that will cause Interference or Pass Through;
 - g. Pollutants which result in the presence of toxic gases, vapors, or fumes within the POTW in a quantity that may cause acute worker health and safety problems; and
 - h. Any trucked or hauled pollutants except at discharge points designated by the POTW.
- 2. The permittee shall require any indirect discharger to the treatment works to comply with the reporting requirements of Sections 204(b), 307, and 308 of the Clean Water Act, including any requirements established under 40 CFR Part 403 [rev. Federal Register/ Vol. 70/ No. 198/ Friday, October 14, 2005/ Rules and Regulations, pages 60134-60798].
- 3. The permittee shall provide adequate notification to the Executive Director, care of the Domestic Wastewater Section (MC 148) of the Water Quality Division, within 30 days subsequent to the permittee's knowledge of either of the following:
 - a. Any new introduction of pollutants into the treatment works from an indirect discharger which would be subject to Sections 301 and 306 of the Clean Water Act if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into the treatment works by a source introducing pollutants into the treatment works at the time of issuance of the permit.

Any notice shall include information on the quality and quantity of effluent to be introduced into the treatment works and any anticipated impact of the change on the quality or quantity of effluent to be discharged from the POTW.

Revised July 2007

BIOMONITORING REQUIREMENTS

48-HOUR ACUTE BIOMONITORING REQUIREMENTS: FRESHWATER

The provisions of this section apply to Outfall 001 for whole effluent toxicity (WET) testing.

1. Scope, Frequency, and Methodology

- a. The permittee shall test the effluent for toxicity in accordance with the provisions below. Such testing will determine if an appropriately dilute effluent sample adversely affects the survival of the test organisms.
- b. The permittee shall conduct the following toxicity tests using the test organisms, procedures, and quality assurance requirements specified in this part of this permit and in accordance with "Methods for Measuring the Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms," fifth edition (EPA-821-R-02-012) or its most recent update:
 - 1) Acute static renewal 48-hour definitive toxicity test using the water flea (*Daphnia pulex* or *Ceriodaphnia dubia*). A minimum of five replicates with eight organisms per replicate shall be used in the control and in each dilution. This test shall be conducted once per quarter.
 - 2) Acute static renewal 48-hour definitive toxicity test using the fathead minnow (*Pimephales promelas*). A minimum of five replicates with eight organisms per replicate shall be used in the control and in each dilution. This test shall be conducted once per quarter.

The permittee must perform and submit a valid test for each test species during the required reporting period for that species. A minimum of five replicates with eight organisms per replicate shall be used in the control and each dilution. A repeat test shall include the control and all effluent dilutions and use the appropriate number of organisms and replicates, as specified above. An invalid test is defined as any test failing to satisfy the test acceptability criteria, procedures, and quality assurance requirements specified in the test methods and permit.

- c. The permittee shall use five effluent dilution concentrations and a control in each toxicity test. These effluent dilution concentrations are 32%, 42%, 56%, 75%, and 100% effluent. The critical dilution, defined as 100% effluent, is the effluent concentration representative of the proportion of effluent in the receiving water during critical low flow or critical mixing conditions.
- d. This permit may be amended to require a WET limit, a chemical-specific limit, a best management practice, or other appropriate actions to address toxicity. The permittee may be required to conduct a toxicity reduction evaluation (TRE) after multiple toxic events.
- e. Testing Frequency Reduction
 - 1) If none of the first four consecutive quarterly tests demonstrates

- significant lethal effects, the permittee may submit this information in writing and, upon approval, reduce the testing frequency to once per six months for the invertebrate test species and once per year for the vertebrate test species.
- 2) If one or more of the first four consecutive quarterly tests demonstrates significant lethal effects, the permittee shall continue quarterly testing for that species until this permit is reissued. If a testing frequency reduction had been previously granted and a subsequent test demonstrates significant lethal effects, the permittee shall resume a quarterly testing frequency for that species until this permit is reissued.

2. Required Toxicity Testing Conditions

- a. Test Acceptance The permittee shall repeat any toxicity test, including the control and all effluent dilutions, which fails to meet any of the following criteria:
 - 1) a control mean survival of 90% or greater; and
 - a coefficient of variation percent (CV%) of 40 or less for both the control and critical dilution. However, if significant lethality is demonstrated, a CV% greater than 40 shall not invalidate the test. The CV% requirement does not apply when significant lethality occurs.

b. Statistical Interpretation

- 1) For the water flea and fathead minnow tests, the statistical analyses used to determine if there is a significant difference between the control and an effluent dilution shall be in accordance with the manual referenced in Part 1.b.
- The permittee is responsible for reviewing test concentration-response relationships to ensure that calculated test results are interpreted and reported correctly. The document entitled "Method Guidance and Recommendation for Whole Effluent Toxicity (WET) Testing (40 CFR Part 136)" (EPA 821-B-00-004) provides guidance on determining the validity of test results.
- 3) If significant lethality is demonstrated (that is, there is a statistically significant difference in survival at the critical dilution when compared to the survival in the control), the conditions of test acceptability are met, and the survival of the test organisms are equal to or greater than 90% in the critical dilution and all dilutions below that, then the permittee shall report a survival No Observed Effect Concentration (NOEC) of not less than the critical dilution for the reporting requirements.
- 4) The NOEC is defined as the greatest effluent dilution at which no significant lethality is demonstrated. The Lowest Observed Effect Concentration (LOEC) is defined as the lowest effluent dilution at which significant lethality is demonstrated. Significant lethality is defined as a statistically significant difference the survival of the test organism in a

- specified effluent dilution when compared to the survival of the test organism in the control.
- 5) The use of NOECs and LOECs assumes either a monotonic (continuous) concentration-response relationship or a threshold model of the concentration-response relationship. For any test result that demonstrates a non-monotonic (non-continuous) response, the NOEC should be determined based on the guidance manual referenced in Item
- 6) Pursuant to the responsibility assigned to the permittee in Part 2.b.2), test results that demonstrate a non-monotonic (non-continuous) concentration-response relationship may be submitted, prior to the due date, for technical review. The guidance manual referenced in Item 2 will be used when making a determination of test acceptability.
- 7) TCEQ staff will review test results for consistency with rules, procedures, and permit requirements.

c. Dilution Water

- Dilution water used in the toxicity tests must be the receiving water collected at a point upstream of the discharge point as close as possible to the discharge point but unaffected by the discharge. Where the toxicity tests are conducted on effluent discharges to receiving waters that are classified as intermittent streams, or where the toxicity tests are conducted on effluent discharges where no receiving water is available due to zero flow conditions, the permittee shall:
 - a) substitute a synthetic dilution water that has a pH, hardness, and alkalinity similar to that of the closest downstream perennial water unaffected by the discharge; or
 - b) use the closest downstream perennial water unaffected by the discharge.
- 2) Where the receiving water proves unsatisfactory as a result of preexisting instream toxicity (i.e. fails to fulfill the test acceptance criteria Part 2.a.), the permittee may substitute synthetic dilution water for the receiving water in all subsequent tests provided the unacceptable receiving water test met the following stipulations:
 - a) a synthetic lab water control was performed (in addition to the receiving water control) which fulfilled the test acceptance requirements of Part 2.a;
 - b) the test indicating receiving water toxicity was carried out to completion; and
 - c) the permittee submitted all test results indicating receiving water toxicity with the reports and information required in Part 3.

3) The synthetic dilution water shall consist of standard, moderately hard, reconstituted water. Upon approval, the permittee may substitute other appropriate dilution water with chemical and physical characteristics similar to that of the receiving water.

d. Samples and Composites

- 1) The permittee shall collect a minimum of two composite samples from Outfall 001. The second composite sample will be used for the renewal of the dilution concentrations for each toxicity test.
- 2) The permittee shall collect the composite samples such that the samples are representative of any periodic episode of chlorination, biocide usage, or other potentially toxic substance being discharged on an intermittent basis.
- 3) The permittee shall initiate the toxicity tests within 36 hours after collection of the last portion of the first composite sample. The holding time for the subsequent composite sample shall not exceed 72 hours. Samples shall be maintained at a temperature of 0-6 degrees Centigrade during collection, shipping, and storage.
- 4) If Outfall 001 ceases discharging during the collection of effluent samples, the requirements for the minimum number of effluent samples, the minimum number of effluent portions, and the sample holding time are waived during that sampling period. However, the permittee must have collected an effluent composite sample volume sufficient to complete the required toxicity tests with renewal of the effluent. When possible, the effluent samples used for the toxicity tests shall be collected on separate days if the discharge occurs over multiple days. The sample collection duration and the static renewal protocol associated with the abbreviated sample collection must be documented in the full report.
- 5) The effluent sample shall not be dechlorinated after sample collection.

3. Reporting

All reports, tables, plans, summaries, and related correspondence required in this section shall be submitted to the attention of the Standards Implementation Team (MC 150) of the Water Quality Division.

- a. The permittee shall prepare a full report of the results of all tests conducted in accordance with the manual referenced in Part 1.b for every valid and invalid toxicity test initiated, whether carried to completion or not.
- b. The permittee shall routinely report the results of each biomonitoring test on the Table 1 forms provided with this permit.
 - 1) Annual biomonitoring test results are due on or before January 20th for biomonitoring conducted during the previous 12-month period.

- 2) Semiannual biomonitoring test results are due on or before July 20th and January 20th for biomonitoring conducted during the previous 6-month period.
- 3) Quarterly biomonitoring test results are due on or before April 20th, July 20th, October 20th, and January 20th for biomonitoring conducted during the previous calendar quarter.
- 4) Monthly biomonitoring test results are due on or before the 20th day of the month following sampling.
- c. Enter the following codes for the appropriate parameters for valid tests only:
 - 1) For the water flea, Parameter TEM3D, enter a "1" if the NOEC for survival is less than the critical dilution; otherwise, enter a "0."
 - 2) For the water flea, Parameter TOM3D, report the NOEC for survival.
 - 3) For the water flea, Parameter TXM3D, report the LOEC for survival.
 - 4) For the fathead minnow, Parameter TEM6C, enter a "1" if the NOEC for survival is less than the critical dilution; otherwise, enter a "0."
 - 5) For the fathead minnow, Parameter TOM6C, report the NOEC for survival.
 - 6) For the fathead minnow, Parameter TXM6C, report the LOEC for survival.
- d. Enter the following codes for retests only:
 - 1) For retest number 1, Parameter 22415, enter a "1" if the NOEC for survival is less than the critical dilution; otherwise, enter a "0."
 - 2) For retest number 2, Parameter 22416, enter a "1" if the NOEC for survival is less than the critical dilution; otherwise, enter a "0."

4. Persistent Toxicity

The requirements of this part apply only when a toxicity test demonstrates significant lethality. Significant lethality was defined in Part 2.b.

- a. The permittee shall conduct a total of 2 additional tests (retests) for any species that demonstrates significant lethality. The two retests shall be conducted monthly during the next two consecutive months. The permittee shall not substitute either of the two retests in lieu of routine toxicity testing. All reports shall be submitted within 20 days of test completion. Test completion is defined as the last day of the test.
- b. If one or both of the two retests specified in Part 4.a. demonstrates significant

lethality, the permittee shall initiate the TRE requirements as specified in Part 5.

c. The provisions of Part 4.a. are suspended upon completion of the two retests and submittal of the TRE action plan and schedule defined in Part 5.

5. <u>Toxicity Reduction Evaluation</u>

- a. Within 45 days of the retest that demonstrates significant lethality, the permittee shall submit a general outline for initiating a TRE. The outline shall include, but not be limited to, a description of project personnel, a schedule for obtaining consultants (if needed), a discussion of influent and effluent data available for review, a sampling and analytical schedule, and a proposed TRE initiation date.
- b. Within 90 days of the retest that demonstrates significant lethality, the permittee shall submit a TRE action plan and schedule for conducting a TRE. The plan shall specify the approach and methodology to be used in performing the TRE. A TRE is a step-wise investigation combining toxicity testing with physical and chemical analyses to determine actions necessary to eliminate or reduce effluent toxicity to a level not effecting significant lethality at the critical dilution. The TRE action plan shall describe an approach for the reduction or elimination of lethality for both test species defined in Part 1.b. At a minimum, the TRE action plan shall include the following:
 - Specific Activities The TRE action plan shall specify the approach the 1) permittee intends to utilize in conducting the TRE, including toxicity characterizations, identifications, confirmations, source evaluations, treatability studies, and alternative approaches. When conducting characterization analyses, the permittee shall perform multiple characterizations and follow the procedures specified in the document entitled "Methods for Aquatic Toxicity Identification Evaluations: Phase I Toxicity Characterization Procedures" (EPA/600/6-91/003) or alternate procedures. The permittee shall perform multiple identifications and follow the methods specified in the documents entitled "Methods for Aguatic Toxicity Identification Evaluations: Phase II Toxicity Identification Procedures for Samples Exhibiting Acute and Chronic Toxicity" (EPA/600/R-92/080) and "Methods for Aquatic Toxicity" Identification Evaluations: Phase III Toxicity Confirmation Procedures for Samples Exhibiting Acute and Chronic Toxicity" (EPA/600/R-92/081). All characterization, identification, and confirmation tests shall be conducted in an orderly and logical progression;
 - 2) Sampling Plan The TRE action plan should describe sampling locations, methods, holding times, chain of custody, and preservation techniques. The effluent sample volume collected for all tests shall be adequate to perform the toxicity characterization/identification/confirmation procedures and chemical-specific analyses when the toxicity tests show significant lethality. Where the permittee has identified or suspects a specific pollutant and source of effluent toxicity, the permittee shall conduct, concurrent with toxicity testing, chemical-specific analyses for the identified and suspected pollutant and source of effluent toxicity;

- 3) Quality Assurance Plan The TRE action plan should address record keeping and data evaluation, calibration and standardization, baseline tests, system blanks, controls, duplicates, spikes, toxicity persistence in the samples, randomization, reference toxicant control charts, and mechanisms to detect artifactual toxicity; and
- 4) Project Organization The TRE action plan should describe the project staff, project manager, consulting engineering services (where applicable), consulting analytical and toxicological services, etc.
- c. Within 30 days of submittal of the TRE action plan and schedule, the permittee shall implement the TRE.
- d. The permittee shall submit quarterly TRE activities reports concerning the progress of the TRE. The quarterly reports are due on or before April 20th, July 20th, October 20th, and January 20th. The report shall detail information regarding the TRE activities including:
 - 1) results and interpretation of any chemical specific analyses for the identified and suspected pollutant performed during the quarter;
 - 2) results and interpretation of any characterization, identification, and confirmation tests performed during the quarter;
 - any data and substantiating documentation which identifies the pollutant(s) and source of effluent toxicity;
 - 4) results of any studies/evaluations concerning the treatability of the facility's effluent toxicity;
 - 5) any data that identifies effluent toxicity control mechanisms that will reduce effluent toxicity to the level necessary to meet no significant lethality at the critical dilution; and
 - 6) any changes to the initial TRE plan and schedule that are believed necessary as a result of the TRE findings.
- e. During the TRE, the permittee shall perform, at a minimum, quarterly testing using the more sensitive species. Testing for the less sensitive species shall continue at the frequency specified in Part 1.b.
- f. If the effluent ceases to effect significant lethality, i.e., there is a cessation of lethality, the permittee may end the TRE. A cessation of lethality is defined as no significant lethality for a period of 12 consecutive months with at least monthly testing. At the end of the 12 months, the permittee shall submit a statement of intent to cease the TRE and may then resume the testing frequency specified in Part 1.b.

This provision accommodates situations where operational errors and upsets, spills, or sampling errors triggered the TRE, in contrast to a situation where a single toxicant or group of toxicants cause lethality. This provision does not apply

as a result of corrective actions taken by the permittee. Corrective actions are defined as proactive efforts that eliminate or reduce effluent toxicity. These include, but are not limited to, source reduction or elimination, improved housekeeping, changes in chemical usage, and modifications of influent streams and effluent treatment.

The permittee may only apply this cessation of lethality provision once. If the effluent again demonstrates significant lethality to the same species, the permit will be amended to add a WET limit with a compliance period, if appropriate. However, prior to the effective date of the WET limit, the permittee may apply for a permit amendment removing and replacing the WET limit with an alternate toxicity control measure by identifying and confirming the toxicant and an appropriate control measure.

- g. The permittee shall complete the TRE and submit a final report on the TRE activities no later than 28 months from the last test day of the retest that confirmed significant lethal effects at the critical dilution. The permittee may petition the Executive Director (in writing) for an extension of the 28-month limit. However, to warrant an extension the permittee must have demonstrated due diligence in its pursuit of the toxicity identification evaluation/TRE and must prove that circumstances beyond its control stalled the toxicity identification/TRE. The report shall provide information pertaining to the specific control mechanism selected that will, when implemented, result in the reduction of effluent toxicity to no significant lethality at the critical dilution. The report shall also provide a specific corrective action schedule for implementing the selected control mechanism.
- h. Based on the results of the TRE and proposed corrective actions, this permit may be amended to modify the biomonitoring requirements, where necessary, require a compliance schedule for implementation of corrective actions, specify a WET limit, specify a best management practice, and specify a chemical-specific limit.
- i. Copies of any and all required TRE plans and reports shall also be submitted to the U.S. EPA Region 6 office, 6WQ-PO.

TABLE 1 (SHEET 1 OF 2)

WATER FLEA SURVIVAL

Composites	S		M:	Date Time	TO:		
Test initiate Dilution wa	ed: ater used: _	Rec		am/pm er	Synthetic Di	lution wate	date
	PERCENT SURVIVAL Percent effluent						
Time	Rep	0%	32%	42%	56%	75%	100%
	A						
	В						
24h	С						
	D						
	Е						
	A						
	В						
48h	С						
	D						
	E						
Mean a	t test end						
C	V%*						
				eviation x 100	•		
Dunnett's F	Procedure o	r Steel's Many	-One Rank	Test as appro	opriate:		
Is the mean	n survival at	48 hours sign	nificantly le	ess than the co	ontrol surviv	al?	
	CRITICAL	DILUTION (100%):	YES	N	Ю	
Enter perce	ent effluent	correspondin	g to the NC	DEC below:			
	1) NOE	C survival = _		_% effluent			
	2) LOE(C survival =		_% effluent			

TABLE 1 (SHEET 2 OF 2)

FATHEAD MINNOW SURVIVAL

Dates and T Composites	imes		M:	Date Time	TO:		
Collected		No. 2 FRO	OM:		TO:		
Test initiate	ed:			am/pm _			date
Di	llution wate	r used:	Rece	iving water	Sy	ynthetic Dilu	tion water
			PERCENT	SURVIVAL			
m'	D			Percent	effluent		
Time	Rep	0%	32%	42%	56%	75%	100%
	A						
	В						
24h	С						
	D						
	Е						
	A						
	В						
48h	C						
	D						
	Е						
Mean at	test end						
CV	7%*						
* Co	efficient of	Variation = s	standard de	viation x 100	/mean		
Dunnett's P	rocedure or	Steel's Many	y-One Rank	Test as appr	opriate:		
Is the mean	survival at	48 hours sign	nificantly le	ss than the c	ontrol survi	val?	
	CRITICAL	DILUTION (100%):	YES		NO	
Enter perce	nt effluent o	correspondin	g to the NO	EC below:			
	1) NOEC	survival = _		_% effluent			
	2) LOEC	survival = _		% effluent			

24-HOUR ACUTE BIOMONITORING REQUIREMENTS: FRESHWATER

The provisions of this section apply to Outfall 001 for WET testing.

1. Scope, Frequency, and Methodology

- a. The permittee shall test the effluent for lethality in accordance with the provisions in this section. Such testing will determine compliance with Texas Surface Water Quality Standard 30 TAC § 307.6(e)(2)(B), which requires greater than 50% survival of the appropriate test organisms in 100% effluent for a 24-hour period.
- b. The toxicity tests specified shall be conducted once per six months. The permittee shall conduct the following toxicity tests using the test organisms, procedures, and quality assurance requirements specified in this section of the permit and in accordance with "Methods for Measuring the Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms," fifth edition (EPA-821-R-02-012) or its most recent update:
 - 1) Acute 24-hour static toxicity test using the water flea (*Daphnia pulex* or *Ceriodaphnia dubia*). A minimum of five replicates with eight organisms per replicate shall be used in the control and each dilution.
 - 2) Acute 24-hour static toxicity test using the fathead minnow (*Pimephales promelas*). A minimum of five replicates with eight organisms per replicate shall be used in the control and each dilution.

The permittee must perform and report a valid test for each test species during the prescribed reporting period. An invalid test must be repeated during the same reporting period. An invalid test is defined as any test failing to satisfy the test acceptability criteria, procedures, and quality assurance requirements specified in the test methods and permit.

- c. In addition to an appropriate control, a 100% effluent concentration shall be used in the toxicity tests. The control and dilution water shall consist of standard, synthetic, moderately hard, reconstituted water.
- d. This permit may be amended to require a WET limit, a best management practice, a chemical-specific limit, or other appropriate actions to address toxicity. The permittee may be required to conduct a toxicity reduction evaluation (TRE) after multiple toxic events.
- e. As the dilution series specified in the 48-Hour Acute Biomonitoring Requirements includes a 100% effluent concentration, the results from those tests may fulfill the requirements of this section; any tests performed in the proper time interval may be substituted. Compliance will be evaluated as specified in Part 1.a. The 50% survival in 100% effluent for a 24-hour period standard applies to all tests utilizing a 100% effluent dilution, regardless of whether the results are submitted to comply with the minimum testing frequency.

2. Required Toxicity Testing Conditions

- a. Test Acceptance The permittee shall repeat any toxicity test, including the control, if the control fails to meet a mean survival equal to or greater than 90%.
- b. Dilution Water In accordance with Part 1.c., the control and dilution water shall consist of standard, synthetic, moderately hard, reconstituted water.
- c. Samples and Composites
 - 1) The permittee shall collect one composite sample from Outfall 001.
 - 2) The permittee shall collect the composite sample such that the sample is representative of any periodic episode of chlorination, biocide usage, or other potentially toxic substance being discharged on an intermittent basis.
 - 3) The permittee shall initiate the toxicity tests within 36 hours after collection of the last portion of the composite sample. The sample shall be maintained at a temperature of o-6 degrees Centigrade during collection, shipping, and storage.
 - 4) If Outfall 001 ceases discharging during the collection of the effluent composite sample, the requirements for the minimum number of effluent portions are waived. However, the permittee must have collected a composite sample volume sufficient for completion of the required test. The abbreviated sample collection, duration, and methodology must be documented in the full report.
 - 5) The effluent sample shall not be dechlorinated after sample collection.

3. Reporting

All reports, tables, plans, summaries, and related correspondence required in this section shall be submitted to the attention of the Standards Implementation Team (MC 150) of the Water Quality Division.

- a. The permittee shall prepare a full report of the results of all tests conducted pursuant to this permit in accordance with the manual referenced in Part 1.b. for every valid and invalid toxicity test initiated.
- b. The permittee shall routinely report the results of each biomonitoring test on the Table 2 forms provided with this permit.
 - 1) Semiannual biomonitoring test results are due on or before July 20th and January 20th for biomonitoring conducted during the previous 6-month period.
 - 2) Quarterly biomonitoring test results are due on or before April 20th, July 20th, and October 20th, and January 20th for biomonitoring conducted during the previous calendar quarter.

- c. Enter the following codes for the appropriate parameters for valid tests only:
 - 1) For the water flea, Parameter TIE3D, enter a "0" if the mean survival at 24 hours is greater than 50% in the 100% effluent dilution; if the mean survival is less than or equal to 50%, enter "1."
 - 2) For the fathead minnow, Parameter TIE6C, enter a "0" if the mean survival at 24 hours is greater than 50% in the 100% effluent dilution; if the mean survival is less than or equal to 50%, enter "1."
- d. Enter the following codes for retests only:
 - 1) For retest number 1, Parameter 22415, enter a "0" if the mean survival at 24 hours is greater than 50% in the 100% effluent dilution; if the mean survival is less than or equal to 50%, enter "1."
 - 2) For retest number 2, Parameter 22416, enter a "0" if the mean survival at 24 hours is greater than 50% in the 100% effluent dilution; if the mean survival is less than or equal to 50%, enter "1."

4. <u>Persistent Mortality</u>

The requirements of this part apply when a toxicity test demonstrates significant lethality, which is defined as a mean mortality of 50% or greater of organisms exposed to the 100% effluent concentration for 24 hours.

- a. The permittee shall conduct 2 additional tests (retests) for each species that demonstrates significant lethality. The two retests shall be conducted once per week for 2 weeks. Five effluent dilution concentrations in addition to an appropriate control shall be used in the retests. These effluent concentrations are 6%, 13%, 25%, 50%, and 100% effluent. The first retest shall be conducted within 15 days of the laboratory determination of significant lethality. All test results shall be submitted within 20 days of test completion of the second retest. Test completion is defined as the 24th hour.
- b. If one or both of the two retests specified in Part 4.a. demonstrates significant lethality, the permittee shall initiate the TRE requirements as specified in Part 5.

5. <u>Toxicity Reduction Evaluation</u>

- a. Within 45 days of the retest that demonstrates significant lethality, the permittee shall submit a general outline for initiating a TRE. The outline shall include, but not be limited to, a description of project personnel, a schedule for obtaining consultants (if needed), a discussion of influent and effluent data available for review, a sampling and analytical schedule, and a proposed TRE initiation date.
- b. Within 90 days of the retest that demonstrates significant lethality, the permittee shall submit a TRE action plan and schedule for conducting a TRE. The plan shall specify the approach and methodology to be used in performing the TRE. A TRE is a step-wise investigation combining toxicity testing with physical and chemical

analyses to determine actions necessary to eliminate or reduce effluent toxicity to a level not effecting significant lethality at the critical dilution. The TRE action plan shall lead to the successful elimination of significant lethality for both test species defined in Part 1.b. At a minimum, the TRE action plan shall include the following:

- 1) Specific Activities - The TRE action plan shall specify the approach the permittee intends to utilize in conducting the TRE, including toxicity characterizations, identifications, confirmations, source evaluations, treatability studies, and alternative approaches. When conducting characterization analyses, the permittee shall perform multiple characterizations and follow the procedures specified in the document entitled "Methods for Aquatic Toxicity Identification Evaluations: Phase I Toxicity Characterization Procedures" (EPA/600/6-91/003) or alternate procedures. The permittee shall perform multiple identifications and follow the methods specified in the documents entitled "Methods for Aguatic Toxicity Identification Evaluations: Phase II Toxicity Identification Procedures for Samples Exhibiting Acute and Chronic Toxicity" (EPA/600/R-92/080) and "Methods for Aquatic Toxicity Identification Evaluations: Phase III Toxicity Confirmation Procedures for Samples Exhibiting Acute and Chronic Toxicity" (EPA/600/R-92/081). All characterization, identification, and confirmation tests shall be conducted in an orderly and logical progression:
- Sampling Plan The TRE action plan should describe sampling locations, methods, holding times, chain of custody, and preservation techniques. The effluent sample volume collected for all tests shall be adequate to perform the toxicity characterization/identification/confirmation procedures, and chemical-specific analyses when the toxicity tests show significant lethality. Where the permittee has identified or suspects a specific pollutant and source of effluent toxicity, the permittee shall conduct, concurrent with toxicity testing, chemical-specific analyses for the identified and suspected pollutant and source of effluent toxicity;
- Quality Assurance Plan The TRE action plan should address record keeping and data evaluation, calibration and standardization, baseline tests, system blanks, controls, duplicates, spikes, toxicity persistence in the samples, randomization, reference toxicant control charts, and mechanisms to detect artifactual toxicity; and
- 4) Project Organization The TRE Action Plan should describe the project staff, manager, consulting engineering services (where applicable), consulting analytical and toxicological services, etc.
- c. Within 30 days of submittal of the TRE action plan and schedule, the permittee shall implement the TRE.
- d. The permittee shall submit quarterly TRE activities reports concerning the progress of the TRE. The quarterly TRE Activities Reports are due on or before April 20th, July 20th, October 20th, and January 20th. The report shall detail information regarding the TRE activities including:

- 1) results and interpretation of any chemical-specific analyses for the identified and suspected pollutant performed during the quarter;
- 2) results and interpretation of any characterization, identification, and confirmation tests performed during the quarter;
- any data and substantiating documentation that identifies the pollutant and source of effluent toxicity;
- 4) results of any studies/evaluations concerning the treatability of the facility's effluent toxicity;
- 5) any data that identifies effluent toxicity control mechanisms that will reduce effluent toxicity to the level necessary to eliminate significant lethality; and
- 6) any changes to the initial TRE plan and schedule that are believed necessary as a result of the TRE findings.
- e. During the TRE, the permittee shall perform, at a minimum, quarterly testing using the more sensitive species. Testing for the less sensitive species shall continue at the frequency specified in Part 1.b.
- f. If the effluent ceases to effect significant lethality, i.e., there is a cessation of lethality, the permittee may end the TRE. A cessation of lethality is defined as no significant lethality for a period of 12 consecutive weeks with at least weekly testing. At the end of the 12 weeks, the permittee shall submit a statement of intent to cease the TRE and may then resume the testing frequency specified in Part 1.b.

This provision accommodates situations where operational errors and upsets, spills, or sampling errors triggered the TRE, in contrast to a situation where a single toxicant or group of toxicants cause lethality. This provision does not apply as a result of corrective actions taken by the permittee. Corrective actions are defined as proactive efforts that eliminate or reduce effluent toxicity. These include, but are not limited to, source reduction or elimination, improved housekeeping, changes in chemical usage, and modifications of influent streams and effluent treatment.

The permittee may only apply this cessation of lethality provision once. If the effluent again demonstrates significant lethality to the same species, the permit will be amended to add a WET limit with a compliance period, if appropriate. However, prior to the effective date of the WET limit, the permittee may apply for a permit amendment removing and replacing the WET limit with an alternate toxicity control measure by identifying and confirming the toxicant and an appropriate control measure.

g. The permittee shall complete the TRE and submit a final report on the TRE activities no later than 18 months from the last test day of the retest that demonstrates significant lethality. The permittee may petition the Executive

Director (in writing) for an extension of the 18-month limit. However, to warrant an extension the permittee must have demonstrated due diligence in its pursuit of the toxicity identification evaluation/TRE and must prove that circumstances beyond its control stalled the toxicity identification evaluation/TRE. The report shall specify the control mechanism that will, when implemented, reduce effluent toxicity as specified in Part 5.h. The report shall also specify a corrective action schedule for implementing the selected control mechanism.

h. Within 3 years of the last day of the test confirming toxicity, the permittee shall comply with 30 TAC § 307.6(e)(2)(B), which requires greater than 50% survival of the test organism in 100% effluent at the end of 24-hours. The permittee may petition the Executive Director (in writing) for an extension of the 3-year limit. However, to warrant an extension the permittee must have demonstrated due diligence in its pursuit of the toxicity identification evaluation/TRE and must prove that circumstances beyond its control stalled the toxicity identification evaluation/TRE.

The permittee may be exempted from complying with 30 TAC § 307.6(e)(2)(B) upon proving that toxicity is caused by an excess, imbalance, or deficiency of dissolved salts. This exemption excludes instances where individually toxic components (e.g., metals) form a salt compound. Following the exemption, this permit may be amended to include an ion-adjustment protocol, alternate species testing, or single species testing.

- i. Based upon the results of the TRE and proposed corrective actions, this permit may be amended to modify the biomonitoring requirements where necessary, require a compliance schedule for implementing corrective actions, specify a WET limit, specify a best management practice, and specify a chemical-specific limit.
- j. Copies of any and all required TRE plans and reports shall also be submitted to the U.S. EPA Region 6 office, 6WQ-PO.

TABLE 2 (SHEET 1 OF 2)

WATER FLEA SURVIVAL

GENERAL INFORMATION

	Time	Date
Composite Sample Collected		
Test Initiated		

PERCENT SURVIVAL

		Percent effluent					
Time	Rep	0%	6%	13%	25%	50%	100%
	A						
	В						
	C						
24h	D						
	E						
	MEAN*						

Enter percent effluent	corresponding to	the LC50 below:
------------------------	------------------	-----------------

24 hour LC50 = _____% effluent

TABLE 2 (SHEET 2 OF 2)

FATHEAD MINNOW SURVIVAL

GENERAL INFORMATION

	Time	Date
Composite Sample Collected		
Test Initiated		

PERCENT SURVIVAL

Time Rep		Percent effluent					
Time	Rep	0%	6%	13%	25%	50%	100%
	A						
	В						
o de	С						
24h	D						
	E						
	MEAN	_					_

_				
Enter percent	effluent corre	sponding to	the LC50) helow:

24 hour LC50 = _____% effluent

FACT SHEET AND EXECUTIVE DIRECTOR'S PRELIMINARY DECISION

For draft Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0015265001, EPA I.D. No. TX0135470, to discharge to water in the state.

Issuing Office: Texas Commission on Environmental Quality

P.O. Box 13087

Austin, Texas 78711-3087

Applicant: City of San Benito

401 North Sam Houston Boulevard

San Benito, Texas 78586

Prepared By: Abdur Rahim

Domestic Permits Team

Domestic Wastewater Section (MC 148)

Water Quality Division

(512) 239-0504

Date: October 27, 2025

Permit Action: Renewal

1. EXECUTIVE DIRECTOR RECOMMENDATION

The Executive Director has made a preliminary decision that this permit, if issued, meets all statutory and regulatory requirements. The draft permit includes an expiration date of **five years from the date of issuance**.

2. APPLICANT ACTIVITY

The applicant has applied to the Texas Commission on Environmental Quality (TCEQ) for a renewal of the existing permit that authorizes the discharge of treated domestic wastewater at an annual average flow not to exceed 3.75 MGD. The existing wastewater treatment facility serves the City of San Benito.

3. FACILITY AND DISCHARGE LOCATION

The plant site is located at 26300 Line 20 Road, in Cameron County, Texas 78586.

Outfall Location:

Outfall Number	Latitude	Longitude
001	26.174867 N	97.625105 W
002	26.174825 N	97.62498 W

The treated effluent is discharged via Outfall 001 through a pipeline to an unnamed tributary, thence to Arroyo Colorado Above Tidal, and via Outfall 002 through a treatment wetland to an unnamed tributary, thence to Arroyo Colorado Above Tidal in Segment No. 2202 of the Nueces-Rio Grande Coastal Basin. The unclassified receiving

water use is minimal aquatic life use for the unnamed tributary. The designated uses for Segment No. 2202 are primary contact recreation and intermediate aquatic life use.

4. TREATMENT PROCESS DESCRIPTION AND SEWAGE SLUDGE DISPOSAL

The San Benito The City of San Benito Wastewater Treatment Facility is an activated sludge process plant operated in the complete-mix mode with single-stage nitrification. Treatment units include a mechanical bar screen, a vortex-type grit chamber, three aeration basins, three final clarifiers, three aerobic sludge digesters, and an ultraviolet light (UV) disinfection system. The effluent goes through cascade re-aeration before discharge through Outfall 001, a small fraction of the effluent instead goes to four constructed wetland ponds before discharge through Outfall 002. The facility is in operation.

Sludge generated from the treatment facility is hauled by a registered transporter and disposed of at a TCEQ-permitted landfill, BFI-Rio Grande Valley Regional Landfill, Permit No. 1948A, in Hidalgo County. The draft permit also authorizes the disposal of sludge at a TCEQ-authorized land application site, co-disposal landfill, wastewater treatment facility, or facility that further processes sludge.

5. INDUSTRIAL WASTE CONTRIBUTION

The draft permit includes pretreatment requirements that are appropriate for a facility of this size and complexity. The City of San Benito WWTP does not appear to receive significant industrial wastewater contributions. Based on the information provided by the permittee in the most recent TPDES permit application, the TCEQ determined that there are no significant industrial wastewater contributions currently being discharged to the permittee's POTW.

6. SUMMARY OF SELF-REPORTED EFFLUENT ANALYSES

The following is a summary of the applicant's effluent monitoring data for the period from June 2023 through June 2025. The average of Daily Average value is computed by the averaging of all 30-day average values for the reporting period for each parameter: flow, five-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), and ammonia nitrogen (NH₃-N). The average of Daily Average value for *Escherichia coli (E. coli)* in colony-forming units (CFU) or most probable number (MPN) per 100 ml is calculated via geometric mean.

<u>Parameter</u>	Average of Daily Avg
Flow, MGD	1.58
CBOD ₅ , mg/l	2.1
TSS, mg/l	2.2
NH ₃ -N, mg/l	0.90
E. coli, CFU or MPN per 100 ml	3.0

7. DRAFT PERMIT CONDITIONS AND MONITORING REQUIREMENTS

The effluent limitations and monitoring requirements for those parameters that are limited in the draft permit are as follows:

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS – OUTFALL 001

The annual average flow of effluent shall not exceed 3.75 MGD*, nor shall the average discharge during any two-hour period (2-hour peak) exceed 7,813 gallons per minute.

<u>Parameter</u>	30-Da	<u> 30-Day Average</u>		<u>Daily</u>
			<u>Average</u>	<u>Maximum</u>
	<u>mg/l</u>	<u>lbs/day</u>	<u>mg/l</u>	<u>mg/l</u>
$CBOD_5$	10	313	15	25
TSS	15	469	25	40
NH_3 -N	3	94	6	10
DO (minimum)	4.0	N/A	N/A	N/A
E. coli, CFU or	126	N/A	N/A	399
MPN/100 ml				

^{*} The combined flow from Outfalls 001 and 002 shall not exceed an annual average flow of 3.75 MGD.

The pH shall not be less than 6.5 standard units nor greater than 9.0 standard units and shall be monitored once per week by grab sample. There shall be no discharge of floating solids or visible foam in other than trace amounts and no discharge of visible oil.

The permittee shall utilize an UV system for disinfection purposes. An equivalent method of disinfection may be substituted only with prior approval of the Executive Director.

<u>Parameter</u>	Monitoring Requirement
Flow, MGD	Continuous
$CBOD_5$	Two/week
TSS	Two/week
NH ₃ -N	Two/week
DO	Two/week
E. coli	Daily

B. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS – OUTFALL 002

The annual average flow of effluent shall not exceed 0.144 MGD*.

<u>Parameter</u>	<u>30-Da</u>	<u>ay Average</u>	<u>7-Day Average</u>	<u>Daily</u>
				<u>Maximum</u>
	<u>mg/l</u>	<u>lbs/day</u>	<u>mg/l</u>	<u>mg/l</u>
CBOD_5	10	12	15	25
TSS	15	18	25	40
NH_3 -N	3	3.6	6	10
DO (minimum)	4.0	N/A	N/A	N/A
E. coli, CFU or	126	N/A	N/A	N/A
MPN/100 ml				

^{*} The combined flow from Outfalls 001 and 002 shall not exceed an annual

average flow of 3.75 MGD.

The pH shall not be less than 6.5 standard units nor greater than 9.0 standard units and shall be monitored once per month by grab sample. There shall be no discharge of floating solids or visible foam in other than trace amounts and no discharge of visible oil.

The total residence time in the wastewater treatment system shall be at least 21 days, based on a daily average flow of 0.144 MGD. An equivalent method of disinfection may be substituted only with prior approval of the Executive Director.

 $\begin{array}{lll} \underline{Parameter} & \underline{Monitoring\ Requirement} \\ Flow,\ MGD & Five/week \\ CBOD_5 & One/week \\ TSS & One/week \\ NH_3-N & One/week \\ DO & One/week \\ E.\ coli & Five/week \\ \end{array}$

C. SEWAGE SLUDGE REQUIREMENTS

The draft permit includes Sludge Provisions according to the requirements of 30 TAC Chapter 312, Sludge Use, Disposal, and Transportation. Sludge generated from the treatment facility is hauled by a registered transporter and disposed of at a TCEQ-permitted landfill, BFI-Rio Grande Valley Regional Landfill, Permit No. 1948A, in Hidalgo County. The draft permit also authorizes the disposal of sludge at a TCEQ-authorized land application site, co-disposal landfill, wastewater treatment facility, or facility that further processes sludge.

D. PRETREATMENT REQUIREMENTS

Permit requirements for pretreatment are based on TPDES regulations contained in 30 TAC Chapter 305, which references 40 Code of Federal Regulations (CFR) Part 403, "General Pretreatment Regulations for Existing and New Sources of Pollution" [rev. Federal Register/Vol. 70/No. 198/Friday, October 14, 2005/Rules and Regulations, pages 60134-60798]. The permit includes specific requirements that establish responsibilities of local government, industry, and the public to implement the standards to control pollutants which pass through or interfere with treatment processes in publicly owned treatment works or which may contaminate the sewage sludge. This permit has appropriate pretreatment language for a facility of this size and complexity.

E. WHOLE EFFLUENT TOXICITY (BIOMONITORING) REQUIREMENTS

(1) The draft permit includes 48-hour acute freshwater biomonitoring requirements as follows. The permit requires five dilutions in addition to the control (0% effluent) to be used in the toxicity tests. These additional effluent concentrations shall be 32%, 42%, 56%, 75%, and 100%. The low-flow effluent concentration (critical dilution) is defined as 100% effluent. The critical dilution is in accordance with the "Aquatic Life Criteria"

section of the "Water Quality Based Effluent Limitations/Conditions" section.

- (a) Acute static renewal 48-hour definitive toxicity tests using the water flea (*Daphnia pulex* or *Ceriodaphnia dubia*). The frequency of the testing is once per quarter for at least the first year of testing, after which the permittee may apply for a testing frequency reduction.
- (b) Acute static renewal 48-hour definitive toxicity test using the fathead minnow (*Pimephales promelas*). The frequency of the testing is once per quarter for at least the first year of testing, after which the permittee may apply for a testing frequency reduction.
- (2) The draft permit includes the following minimum 24-hour acute freshwater biomonitoring requirements at a frequency of once per six months:
 - (a) Acute 24-hour static toxicity test using the water flea (*Daphnia pulex* or *Ceriodaphnia dubia*).
 - (b) Acute 24-hour static toxicity test using the fathead minnow (*Pimephales promelas*).

F. SUMMARY OF CHANGES FROM APPLICATION

None.

G. SUMMARY OF CHANGES FROM EXISTING PERMIT

The Standard Permit Conditions, Sludge Provisions, Other Requirements, and Biomonitoring sections of the draft permit have been updated.

For Publicly Owned Treatment Works (POTWs), effective December 21, 2025, the permittee must submit the written report for unauthorized discharges and unanticipated bypasses that exceed any effluent limit in the permit using the online electronic reporting system available through the TCEQ website unless the permittee requests and obtains an electronic reporting waiver.

The draft permit includes all updates based on the 30 TAC § 312 rule change effective April 23, 2020.

8. DRAFT PERMIT RATIONALE

A. TECHNOLOGY-BASED EFFLUENT LIMITATIONS/CONDITIONS

Regulations promulgated in Title 40 of the CFR require that technology-based limitations be placed in wastewater discharge permits based on effluent limitations guidelines, where applicable, or on best professional judgment (BPJ) in the absence of guidelines.

Effluent limitations for maximum and minimum pH are in accordance with 40 CFR § 133.102(c) and 30 TAC § 309.1(b).

B. WATER QUALITY SUMMARY AND COASTAL MANAGEMENT PLAN

(1) WATER QUALITY SUMMARY

The treated effluent is discharged via Outfall 001 through a pipeline to an unnamed tributary, thence to Arroyo Colorado Above Tidal, and via Outfall 002 through a treatment wetland to an unnamed tributary, thence to Arroyo Colorado Above Tidal in Segment No. 2202 of the Nueces-Rio Grande Coastal Basin. The unclassified receiving water use is minimal aquatic life use for the unnamed tributary. The designated uses for Segment No. 2202 are primary contact recreation and intermediate aquatic life use. The effluent limitations in the draft permit will maintain and protect the existing instream uses. All determinations are preliminary and subject to additional review and/or revisions.

The discharge from this permit action is not expected to have an effect on any federal endangered or threatened aquatic or aquatic dependent species or proposed species or their critical habitat. This determination is based on the United States Fish and Wildlife Service's (USFWS's) biological opinion on the State of Texas authorization of the TPDES (September 14, 1998; October 21, 1998, update). To make this determination for TPDES permits, TCEQ and EPA only consider aquatic or aquatic dependent species occurring in watersheds of critical concern or high priority as listed in Appendix A of the USFWS biological opinion. Though the piping plover, *Charadrius melodus* Ord, can occur in Cameron County, the discharge is not to a watershed of high priority per Appendix A of the USFWS biological opinion. The determination is subject to reevaluation due to subsequent updates or amendments to the biological opinion. The permit does not require EPA review with respect to the presence of endangered or threatened species.

Segment No. 2202 is currently listed on the State's inventory of impaired and threatened waters (the 2024 CWA § 303(d) list). The listing is for bacteria, mercury in edible tissue, and PCBs in edible tissue throughout the entire segment (Assessment Units 2202_01 through 2202_04). This is a public domestic wastewater treatment facility. The lab analysis data submitted by the applicant indicates that mercury and PCB were not detected. Therefore, the effluent from this facility should not contribute to the mercury and PCBs in edible tissue impairment of this segment. Also, this facility is designed to provide adequate disinfection and, when operated properly, should not add to the bacterial impairment of the segment. In addition, in order to ensure that the proposed discharge meets the stream bacterial standard, an effluent limitation of 126 CFU or MPN of Escherichia coli per 100 ml has been continued in the draft permit.

The pollutant analysis of treated effluent provided by the permittee in the application indicated 1370 mg/l total dissolved solids (TDS), 386 mg/l

sulfate, and 355 mg/l chloride present in the effluent. The segment criteria for Segment No. 2202 are 4000 mg/l for TDS, 1000 mg/l for sulfate, and 1200 mg/l for chlorides. Based on dissolved solids screening, no additional limits or monitoring requirements are needed for total dissolved solids, chloride, or sulfate. See Attachment A of this Fact Sheet.

The total maximum daily load (TMDL) Project 7A: Twelve Total Maximum Daily Loads for Legacy Pollutants in the Arroyo Colorado and Donna Reservoir and Canal has been approved for segment No. 2202 (Project No. 7A). The report Twelve Total Maximum Daily Loads for Legacy Pollutants in the Arroyo Colorado Aboye Tidal and the Donna Reservoir and Canal System was adopted by the TCEQ on July 25, 2003, and approved by the EPA on May 13, 2004. This document is a revision of a previously published document that established TMDLs for four legacy pollutants. The approved TMDL does not include an allocation for point sources since chlordane, DDE, toxaphene, PCBs, DDT, DDD, dieldrin, endrin, hexachlorobenzene, heptachlor, heptachlor epoxide and lindane are legacy pollutants. Legacy pollutant is a collective term used to describe substances whose use has been banned or severely restricted by the EPA. Because of their slow rate of decomposition, these substances frequently remain at elevated levels in the environment for many years after their widespread use has ended. No additional loading of legacy pollutants is allowed or expected due to the EPA restrictions. Gradual declines in environmental legacy pollutant concentrations occur as a result of natural attenuation processes. All continuing sources of pollutant loadings occur from nonpoint source runoff, leaching or erosion of the various depositional sinks that may exist within the watersheds. No authorized point source discharges of these pollutants are allowed by law. Therefore, no load reductions for these pollutants are required for this permit action at this time.

The effluent limitations and conditions in the draft permit comply with EPA-approved portions of the 2018 Texas Surface Water Quality Standards (TSWQS), 30 TAC §§ 307.1 - 307.10, effective March 1, 2018; 2014 TSWQS, effective March 6, 2014; 2010 TSWQS, effective July 22, 2010; and 2000 TSWQS, effective July 26, 2000.

(2) CONVENTIONAL PARAMETERS

Effluent limitations for the conventional effluent parameters (i.e., Five-Day Biochemical Oxygen Demand or Five-Day Carbonaceous Biochemical Oxygen Demand, Ammonia Nitrogen, etc.) are based on stream standards and waste load allocations for water quality-limited streams as established in the TSWQS and the State of Texas Water Quality Management Plan (WQMP).

The effluent limitations in the draft permit have been reviewed for consistency with the WQMP. The existing limits are consistent with the approved WQMP.

The effluent limitations in the draft permit meet the requirements for

secondary treatment and the requirements for disinfection according to 30 TAC Chapter 309, Subchapter A: Effluent Limitations.

(3) COASTAL MANAGEMENT PLAN

The facility is not located in the Coastal Management Program boundary.

C. WATER QUALITY-BASED EFFLUENT LIMITATIONS/CONDITIONS

(1) GENERAL COMMENTS

The Texas Surface Water Quality Standards (30 TAC Chapter 307) state that surface waters will not be toxic to man, or to terrestrial or aquatic life. The methodology outlined in the "Procedures to Implement the Texas Surface Water Quality Standards" is designed to ensure compliance with 30 TAC Chapter 307. Specifically, the methodology is designed to ensure that no source will be allowed to discharge any wastewater that: (1) results in instream aquatic toxicity; (2) causes a violation of an applicable narrative or numerical state water quality standard; (3) results in the endangerment of a drinking water supply; or (4) results in aquatic bioaccumulation that threatens human health.

(2) AQUATIC LIFE CRITERIA

(a) SCREENING

Water quality-based effluent limitations are calculated from freshwater aquatic life criteria found in Table 1 of the Texas Surface Water Quality Standards (30 TAC Chapter 307).

There is no mixing zone or zone of initial dilution for this discharge directly to an intermittent stream; acute freshwater criteria apply at the end of pipe. Chronic freshwater criteria are applied in the perennial freshwater stream.

For the intermittent stream, the percent effluent for acute protection of aquatic life is 100% because the 7Q2 of the intermittent stream is 0.0 cfs. This effluent percentage also provides acute protection of aquatic life in the perennial stream. TCEQ uses the mass balance equation to estimate dilution in the perennial stream during critical conditions. The estimated dilution for chronic protection of aquatic life is calculated using the permitted flow of 3.75 MGD and the 7-day, 2-year (7Q2) flow of 143 cfs for Arroyo Colorado Above Tidal, the perennial stream. The following critical effluent percentages are being used:

Acute Effluent %: 100% Chronic Effluent %: 3.90%

Waste load allocations (WLAs) are calculated using the above estimated effluent percentages, criteria outlined in the Texas Surface Water Quality Standards, and partitioning coefficients for metals (when appropriate and designated in the implementation procedures). The WLA is the end-of-

pipe effluent concentration that can be discharged when, after mixing in the receiving stream, instream numerical criteria will not be exceeded. From the WLA, a long-term average (LTA) is calculated using a log normal probability distribution, a given coefficient of variation (0.6), and a 90th percentile confidence level. The LTA is the long-term average effluent concentration for which the WLA will never be exceeded using a selected percentile confidence level. The LTA is used to calculate a daily average and daily maximum effluent limitation for the protection of aquatic life using the same statistical considerations with the 99th percentile confidence level and a standard number of monthly effluent samples collected (12). Assumptions used in deriving the effluent limitations include segment values for hardness, chlorides, pH, and total suspended solids (TSS) according to the segment-specific values contained in the TCEQ guidance document "Procedures to Implement the Texas Surface Water Quality Standards." The segment values are 681 mg/l for hardness (as calcium carbonate), 1200 mg/l chlorides, 7.4 standard units for pH, and 68 mg/l for TSS. For additional details on the calculation of water quality-based effluent limitations, refer to the TCEO guidance document.

TCEQ practice for determining significant potential is to compare the reported analytical data against percentages of the calculated daily average water quality-based effluent limitation. Permit limitations are required when analytical data reported in the application exceeds 85% of the calculated daily average water quality-based effluent limitation. Monitoring and reporting is required when analytical data reported in the application exceeds 70% of the calculated daily average water quality-based effluent limitation. See Attachment B of this Fact Sheet.

(b) PERMIT ACTION

Analytical data reported in the application was screened against calculated water quality-based effluent limitations for the protection of aquatic life. Reported analytical data does not exceed 70% of the calculated daily average water quality-based effluent limitations for aquatic life protection.

(3) AQUATIC ORGANISM BIOACCUMULATION CRITERIA

(a) SCREENING

Water quality-based effluent limitations for the protection of human health are calculated using criteria for the consumption of freshwater fish tissue found in Table 2 of the Texas Surface Water Quality Standards (30 TAC Chapter 307). Freshwater fish tissue bioaccumulation criteria are applied for human health protection in the perennial stream. TCEQ uses the mass balance equation to estimate dilution in the perennial stream during average flow conditions. The estimated dilution for human health protection is calculated using the permitted flow of 3.75 MGD and the harmonic mean flow of 202 cfs for Arroyo Colorado Above Tidal. The following critical effluent percentage is being used:

Human Health Effluent %: 2.792%

Water quality-based effluent limitations for human health protection against the consumption of fish tissue are calculated using the same procedure as outlined for calculation of water quality-based effluent limitations for aquatic life protection. A 99th percentile confidence level in the long-term average calculation is used with only one long-term average value being calculated.

Significant potential is again determined by comparing reported analytical data against 70% and 85% of the calculated daily average water quality-based effluent limitation. See Attachment B of this Fact Sheet.

(b) PERMIT ACTION

Reported analytical data does not exceed 70% of the calculated daily average water quality-based effluent limitation for human health protection.

(4) DRINKING WATER SUPPLY PROTECTION

(a) SCREENING

Water Quality Segment No. 2202, which receives the discharge from this facility, is not designated as a public water supply. Screening reported analytical data of the effluent against water quality-based effluent limitations calculated for the protection of a drinking water supply is not applicable.

(b) PERMIT ACTION

None.

(5) WHOLE EFFLUENT TOXICITY (BIOMONITORING) CRITERIA

(a) SCREENING

TCEQ has determined that there may be pollutants present in the effluent that may have the potential to cause toxic conditions in the receiving stream. Whole effluent biomonitoring is the most direct measure of potential toxicity that incorporates the effects of synergism of effluent components and receiving stream water quality characteristics. Biomonitoring of the effluent is, therefore, required as a condition of this permit to assess potential toxicity.

The existing permit includes 48-hour acute freshwater biomonitoring requirements. A summary of the biomonitoring testing for the facility indicates that in the past three years, the permittee performed twenty-two chronic tests, with zero demonstrations of significant mortality (i.e., zero failures).

A reasonable potential (RP) determination was performed in accordance with 40 CFR §122.44(d)(1)(ii) to determine whether the discharge will reasonably be expected to cause or contribute to an exceedance of a state water quality standard or criterion within that standard. Each test species is evaluated separately. The RP determination is based on representative data from the previous three years of chronic WET testing. This determination was performed in accordance with the methodology outlined in the TCEQ letter to the EPA dated December 28, 2015 and approved by the EPA in a letter dated December 28, 2015.

With zero failures, a determination of no RP was made, and additional (sublethal) WET limits are not required. Both test species are eligible for the testing frequency reduction after one year of testing.

(b) PERMIT ACTION

The test species are appropriate to measure the toxicity of the effluent consistent with the requirements of the State water quality standards. The biomonitoring frequency has been established to reflect the likelihood of ambient toxicity and to provide data representative of the toxic potential of the facility's discharge. This permit may be reopened to require effluent limits, additional testing, and/or other appropriate actions to address toxicity if biomonitoring data show actual or potential ambient toxicity to be the result of the permittee's discharge to the receiving stream or water body.

(6) WHOLE EFFLUENT TOXICITY CRITERIA (24-HOUR ACUTE)

(a) SCREENING

The existing permit includes 24-hour acute freshwater biomonitoring language. A summary of the biomonitoring testing for the facility indicates that in the past three years, the permittee performed twelve 24-hour acute tests with zero demonstrations of lethality (zero failures).

(b) PERMIT ACTION

The draft permit includes 24-hour 100% acute biomonitoring tests for the life of the permit.

9. WATER QUALITY VARIANCE REQUESTS

No variance requests have been received.

10. PROCEDURES FOR FINAL DECISION

When an application is declared administratively complete, the Chief Clerk sends a letter to the applicant advising the applicant to publish the Notice of Receipt of Application and Intent to Obtain Permit in the newspaper. In addition, the Chief Clerk instructs the applicant to place a copy of the application in a public place for review and copying in the

county where the facility is or will be located. This application will be in a public place throughout the comment period. The Chief Clerk also mails this notice to any interested persons and, if required, to landowners identified in the permit application. This notice informs the public about the application and provides that an interested person may file comments on the application or request a contested case hearing or a public meeting.

Once a draft permit is completed, it is sent, along with the Executive Director's preliminary decision, as contained in the technical summary or fact sheet, to the Chief Clerk. At that time, the Notice of Application and Preliminary Decision will be mailed to the same people and published in the same newspaper as the prior notice. This notice sets a deadline for making public comments. The applicant must place a copy of the Executive Director's preliminary decision and draft permit in the public place with the application.

Any interested person may request a public meeting on the application until the deadline for filing public comments. A public meeting is intended for the taking of public comment and is not a contested case proceeding.

After the public comment deadline, the Executive Director prepares a response to all significant public comments on the application or the draft permit raised during the public comment period. The Chief Clerk then mails the Executive Director's response to comments and final decision to people who have filed comments, requested a contested case hearing, or requested to be on the mailing list. This notice provides that if a person is not satisfied with the Executive Director's response and decision, they can request a contested case hearing or file a request to reconsider the Executive Director's decision within 30 days after the notice is mailed.

The Executive Director will issue the permit unless a written hearing request or request for reconsideration is filed within 30 days after the Executive Director's response to comments and final decision is mailed. If a hearing request or request for reconsideration is filed, the Executive Director will not issue the permit and will forward the application and request to the TCEQ Commissioners for their consideration at a scheduled Commission meeting. If a contested case hearing is held, it will be a legal proceeding similar to a civil trial in state district court.

If the Executive Director calls a public meeting or the Commission grants a contested case hearing as described above, the Commission will give notice of the date, time, and place of the meeting or hearing. If a hearing request or request for reconsideration is made, the Commission will consider all public comments in making its decision and shall either adopt the Executive Director's response to public comments or prepare its own response.

For additional information about this application, contact Abdur Rahim at (512) 239-0504.

11. ADMINISTRATIVE RECORD

The following items were considered in developing the draft permit:

A. PERMIT(S)

TPDES Permit No. WQ0015265001 issued on December 29, 2020.

B. APPLICATION

Application received on July 8, 2025, and additional information received on July 17, 2025, and October 28, 2025.

C. MEMORANDA

Interoffice Memoranda from the Water Quality Assessment Section of the TCEQ Water Quality Division. Interoffice Memorandum from the Pretreatment Team of the TCEQ Water Quality Division.

D. MISCELLANEOUS

Federal Clean Water Act § 402; Texas Water Code § 26.027; 30 TAC Chapters 30, 305, 309, 312, and 319; Commission policies; and U.S. Environmental Protection Agency guidelines.

Texas Surface Water Quality Standards, 30 TAC §§ 307.1 - 307.10.

Procedures to Implement the Texas Surface Water Quality Standards (IP), Texas Commission on Environmental Quality, June 2010, as approved by the U.S. Environmental Protection Agency, and the IP, January 2003, for portions of the 2010 IP not approved by the U.S. Environmental Protection Agency.

Texas 2024 Clean Water Act Section 303(d) List, Texas Commission on Environmental Quality, June 26, 2024; approved by the U.S. Environmental Protection Agency on November 13, 2024.

Texas Natural Resource Conservation Commission, Guidance Document for Establishing Monitoring Frequencies for Domestic and Industrial Wastewater Discharge Permits, Document No. 98-001.000-OWR-WQ, May 1998.

Twelve Total Maximum Daily Loads for Legacy Pollutants in the Arroyo Colorado and Donna Reservoir and Canal (TMDL Project No. 7A).

Attachment A: Screening Calculations for Total Dissolved Solids, Chloride, and Sulfate

Screening Calculations for Total Dissolved Solids, Chloride, and Sulfate Menu 2 - Discharge to an Intermittent Stream within 3 Miles of a Perennial Stream

Screen the Intermittent Stream

Applicant Name: City of San Benito

Permit Number, Outfall: 15265-001, 001

Segment Number: 2202

Enter values needed for screening:			Data Source (edit if different)
TDS CC - segment criterion - TDS	4000	mg/L	2022 TSWQS, Appendix A
Cl CC - segment criterion - chloride	1200	mg/L	2022 TSWQS, Appendix A
SO4 CC - segment criterion - sulfate	1000	mg/L	2022 TSWQS, Appendix A
TDS CE - average effluent concentration - TDS	1370	mg/L	Permit application
Cl CE - average effluent concentration - chloride	355	mg/L	Permit application
SO4 CE - average effluent concentration - sulfate	386	mg/L	Permit application

TDS Screening

The TDS screening value is determined by first calculating an initial TDS concentration, CTDS, as follows:

CTDS = (TDS CC / 500 mg/L) * 2,500 mg/L

Where:	CTDS = TDS concentration used to determine Csv screening value
	TDS CC = TDS criterion at the first downstream segment
	500 mg/L = the median TDS concentration in Texas streams
	2,500 mg/L = the minimum TDS screening value

CTDS = 20000 mg/L

The next step is to use the initial CTDS to set the actual TDS screening value, TDS Csv, using the following table:

If CTDS		Then TDS Csv
≤ 2,500 mg/L	=	2,500 mg/L
> 2,500 mg/L but ≤ 6,000 mg/L	=	Стоѕ
> 6,000 mg/L	=	6,000 mg/L

Some specific types of intermittent streams have alternative screening values (Csv):

Specific Type of Intermittent Stream	If CTDS is	Default Csv =
Dry except for short-term flow in	< 4,000 mg/L	4,000 mg/L
immediate response to rainfall.	≥ 4,000 mg/L	Стрѕ
Constructed ditch conveying stormwater and	< 4,000 mg/L	4,000 mg/L
wastewater, considered water in the state.	≥ 4,000 mg/L	Стдѕ
Within 3 miles of tidal waters.	_	6,000 mg/L

Once TDS Csv is established, the next step is to compare the effluent TDS concentration, TDS CE, to the screening value. Control measures, which may include effluent limitations, are considered for TDS if the effluent TDS is greater than the screening value.

Values needed for Screening			Data Source	
TDS CE - average effluent TDS concentration		1370	mg/L	Permit application
TDS Csv - TDS screening value		2500	mg/L	Determined above
No control measures needed if:	1370	≤	2500	
Consider control measures if:	1370	>	2500	

When effluent limitations are established in the permit, the daily average TDS limit is typically set equal to the TDS screening value. The daily maximum TDS limit is calculated as 2.12 times the daily average limit.

Total Dissolved Solids			
Daily Average	=	N/A	mg/L
Daily Maximum	=	N/A	mg/L

Chloride Screening

If TDS limits are necessary or there are concerns about chloride, additional screening can be performed for chloride. First calculate the screening value for chloride, Cl Csv, as follows:

CI Csv = (TDS Csv /TDS CC) * CI CC

Where:	Cl Csv = chloride screening value
	TDS Csv = TDS screening value
	TDS CC = TDS criterion at the first downstream segment
	CI CC - chloride criterion at the first downstream segment

No control measures needed for chloride

Cl Csv = **750** mg/L

Once the CI Csv is established, the next step is to compare the effluent chloride concentration, CI CE, to the screening value. Control measures, which may include effluent limitations, are considered for chloride if the effluent chloride is greater than the screening value.

Values needed for Screening				Data Source
Cl CE - average effluent chloride concentration		355	mg/L	Permit application
Cl Csv - chloride screening value		750	mg/L	Determined above
No control measures needed if:	355	≤	750	
Consider control measures if:	355	>	750	

When effluent limitations are established in the permit, the daily average chloride limit is typically set equal to the chloride screening value. The daily maximum chloride limit is calculated as 2.12 times the daily average limit.

	Chloride			
Daily Average	=	N/A	mg/L	
Daily Maximum	=	N/A	mg/L	

Sulfate Screening

If TDS limits are necessary or there are concerns about sulfate, additional screening can be performed for sulfate. First calculate the screening value for sulfate, SO4 Csv, as follows:

SO4 Csv = (TDS Csv /TDS CC) * SO4 CC

Where:	SO4 Csv = sulfate screening value
	TDS Csv = TDS screening value
	TDS CC = TDS criterion at the first downstream segment
	SO4 CC - sulfate criterion at the first downstream segment

SO4 Csv = **625** mg/L

Once the SO4 Csv is established, the next step is to compare the effluent sulfate concentration, SO4 CE, to the screening value. Control measures, which may include effluent limitations, are considered for sulfate if the effluent sulfate is greater than the screening value.

Values needed for Screening				Data Source
SO4 CE - average effluent sulfate concentration		386	mg/L	Permit application
SO4 Csv - sulfate screening value		625	mg/L	Determined above
No control measures needed if:	386	≤	625	
Consider control measures if:	386	>	625	
No control measures needed for sulfate				

When effluent limitations are established in the permit, the daily average sulfate limit is typically set equal to the sulfate screening value. The daily maximum sulfate limit is calculated as 2.12 times the daily average limit.

	Sulfa	te	
Daily Average	=	N/A	mg/L
Daily Maximum	=	N/A	mg/L

Attachment B: Calculated Water Quality Based Effluent Limitations

TEXTOX MENU #2 - INTERMITTENT STREAM WITHIN 3 MILES OF A FRESHWATER PERENNIAL STREAM/RIVER

The water quality-based effluent limitations developed below are calculated using:

Table 1, 2014 Texas Surface Water Quality Standards (30 TAC 307) for Freshwater Aquatic Life Table 2, 2018 Texas Surface Water Quality Standards for Human Health "Procedures to Implement the Texas Surface Water Quality Standards," TCEQ, June 2010

PERMIT INFORMATION

Permittee Name:	City of San Benito
TPDES Permit No.:	WQ0015265001
Outfall No.:	001 & 002
Prepared by:	Abdur Rahim
Date:	October 20, 2025

DISCHARGE INFORMATION

		I tributary within three miles of the
Intermittent Receiving Waterbody:	Arroyo Color	rado Above Tidal (Segment No. 2202).
Perennial Stream/River within 3 Miles:		
Segment No.:	2202	
TSS (mg/L):	68	
pH (Standard Units):	7.4	
Hardness (mg/L as CaCO₃):	681	
Chloride (mg/L):	825	
Effluent Flow for Aquatic Life (MGD):	3.75	
Critical Low Flow [7Q2] (cfs) for intermittent:	0	_
Critical Low Flow [7Q2] (cfs) for perennial:	143	
% Effluent for Chronic Aquatic Life (Mixing Zone):	3.90	_
% Effluent for Acute Aquatic Life (ZID):	100	_
Effluent Flow for Human Health (MGD):	3.75	
Harmonic Mean Flow (cfs) for perennial:	202	
% Effluent for Human Health:	2.792	_
Human Health Criterion (select: PWS, FISH, or INC)	FISH	
		-

CALCULATE DISSOLVED FRACTION (AND ENTER WATER EFFECT RATIO IF APPLICABLE):

Stream/River Metal	Intercept (b)	Slope (m)	Partition Coefficien t (Kp)	Dissolved Fraction (Cd/Ct)	Source	Water Effect Ratio (WER)	Source
Aluminum	N/A	N/A	N/A	1.00	Assumed	1.00	Assumed
Arsenic	5.68	-0.73	21992.19	0.401		1.00	Assumed
Cadmium	6.60	-1.13	33827.11	0.303		1.00	Assumed
Chromium (total)	6.52	-0.93	65428.46	0.184		1.00	Assumed
Chromium (trivalent)	6.52	-0.93	65428.46	0.184		1.00	Assumed
Chromium (hexavalent)	N/A	N/A	N/A	1.00	Assumed	1.00	Assumed
Copper	6.02	-0.74	46125.75	0.242		1.00	Assumed
Lead	6.45	-0.80	96381.32	0.132		1.00	Assumed
Mercury	N/A	N/A	N/A	1.00	Assumed	1.00	Assumed
Nickel	5.69	-0.57	44204.85	0.250		1.00	Assumed
Selenium	N/A	N/A	N/A	1.00	Assumed	1.00	Assumed
Silver	6.38	-1.03	31082.49	0.321		1.00	Assumed
Zinc	6.10	-0.70	65651.37	0.183	•	1.00	Assumed

AQUATIC LIFE

CALCULATE DAILY AVERAGE AND DAILY MAXIMUM EFFLUENT LIMITATIONS:

		FW						
	FW Acute	Chronic						Daily
Parameter	Criterion (μg/L)	Criterion (μg/L)	WLAα (μg/L)	WLAc (μg/L)	LTAa (μg/L)	LTAc (μg/L)	Daily Avg. (μg/L)	Max. (μg/L)
Aldrin	3.0	N/A	3.00	N/A	1.72	N/A	2.52	5.34
Aluminum	991	N/A	991	N/A	568	N/A	834	1765
Arsenic	340	150	848	9600	486	7392	714	1511
Cadmium	55.2	0.929	182	78.6	104	60.6	89.0	188
Carbaryl	2.0	N/A	2.00	N/A	1.15	N/A	1.68	3.56
Chlordane	2.4	0.004	2.40	0.103	1.38	0.0790	0.116	0.245
Chlorpyrifos	0.083	0.041	0.0830	1.05	0.0476	0.810	0.0699	0.147
Chromium (trivalent)	2742	357	14941	49843	8561	38379	12584	26624
Chromium (hexavalent)	15.7	10.6	15.7	272	9.00	209	13.2	27.9
Copper	86.6	48.8	358	5175	205	3984	301	638
Cyanide (free)	45.8	10.7	45.8	274	26.2	211	38.5	81.6
								0.061
4,4'-DDT	1.1	0.001	1.10	0.0256	0.630	0.0197	0.0290	4
Demeton	N/A	0.1	N/A	2.56	N/A	1.97	2.90	6.14
Diazinon	0.17	0.17	0.170	4.36	0.0974	3.36	0.143	0.302
Dicofol [Kelthane]	59.3	19.8	59.3	508	34.0	391	49.9	105
Dieldrin	0.24	0.002	0.240	0.0513	0.138	0.0395	0.0580	0.122
Diuron	210	70	210	1795	120	1382	176	374
Endosulfan I (alpha)	0.22	0.056	0.220	1.44	0.126	1.11	0.185	0.392
Endosulfan II (beta)	0.22	0.056	0.220	1.44	0.126	1.11	0.185	0.392
Endosulfan sulfate	0.22	0.056	0.220	1.44	0.126	1.11	0.185	0.392
Endrin	0.086	0.002	0.0860	0.0513	0.0493	0.0395	0.0580	0.122
Guthion [Azinphos Methyl]	N/A	0.01	N/A	0.256	N/A	0.197	0.290	0.614
Heptachlor	0.52	0.004	0.520	0.103	0.298	0.0790	0.116	0.245
Hexachlorocyclohexane (gamma) [Lindane]	1.126	0.08	1.13	2.05	0.645	1.58	0.948	2.00
Lead	480	18.71	3627	3625	2078	2791	3054	6462
Malathion	N/A	0.01	N/A	0.256	N/A	0.197	0.290	0.614
Mercury	2.4	1.3	2.40	33.3	1.38	25.7	2.02	4.27
Methoxychlor	N/A	0.03	N/A	0.769	N/A	0.592	0.870	1.84
								0.061
Mirex	N/A	0.001	N/A	0.0256	N/A	0.0197	0.0290	4
Nickel	2373	263.6	9506	27079	5447	20851	8007	16940
Nonylphenol	28	6.6	28.0	169	16.0	130	23.5	49.8
Parathion (ethyl)	0.065	0.013	0.0650	0.333	0.0372	0.257	0.0547	0.115
Pentachlorophenol	13.0	10.0	13.0	257	7.47	198	10.9	23.2
Phenanthrene	30	30	30.0	769	17.2	592	25.2	53.4
Polychlorinated Biphenyls [PCBs]	2.0	0.014	2.00	0.359	1.15	0.276	0.406	0.859
Selenium	20	5	20.0	128	11.5	98.7	16.8	35.6
Silver	0.8	N/A	27.7	N/A	15.9	N/A	23.3	49.4
Toxaphene	0.78	0.0002	0.780	0.00513	0.447	0.00395	0.00580	0.012 2
Tributyltin [TBT]	0.13	0.024	0.130	0.616	0.0745	0.474	0.109	0.231
2,4,5 Trichlorophenol	136	64	136	1641	77.9	1264	114	242
Zinc	595	600	3253	84116	1864	64769	2740	5797
	333	000	3233	04110	1007	57703	2170	3,3,

HUMAN HEALTH

CALCULATE DAILY AVERAGE AND DAILY MAXIMUM EFFLUENT LIMITATIONS:

	Water and Fish Criterion	Fish Only Criterion	Incidental Fish Criterion	WLAh	LTAh	Daily Avg.	Daily Max.
Parameter	(μg/L)	(μg/L)	(μg/L)	(μg/L)	(μg/L)	(μg/L)	(μg/L)
Acrylonitrile	1.0	115	1150	4119	3830	5630	11912

Aldrin	1.146E-05	1.147E-05	1.147E-04	0.000411	0.000382	0.000561	0.00118
Anthracene	1109	1317	13170	47168	43867	64484	136425
Antimony	6	1071	10710	38358	35673	52439	110942
Arsenic	10	N/A	N/A	N/A	N/A	N/A	N/A
Barium	2000	N/A	N/A	N/A	N/A	N/A	N/A
Benzene	5	581	5810	20809	19352	28447	60184
Benzidine	0.0015	0.107	1.07	3.83	3.56	5.23	11.0
Benzo(a)anthracene	0.024	0.025	0.25	0.895	0.833	1.22	2.58
Benzo(a)pyrene	0.0025	0.0025	0.025	0.0895	0.0833	0.122	0.258
Bis(chloromethyl)ether	0.0024	0.2745	2.745	9.83	9.14	13.4	28.4
Bis(2-chloroethyl)ether	0.60	42.83	428.3	1534	1427	2097	4436
Bis(2-ethylhexyl) phthalate [Di(2-ethylhexyl) phthalate]	6	7.55	75.5	270	251	369	782
Bromodichloromethane [Dichlorobromomethane]	10.2	275	2750	9849	9160	13464	28486
Bromoform [Tribromomethane]	66.9	1060	10600	37964	35307	51900	109803
Cadmium	5	N/A	N/A	N/A	N/A	N/A	N/A
Carbon Tetrachloride	4.5	46	460	1647	1532	2252	4765
Chlordane	0.0025	0.0025	0.025	0.0895	0.0833	0.122	0.258
Chlorobenzene	100	2737	27370	98026	91164	134011	283520
Chlorodibromomethane [Dibromochloromethane]	7.5	183	1830	6554	6095	8960	18956
Chloroform [Trichloromethane]	7.5	7697	76970	275669	256372	376866	797317
Chromium (hexavalent)	62	502	5020	17979	16721	24579	52001
Chrysene	2.45	2.52	25.2	90.3	83.9	123	261
Cresols [Methylphenols]	1041	9301	93010	333116	309798	455403	963472
Cyanide (free)	200	N/A	N/A	N/A	N/A	N/A	N/A
4,4'-DDD	0.002	0.002	0.02	0.0716	0.0666	0.0979	0.207
4,4'-DDE	0.002	0.00013	0.0013	0.00466	0.00433	0.00636	0.207
4,4'-DDT	0.00013	0.00013	0.0013	0.0143	0.0133	0.0195	0.0414
2,4'-D	70	N/A	N/A	N/A	N/A	0.0133 N/A	N/A
Danitol [Fenpropathrin]	262	473	4730	16941	15755	23159	48997
1,2-Dibromoethane [Ethylene Dibromide]	0.17	4.24	42.4	152	141	207	439
m-Dichlorobenzene [1,3-Dichlorobenzene]	322	595	5950	21310	19818	29132	61634
o-Dichlorobenzene [1,2-Dichlorobenzene]	600	3299	32990	118154	109883	161528	341736
p-Dichlorobenzene [1,4-Dichlorobenzene]	75	N/A	N/A	N/A	N/A	N/A	N/A
3,3'-Dichlorobenzidine	0.79	2.24	22.4	80.2	74.6	109	232
1,2-Dichloroethane	5	364	3640	13037	12124	17822	37706
1,1-Dichloroethylene [1,1-Dichloroethene]		55114	551140	1973914	1835740	2698537	5709150
Dichloromethane [Methylene Chloride]	5	13333	133330	477523	444096	652821	1381139
1,2-Dichloropropane	5	259	2590	9276	8627	12681	26829
1,3-Dichloropropene [1,3-Dichloropropylene]	2.8	119	1190	4262	3964	5826	12326
Dicofol [Kelthane]	0.30	0.30	3	10.7	9.99	14.6	31.0
Dieldrin	2.0E-05	2.0E-05	2.0E-04	0.000716	0.000666	0.000979	0.00207
2,4-Dimethylphenol	444	8436	84360	302136	280987	413050	873868
Di-n-Butyl Phthalate	88.9	92.4	924 7.97E-07	3309	3078	4524	9571
Dioxins/Furans [TCDD Equivalents]	7.80E-08	7.97E-08		0.0000029	0.0000027	0.0000039	0.0000083
Endrin	0.02	0.02	0.2	0.716	0.666	0.979	2.07
Epichlorohydrin	53.5	2013	20130	72096	67049	98562	208522
Ethylbenzene	700	1867	18670	66867 60169374	62186 55957518	91413 82257552	193398 174027882
Ethylene Glycol	46744	1.68E+07	1.68E+08	7	55957516	02237332	5
Fluoride	4000	N/A	N/A	N/A	N/A	N/A	N/A
Heptachlor	8.0E-05	0.0001	0.001	0.00358	0.00333	0.00489	0.0103
Heptachlor Epoxide	0.00029	0.00029	0.0029	0.0104	0.00966	0.0141	0.0300
Hexachlorobenzene	0.00068	0.00023	0.0023	0.0244	0.0226	0.0332	0.0704
Hexachlorobetizene	0.21	0.22	2.2	7.88	7.33	10.7	22.7
Hexachlorocyclohexane (alpha)	0.0078	0.0084	0.084	0.301	0.280	0.411	0.870
	0.0070	5.0004	3.004	0.501	0.200	0.711	0.070

Hexachlorocyclohexane (beta)	0.15	0.26	2.6	9.31	8.66	12.7	26.9
Hexachlorocyclohexane (gamma) [Lindane]	0.2	0.341	3.41	12.2	11.4	16.6	35.3
Hexachlorocyclopentadiene	10.7	11.6	116	415	386	567	1201
Hexachloroethane	1.84	2.33	23.3	83.4	77.6	114	241
Hexachlorophene	2.05	2.90	29	104	96.6	141	300
4,4'-Isopropylidenediphenol [Bisphenol A]	1092	15982	159820	572397	532329	782523	1655543
Lead	1.15	3.83	38.3	1036	964	1416	2996
Mercury	0.0122	0.0122	0.122	0.437	0.406	0.597	1.26
Methoxychlor	2.92	3.0	30	107	99.9	146	310
Methyl Ethyl Ketone	13865	9.92E+05	9.92E+06	35528583	33041582	48571126	102759321
Methyl tert-butyl ether [MTBE]	15	10482	104820	375414	349135	513228	1085809
Nickel	332	1140	11400	163559	152110	223601	473061
Nitrate-Nitrogen (as Total Nitrogen)	10000	N/A	N/A	N/A	N/A	N/A	N/A
Nitrobenzene	45.7	1873	18730	67082	62386	91707	194020
N-Nitrosodiethylamine	0.0037	2.1	21	75.2	69.9	102	217
N-Nitroso-di- <i>n</i> -Butylamine	0.119	4.2	42	150	140	205	435
Pentachlorobenzene	0.348	0.355	3.55	12.7	11.8	17.3	36.7
Pentachlorophenol	0.22	0.29	2.9	10.4	9.66	14.1	30.0
Polychlorinated Biphenyls [PCBs]	6.4E-04	6.4E-04	6.40E-03	0.0229	0.0213	0.0313	0.0662
Pyridine	23	947	9470	33917	31543	46367	98097
Selenium	50	N/A	N/A	N/A	N/A	N/A	N/A
1,2,4,5-Tetrachlorobenzene	0.23	0.24	2.4	8.60	7.99	11.7	24.8
1,1,2,2-Tetrachloroethane	1.64	26.35	263.5	944	878	1290	2729
Tetrachloroethylene [Tetrachloroethylene]	5	280	2800	10028	9326	13709	29004
Thallium	0.12	0.23	2.3	8.24	7.66	11.2	23.8
Toluene	1000	N/A	N/A	N/A	N/A	N/A	N/A
Toxaphene	0.011	0.011	0.11	0.394	0.366	0.538	1.13
2,4,5-TP [Silvex]	50	369	3690	13216	12291	18067	38223
1,1,1-Trichloroethane	200	784354	7843540	28091720	26125300	38404190	81249681
1,1,2-Trichloroethane	5	166	1660	5945	5529	8127	17195
Trichloroethylene [Trichloroethene]	5	71.9	719	2575	2395	3520	7447
2,4,5-Trichlorophenol	1039	1867	18670	66867	62186	91413	193398
TTHM [Sum of Total Trihalomethanes]	80	N/A	N/A	N/A	N/A	N/A	N/A

CALCULATE 70% AND 85% OF DAILY AVERAGE EFFLUENT LIMITATIONS:

Aquatic Life	70% of Daily Avg.	85% of Daily Avg.
Parameter	(μg/L)	(μg/L)
Aldrin	1.76	2.14
Aluminum	584	709
Arsenic	500	607
Cadmium	62.3	75.6
Carbaryl	1.17	1.43
Chlordane	0.0812	0.0986
Chlorpyrifos	0.0489	0.0594
Chromium (trivalent)	8809	10696
Chromium (hexavalent)	9.25	11.2
Copper	211	256
Cyanide (free)	27.0	32.7
4,4'-DDT	0.0203	0.0246
Demeton	2.03	2.46
Diazinon	0.100	0.121

Dicofol [Kelthane]	34.9	42.4
Dieldrin	0.0406	0.0493
Diuron	123	150
Endosulfan I (alpha)	0.129	0.157
Endosulfan II (beta)	0.129	0.157
Endosulfan sulfate	0.129	0.157
Endrin	0.0406	0.0493
Guthion [Azinphos Methyl]	0.203	0.246
Heptachlor	0.0812	0.0986
Hexachlorocyclohexane (gamma) [Lindane]	0.663	0.806
Lead	2138	2596
Malathion	0.203	0.246
Mercury	1.41	1.71
Methoxychlor	0.609	0.740
Mirex	0.0203	0.0246
Nickel	5605	6806
Nonylphenol	16.5	20.0
Parathion (ethyl)	0.0383	0.0465
Pentachlorophenol	7.68	9.33
Phenanthrene	17.6	21.4
Polychlorinated Biphenyls [PCBs]	0.284	0.345
Selenium	11.7	14.3
Silver	16.3	19.8
Toxaphene	0.00406	0.00493
Tributyltin [TBT]	0.0766	0.0930
2,4,5 Trichlorophenol	80.1	97.3
Zinc	1918	2329

Human Health	70% of Daily Avg.	85% of Daily Avg.
Parameter	(μg/L)	(μg/L)
Acrylonitrile	3941	4786
Aldrin	0.000393	0.000477
Anthracene	45138	54811
Antimony	36707	44573
Arsenic	N/A	N/A
Barium	N/A	N/A
Benzene	19913	24180
Benzidine	3.66	4.45
Benzo(a)anthracene	0.856	1.04
Benzo(a)pyrene	0.0856	0.104
Bis(chloromethyl)ether	9.40	11.4
Bis(2-chloroethyl)ether	1467	1782
Bis(2-ethylhexyl) phthalate [Di(2-ethylhexyl) phthalate]	258	314
Bromodichloromethane [Dichlorobromomethane]	9425	11445
Bromoform [Tribromomethane]	36330	44115
Cadmium	N/A	N/A
Carbon Tetrachloride	1576	1914
Chlordane	0.0856	0.104
Chlorobenzene	93807	113909
Chlorodibromomethane [Dibromochloromethane]	6272	7616
Chloroform [Trichloromethane]	263806	320336
Chromium (hexavalent)	17205	20892
Chrysene	86.3	104

Cresols [Methylphenols]	318782	387092
Cyanide (free)	N/A	N/A
4,4'-DDD	0.0685	0.0832
4,4'-DDE	0.00445	0.00541
4,4'-DDT	0.0137	0.0166
2,4'-D	N/A	N/A
Danitol [Fenpropathrin]	16211	19685
1,2-Dibromoethane [Ethylene Dibromide]	145	176
m-Dichlorobenzene [1,3-Dichlorobenzene]	20393	24762
	113069	
o-Dichlorobenzene [1,2-Dichlorobenzene]	N/A	137299
p-Dichlorobenzene [1,4-Dichlorobenzene]		N/A 93.2
3,3'-Dichlorobenzidine	76.7	
1,2-Dichloroethane	12475	15149
1,1-Dichloroethylene [1,1-Dichloroethene]	1888976	2293756
Dichloromethane [Methylene Chloride]	456974	554898
1,2-Dichloropropane	8876	10779
1,3-Dichloropropene [1,3-Dichloropropylene]	4078	4952
Dicofol [Kelthane]	10.2	12.4
Dieldrin	0.000685	0.000832
2,4-Dimethylphenol	289135	351092
Di-n-Butyl Phthalate	3166	3845
Dioxins/Furans [TCDD Equivalents]	0.0000027	0.0000033
Endrin	0.685	0.832
Epichlorohydrin	68993	83777
Ethylbenzene	63989	77701
Ethylene Glycol	57580286 5	69918919 3
Fluoride	N/A	N/A
Heptachlor	0.00342	0.00416
Heptachlor Epoxide	0.00993	0.0120
Hexachlorobenzene	0.0233	0.0283
Hexachlorobutadiene	7.54	9.15
Hexachlorocyclohexane (alpha)	7.54 0.287	9.15 0.349
Hexachlorocyclohexane (alpha)	0.287	0.349
Hexachlorocyclohexane (<i>alpha</i>) Hexachlorocyclohexane (<i>beta</i>)	0.287 8.91	0.349 10.8
Hexachlorocyclohexane (<i>alpha</i>) Hexachlorocyclohexane (<i>beta</i>) Hexachlorocyclohexane (<i>gamma</i>) [Lindane]	0.287 8.91 11.6	0.349 10.8 14.1
Hexachlorocyclohexane (<i>alpha</i>) Hexachlorocyclohexane (<i>beta</i>) Hexachlorocyclohexane (<i>gamma</i>) [Lindane] Hexachlorocyclopentadiene	0.287 8.91 11.6 397	0.349 10.8 14.1 482
Hexachlorocyclohexane (alpha) Hexachlorocyclohexane (beta) Hexachlorocyclohexane (gamma) [Lindane] Hexachlorocyclopentadiene Hexachloroethane	0.287 8.91 11.6 397 79.8	0.349 10.8 14.1 482 96.9
Hexachlorocyclohexane (alpha) Hexachlorocyclohexane (beta) Hexachlorocyclohexane (gamma) [Lindane] Hexachlorocyclopentadiene Hexachloroethane Hexachlorophene	0.287 8.91 11.6 397 79.8 99.3	0.349 10.8 14.1 482 96.9 120
Hexachlorocyclohexane (alpha) Hexachlorocyclohexane (beta) Hexachlorocyclohexane (gamma) [Lindane] Hexachlorocyclopentadiene Hexachloroethane Hexachlorophene 4,4'-Isopropylidenediphenol [Bisphenol A]	0.287 8.91 11.6 397 79.8 99.3 547766	0.349 10.8 14.1 482 96.9 120 665145
Hexachlorocyclohexane (alpha) Hexachlorocyclohexane (beta) Hexachlorocyclohexane (gamma) [Lindane] Hexachlorocyclopentadiene Hexachloroethane Hexachlorophene 4,4'-Isopropylidenediphenol [Bisphenol A] Lead	0.287 8.91 11.6 397 79.8 99.3 547766	0.349 10.8 14.1 482 96.9 120 665145
Hexachlorocyclohexane (alpha) Hexachlorocyclohexane (beta) Hexachlorocyclohexane (gamma) [Lindane] Hexachlorocyclopentadiene Hexachloroethane Hexachlorophene 4,4'-Isopropylidenediphenol [Bisphenol A] Lead Mercury	0.287 8.91 11.6 397 79.8 99.3 547766 991 0.418	0.349 10.8 14.1 482 96.9 120 665145 1204 0.507
Hexachlorocyclohexane (alpha) Hexachlorocyclohexane (beta) Hexachlorocyclohexane (gamma) [Lindane] Hexachlorocyclopentadiene Hexachloroethane Hexachlorophene 4,4'-Isopropylidenediphenol [Bisphenol A] Lead Mercury Methoxychlor	0.287 8.91 11.6 397 79.8 99.3 547766 991 0.418 102	0.349 10.8 14.1 482 96.9 120 665145 1204 0.507
Hexachlorocyclohexane (alpha) Hexachlorocyclohexane (beta) Hexachlorocyclohexane (gamma) [Lindane] Hexachlorocyclopentadiene Hexachloroethane Hexachlorophene 4,4'-Isopropylidenediphenol [Bisphenol A] Lead Mercury Methoxychlor Methyl Ethyl Ketone	0.287 8.91 11.6 397 79.8 99.3 547766 991 0.418 102 33999788	0.349 10.8 14.1 482 96.9 120 665145 1204 0.507 124 41285457
Hexachlorocyclohexane (alpha) Hexachlorocyclohexane (beta) Hexachlorocyclohexane (gamma) [Lindane] Hexachlorocyclopentadiene Hexachlorocyclopentadiene Hexachloropene 4,4'-Isopropylidenediphenol [Bisphenol A] Lead Mercury Methoxychlor Methyl Ethyl Ketone Methyl tert-butyl ether [MTBE]	0.287 8.91 11.6 397 79.8 99.3 547766 991 0.418 102 33999788 359259	0.349 10.8 14.1 482 96.9 120 665145 1204 0.507 124 41285457 436244
Hexachlorocyclohexane (alpha) Hexachlorocyclohexane (beta) Hexachlorocyclohexane (gamma) [Lindane] Hexachlorocyclopentadiene Hexachlorocyclopentadiene Hexachlorophene 4,4'-Isopropylidenediphenol [Bisphenol A] Lead Mercury Methoxychlor Methyl Ethyl Ketone Methyl tert-butyl ether [MTBE] Nickel	0.287 8.91 11.6 397 79.8 99.3 547766 991 0.418 102 33999788 359259 156521	0.349 10.8 14.1 482 96.9 120 665145 1204 0.507 124 41285457 436244 190061
Hexachlorocyclohexane (alpha) Hexachlorocyclohexane (beta) Hexachlorocyclohexane (gamma) [Lindane] Hexachlorocyclopentadiene Hexachloroethane Hexachlorophene 4,4'-Isopropylidenediphenol [Bisphenol A] Lead Mercury Methoxychlor Methyl Ethyl Ketone Methyl tert-butyl ether [MTBE] Nickel Nitrate-Nitrogen (as Total Nitrogen)	0.287 8.91 11.6 397 79.8 99.3 547766 991 0.418 102 33999788 359259 156521 N/A	0.349 10.8 14.1 482 96.9 120 665145 1204 0.507 124 41285457 436244 190061 N/A
Hexachlorocyclohexane (alpha) Hexachlorocyclohexane (beta) Hexachlorocyclohexane (gamma) [Lindane] Hexachlorocyclopentadiene Hexachloroethane Hexachlorophene 4,4'-Isopropylidenediphenol [Bisphenol A] Lead Mercury Methoxychlor Methyl Ethyl Ketone Methyl tert-butyl ether [MTBE] Nickel Nitrate-Nitrogen (as Total Nitrogen) Nitrobenzene	0.287 8.91 11.6 397 79.8 99.3 547766 991 0.418 102 33999788 359259 156521 N/A 64195	0.349 10.8 14.1 482 96.9 120 665145 1204 0.507 124 41285457 436244 190061 N/A 77951
Hexachlorocyclohexane (alpha) Hexachlorocyclohexane (beta) Hexachlorocyclohexane (gamma) [Lindane] Hexachlorocyclopentadiene Hexachloroethane Hexachlorophene 4,4'-Isopropylidenediphenol [Bisphenol A] Lead Mercury Methoxychlor Methyl Ethyl Ketone Methyl tert-butyl ether [MTBE] Nickel Nitrate-Nitrogen (as Total Nitrogen) Nitrobenzene N-Nitrosodiethylamine	0.287 8.91 11.6 397 79.8 99.3 547766 991 0.418 102 33999788 359259 156521 N/A 64195 71.9	0.349 10.8 14.1 482 96.9 120 665145 1204 0.507 124 41285457 436244 190061 N/A 77951 87.3
Hexachlorocyclohexane (alpha) Hexachlorocyclohexane (beta) Hexachlorocyclohexane (gamma) [Lindane] Hexachlorocyclopentadiene Hexachloroethane Hexachlorophene 4,4'-Isopropylidenediphenol [Bisphenol A] Lead Mercury Methoxychlor Methyl Ethyl Ketone Methyl tert-butyl ether [MTBE] Nickel Nitrate-Nitrogen (as Total Nitrogen) Nitrobenzene N-Nitrosodiethylamine N-Nitroso-di-n-Butylamine	0.287 8.91 11.6 397 79.8 99.3 547766 991 0.418 102 33999788 359259 156521 N/A 64195 71.9	0.349 10.8 14.1 482 96.9 120 665145 1204 0.507 124 41285457 436244 190061 N/A 77951 87.3
Hexachlorocyclohexane (alpha) Hexachlorocyclohexane (beta) Hexachlorocyclohexane (gamma) [Lindane] Hexachlorocyclopentadiene Hexachlorocyclopentadiene Hexachloropene 4,4'-Isopropylidenediphenol [Bisphenol A] Lead Mercury Methoxychlor Methyl Ethyl Ketone Methyl Ethyl Ketone Methyl tert-butyl ether [MTBE] Nickel Nitrate-Nitrogen (as Total Nitrogen) Nitrobenzene N-Nitrosodiethylamine N-Nitroso-di-n-Butylamine Pentachlorobenzene	0.287 8.91 11.6 397 79.8 99.3 547766 991 0.418 102 33999788 359259 156521 N/A 64195 71.9 143 12.1	0.349 10.8 14.1 482 96.9 120 665145 1204 0.507 124 41285457 436244 190061 N/A 77951 87.3 174 14.7
Hexachlorocyclohexane (alpha) Hexachlorocyclohexane (beta) Hexachlorocyclohexane (gamma) [Lindane] Hexachlorocyclopentadiene Hexachlorocyclopentadiene Hexachloropene 4,4'-Isopropylidenediphenol [Bisphenol A] Lead Mercury Methoxychlor Methyl Ethyl Ketone Methyl Ethyl Ketone Methyl tert-butyl ether [MTBE] Nickel Nitrate-Nitrogen (as Total Nitrogen) Nitrobenzene N-Nitrosodiethylamine N-Nitroso-di-n-Butylamine Pentachlorophenol	0.287 8.91 11.6 397 79.8 99.3 547766 991 0.418 102 33999788 359259 156521 N/A 64195 71.9 143 12.1 9.93	0.349 10.8 14.1 482 96.9 120 665145 1204 0.507 124 41285457 436244 190061 N/A 77951 87.3 174 14.7 12.0
Hexachlorocyclohexane (alpha) Hexachlorocyclohexane (beta) Hexachlorocyclohexane (gamma) [Lindane] Hexachlorocyclopentadiene Hexachlorocyclopentadiene Hexachloropene 4,4'-Isopropylidenediphenol [Bisphenol A] Lead Mercury Methoxychlor Methyl Ethyl Ketone Methyl Ethyl Ketone Methyl tert-butyl ether [MTBE] Nickel Nitrate-Nitrogen (as Total Nitrogen) Nitrobenzene N-Nitrosodiethylamine N-Nitroso-di-n-Butylamine Pentachlorobenzene	0.287 8.91 11.6 397 79.8 99.3 547766 991 0.418 102 33999788 359259 156521 N/A 64195 71.9 143 12.1	0.349 10.8 14.1 482 96.9 120 665145 1204 0.507 124 41285457 436244 190061 N/A 77951 87.3 174 14.7
Hexachlorocyclohexane (alpha) Hexachlorocyclohexane (beta) Hexachlorocyclohexane (gamma) [Lindane] Hexachlorocyclopentadiene Hexachloroethane Hexachlorophene 4,4'-Isopropylidenediphenol [Bisphenol A] Lead Mercury Methoxychlor Methyl Ethyl Ketone Methyl Ethyl Ketone Methyl tert-butyl ether [MTBE] Nickel Nitrate-Nitrogen (as Total Nitrogen) Nitrobenzene N-Nitrosodiethylamine N-Nitroso-di-n-Butylamine Pentachlorophenol	0.287 8.91 11.6 397 79.8 99.3 547766 991 0.418 102 33999788 359259 156521 N/A 64195 71.9 143 12.1 9.93	0.349 10.8 14.1 482 96.9 120 665145 1204 0.507 124 41285457 436244 190061 N/A 77951 87.3 174 14.7 12.0
Hexachlorocyclohexane (alpha) Hexachlorocyclohexane (beta) Hexachlorocyclohexane (gamma) [Lindane] Hexachlorocyclopentadiene Hexachloroethane Hexachlorophene 4,4'-Isopropylidenediphenol [Bisphenol A] Lead Mercury Methoxychlor Methyl Ethyl Ketone Methyl Ethyl Ketone Methyl tert-butyl ether [MTBE] Nickel Nitrate-Nitrogen (as Total Nitrogen) Nitrobenzene N-Nitroso-di-n-Butylamine Pentachlorobenzene Pentachlorophenol Polychlorinated Biphenyls [PCBs]	0.287 8.91 11.6 397 79.8 99.3 547766 991 0.418 102 33999788 359259 156521 N/A 64195 71.9 143 12.1 9.93 0.0219	0.349 10.8 14.1 482 96.9 120 665145 1204 0.507 124 41285457 436244 190061 N/A 77951 87.3 174 14.7 12.0 0.0266
Hexachlorocyclohexane (alpha) Hexachlorocyclohexane (beta) Hexachlorocyclohexane (gamma) [Lindane] Hexachlorocyclopentadiene Hexachloroethane Hexachlorophene 4,4'-Isopropylidenediphenol [Bisphenol A] Lead Mercury Methoxychlor Methyl Ethyl Ketone Methyl Ethyl Ketone Methyl tert-butyl ether [MTBE] Nickel Nitrate-Nitrogen (as Total Nitrogen) Nitrobenzene N-Nitrosodiethylamine N-Nitroso-di-n-Butylamine Pentachlorobenzene Pentachlorophenol Polychlorinated Biphenyls [PCBs]	0.287 8.91 11.6 397 79.8 99.3 547766 991 0.418 102 33999788 359259 156521 N/A 64195 71.9 143 12.1 9.93 0.0219	0.349 10.8 14.1 482 96.9 120 665145 1204 0.507 124 41285457 436244 190061 N/A 77951 87.3 174 14.7 12.0 0.0266 39412

Tetrachloroethylene [Tetrachloroethylene]	9596	11653
Thallium	7.88	9.57
Toluene	N/A	N/A
Toxaphene	0.377	0.457
2,4,5-TP [Silvex]	12647	15357
1,1,1-Trichloroethane	26882933	32643561
1,1,2-Trichloroethane	5689	6908
Trichloroethylene [Trichloroethene]	2464	2992
2,4,5-Trichlorophenol	63989	77701
TTHM [Sum of Total Trihalomethanes]	N/A	N/A
Vinyl Chloride	565	686