



Administrative Package Cover Page

This file contains the following documents:

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



Portada de Paquete Administrativo

Este archivo contiene los siguientes documentos:

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

PLAIN LANGUAGE SUMMARY

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.

Quadvest, LP (CN602944746) operates the Magnolia Reserve Wastewater Treatment Facility (RN107834962), a sludge processing plant that is currently operating in the conventional plug flow mode. The facility is located at 21302 Wildflower Court, Willis, Texas 77318 in Montgomery County, Texas.

This is a renewal application.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), ammonia nitrogen (NH₃-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater will be treated by an activated sludge process plant and the treatment units will include a bar screen, aeration basins, final clarifiers, sludge digesters and chlorine contact chambers.

RESUMEN EN LENGUAJE SENCILLO

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. 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.

Quadvest, LP (CN602944746) opera la Instalación de Tratamiento de Aguas Residuales (RN107834962) de Magnolia Reserve, una planta de procesamiento de lodos que actualmente opera en el modo de flujo de tapón convencional. La instalación está ubicada en 21302 Wildflower Court, Willis, Texas 77318 en el condado de Montgomery, Texas.

Se trata de una solicitud de renovación.

Se espera que las descargas de la instalación contengan una demanda bioquímica carbonosa de oxígeno (CBOD5) de cinco días, sólidos suspendidos totales (TSS), nitrógeno amoniacal (NH3-N) y *Escherichia coli*. En la sección 7 del Informe Técnico Nacional 1.0 se incluyen contaminantes potenciales adicionales. Análisis de Contaminantes de Efluentes Tratados en el paquete de solicitud de permisos. Las aguas residuales domésticas serán tratadas por una planta de procesamiento de lodos activados y las unidades de tratamiento incluirán una criba de barras, balsas de aireación, clarificadores finales, digestores de lodos y cámaras de contacto de cloro.

Jon Niermann, *Chairman*
Bobby Janecka, *Commissioner*
Catarina R. Gonzales, *Commissioner*
Kelly Keel, *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

August 1, 2024

Mr. Gifford Jacob, P.E.
Engineering Manager
Quadvest, L.P.
26926 Farm-to-Market Road 2978
Magnolia, Texas 77354

RE: Application to Renew, for Permit No.: WQ0015317001 (EPA I.D. No. TX0136000)
Applicant Name: Quadvest, L.P. (CN602944746)
Site Name: Magnolia Reserve WWTF (RN107834962)
Type of Application: Renewal without changes

VIA EMAIL

Dear Mr. Jacob:

We have received the application for the above referenced permit, and it is currently under review. Your attention to the following item(s) are requested before we can declare the application administratively complete. Please submit responses to the following items via email.

1. Administrative Report 1.0, Section 9, item A: Please verify the RN number. The RN101272250 on the application is different from what we have on our records RN107834962. Please verify and update the application page if needed.
2. Please verify that the RN is correct on the Plain Language Summary for English and Spanish.
3. Technical Report 1.0, Section 4: Please provide a yes on no response to the question. Please provide an updated page.
4. 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.

APPLICATION. Quadvest, L.P., 26926 Farm-to-Market Road 2978, Magnolia, Texas 77354, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0015317001 (EPA I.D. No. TX0136000) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 62,500 gallons per day. The domestic wastewater treatment facility is located at 21302 Wildflower Court, in the city of Willis, in Montgomery County, Texas 77318. The discharge route is from the plant to Lake Creek. TCEQ received this application on July 31, 2024. The permit application will be available for viewing and copying at Charles B. Stewart-West Branch Library, 202 Bessie Price Owen Drive, Willis, in Montgomery County, Texas prior

Mr. Gifford Jacob, P.E.
Page 2
August 1, 2024
Permit No. WQ0015317001

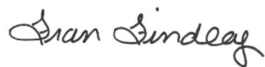
to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.
<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.696666,30.265277&level=18>

5. The application indicates that public notices in Spanish are required. After confirming the portion of the NORI above does not contain any errors or omissions, please use the attached template to translate the NORI into Spanish. Only the first and last paragraphs are unique to this application and require translation. Please provide the translated Spanish NORI in a Microsoft Word document.

Further information may also be obtained from Quadvest, L.P. at the address stated above or by calling Mr. Gifford Jacob, P.E., Engineering Manager, at 281-305-1120.

Please submit the complete response, addressed to my attention by August 15, 2024. If you should have any questions, please do not hesitate to contact me by phone at (512) 239-2441 or by email at Francesca.Findlay@tceq.texas.gov.

Sincerely,



Francesca Findlay
Application Review and Processing Team (MC148)
Water Quality Division
Texas Commission of Environmental Quality

F.F.

Enclosure(s)

cc: Ms. April Trader, Special Projects Manager-Engineering, Quadvest, L.P., 26926 Farm-to-Market Road 2978, Magnolia, Texas 77354

Comisión de Calidad Ambiental del Estado de Texas



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

PERMISO NO. WQ0015317001

SOLICITUD. Quadvest, L.P. ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0015317001(EPA I.D. No. TX 136000) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 62,500 galones por día. La planta está ubicada 21302 Wildflower Court, en la ciudad de Willis en el Condado de Montgomery, Texas. La ruta de descarga es del sitio de la planta a hasta el arroyo del lago. La TCEQ recibió esta solicitud el July 31, 2024. La solicitud para el permiso está disponible para leerla y copiarla en Charles S. Stewart-West Branch Library, 202 Bessie Price Owens Drive, Montgomery, en el condado de Willis, Texas. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web:

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.

<https://www.gisweb.tceq.texas.gov/LocationMapper/?marker+-95.696666.30.265277&level+18>

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

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar comentarios públicos o pedir una reunión pública sobre esta solicitud. El propósito de una reunión pública es dar la oportunidad de presentar comentarios o hacer preguntas acerca de la solicitud. La TCEQ realiza una reunión pública si el

Director Ejecutivo determina que hay un grado de interés público suficiente en la solicitud o si un legislador local lo pide. Una reunión pública no es una audiencia administrativa de lo contencioso.

OPORTUNIDAD DE UNA AUDIENCIA ADMINISTRATIVA DE LO

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

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

Después del cierre de todos los períodos de comentarios y de petición que aplican, el Director Ejecutivo enviará la solicitud y cualquier petición para reconsideración o para una audiencia de caso impugnado a los Comisionados de la TCEQ para su consideración durante una reunión programada de la Comisión. La Comisión sólo puede conceder una solicitud de una audiencia de caso impugnado sobre los temas que el solicitante haya presentado en sus comentarios oportunos que no fueron retirados posteriormente. Si se concede una audiencia, el tema de la audiencia estará limitado a cuestiones de hecho en disputa o cuestiones mixtas de hecho y de derecho relacionadas a intereses pertinentes y materiales de calidad del agua que se hayan presentado durante el período de comentarios. Si ciertos criterios se

cumplen, la TCEQ puede actuar sobre una solicitud para renovar un permiso sin proveer una oportunidad de una audiencia administrativa de lo contencioso.

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

CONTACTOS E INFORMACIÓN DE LA TCEQ. Todos los comentarios escritos del público y los para pedidos una reunión deben ser presentados a la Oficina del Secretario Principal, MC 105, TCEQ, P.O. Box 13087, Austin, TX 78711-3087 o por el internet at www.tceq.texas.gov/about/comments.html. Tenga en cuenta que cualquier información personal que usted proporcione, incluyendo su nombre, número de teléfono, dirección de correo electrónico y dirección física pasarán a formar parte del registro público de la Agencia. Si necesita más información en Español sobre esta solicitud para un permiso o el proceso del permiso, por favor llame a El Programa de Educación Pública de la TCEQ, sin cobro, al 1-800-687-4040. La información general sobre la TCEQ puede ser encontrada en nuestro sitio de la red: www.tceq.texas.gov.

También se puede obtener información adicional del Quadvest, L.P. a la dirección indicada arriba o llamando a Mr. Jacob Gifford al 281-305-1120.

Fecha de emisión 19 de Agosto de 2024



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Quadvest, LP

PERMIT NUMBER (If new, leave blank): WQ0015317001

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

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

For TCEQ Use Only

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION
ADMINISTRATIVE REPORT 1.0**

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00 ☐

Payment Information:

Mailed Check/Money Order Number: 14897

Check/Money Order Amount: \$515.00

Name Printed on Check: Quadvest, LP

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 Wastewater Treatment

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

- ☒ Active ☐ Inactive

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

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

d. Check the box next to the appropriate application type

- | | |
|---|---|
| <input type="checkbox"/> New | |
| <input type="checkbox"/> Major Amendment <u>with</u> Renewal | <input type="checkbox"/> Minor Amendment <u>with</u> Renewal |
| <input type="checkbox"/> Major Amendment <u>without</u> Renewal | <input type="checkbox"/> Minor Amendment <u>without</u> Renewal |
| <input checked="" type="checkbox"/> Renewal without changes | <input type="checkbox"/> Minor Modification of permit |

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

f. For existing permits:

Permit Number: WQ00 15317001

EPA I.D. (TPDES only): TX 01360000

Expiration Date: 11/18/2024

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

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

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

Quadvest, LP

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

If the applicant is currently a customer with the TCEQ, what is the Customer Number (CN)?

You may search for your CN on the TCEQ website at <http://www15.tceq.texas.gov/crpub/>

CN: 602944746

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

Prefix: Mr.

Last Name, First Name: Mark L. Urback

Title: VP Construction and Engineering Credential: P.E.

B. Co-applcant 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-applcant applying for this permit?

Click to enter text.

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

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

CN: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

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

C. Core Data Form

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

Section 4. Application Contact Information (Instructions Page 27)

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

- A. Prefix: Mr. Last Name, First Name: Jacob Gifford
Title: Engineering Manager Credential: P.E.
Organization Name: Quadvest, LP
Mailing Address: 26926 FM 2978 City, State, Zip Code: Magnolia, TX 77354
Phone No.: 281-305-1120 E-mail Address: jgifford@quadvest.com
Check one or both: ☒ Administrative Contact ☒ Technical Contact
- B. Prefix: Mrs. Last Name, First Name: April Trader
Title: Special Projects Mgr - Engineering Credential: Click to enter text.
Organization Name: Quadvest, LP
Mailing Address: 26926 FM 2978 City, State, Zip Code: Magnolia, Texas 77354
Phone No.: 281-305-1153 E-mail Address: atrader@quadvest.com
Check one or both: ☒ Administrative Contact ☐ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

- A. Prefix: Mr. Last Name, First Name: Jacob Gifford
Title: Engineering Manager Credential: P.E.
Organization Name: Quadvest, LP
Mailing Address: 26926 FM 2978 City, State, Zip Code: Magnolia, Texas 77354
Phone No.: 281-305-1120 E-mail Address: jgifford@quadvest.com

B. Prefix: Click to enter text. Last Name, First Name: Click to enter text.
Title: Click to enter text. Credential: Click to enter text.
Organization Name: Click to enter text.
Mailing Address: Click to enter text. City, State, Zip Code: Click to enter text.
Phone No.: Click to enter text. E-mail Address: Click to enter text.

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: Click to enter text. Last Name, First Name: Mary Downey
Title: Controller Credential: Click to enter text.
Organization Name: Quadvest, LP
Mailing Address: 26926 FM 2978 City, State, Zip Code: Magnolia, Texas 77354
Phone No.: 281-356-5347 E-mail Address: mdowney@quadvest.com

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

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

Prefix: Click to enter text. Last Name, First Name: Margo Watson
Title: Compliance Reporting Coordinator Credential: Click to enter text.
Organization Name: Quadvest, LP
Mailing Address: 26926 FM 2978 City, State, Zip Code: Magnolia, Texas 77354
Phone No.: 281-305-1154 E-mail Address: mwatson@quadvest.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mrs. Last Name, First Name: April Trader
Title: Special Projects Mgr. - Engineering Credential: Click to enter text.
Organization Name: Quadvest, LP
Mailing Address: 26926 FM 2978 City, State, Zip Code: Magnolia, Texas 77354
Phone No.: 281-305-1153 E-mail Address: atrader@quadvest.com

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

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

- ☒ E-mail Address
☐ Fax
☐ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Click to enter text.

Last Name, First Name: Jacob Gifford

Title: Engineering Manager

Credential: P.E.

Organization Name: Quadvest, LP

Mailing Address: 26926 FM 2978

City, State, Zip Code: Magnolia, Texas 77354

Phone No.: 281-305-1120

E-mail Address: kgifford@quadvest.com

D. Public Viewing Information

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

Public building name: Charles B. Stewart – West Branch Library

Location within the building: Reference Desk

Physical Address of Building: 202 Bessie Price Owen Drive

City: Montgomery

County: Montgomery

Contact (Last Name, First Name): Librarian

Phone No.: 936-788-8314 Ext.: Click to enter text.

E. Bilingual Notice Requirements

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

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

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

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

☒ Yes ☐ No

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

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

☒ Yes ☐ No

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

☐

Yes

☒

No

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

☐

Yes

☒

No

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

F. Plain Language Summary Template

Complete the Plain Language Summary (TCEQ Form 20972) and include as an attachment.

Attachment: B

G. Public Involvement Plan Form

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

Attachment: Click to enter text.

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN101272250

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

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

Magnolia Reserve WWTF

C. Owner of treatment facility: Quadvest, LP

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

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Quadvest, LP

Mailing Address: 26926 FM 2978

City, State, Zip Code: Magnolia, Texas 77354

Phone No.: 281-356-5347

E-mail Address: Click to enter text.

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

Attachment: Click to enter text.

E. Owner of effluent disposal site:

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

Last Name, First Name: [Click to enter text.](#)

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

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

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

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

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

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

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

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

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

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

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

Last Name, First Name: [Click to enter text.](#)

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

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

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

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

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

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

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

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

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

Section 10. TPDES Discharge Information (Instructions Page 31)

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



Yes



No

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

[Click to enter text.](#)

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



Yes



No

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

[Click to enter text.](#)

City nearest the outfall(s): Willis

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

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



Yes



No

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

☐

Authorization granted

☐

Authorization pending

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

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

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐

Yes

☐

No

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

[Click to enter text.](#)

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

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

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

[Click to enter text.](#)

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐

Yes

☒

No

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

☐

Yes

☐

No

☒

Not Applicable

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

[Click to enter text.](#)

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

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

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

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

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

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

Section 13. Attachments (Instructions Page 33)

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

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

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

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

☐ Attachment 1 for Individuals as co-applicants

☒ Other Attachments. Please specify: "C" Topo (8 1/2 X 11") Renewal

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0015317001

Applicant: Quadvest, LP


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.

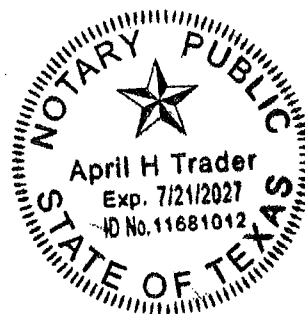
Signatory name (typed or printed): Mark L. Urback

Signatory title: VP Construction and Engineering

Signature:  Date: 07/17/24
(Use blue ink)

Subscribed and Sworn to before me by the said Mark L. Urback
on this 17th day of July, 2024.
My commission expires on the 21 day of July, 2027.


Notary Public



[SEAL]

Montgomery
County, Texas

DOMESTIC WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: D



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 43)

A. Existing/Interim I Phase

Design Flow (MGD): 0.0625

2-Hr Peak Flow (MGD): 0.250

Estimated construction start date: 2015

Estimated waste disposal start date: 2016

B. Interim II Phase

Design Flow (MGD): -

2-Hr Peak Flow (MGD): -

Estimated construction start date: -

Estimated waste disposal start date: -

C. Final Phase

Design Flow (MGD): -

2-Hr Peak Flow (MGD): -

Estimated construction start date: -

Estimated waste disposal start date: -

D. Current Operating Phase

Provide the startup date of the facility: 08-14-2016, Interim I

Section 2. Treatment Process (Instructions Page 43)

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.

Attachment F

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)
Attachment G		

C. Process Flow Diagram

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

Attachment: Attachment H

Section 3. Site Information and Drawing (Instructions Page 44)

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

- Latitude: 30.280298
- Longitude: -95.705336

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

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

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

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

Attachment: Attachment I

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

Magnolia Reserve Subdivision

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

Collection System Information

Collection System Name	Owner Name	Owner Type	Population Served
N/A		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	

Section 4. Unbuilt Phases (Instructions Page 45)

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

☒ Yes ☒ No

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

☐ Yes ☐ No

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

Section 5. Closure Plans (Instructions Page 45)

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

N/A

Section 6. Permit Specific Requirements (Instructions Page 45)

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

A. Summary transmittal

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

☒ Yes ☐ No

If **yes**, provide the date(s) of approval for each phase: 9/28/2015

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

Click to enter text.

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

Click to enter text.

C. Other actions required by the current permit

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

☐ Yes ☒ No

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

Click to enter text.

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

2. Grit and grease processing

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

Click to enter text.

3. Grit disposal

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

☐ Yes ☐ No

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

Describe the method of grit disposal.

[Click to enter text.](#)

4. Grease and decanted liquid disposal

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

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

[Click to enter text.](#)

E. Stormwater management

1. Applicability

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

☒ Yes ☒ No

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

☒ Yes ☒ No

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

2. MSGP coverage

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

☒ Yes ☒ No

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

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

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

☒ Yes ☐ No

3. Conditional exclusion

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

☒ Yes ☐ No

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

Click to enter text.

4. Existing coverage in individual permit

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

☐ Yes ☐ No

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

Click to enter text.

5. Zero stormwater discharge

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

☐ Yes ☐ No

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

Click to enter text.

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

6. Request for coverage in individual permit

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

☐ Yes ☐ No

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

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

Click to enter text.

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☒ Yes ☐ No

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

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

1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

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

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

Click to enter text.

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 50)

Is the facility in operation?

☒ Yes ☐ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , mg/l	5.4	5.4	1	GRAB	03/22/24 17:20
Total Suspended Solids, mg/l	6.9	6.9	1	GRAB	03/26/24 13:16
Ammonia Nitrogen, mg/l	<0.1	<0.1	1	GRAB	03/27/24 19:10
Nitrate Nitrogen, mg/l	26.1	26.1	1	GRAB	03/22/24 17:15
Total Kjeldahl Nitrogen, mg/l	2.0	2.0	1	GRAB	04/01/24 10:41
Sulfate, mg/l	136	136	1	GRAB	03/22/24 17:15
Chloride, mg/l	151	151	1	GRAB	03/22/24 17:15
Total Phosphorus, mg/l	0.530	0.530	1	GRAB	04/01/24 13:10
pH, standard units	7.7	7.7	1	GRAB	03/22/24 08:50
Dissolved Oxygen*, mg/l	8.6	8.6	1	GRAB	03/22/24 08:50
Chlorine Residual, mg/l	1.5	1.5	1	GRAB	03/22/24 08:50
<i>E.coli</i> (CFU/100ml) freshwater	7	7	1	GRAB	03/22/24 15:19
Enterococci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l	860	860	1	GRAB	03/26/24 10:01
Electrical Conductivity, μ mohs/cm, †	1316	1316	1	GRAB	03/26/24 10:18
Oil & Grease, mg/l					
Alkalinity (CaCO ₃)*, mg/l	128	128	1	GRAB	03/26/24 12:57

*TPDES permits only

†TLAP permits only

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l					
Total Dissolved Solids, mg/l					
pH, standard units					

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity (CaCO ₃), mg/l					

Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: Quadvest, L.P.

Facility Operator's License Classification and Level: WWOL/C

Facility Operator's License Number: WW0039308

Section 9. Sludge and Biosolids Management and Disposal (Instructions Page 51)

A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

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

B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

- ☒ Aerobic Digestion
- ☐ Air Drying (or sludge drying beds)
- ☐ Lower Temperature Composting
- ☐ Lime Stabilization
- ☐ Higher Temperature Composting
- ☐ Heat Drying
- ☐ Thermophilic Aerobic Digestion
- ☐ Beta Ray Irradiation
- ☐ Gamma Ray Irradiation
- ☐ Pasteurization
- ☐ Preliminary Operation (e.g. grinding, de-gritting, blending)

- ☐ Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)
- ☐ Sludge Lagoon
- ☐ Temporary Storage (< 2 years)
- ☐ Long Term Storage (>= 2 years)
- ☐ Methane or Biogas Recovery
- ☐ Other Treatment Process: [Click to enter text.](#)

C. Biosolids Management

Provide information on the *intended* biosolids management practice. Do not enter every management practice that you want authorized in the permit, as the permit will authorize all 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
Agricultural Land Application	Off-site Third-Party Handler or Preparer	Bulk	10.89	Class B: PSRP Lime Stabilization	Option 6: pH >=12 for 2 hrs and retain at 11.5 for 22 hrs
Other	Off-site Third-Party Handler or Preparer	Bulk	0	Class B: PSRP Lime Stabilization	Option 6: pH >=12 for 2 hrs and retain at 11.5 for 22 hrs
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: K3BMI

TCEQ permit or registration number: RN103113494

County where disposal site is located: Harris

E. Transportation method

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

Name of the hauler: WWTS

Hauler registration number: 24343

Sludge is transported as a:

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

Section 10. Permit Authorization for Sewage Sludge Disposal (Instructions Page 53)

A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

B. Sludge processing authorization

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

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

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

A. Location information

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

- Original General Highway (County) Map:
Attachment: Click to enter text.
- USDA Natural Resources Conservation Service Soil Map:
Attachment: Click to enter text.
- Federal Emergency Management Map:

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

- Site map:

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

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

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

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

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

[Click to enter text.](#)

B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

C. Liner information

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

☐ Yes ☐ No

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

[Click to enter text.](#)

D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

- Plan view and cross-section of the sludge lagoon(s)
Attachment: [Click to enter text.](#)
- Copy of the closure plan
Attachment: [Click to enter text.](#)
- Copy of deed recordation for the site
Attachment: [Click to enter text.](#)
- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons
Attachment: [Click to enter text.](#)
- Description of the method of controlling infiltration of groundwater and surface water from entering the site
Attachment: [Click to enter text.](#)
- Procedures to prevent the occurrence of nuisance conditions

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

E. Groundwater monitoring

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

☐ Yes ☐ No

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

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

Section 12. Authorizations/Compliance/Enforcement (Instructions Page 55)

A. Additional authorizations

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

☐ Yes ☒ No

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

[Click to enter text.](#)

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Click to enter text.

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

A. RCRA hazardous wastes

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

Attachment: Click to enter text.

Section 14. Laboratory Accreditation (Instructions Page 56)

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

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

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

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

CERTIFICATION:


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

Printed Name: Mark L. Urback, P.E.

Title: VP of Construction and Engineering

Signature: _____

Date: _____


07/17/24

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 64)

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

☐ Yes ☒ No

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

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

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

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

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

Section 2. Discharge into Tidally Affected Waters (Instructions Page 64)

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 64)

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 65)

Name of the immediate receiving waters: Click to enter text.

A. Receiving water type

Identify the appropriate description of the receiving waters.

☐ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: Click to enter text.

Average depth of the entire water body, in feet: Click to enter text.

Average depth of water body within a 500-foot radius of discharge point, in feet:
Click to enter text.

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: Click to enter text.

B. Flow characteristics

If a stream, man-made channel or ditch was checked above, provide the following. For existing discharges, check one of the following that best characterizes the area *upstream* of the discharge. For new discharges, characterize the area *downstream* of the discharge (check one).

☐ Intermittent - dry for at least one week during most years

☐ Intermittent with Perennial Pools - enduring pools with sufficient habitat to maintain significant aquatic life uses

☐ Perennial - normally flowing

Check the method used to characterize the area upstream (or downstream for new dischargers).

☐ USGS flow records

☐ Historical observation by adjacent landowners

☐ Personal observation

☐ Other, specify: Click to enter text.

C. Downstream perennial confluences

List the names of all perennial streams that join the receiving water within three miles downstream of the discharge point.

[Click to enter text.](#)

D. Downstream characteristics

Do the receiving water characteristics change within three miles downstream of the discharge (e.g., natural or man-made dams, ponds, reservoirs, etc.)?

☐

Yes

☐

No

If yes, discuss how.

[Click to enter text.](#)

E. Normal dry weather characteristics

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

[Click to enter text.](#)

Date and time of observation: [Click to enter text.](#)

Was the water body influenced by stormwater runoff during observations?

☐

Yes

☐

No

Section 5. General Characteristics of the Waterbody (Instructions Page 66)

A. Upstream influences

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

☐

Oil field activities

☐

Urban runoff

☐

Upstream discharges

☐

Agricultural runoff

☐

Septic tanks

☐

Other(s), specify: [Click to enter text.](#)

B. Waterbody uses

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



Livestock watering



Contact recreation



Irrigation withdrawal



Non-contact recreation



Fishing



Navigation



Domestic water supply



Industrial water supply



Park activities



Other(s), specify: [Click to enter text.](#)

C. Waterbody aesthetics

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



Wilderness: outstanding natural beauty; usually wooded or unpastured area; water clarity exceptional



Natural Area: trees and/or native vegetation; some development evident (from fields, pastures, dwellings); water clarity discolored



Common Setting: not offensive; developed but uncluttered; water may be colored or turbid



Offensive: stream does not enhance aesthetics; cluttered; highly developed; dumping areas; water discolored

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

Things to Know:

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

Landowners Cross Reference List ☒ N/A ☐ Yes
(See instructions for landowner requirements)

Landowners Labels or USB Drive attached ☒ N/A ☐ Yes
(See instructions for landowner requirements)

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

Plain Language Summary ☒ Yes

ATTACHMENT A

CORE DATA



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
2. Customer Reference Number (If Issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (If Issued)
CN 60294476		RN 107834962

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		7/15/2024	
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership					
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) <i>If new Customer, enter previous Customer below:</i>					
QUADVEST, LP					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	
08000539284		17421243712			
10. DUNS Number (if applicable)					
11. Type of Customer:		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		Partnership: <input type="checkbox"/> General <input checked="" type="checkbox"/> Limited	
12. Number of Employees		13. Independently Owned and Operated?			
<input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
15. Mailing					
26926 FM 2978					
Address:					
City		MAGNOLIA		State TX	
ZIP		77354		ZIP + 4	
16. Country Mailing Information (if outside USA)					
17. E-Mail Address (if applicable)					
support@quadvest.com					
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)	

SECTION III: Regulated Entity Information**21. General Regulated Entity Information** (If 'New Regulated Entity' is selected, a new permit application is also required.)
☐ New Regulated Entity ☐ Update to Regulated Entity Name ☐ Update to Regulated Entity Information

The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).

22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)

MAGNOLIA RESERVE WWTP

23. Street Address of the Regulated Entity:

21302 Wildflower Ct.

(No PO Boxes)

City

Willis

State

TX

ZIP

77318

ZIP + 4

24. County

Montgomery

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

25. Description to

Physical Location:

26. Nearest City

State

Nearest ZIP Code

Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).

27. Latitude (N) In Decimal:

30.265264

28. Longitude (W) In Decimal:

95.696692

Degrees

Minutes

Seconds

Degrees

Minutes

Seconds

30

15

54.95

95

41

48.09

29. Primary SIC Code**30. Secondary SIC Code****31. Primary NAICS Code****32. Secondary NAICS Code**

(4 digits)

(4 digits)

(5 or 6 digits)

(5 or 6 digits)

33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)

WATER AND WASTEWATER UTILITY

34. Mailing

QUADVEST, LP

Address:

26926 FM 2978

City

MAGNOLIA

State

TX

ZIP

77354

ZIP + 4

35. E-Mail Address:**36. Telephone Number****37. Extension or Code****38. Fax Number** (if applicable)

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39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form Instructions for additional guidance.



TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
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<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
2. Customer Reference Number (If issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (If issued)
CN 60294476		RN 107834962

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		7/15/2024	
<input type="checkbox"/> New Customer		<input checked="" type="checkbox"/> Update to Customer Information		<input type="checkbox"/> Change in Regulated Entity Ownership	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)			If new Customer, enter previous Customer below:		
QUADVEST, LP					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	
08000539284		17421243712			
10. DUNS Number (if applicable)					
11. Type of Customer:		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		Partnership: <input type="checkbox"/> General <input checked="" type="checkbox"/> Limited	
12. Number of Employees		13. Independently Owned and Operated?			
<input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
15. Mailing Address: 26926 FM 2978					
City: MAGNOLIA State: TX ZIP: 77354 ZIP + 4:					
16. Country Mailing Information (If outside USA)			17. E-Mail Address (If applicable)		
			support@quadvest.com		
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)	

SECTION III: Regulated Entity Information**21. General Regulated Entity Information** (If 'New Regulated Entity' is selected, a new permit application is also required.)
☐ New Regulated Entity ☐ Update to Regulated Entity Name ☐ Update to Regulated Entity Information

The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).

22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)

MAGNOLIA RESERVE WWTP

23. Street Address of the Regulated Entity:

21302 Wildflower Ct.

(No PO Boxes)

City	Willis	State	TX	ZIP	77318	ZIP + 4	
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24. County

Montgomery

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

25. Description to**Physical Location:****26. Nearest City**

State

Nearest ZIP Code

Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).

27. Latitude (N) In Decimal:

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Degrees

Minutes

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Degrees

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54.95

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41

48.09

29. Primary SIC Code**30. Secondary SIC Code****31. Primary NAICS Code****32. Secondary NAICS Code**

(4 digits)

(4 digits)

(5 or 6 digits)

(5 or 6 digits)

33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)

WATER AND WASTEWATER UTILITY

34. Mailing

QUADVEST, LP

Address:

26926 FM 2978

City

MAGNOLIA

State

TX

ZIP

77354

ZIP + 4

35. E-Mail Address:**36. Telephone Number****37. Extension or Code****38. Fax Number** (if applicable)

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() -

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form Instructions for additional guidance.


<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

SECTION IV: Preparer Information

40. Name:	JACOB GIFFORD	41. Title:	Director of Engineering
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(281) 305-1120		() -	JGIFFORD@QUADVEST.COM

SECTION V: Authorized Signature

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

Company:	QUADVEST, LP	Job Title:	DIRECTOR OF ENGINEERING
Name (In Print):	JACOB GIFFORD	Phone:	(281) 305- 1120
Signature:		Date:	7/23/2024

ATTACHMENT B

PLAIN LANGUAGE SUMMARIES

(ADMIN 1.0, SECTION 8F)

PLAIN LANGUAGE SUMMARY

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.

Quadvest, LP (CN602944746) operates the Magnolia Reserve Wastewater Treatment Facility (RN101272250), a sludge processing plant that is currently operating in the conventional plug flow mode. The facility is located at 21302 Wildflower Court, Willis, Texas 77318 in Montgomery County, Texas.

This is a renewal application.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), ammonia nitrogen (NH₃-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater will be treated by an activated sludge process plant and the treatment units will include a bar screen, aeration basins, final clarifiers, sludge digesters and chlorine contact chambers.

RESUMEN EN LENGUAJE SENCILLO

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. 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.

Quadvest, LP (CN602944746) opera la Instalación de Tratamiento de Aguas Residuales (RN101272250) de Magnolia Reserve, una planta de procesamiento de lodos que actualmente opera en el modo de flujo de tapón convencional. La instalación está ubicada en 21302 Wildflower Court, Willis, Texas 77318 en el condado de Montgomery, Texas.

Se trata de una solicitud de renovación.

Se espera que las descargas de la instalación contengan una demanda bioquímica carbonosa de oxígeno (CBOD5) de cinco días, sólidos suspendidos totales (TSS), nitrógeno amoniacal (NH3-N) y *Escherichia coli*. En la sección 7 del Informe Técnico Nacional 1.0 se incluyen contaminantes potenciales adicionales. Análisis de Contaminantes de Efluentes Tratados en el paquete de solicitud de permisos. Las aguas residuales domésticas serán tratadas por una planta de procesamiento de lodos activados y las unidades de tratamiento incluirán una criba de barras, balsas de aireación, clarificadores finales, digestores de lodos y cámaras de contacto de cloro.

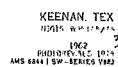
ATTACHMENT C

USGS TOPOGRAPHIC MAP

(7.5 minute)

EFFLUENT DISCHARGE ROUTE

(ADMIN 1.0, SECTION 13)



JUL 3 1 1978

ATTACHMENT D

SPIF

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

____ Texas Historical Commission

____ U.S. Fish and Wildlife

____ Texas Parks and Wildlife Department

____ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: Quadvest, LP

Permit No. WQ00 15317001EPA ID No. TX 0136000

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

21302 Wildflower Ct. Willis, Texas 77318

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

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

First and Last Name: Jacob Gifford

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

Title: Director of Engineering

Mailing Address: 26926 FM 2978

City, State, Zip Code: Magnolia, Texas 77354

Phone No.: 281-305-1120 Ext.: Fax No.:

E-mail Address: jgifford@quadvest.com

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

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

From the facility via effluent pipe thence to Lake Creek

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

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

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

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



Disturbance of vegetation or wetlands

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

None

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

None

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

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

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

ATTACHMENT E

COPY OF APPLICATION CHECK

ATTACHMENT F

TREATMENT PROCESS

(Technical Report 1.0 : Section 2A)

TECHNICAL DESIGN REPORT

FOR

Magnolia Reserve WWTP

1. **PURPOSE** The purpose of this report is to present the basis of design and summary of unit sizing and hydraulic calculations for the Sewage Treatment Plant.
2. **DESCRIPTION OF PROPERTY** The project under development is a residential community
3. **POPULATION SERVED** The location of the proposed facility is shown on Sheet One of the Plans. The population flow is based on 100 gallons per capita per day.
4. **INFLUENT QUALITY CHARACTERISTICS** The raw sewage quality characteristics used for design are estimates based on past experience and on State Design Criteria and are as follows:

<u>PARAMETER</u>	<u>CONCENTRATION - MG/L</u>	<u>PER CAPITA CONTRIBUTION - LB/DAY</u>
BOD5	300	0.1668
TSS	300	0.2000

5. **INFLUENT FLOW CHARACTERISTICS** The hydraulic design of the plant must be conservative to insure that the plant will operate under the most extreme conditions anticipated. Future enlargement to the plant will be based on actual influent flow data. The plant process and hydraulic design for this phase are based on the following flows:

	First Phase	
Average Daily Flow (Qav)	62,500 GPD	43 GPM
Peak 2-Hr. Flow (Qpk) 4	250,000 GPD	174 GPM

Refer to Attachment "A" - Process Design Calculations, Hydraulic Profile Calculations, Process Flow Diagrams, and Plant Discharge relationship for the 100 year flood.

6. **PROCESS DESIGN** The Sewage Treatment Plant has been designed to produce an effluent in compliance with permitted parameters of: BOD5 = 10 mg/l, TSS = 15 mg/l, and Chlorine

Residual = 1mg/l after 20 minutes contact

Compressed air will be supplied to the process units by multiple blowers.

7. FLOOD HAZARD ANALYSIS The 100 Year Flood Elevation is ____ feet and is confined to the flood control and drainage, which has a bank elevation of ____ feet. The plant is capable of discharging at peak flow against the 100 year flood elevation.

8. SLUDGE DISPOSAL

Digester..... Aerobic
Transportation..... Contract Hauler
Final Disposition To be Determined by Contract Hauler

ATTACHMENT G

TREATMENT UNITS

(Technical Report 1.0 : Section 2B)

**Facility Dimensions &
Facility Features
TCEQ Permit No WQ0015317001**

The facility will employ the complete mix variation of the activated sludge process designed for single stage nitrification - From the lift station the wastewater will travel through a coarse barscreen then to the complete mix basin; from the basin the mix-liquor will be transferred to the clarifier where solids will be settled out and clear water will flow over the weirs then into the chlorine contact basin. The settled solids will either be transferred to the digester or returned to the headworks.

Phase I – 0.0625MGD

<u>Unit</u>	<u>Length</u>	<u>Width</u>	<u>Height</u>
Clarifier		36' Diameter	12'
Chlorine Contact	1900cuft		
Aeration	35'	12'	12'
Digester	20'	12'	12'

Phase II – 0.125MGD

<u>Unit</u>	<u>Length</u>	<u>Width</u>	<u>Height</u>
Clarifier		36' Diameter	12'
Chlorine Contact	1900cuft		
Aeration 2@	35'	12'	12'
Digester 2@	20'	12'	12'

Phase III – 0.250MGD

<u>Unit</u>	<u>Length</u>	<u>Width</u>	<u>Height</u>
Clarifier		36' Diameter	12'
Chlorine Contact	1900cuft		
Aeration 4@	35'	12'	12'
Digester 4@	20'	12'	12'

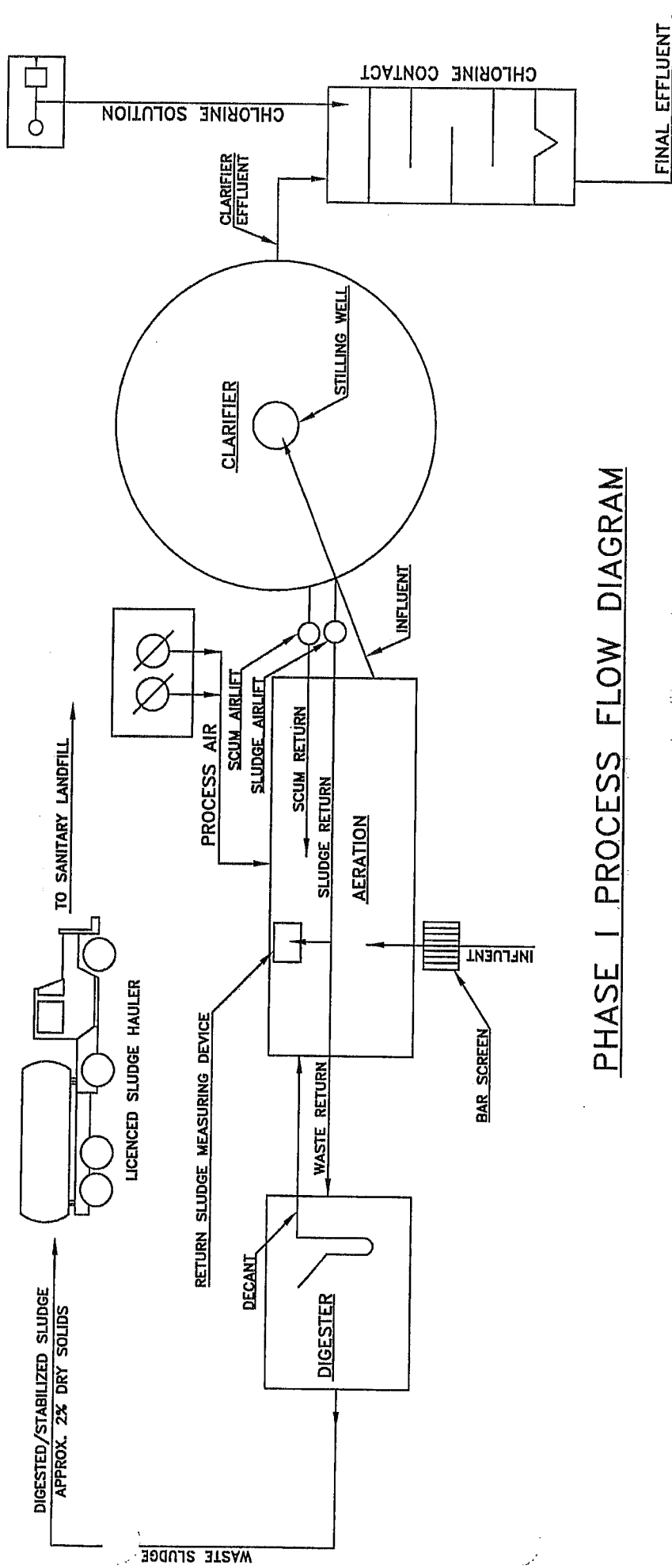
- For short power outages the sewage will be contained in the collection system. Influent is from a triplex lift station which will not function during a general power outage. The plant features one digesters, chlorinator, and stand-by blowers. The collection system will be new, and minimum infiltration is anticipated. The plant is to be maintained and operated by personnel licensed by the State of Texas.
- The plant is designed to be maintained without bypassing. Replacement or repair of the interior coating system is the only maintenance item that would necessitate bypassing and the epoxy system should last 25-30 years.
- An intruder resistant fence will be placed around the facility.

ATTACHMENT H

FLOW DIAGRAMS

(Technical Report 1.0 : Section 2C)

HYPOCHLORINATOR



PHASE I PROCESS FLOW DIAGRAM

ATTACHMENT I

SITE DRAWING

(Technical Report 1.0 : Section 3)

FWD & CRI RAILROAD
FM 149

SERVICE AREA

WWTP SITE
150' BUFFER



Scale
0 200' 400'



MAGNOLIA RESERVE
SITE PLAN

PO BOX 222
TOMBALL, TEXAS 77477
281.295.5247

ATTACHMENT J

SLUDGE MANAGEMENT PLAN

SLUDGE PRODUCTION RATES

	Phase I			
	Avg. Daily Flow (MGD) = 0.063			
	Percent Capacity			
	<u>100%</u>	<u>75%</u>	<u>50%</u>	<u>25%</u>
<u>I. PARAMETERS</u>				
Average Daily Flows (MGD)	0.0625	0.046875	0.03125	0.015625
Dimensions & Volume of Digester				
	Volume =	2,650	cu.ft. =	19,822 gal
CBOD ₅ Removal				
	Influent Concentration = 300 mg/l			
	Effluent Concentration = 10 mg/l			
	Net Removal = <u>290</u> mg/l			

II. DAILY SLUDGE PRODUCTION

Lbs. BOD ₅ /day Removal	151	113	76	38
Lbs. of Dry Sludge (using sludge age =30days at 20°C, 0.315 lbs. Sludge/lb.BOD ₅ removed)	48	36	24	12
Lbs of Wet Sludge Produced (assume 1.5% solids, lbs.dry/0.015)	3,174	2,381	1,587	794
Volume of Wet Sludge Produced (gal/day)= lbs. wet /8.34 lbs/gal	381	285	190	95

III. REMOVAL SCHEDULE

Digester (gal) / Vol wet sludge produced = days between empties	52	69	104	208
--	----	----	-----	-----

Process Loadings

MLSS (mg/l) = 3000

Sludge will stay in the digester, clear liquor will be decanted off the digester and returned to the process to thicken the wasted solids.

Once the digester is full of thickened solids, the contents will be hauled by the **contracted sludge hauler** to one of the approved land application sites.

The **sludge hauler** will supply sludge hauling manifests showing volumes and concentration of sludge removed from the plant.



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Magnolia Reserve WTF
Quadvest
26926 FM 2978
Magnolia, TX 77354

LABORATORY ANALYTICAL REPORT

Project: Magnolia Reserve Short PR

Sample Site:	Short PR	Sample Number:				Collector:	BLW		
Sample Type:	Grab	C4C5299-01				Sampled:	03/22/2024	8:55	
Sample Matrix:	Water					Received:	03/22/2024	15:15	
Client Matrix:	Water								
Analyte	Result	Reporting Limit	Units	Nelac Status	Batch	Analyzed	Analyst	Method	Notes
Chlorine	1.5	0.1	mg/L	N	B4C3828	03/22/2024 08:50	BLW	SM 4500 Cl F	
DO	8.6		mg/L	N	B4C3828	03/22/2024 08:50	BLW	SM 4500 O G	
pH	7.7		std unit	N	B4C3828	03/22/2024 08:50	BLW	SM 4500 H + B	
Alkalinity	128	20.0	mg CaCO3/L	A	B4C4009	03/26/2024 12:57	KRT	SM 2320 B	
Ammonia as N	<0.1	0.1	mg/L	A	B4C4050	03/27/2024 19:10	CNS	SM 4500 NH3 G	
CBOD 5	5.4	2.0	mg/L	A	B4C3852	03/22/2024 17:20	MSK	SM 5210 B	
Chloride	151	5.0	mg/L	A	B4C3842	03/22/2024 17:15	OCR	EPA 300.0	
Conductivity	1316	10	µmhos/cm @25C	A	B4C4025	03/26/2024 10:18	KRT	SM 2510 B	
E coli IDEXX	7	1	mpn/100ml	A	B4C3847	03/22/2024 15:19	HIS	Colilert 18	
Nitrate as N	26.1	0.05	mg/L	A	B4C3842	03/22/2024 17:15	OCR	EPA 300.0	
Sulfate	136	4.0	mg/L	A	B4C3842	03/22/2024 17:15	OCR	EPA 300.0	
TDS	860	10.0	mg/L	A	B4C4016	03/26/2024 10:01	KRT	SM 2540 C	
TKN	2.0	1.0	mg/L	A	B4C4446	04/01/2024 10:41	WDS	EPA 351.2	
Total Phosphorus	0.530	0.0600	mg/L	A	B4C4454	04/01/2024 13:10	KJH	EPA 200.7	
TSS	6.9	1.0	mg/L	A	B4C4024	03/26/2024 13:16	SEJ	SM 2540 D	



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Magnolia Reserve WTF
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 Magnolia, TX 77354

EPA 300.0 - Quality Control
Eastex Environmental Laboratory - Coldspring

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch B4C3842 - No Prep										
Blank (B4C3842-BLK1)				Prepared & Analyzed: 03/22/24						
Chloride	ND	5.0	mg/L							
Nitrate as N	ND	0.05	mg/L							
Sulfate	ND	4.0	mg/L							
LCS (B4C3842-BS1)				Prepared & Analyzed: 03/22/24						
Chloride	23.6		mg/L	25.0		94.4	90-110			
Nitrate as N	1.4609		mg/L	1.50		97.4	90-110			
Sulfate	19.1		mg/L	20.0		95.7	90-110			
Matrix Spike (B4C3842-MS1)				Source: C4C5299-01	Prepared & Analyzed: 03/22/24					
Chloride	270	5.0	mg/L	125	151	94.6	80-120			
Nitrate as N	33.5325	0.05	mg/L	7.50	26.1298	98.7	80-120			
Sulfate	229	4.0	mg/L	100	136	93.2	80-120			
Matrix Spike Dup (B4C3842-MSD1)				Source: C4C5299-01	Prepared & Analyzed: 03/22/24					
Chloride	267	5.0	mg/L	125	151	92.7	80-120	0.896	20	
Nitrate as N	33.3053	0.05	mg/L	7.50	26.1298	95.7	80-120	0.680	20	
Sulfate	228	4.0	mg/L	100	136	91.7	80-120	0.664	20	
Batch B4C3852 - No Prep										
Blank (B4C3852-BLK1)				Prepared & Analyzed: 03/22/24						
CBOD 5	1.73	2.0	mg/L							1
LCS (B4C3852-BS1)				Prepared & Analyzed: 03/22/24						
CBOD 5	196		mg/L	198		98.9	84.59-115.4			1
Duplicate (B4C3852-DUP1)				Source: C4C5299-01	Prepared & Analyzed: 03/22/24					
CBOD 5	5.25	2.0	mg/L		5.43			3.37	30	1

Eastex Environmental Laboratory - Coldspring

The results in this report apply to the samples analyzed in accordance with the chain of custody document.
 This analytical report must be reproduced in its entirety.

Alkalinity titrated to pH 4.5 endpoint.

*NELAC Status: A=Accredited, N=Accreditation not offered, O=Not Accredited, P=Approved
 Coldspring All InclusiveYesQC.rpt Rev 6: 06242021

Report Date: 04/11/24 12:21

Page 2 of 5



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Magnolia Reserve WTF
Quadvest
26926 FM 2978
Magnolia, TX 77354

SM 2320 B - Quality Control
Eastex Environmental Laboratory - Coldspring

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch B4C4009 - No Prep										
Blank (B4C4009-BLK1)					Prepared & Analyzed: 03/26/24					
Alkalinity	ND	20.0	mg CaCO ₃ /L							
LCS (B4C4009-BS1)					Prepared & Analyzed: 03/26/24					
Alkalinity	50.0		mg CaCO ₃ /L	50.0		100	80-120			
Duplicate (B4C4009-DUP1)					Source: C4C5299-01 Prepared & Analyzed: 03/26/24					
Alkalinity	126	20.0	mg CaCO ₃ /L		128			1.57	20	
Batch B4C4016 - No Prep										
Blank (B4C4016-BLK1)					Prepared & Analyzed: 03/26/24					
TDS	ND	10.0	mg/L							
LCS (B4C4016-BS1)					Prepared & Analyzed: 03/26/24					
TDS	330		mg/L	300		110	80-120			
Duplicate (B4C4016-DUP1)					Source: C4C5299-01 Prepared & Analyzed: 03/26/24					
TDS	840	10.0	mg/L		860			2.35	10	
Batch B4C4024 - No Prep										
Blank (B4C4024-BLK1)					Prepared & Analyzed: 03/26/24					
TSS	ND	1.0	mg/L							
Duplicate (B4C4024-DUP1)					Source: C4C6299-01 Prepared & Analyzed: 03/26/24					
TSS	80.0	1.0	mg/L		76.0			5.13	10	



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Magnolia Reserve WTF
Quadvest
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Magnolia, TX 77354

SM 2510 B - Quality Control
Eastex Environmental Laboratory - Coldspring

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch B4C4025 - No Prep										
Blank (B4C4025-BLK1)					Prepared & Analyzed: 03/26/24					
Conductivity	ND	10	µmhos/cm @25C							
LCS (B4C4025-BS1)					Prepared & Analyzed: 03/26/24					
Conductivity	1002		µmhos/cm @25C	1000		100	80-120			
Duplicate (B4C4025-DUP1)					Source: C4C5299-01 Prepared & Analyzed: 03/26/24					
Conductivity	1315	10	µmhos/cm @25C		1316			0.0760	20	
Batch B4C4050 - No Prep										
Blank (B4C4050-BLK1)					Prepared & Analyzed: 03/27/24					
Ammonia as N	ND	0.1	mg/L							
LCS (B4C4050-BS1)					Prepared & Analyzed: 03/27/24					
Ammonia as N	3.62		mg/L	4.00		90.5	90-110			
Matrix Spike (B4C4050-MS1)					Source: C4C5299-01 Prepared & Analyzed: 03/27/24					
Ammonia as N	2.4	0.1	mg/L	2.50	0.07	91.5	80-120			
Matrix Spike Dup (B4C4050-MSD1)					Source: C4C5299-01 Prepared & Analyzed: 03/27/24					
Ammonia as N	2.3	0.1	mg/L	2.50	0.07	89.4	80-120	2.23	20	
Batch B4C4446 - SM 4500 Norg C										
Blank (B4C4446-BLK1)					Prepared: 03/28/24 Analyzed: 04/01/24					
TKN	ND	1.0	mg/L							
LCS (B4C4446-BS1)					Prepared: 03/28/24 Analyzed: 04/01/24					
TKN	9.29		mg/L	10.0		92.9	90-110			
Matrix Spike (B4C4446-MS1)					Source: C4C5299-01 Prepared: 03/28/24 Analyzed: 04/01/24					
TKN	10.1	1.0	mg/L	10.0	2.03	81.0	80-120			
Matrix Spike Dup (B4C4446-MSD1)					Source: C4C5299-01 Prepared: 03/28/24 Analyzed: 04/01/24					
TKN	10.4	1.0	mg/L	10.0	2.03	83.8	80-120	2.73	20	

Eastex Environmental Laboratory - Coldspring

*The results in this report apply to the samples analyzed in accordance with the chain of custody document.
This analytical report must be reproduced in its entirety.*

Alkalinity titrated to pH 4.5 endpoint.

*NELAC Status: A=Accredited, N=Accreditation not offered, O=Not Accredited, P=Approved
Coldspring All InclusiveYesQC.rpt Rev 6: 06242021

Report Date:04/11/24 12:21

Page 4 of 5



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Magnolia Reserve WTF
Quadvest
26926 FM 2978
Magnolia, TX 77354

EPA 200.7 - Quality Control
Eastex Environmental Laboratory - Coldspring

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch B4C4454 - EPA 200.7										
Blank (B4C4454-BLK1)				Prepared: 03/27/24 Analyzed: 04/01/24						
Total Phosphorus	ND	0.0600	mg/L							
LCS (B4C4454-BS1)				Prepared: 03/27/24 Analyzed: 04/01/24						
Total Phosphorus	2.54	0.0600	mg/L	2.52		101	85-115			
Matrix Spike (B4C4454-MS1)				Source: C4C5299-01 Prepared: 03/27/24 Analyzed: 04/01/24						
Total Phosphorus	3.31	0.0600	mg/L	2.52	0.530	110	70-130			
Matrix Spike Dup (B4C4454-MSD1)				Source: C4C5299-01 Prepared: 03/27/24 Analyzed: 04/01/24						
Total Phosphorus	3.20	0.0600	mg/L	2.52	0.530	106	70-130	3.24	20	

Mark Bourgeois

Mark Bourgeois, Special Projects Manager

Qualifiers

- 1 Dilution water blank > 0.20 mg/L DO uptake.

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

REPORT TO:

INVOICE TO:[illegible]



Quadvest, L.P.
26926 FM 2978
Magnolia, TX 77354

Main: 281-356-5347
Fax: 281-356-5382
Quadvest.com

August 15, 2024

Francesca Findlay
Applications Review and Processing Team (MC-148)
Water Quality Division
Texas Commission on Environmental Quality
P.O. Box 13087
Austin, Texas 78711-3087

Re: Response to Deficiency Letter Dated 8/1/2024
Application to Renew Permit No. WQ0015317001
Quadvest, LP
CN602944746; RN107834962

Pursuant to your letter dated August 1, 2024, please find responses to the following items:

1. Administrative Report, 1.0, Section 9: Revised (see attached) .
2. Plain Language Summary English and Spanish: RN # Revised (see attached)
3. Technical Report 1.0, Section 4: Revised (see attached)
4. NORI contained in the NOD letter has been **reviewed for accuracy and is approved, except for Contact Person's name should be "Mr. Jacob Gifford"**.

It appears contact names were inadvertently entered on the application with first name then last. We have corrected/revised the Administrative Report, pages 3 through 6 to reflect those corrections. I have additionally added my name in Section 5 as an additional contact person throughout the permit term.

5. **Microsoft Word NORI Spanish** version attached.

Should you need anything further, please do not hesitate to contact me.

Sincerely,

A handwritten signature in blue ink that reads 'April H. Trader'.

April H. Trader
Special Projects Mgr - Engineering

Attachment



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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

F. Plain Language Summary Template

Complete the Plain Language Summary (TCEQ Form 20972) and include as an attachment.

Attachment: B

G. Public Involvement Plan Form

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

Attachment: Click to enter text.

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN107834962

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

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

Magnolia Reserve WWTF

C. Owner of treatment facility: Quadvest, LP

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

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Quadvest, LP

Mailing Address: 26926 FM 2978

City, State, Zip Code: Magnolia, Texas 77354

Phone No.: 281-356-5347

E-mail Address: Click to enter text.

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

Attachment: Click to enter text.

PLAIN LANGUAGE SUMMARY

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.

Quadvest, LP (CN602944746) operates the Magnolia Reserve Wastewater Treatment Facility (RN107834962), a sludge processing plant that is currently operating in the conventional plug flow mode. The facility is located at 21302 Wildflower Court, Willis, Texas 77318 in Montgomery County, Texas.

This is a renewal application.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), ammonia nitrogen (NH₃-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater will be treated by an activated sludge process plant and the treatment units will include a bar screen, aeration basins, final clarifiers, sludge digesters and chlorine contact chambers.

RESUMEN EN LENGUAJE SENCILLO

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. 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.

Quadvest, LP (CN602944746) opera la Instalación de Tratamiento de Aguas Residuales (RN107834962) de Magnolia Reserve, una planta de procesamiento de lodos que actualmente opera en el modo de flujo de tapón convencional. La instalación está ubicada en 21302 Wildflower Court, Willis, Texas 77318 en el condado de Montgomery, Texas.

Se trata de una solicitud de renovación.

Se espera que las descargas de la instalación contengan una demanda bioquímica carbonosa de oxígeno (CBOD5) de cinco días, sólidos suspendidos totales (TSS), nitrógeno amoniacal (NH3-N) y *Escherichia coli*. En la sección 7 del Informe Técnico Nacional 1.0 se incluyen contaminantes potenciales adicionales. Análisis de Contaminantes de Efluentes Tratados en el paquete de solicitud de permisos. Las aguas residuales domésticas serán tratadas por una planta de procesamiento de lodos activados y las unidades de tratamiento incluirán una criba de barras, balsas de aireación, clarificadores finales, digestores de lodos y cámaras de contacto de cloro.

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

Magnolia Reserve Subdivision

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

Collection System Information

Collection System Name	Owner Name	Owner Type	Population Served
N/A		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	

Section 4. Unbuilt Phases (Instructions Page 45)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Section 5. Closure Plans (Instructions Page 45)

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

☐ Yes ☒ No

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

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

d. Check the box next to the appropriate application type

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

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

f. For existing permits:

Permit Number: WQ00 15317001

EPA I.D. (TPDES only): TX 01360000

Expiration Date: 11/18/2024

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

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

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

Quadvest, LP

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

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

CN: 602944746

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

Prefix: Mr.

Last Name, First Name: Urback, Mark L

Title: VP Construction and Engineering Credential: P.E.

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

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

[Click to enter text.](#)

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

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

CN: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

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

C. Core Data Form

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

Section 4. Application Contact Information (Instructions Page 27)

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

- A. Prefix: Mr. Last Name, First Name: Gifford, Jacob
Title: Engineering Manager Credential: P.E.
Organization Name: Quadvest, LP
Mailing Address: 26926 FM 2978 City, State, Zip Code: Magnolia, TX 77354
Phone No.: 281-305-1120 E-mail Address: jgifford@quadvest.com
Check one or both: ☒ Administrative Contact ☒ Technical Contact
- B. Prefix: Mrs. Last Name, First Name: Trader, April
Title: Special Projects Mgr - Engineering Credential: Click to enter text.
Organization Name: Quadvest, LP
Mailing Address: 26926 FM 2978 City, State, Zip Code: Magnolia, Texas 77354
Phone No.: 281-305-1153 E-mail Address: atrader@quadvest.com
Check one or both: ☒ Administrative Contact ☐ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

- A. Prefix: Mr. Last Name, First Name: Gifford, Jacob
Title: Engineering Manager Credential: P.E.
Organization Name: Quadvest, LP
Mailing Address: 26926 FM 2978 City, State, Zip Code: Magnolia, Texas 77354
Phone No.: 281-305-1120 E-mail Address: jgifford@quadvest.com

B. Prefix: Click to enter text Last Name, First Name: Trader, April
Title: Special Projects Mgr. - Engineering Credential: Click to enter text
Organization Name: Quadvest, L.P.
Mailing Address: 26926 FM 2978 Rd City, State, Zip Code: Magnolia, Texas 77354
Phone No.: 281-305-1153 E-mail Address: atrader@quadvest.com

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Click to enter text Last Name, First Name: Downey, Mary
Title: Controller Credential: Click to enter text
Organization Name: Quadvest, LP
Mailing Address: 26926 FM 2978 City, State, Zip Code: Magnolia, Texas 77354
Phone No.: 281-356-5347 E-mail Address: mdowney@quadvest.com

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

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

Prefix: Click to enter text Last Name, First Name: Watson, Margo
Title: Compliance Reporting Coordinator Credential: Click to enter text
Organization Name: Quadvest, LP
Mailing Address: 26926 FM 2978 City, State, Zip Code: Magnolia, Texas 77354
Phone No.: 281-305-1154 E-mail Address: mwatson@quadvest.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mrs. Last Name, First Name: Trader, April
Title: Special Projects Mgr. - Engineering Credential: Click to enter text
Organization Name: Quadvest, LP
Mailing Address: 26926 FM 2978 City, State, Zip Code: Magnolia, Texas 77354
Phone No.: 281-305-1153 E-mail Address: atrader@quadvest.com

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

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



E-mail Address



Fax



Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Click to enter text

Last Name, First Name: Gifford, Jacob

Title: Engineering Manager

Credential: P.E.

Organization Name: Quadvest, LP

Mailing Address: 26926 FM 2978

City, State, Zip Code: Magnolia, Texas 77354

Phone No.: 281-305-1120

E-mail Address: ygifford@quadvest.com

D. Public Viewing Information

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

Public building name: Charles B. Stewart – West Branch Library

Location within the building: Reference Desk

Physical Address of Building: 202 Bessie Price Owen Drive

City: Montgomery

County: Montgomery

Contact (Last Name, First Name): Librarian

Phone No.: 936-788-8314 Ext.: Click to enter text

E. Bilingual Notice Requirements

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

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

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

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



Yes



No

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

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



Yes



No

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

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

d. Check the box next to the appropriate application type

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

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

f. For existing permits:

Permit Number: WQ00 15317001

EPA I.D. (TPDES only): TX 01360000

Expiration Date: 11/18/2024

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

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Quadvest, LP

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Last Name, First Name: Urback, Mark L

Title: VP Construction and Engineering Credential: P.E.

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

Click to enter text.

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

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

CN: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

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

C. Core Data Form

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

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- A. Prefix: Mr. Last Name, First Name: Gifford, Jacob
Title: Engineering Manager Credential: P.E.
Organization Name: Quadvest, LP
Mailing Address: 26926 FM 2978 City, State, Zip Code: Magnolia, TX 77354
Phone No.: 281-305-1120 E-mail Address: jgifford@quadvest.com
Check one or both: ☒ Administrative Contact ☒ Technical Contact
- B. Prefix: Mrs. Last Name, First Name: Trader, April
Title: Special Projects Mgr - Engineering Credential: Click to enter text.
Organization Name: Quadvest, LP
Mailing Address: 26926 FM 2978 City, State, Zip Code: Magnolia, Texas 77354
Phone No.: 281-305-1153 E-mail Address: atrader@quadvest.com
Check one or both: ☒ Administrative Contact ☐ Technical Contact

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

- A. Prefix: Mr. Last Name, First Name: Gifford, Jacob
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Organization Name: Quadvest, LP
Mailing Address: 26926 FM 2978 City, State, Zip Code: Magnolia, Texas 77354
Phone No.: 281-305-1120 E-mail Address: jgifford@quadvest.com

B. Prefix: Click to enter text Last Name, First Name: Click to enter text
Title: Click to enter text Credential: Click to enter text
Organization Name: Click to enter text
Mailing Address: Click to enter text City, State, Zip Code: Click to enter text
Phone No.: Click to enter text E-mail Address: Click to enter text

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: Click to enter text Last Name, First Name: Downey, Mary
Title: Controller Credential: Click to enter text
Organization Name: Quadvest, LP
Mailing Address: 26926 FM 2978 City, State, Zip Code: Magnolia, Texas 77354
Phone No.: 281-356-5347 E-mail Address: mdowney@quadvest.com

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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: Click to enter text Last Name, First Name: Watson, Margo
Title: Compliance Reporting Coordinator Credential: Click to enter text
Organization Name: Quadvest, LP
Mailing Address: 26926 FM 2978 City, State, Zip Code: Magnolia, Texas 77354
Phone No.: 281-305-1154 E-mail Address: mwatson@quadvest.com

Section 8. Public Notice Information (Instructions Page 27)

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Prefix: Mrs. Last Name, First Name: Trader, April
Title: Special Projects Mgr. - Engineering Credential: Click to enter text
Organization Name: Quadvest, LP
Mailing Address: 26926 FM 2978 City, State, Zip Code: Magnolia, Texas 77354
Phone No.: 281-305-1153 E-mail Address: atrader@quadvest.com

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

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



E-mail Address



Fax



Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Click to enter text

Last Name, First Name: Gifford, Jacob

Title: Engineering Manager

Credential: P.E.

Organization Name: Quadvest, LP

Mailing Address: 26926 FM 2978

City, State, Zip Code: Magnolia, Texas 77354

Phone No.: 281-305-1120

E-mail Address: kgifford@quadvest.com

D. Public Viewing Information

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

Public building name: Charles B. Stewart – West Branch Library

Location within the building: Reference Desk

Physical Address of Building: 202 Bessie Price Owen Drive

City: Montgomery

County: Montgomery

Contact (Last Name, First Name): Librarian

Phone No.: 936-788-8314 Ext.: Click to enter text

E. Bilingual Notice Requirements

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



Yes



No

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

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



Yes



No

Francesca Findlay

From: April Trader <atrader@quadvest.com>
Sent: Thursday, August 15, 2024 2:27 PM
To: Francesca Findlay; Jacob Gifford
Subject: RE: WQ0015317001 Quadvest, L.P.
Attachments: Response to Def dated 8.1.2024 with attachments.pdf; Spanish NORI.docx

Follow Up Flag: Follow up
Flag Status: Flagged

Good afternoon –

Please find our response to the Notice of Deficiency letter dated August 1, 2024 and the NORI Spanish version in Word.

Thank you,

April



April Trader
Special Projects Manager -
Engineering
d: 281-305-1153
c:
www.quadvest.com

From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Sent: Thursday, August 15, 2024 12:45 PM
To: Jacob Gifford <jgifford@quadvest.com>
Cc: April Trader <atrader@quadvest.com>
Subject: FW: WQ0015317001 Quadvest, L.P.

WARNING: This email is from outside the organization. Please use caution opening links or attachments.

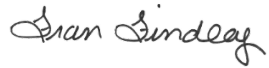
Good afternoon,

I am just checking to see if you have received my request for the application that was sent on August 1, 2024. Please let me know if you have any questions.

Dear Mr. Jacob:

The attached Notice of Deficiency letter sent on August 01, 2024, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention August 15, 2024.

Thank you,



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



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