



# 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

## Section 15. Plain Language Summary (Instructions Page 40)

If you are subject to the alternative language notice requirements in [30 Texas Administrative Code §39.426](#), **you must provide a translated copy of the completed plain language summary in the appropriate alternative language as part of your application package.** For your convenience, a Spanish template has been provided below.

### ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS

#### DOMESTIC WASTEWATER

*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.*

CSWR-Texas Utility Operating Company, LLC (CN605844786) operates Tri-County Point WWTP RN103015053, a domestic wastewater treatment plant. The facility is located at 669 Clam Drive, in Palacios, Jackson County, Texas 77465.

Renewal to discharge not more than 0.024 million gallons a day of domestic wastewater via Outfall 001.

Discharges from the facility are expected to contain Biochemical Oxygen Demand, Total Suspended Solids, E. Coli, pH, and Total Residual Chlorine. Domestic wastewater is treated by an activated sludge process plant with extended aeration. Treatment units include a bar screen, an aeration basin, a final clarifier, a sludge digester, and a chlorine contact chamber.

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

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

**AGUAS RESIDUALES DOMÉSTICAS**

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

CSWR-Texas Utility Operating Company ([CN605844786](#)) opera Tri-County Point WWTP (RN103015053) una Planta de tratamiento de aguas residuales domésticas. La instalación se encuentra en 669 Clam Drive, en Palacios, Condado de Jackson, Texas 77465. Este permiso no autorizará una descarga de contaminantes en el agua en el estado.

Se espera que las descargas de la instalación contengan BOD, TSS, y E. coli, Total Residual de cloro. Las aguas residuales domésticas son tratadas por una planta de proceso de lodos activados con aireación prolongada. Las aguas residuales domesticas tratado por una rejilla de barras, un tanque de aireación, un clarificador final, un digestor de lodos y una cámara de contacto con cloro.

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0015399001

**APPLICATION.** CSWR-Texas Utility Operating Company, LLC, 1630 Des Peres Road, Suite 140, Des Peres, Missouri 63131, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0015399001 (EPA I.D. No. TX0136531) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 24,000 gallons per day. The domestic wastewater treatment facility is located at 669 Clam Drive, in the city of Palacios, in Jackson County, Texas 77465. The discharge route is from the plant site to an unnamed drainage ditch; thence to a small lake; thence to a salt marsh; thence to Carancahua Bay. TCEQ received this application on August 15, 2024. The permit application will be available for viewing and copying at Jackson County Memorial Library, back corner of lobby, 411 North Wells Street, room 121, Edna, in Jackson County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage:

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

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-96.373888,28.693611&level=18>

**ALTERNATIVE LANGUAGE NOTICE.** Alternative language notice in Spanish is available at:

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

El aviso de idioma alternativo en español está disponible en

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

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

**PUBLIC COMMENT / PUBLIC MEETING.** You may submit public comments or request a public meeting on this application. The purpose of a public meeting is to provide the opportunity to submit comments or to ask questions about the application. TCEQ will hold a



public meeting if the Executive Director determines that there is a significant degree of public interest in the application or if requested by a local legislator. A public meeting is not a contested case hearing.

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

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

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

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

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

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

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

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

Further information may also be obtained from CSWR-Texas Utility Operating Company, LLC at the address stated above or by calling Ms. April Dobbins, EHS Compliance Coordinator, at 314-380-9508.

Issuance Date: September 26, 2024

# 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. WQ0015399001**

**SOLICITUD.** CSWR–Texas, 1630 Des Peres Rd., Ste 140, Des Peres, Missouri 63131, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0015399001 (EPA I.D. No. TX0136531) 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 24,000 galones por día. La planta está ubicada 669 Clam Drive en el Condado de Jackson, Texas. La ruta de descarga es del sitio de la planta a una zanja de drenaje sin nombre, de allí a un pequeño lago, de allí a una marisma salada, de allí a la Bahía de Carancahua en el Segmento No. 2456 de las Bahías y Estuarios. La TCEQ recibió esta solicitud el August 15, 2024. La solicitud para el permiso estará disponible para leerla y copiarla en 411 North Wells, room 121, Edna, TX 77957 antes de la fecha de publicación de este aviso en el periódico. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-96.373888,28.693611&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**

**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 por qué el miembro sería afectado; y explicar cómo los intereses que el grupo desea proteger son pertinentes al propósito del grupo.

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

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

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

También se puede obtener información adicional del CSWR - Texas la dirección indicada arriba

o llamando a April Dobbins al 314-380-9508

Fecha de emisión: 26 de septiembre de 2024

From: Krista Obernuefemann  
To: Krista Obernuefemann  
Subject: TCEQ ePay Receipt for 582EA000621589

Krista Obernuefemann  
Account Payable Manager  
Email: [krista@cswrgroup.com](mailto:krista@cswrgroup.com)  
CS, 1742, 380-8515 / 1742, 380-8515  
1633 Des Peres Rd, Ste 140, St Louis, MO 63131  
[www.cswrgroup.com](http://www.cswrgroup.com)

-----Original Message-----  
From: [krista@cswrgroup.com](mailto:krista@cswrgroup.com)  
Sent: Wednesday, August 14, 2024 2:28 PM

To: Krista Obernuefemann <[krista@cswrgroup.com](mailto:krista@cswrgroup.com)>

Subject: TCEQ ePay Receipt for 582EA000621589

This is an automated message from the TCEQ ePay system. Please do not reply.

Trace Number: 582EA000621589

Date: 08/14/2024 02:28 PM

Payment Method: ACH - Authorization 0079974846 TCEQ Amount: \$630.00 Texas.gov Price: \$630.00\*

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

Actor: KRISTA OBERNUEFEMANN

Email: [krista@cswrgroup.com](mailto:krista@cswrgroup.com)

Payment Contact: KRISTA OBERNUEFEMANN

Phone: 314-380-8515

Company: CSWR TEXAS UTILITY OPERATING CO

Address: 1630 DES PERES RD STE 140, ST LOUIS, MO 63131

Fees Paid:

Fee Description	AR Number	Amount
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WW PERMIT - FACILITY WITH FLOW < .05 MGD - RENEWAL		\$300.00
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30 TAC 305.53B WQ RENEWAL NOTIFICATION FEE		\$15.00
--	--	---------

WW PERMIT - FACILITY WITH FLOW < .05 MGD - RENEWAL		\$300.00
--	--	----------

30 TAC 305.53B WQ RENEWAL NOTIFICATION FEE		\$15.00
--	--	---------

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TCEQ Amount: \$630.00  
=====

Voucher: 717265

Trace Number: 582EA000621589

Date: 08/14/2024 02:28 PM

Payment Method: ACH - Authorization 0079974846 Voucher Amount: \$300.00 Fee Paid: WW PERMIT -

FACILITY WITH FLOW < .05 MGD - RENEWAL Site Name: ABRAXAS WWTF Site Address: 3301

CATTLEBARON RD, FORT WORTH, TX 76108 Site Location: 3301 CATTLEBARON RD FORT WORTH TX

76108 Customer Name: CSWR-TEXAS UTILITY OPERATING COMPANY LLC Customer Address: 1630 DES

PERES RD STE 140, ST LOUIS, MO 63131 Program Area ID: WQ001501001  
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Voucher: 717266

Trace Number: 582EA000621589

Date: 08/14/2024 02:28 PM

Payment Method: ACH - Authorization 0079974846 Voucher Amount: \$15.00 Fee Paid: 30 TAC 305.53B WQ

RENEWAL NOTIFICATION FEE  
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Voucher: 717267

Trace Number: 582EA000621589

Date: 08/14/2024 02:28 PM

Payment Method: ACH - Authorization 0079974846 Voucher Amount: \$300.00 Fee Paid: WW PERMIT -

FACILITY WITH FLOW < .05 MGD - RENEWAL Site Name: TCP WWTP Site Address: 669 CLAM DR,

PALACIOS, TX 77465 Site Location: 669 CLAM DR PALACIOS TX 77465 Customer Name: CSWR-TEXAS

UTILITY OPERATING COMPANY LLC Customer Address: 1630 DES PERES RD STE 140, ST LOUIS, MO

63131 Program Area ID: WQ005399001  
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Voucher: 717268

Trace Number: 582EA000621589

Date: 08/14/2024 02:28 PM

Payment Method: ACH - Authorization 0079974846 Voucher Amount: \$15.00 Fee Paid: 30 TAC 305.53B WQ

RENEWAL NOTIFICATION FEE  
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# 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

<b>1. Reason for Submission</b> (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	
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 605844786		RN 103015053

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)					
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input checked="" 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>							
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>			
CSWR-Texas Utility Operating Company LLC							
<b>7. TX SOS/CPA Filing Number</b>		<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b> (9 digits)	<b>10. DUNS Number</b> (if applicable)		
803367893		32071353422		84-3250493			
<b>11. Type of Customer:</b>		<input checked="" type="checkbox"/> Corporation		<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited		
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:			
<b>12. Number of Employees</b>				<b>13. Independently Owned and Operated?</b>			
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input checked="" type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:							
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant							
<b>15. Mailing Address:</b>		1630 Des Peres Road					
		Ste. 140					
		City	Des Peres	State	MO	ZIP	63131
<b>16. Country Mailing Information</b> (if outside USA)				<b>17. E-Mail Address</b> (if applicable)			
				adobbins@cswrgroup.com			
<b>18. Telephone Number</b>		<b>19. Extension or Code</b>		<b>20. Fax Number</b> (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.)

CSWR - Tri-County Point Wastewater Treatment Plant

**23. Street Address of the Regulated Entity:**(No PO Boxes)

669 Clam Drive

City

Palacios

State

TX

ZIP

77465

ZIP + 4

**24. County**

Jackson

**If no Street Address is provided, fields 25-28 are required.****25. Description to Physical Location:**

Off of Clam Drive

**26. Nearest City**

State

Nearest ZIP Code

Palacios

TX

77465

*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:**

28.693740

**28. Longitude (W) In Decimal:**

-96.373987

Degrees

Minutes

Seconds

Degrees

Minutes

Seconds

**29. Primary SIC Code**

(4 digits)

**30. Secondary SIC Code**

(4 digits)

**31. Primary NAICS Code**

(5 or 6 digits)

**32. Secondary NAICS Code**

(5 or 6 digits)

4952

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

Wastewater Treatment

**34. Mailing Address:**

1630 Des Peres Road

Ste. 140

City

Des Peres

State

MO

ZIP

63131

ZIP + 4

**35. E-Mail Address:**

adobbins@CSWRgroup.com

**36. Telephone Number****37. Extension or Code****38. Fax Number** (if applicable)

( 314 ) 380-9508

( ) -

**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.



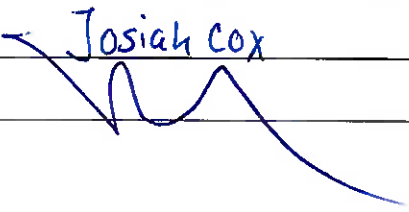
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review 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 type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

## SECTION IV: Preparer Information

<b>40. Name:</b>	Amberly Schulz		<b>41. Title:</b>	Compliance Specialist
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>	
( 573 ) 214-1075		( ) -	aschulz@trccompanies.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.

<b>Company:</b>	CSWR-Texas Utility Operating Company		<b>Job Title:</b>	President/CEO
<b>Name (In Print):</b>	Josiah Cox		<b>Phone:</b>	(314) 736-4672
<b>Signature:</b>			<b>Date:</b>	8/12/2024



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

**Complete and submit this checklist with the application.**

APPLICANT: CSWR - Texas Utility Operating Company, LLC

PERMIT NUMBER: WQ0015399001

**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 checked="" type="checkbox"/>	Affected Landowners Map	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SPIF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landowner Disk or Labels	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Core Data Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Buffer Zone Map	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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

**APPLICATION FOR A DOMESTIC WASTEWATER PERMIT  
ADMINISTRATIVE REPORT 1.0**

If you have questions about completing this form please contact the Applications Review and Processing Team at 512-239-4671.

**Section 1. Application Fees (Instructions Page 29)**

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

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

Minor Amendment (for any flow) \$150.00 ☐

**Payment Information:**

Mailed      Check/Money Order Number:   
Check/Money Order Amount:   
Name Printed on Check:

EPAY      Voucher Number:

Copy of Payment Voucher enclosed?      Yes ☐

**Section 2. Type of Application (Instructions Page 29)**

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

For amendments or modifications, describe the proposed changes: Owner Change, Name Change

**For existing permits:**

Permit Number: WQ0015399001

EPA I.D. (TPDES only): TX0031461

Expiration Date: 02/11/2025

### Section 3. Facility Owner (Applicant) and Co-Applicant Information (Instructions Page 29)

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

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

CSWR-Texas Utility Operating Company, LLC

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

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

CN: 605844786

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., Ms., Miss): Mr.

First and Last Name: Josiah Cox

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

Title: President

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

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

N/A

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

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

CN: N/A

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

Prefix (Mr., Ms., Miss): N/A

First and Last Name: N/A

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

Title: N/A

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

### 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.

**Attachment:** Core Data Form Only

## Section 4. Application Contact Information (Instructions Page 30)

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., Ms., Miss): Ms.

First and Last Name: April Dobbins

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

Title: EHS Compliance Coordinator

Organization Name: CSWR

Mailing Address: 1630 Des Peres Road, Ste. 140

City, State, Zip Code: Des Peres, Missouri 63131

Phone No.: 314-380-9508 Ext.:

Fax No.:

E-mail Address: adobbins@cswrgroup.com

Check one or both: ☒ Administrative Contact

☐ Technical Contact

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

First and Last Name: Amberly Schulz

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

Title: Compliance Specialist

Organization Name: TRC

Mailing Address: 1000 Clark Ave., 4th Floor

City, State, Zip Code: St. Louis, Missouri 63102

Phone No.: 573-214-1075 Ext.:

Fax No.:

E-mail Address: aschulz@trccompanies.com

Check one or both: ☐ Administrative Contact

☒ Technical Contact

## Section 5. Permit Contact Information (Instructions Page 30)

Provide two names of individuals that can be contacted throughout the permit term.

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

First and Last Name: April Dobbins

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

Title: EHS Compliance Coordinator

Organization Name: CSWR

Mailing Address: 1630 Des Peres Road, Ste. 140

City, State, Zip Code: Des Peres, MO 63131

Phone No.: 314-380-9508 Ext.: [REDACTED]

Fax No.: [REDACTED]

E-mail Address: adobbins@cswrgroup.com

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

First and Last Name: Clarence Wittwer

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

Title: Regional Manager of Operations

Organization Name: CSWR

Mailing Address: 1630 Des Peres Road, Ste. 140

City, State, Zip Code: Des Peres, MO 63131

Phone No.: 254-355-9124 Ext.: [REDACTED]

Fax No.: [REDACTED]

E-mail Address: cwittwer@cswrgroup.com

## Section 6. Billing Information (Instructions Page 30)

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

Prefix (Mr., Ms., Miss): [REDACTED]

First and Last Name: Krista

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

Title: Accounts Payable

Organization Name: CSWR

Mailing Address: 1630 Des Peres Road, Ste. 140

City, State, Zip Code: Des Peres, MO 63131

Phone No.: 314-380-8515 Ext.: [REDACTED]

Fax No.: [REDACTED]

E-mail Address: ap@cswrgroup.com

## Section 7. DMR/MER Contact Information (Instructions Page 31)

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

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

First and Last Name: April Dobbins

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

Title: EHS Compliance Coordinator

Organization Name: CSWR

Mailing Address: 1630 Des Peres Road, Ste. 140

City, State, Zip Code: Des Peres, MO 63131

Phone No.: 314-380-9508 Ext.:

Fax No.:

E-mail Address: adobbins@cswrgroup.com

DMR data is required to be submitted electronically. Create an account at:

<https://www.tceq.texas.gov/permitting/netdmr/netdmr.html>.

## Section 8. Public Notice Information (Instructions Page 31)

### A. Individual Publishing the Notices

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

First and Last Name: April Dobbins

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

Title: EHS Compliance Coordinator

Organization Name: CSWR

Mailing Address: 1630 Des Peres Road, Ste. 140

City, State, Zip Code: Des Peres, MO 63131

Phone No.: 314-380-9508 Ext.:

Fax No.:

E-mail Address: adobbins@cswrgroup.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 person to be listed in the Notices

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

First and Last Name: April Dobbins

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

Title: EHS Compliance Coordinator

Organization Name: CSWR

Phone No.: 314-380-9508 Ext.: [REDACTED]

E-mail: adobbins@cswrgroup.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: Jackson County Memorial Library

Location within the building: Lobby/Back Counter

Physical Address of Building: 411 N Wells, Rm 121

City: Edna

County: Jackson

Contact Name: [REDACTED]

Phone No.: 361-782-2161 Ext.: [REDACTED]

#### 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. 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:** Not necessary, this is a renewal with owner change only.

### Section 9. Regulated Entity and Permitted Site Information (Instructions Page 33)

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN103015053

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):

Tri-County Point Wastewater Treatment Plant

C. Owner of treatment facility: CSWR-Texas Utility Operating Company, LLC

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

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

Prefix (Mr., Ms., Miss): [Redacted]

First and Last Name: CSWR-Texas Utility Operating Company, LLC

Mailing Address: 1630 Des Peres Road, Ste. 140

City, State, Zip Code: Des Peres, Missouri 63131

Phone No.: 314-736-4672

E-mail Address: jcox@cswrgroup.com

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

**Attachment:** [Redacted]

E. Owner of effluent disposal site:

Prefix (Mr., Ms., Miss): [Redacted]

First and Last Name: [Redacted]

Mailing Address: [Redacted]

City, State, Zip Code: [Redacted]

Phone No.: [REDACTED] E-mail Address: [REDACTED]

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: [REDACTED]

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

Prefix (Mr., Ms., Miss): [REDACTED]

First and Last Name: [REDACTED]

Mailing Address: [REDACTED]

City, State, Zip Code: [REDACTED]

Phone No.: [REDACTED] E-mail Address: [REDACTED]

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: [REDACTED]

## Section 10. TPDES Discharge Information (Instructions Page 34)

- 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:

[REDACTED]

- 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:

[REDACTED]

City nearest the outfall(s): Palacios

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

Outfall Latitude: 28.693716

Longitude: -96.374157

- 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:** [REDACTED]

- 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 36)

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

☐ Yes ☐ No

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

N/A

- B. City nearest the disposal site: [REDACTED]

- C. County in which the disposal site is located: [REDACTED]

- D. Disposal Site Latitude: [REDACTED] Longitude: [REDACTED]

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

[REDACTED]

- F. For **TLAPs**, please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained:

[REDACTED]

## Section 12. Miscellaneous Information (Instructions Page 37)

- 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.

- 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:

- D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If **yes**, provide the following information:

Account number:

Amount past due:

- E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If **yes**, please provide the following information:

Enforcement order number:

Amount past due:

## Section 13. Attachments (Instructions Page 38)

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: 8x12 reproduced topo map

## Section 14. Signature Page (Instructions Page 39)

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

Permit Number: \_\_\_\_\_

Applicant: \_\_\_\_\_

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): Josiah Cox

Signatory title: President ICEO

Signature: \_\_\_\_\_ Date: 8/11/2024

(Use blue ink)

Subscribed and Sworn to before me by the said Josiah Cox

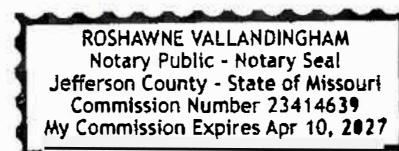
on this 12<sup>th</sup> day of AUGUST, 2024.

My commission expires on the 10<sup>th</sup> day of April, 2027.

Roshawne Vallandingham  
Notary Public

[SEAL]

ST. LOUIS  
County, ~~Texas~~ MO



## Section 15. Plain Language Summary (Instructions Page 40)

If you are subject to the alternative language notice requirements in [30 Texas Administrative Code §39.426](#), **you must provide a translated copy of the completed plain language summary in the appropriate alternative language as part of your application package.** For your convenience, a Spanish template has been provided below.

### ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS

#### DOMESTIC WASTEWATER

*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.*

CSWR-Texas Utility Operating Company, LLC (CN605844786) operates Tri-County Point WWTP RN103015053, a domestic wastewater treatment plant. The facility is located at 669 Clam Drive, in Palacios, Jackson County, Texas 77465.

Renewal to discharge not more than 0.024 million gallons a day of domestic wastewater via Outfall 001.

Discharges from the facility are expected to contain Biochemical Oxygen Demand, Total Suspended Solids, E. Coli, pH, and Total Residual Chlorine. Domestic wastewater is treated by an activated sludge process plant with extended aeration. Treatment units include a bar screen, an aeration basin, a final clarifier, a sludge digester, and a chlorine contact chamber.

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

## AGUAS RESIDUALES DOMÉSTICAS

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

1. Introduzca el nombre del solicitante aquí. (2. Introduzca el número de cliente aquí (es decir, CN6 #####). ) 3. Elija del menú desplegable. 4. Introduzca el nombre de la instalación aquí. 5. Introduzca el número de entidad regulada aquí (es decir, RN1 #####). 6. Elija del menú desplegable. 7. Introduzca la descripción de la instalación aquí. . La instalación 8. Elija del menú desplegable. ubicado 9. Introduzca la ubicación aquí. , en 10. Introduzca el nombre de la ciudad aquí. , Condado de 11. Introduzca el nombre del condado aquí. , Texas 12. Introduzca el código postal aquí. . 13. Introduzca el resumen de la solicitud de solicitud aquí. <<Para las aplicaciones de TLAP incluya la siguiente oración, de lo contrario, elimine:>> Este permiso no autorizará una descarga de contaminantes en el agua en el estado.

Se espera que las descargas de la instalación contengan 14. Liste todos los contaminantes esperados aquí. . 15. Introduzca los tipos de aguas residuales descargadas aquí. 16. Elija del menú desplegable. tratado por 17. Introduzca una descripción del tratamiento de aguas residuales utilizado en la instalación aquí.



## DOMESTIC ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

### Section 1. Affected Landowner Information (Instructions Page 41)

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

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

## Section 2. Original Photographs (Instructions Page 44)

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

- ☐ At least one original photograph of the new or expanded treatment unit location
- ☐ At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.
- ☐ At least one photograph of the existing/proposed effluent disposal site
- ☐ A plot plan or map showing the location and direction of each photograph

## Section 3. Buffer Zone Map (Instructions Page 44)

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

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

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

- ☒ Ownership
- ☐ Restrictive easement
- ☐ Nuisance odor control
- ☐ Variance

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

- ☒ Yes      ☐ No

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

### FOR AGENCIES REVIEWING DOMESTIC 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)

The SPIF must be completed as a separate document. The TCEQ will mail a copy of the SPIF to each agency as required by the TCEQ agreement with EPA. If any of the items are not completely addressed or further information is needed, you will be contacted to provide the information before the permit is issued. Each item must be completely addressed.

**Do not refer to a response of any item in the permit application form.** Each attachment must be provided with this form separately from the administrative report of the application. The application will not be declared administratively complete without this form being completed in its entirety including all attachments.

The following applies to all applications:

1. Permittee: CSWR – Texas Utility Operating Company, LLC

Permit No. WQ00 0015399001

EPA ID No. TX 0136531

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

669 Clam Drive, Palacios, TX 77465

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): Mrs.

First and Last Name: April Dobbins

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

Title: EHS Compliance Coordinator

Mailing Address: 1630 Des Peres Road Ste. 140

City, State, Zip Code: Des Peres, Missouri 63131

Phone No.: 314-380-9508 Ext.:

Fax No.:

E-mail Address: adobbins@CSWRgroup.com

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

N/A

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

Facility to unnamed drainage ditch, thence to a small lake, thence to a salt marsh, thence to Carancahua Bay in Segment No. 2456 of the Bays and Estuaries.

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

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

None

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

Existing WWTF

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

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

N/A

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

N/A

# WATER QUALITY PERMIT

## PAYMENT SUBMITTAL FORM

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

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

**Mail this form and the check or money order to:**

*BY REGULAR U.S. MAIL*

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

*BY OVERNIGHT/EXPRESS MAIL*

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

**Fee Code: WQP**      **Waste Permit No: WQ0015399001**

1. Check or Money Order Number:
2. Check or Money Order Amount:
3. Date of Check or Money Order:
4. Name on Check or Money Order:

**5. APPLICATION INFORMATION**

Name of Project or Site: Tri-county Point WWTF

Physical Address of Project or Site:

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

**Staple Check or Money Order in This Space**

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## ATTACHMENT 1

### INDIVIDUAL INFORMATION

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#### **Section 1. Individual Information (Instructions Page 50)**

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

Prefix (Mr., Ms., Miss):

Full legal name (first, middle, last):

Driver's License or State Identification Number:

Date of Birth:

Mailing Address:

City, State, and Zip Code:

Phone Number:  Fax Number:

E-mail Address:

CN:

#### **For Commission Use Only:**

Customer Number:

Regulated Entity Number:

Permit Number:



## 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) <i>(Required for all applications types. Must be completed in its entirety and signed. Note: Form may be signed by applicant representative.)</i>	<input checked="" type="checkbox"/>		Yes
Correct and Current Industrial Wastewater Permit Application Forms <i>(TCEQ Form Nos. 10053 and 10054. Version dated 6/25/2018 or later.)</i>	<input checked="" type="checkbox"/>		Yes
Water Quality Permit Payment Submittal Form (Page 19) <i>(Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)</i>	<input checked="" type="checkbox"/>		Yes
7.5 Minute USGS Quadrangle Topographic Map Attached <i>(Full-size map if seeking "New" permit. 8 ½ x 11 acceptable for Renewals and Amendments)</i>	<input checked="" type="checkbox"/>		Yes
Current/Non-Expired, Executed Lease Agreement or Easement Attached	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/> Yes
Landowners Map <i>(See instructions for landowner requirements)</i>	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/> Yes

### **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 <i>(See instructions for landowner requirements)</i>	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/> Yes
Landowners Labels or USB Drive attached <i>(See instructions for landowner requirements)</i>	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/> Yes
Original signature per 30 TAC § 305.44 – Blue Ink Preferred <i>(If signature page is not signed by an elected official or principle executive officer, a copy of signature authority/delegation letter must be attached)</i>	<input checked="" type="checkbox"/>		Yes



## Dome

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY DOMESTIC WASTEWATER PERMIT APPLICATION

## DOMESTIC TECHNICAL REPORT 1.0

The Following Is Required For All Applications  
Renewal, New, And Amendment

### Section 1. Permitted or Proposed Flows (Instructions Page 51)

#### A. Existing/Interim I Phase

Design Flow (MGD): 0.024 MGD

2-Hr Peak Flow (MGD): 50 gpm

Estimated construction start date:

Estimated waste disposal start date:

#### 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): 0.024 MGD

2-Hr Peak Flow (MGD): 50 gpm

Estimated construction start date:

Estimated waste disposal start date:

#### D. Current operating phase: 0.024 MGD

Provide the startup date of the facility: Operating

## Section 2. Treatment Process (Instructions Page 51)

### A. Treatment process description

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 in the permit, a description of *each phase* must be provided.** Process description:

**Activated sludge process plant with extended aeration. Treatment units include bar screen, aeration basin, final clarifier, sludge digester, and a chlorine contact chamber**

Port or pipe diameter at the discharge point, in inches: 4-inch

### B. Treatment Units

In Table 1.0(1), provide the treatment unit type, the number of units, and dimensions (length, width, depth) of each treatment unit, accounting for ***all*** phases of operation.

***Table 1.0(1) – Treatment Units***

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Clarifier	1	12' Diameter X 9' D
Chlorine Contact Chamber	1	[(12' x 14') – (6' x 6' x 3.14')] x 8'
Aeration Basin	1	32' x 12' x 9'
Digester	1	4.5' x 12' x 9'

### C. Process flow diagrams

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

Attachment: 

## Section 3. Site Drawing (Instructions Page 52)

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: 

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

This treatment system serves the Tri-County Point/Boca Chica Subdivision in Jackson County, Palacios, Texas.

## Section 4. Unbuilt Phases (Instructions Page 52)

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Click here to enter text

## Section 5. Closure Plans (Instructions Page 53)

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

Yes ☒

No ☐

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

Yes ☒

No ☒

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

Click here to enter text

## Section 6. Permit Specific Requirements (Instructions Page 53)

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: March 10, 2017 and August 15, 2019

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.

## 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.

## 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*.

Notification of Completion

## 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.

N/A

## ***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 512-239-0000. 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.

N/A

## ***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 512-239-0000.

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

N/A

## 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  or TXRNE

**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:

<div></div>
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### 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.

### ***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.

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.

N/A

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, a Sewage Sludge Solids Management Plan is required. See Example 5 in the instructions.

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

##### ***1. Acceptance of sludge from other WWTPs***

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

Yes ☐ No ☒

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

In addition, provide the date that the plant started accepting sludge or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the sludge, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

N/A

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

## ***2. Acceptance of septic waste***

Is the facility accepting or will it accept septic waste?

Yes ☐ No ☒

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

Yes ☐ No ☐

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

Yes ☐ No ☐

If **yes to any of the above**, provide a the date that the plant started accepting septic waste, or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the septic waste, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

N/A

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

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

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

Yes ☐ No ☒

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

note if this information has or has not changed since the last permit action.

N/A

## Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 58)

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).

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

**Table 1.0(2) - Pollutant Analysis for Wastewater Treatment Facilities**

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l	6.2	6.2	1	Grab	05/14/24 14:30
Total Suspended Solids, mg/l	13.0	13.0	1	Grab	05/14/24 14:30
Ammonia Nitrogen, mg/l	5.18	5.18	1	Grab	05/14/24 14:30
Nitrate Nitrogen, mg/l	<0.50	<0.50	1	Grab	05/14/24 14:30
Total Kjeldahl Nitrogen, mg/l	5.89	5.89	1	Grab	05/14/24 14:30
Sulfate, mg/l	18.8	18.8	1	Grab	05/14/24 14:30
Chloride, mg/l	55	55	1	Grab	05/14/24 14:30

<b>Pollutant</b>	<b>Average Conc.</b>	<b>Max Conc.</b>	<b>No. of Samples</b>	<b>Sample Type</b>	<b>Sample Date/Time</b>
Total Phosphorus, mg/l	1.38	1.38	1	Grab	05/14/24 14:30
pH, standard units	7.64	7.64	1	Grab	05/14/24 14:30
Dissolved Oxygen*, mg/l	6.87	6.87	1	Grab	05/14/24 14:30
Chlorine Residual, mg/l	2.30	2.30	1	Grab	05/14/24 14:30
<i>E.coli</i> (CFU/100ml) freshwater	<1	<1	1	Grab	05/14/24 14:30
Enterococci (CFU/100ml) saltwater	147	147	1	Grab	05/14/24 14:30
Total Dissolved Solids, mg/l	434	434	1	Grab	05/14/24 14:30
Electrical Conductivity, $\mu$ mohs/cm, †					
Oil & Grease, mg/l					
Alkalinity (CaCO <sub>3</sub> )*, mg/l	323	323	1	Grab	05/14/24 14:30

\*TPDES permits only

†TLAP permits only

***Table 1.0(3) - Pollutant Analysis for Water Treatment Facilities***

<b>Pollutant</b>	<b>Average Conc.</b>	<b>Max Conc.</b>	<b>No. of Samples</b>	<b>Sample Type</b>	<b>Sample Date/Time</b>
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 <sub>3</sub> ), mg/l					

## Section 8. Facility Operator (Instructions Page 60)

Facility Operator Name: Jacob Zimmerman

Facility Operator's License Classification and Level: Wastewater Operator C

Facility Operator's License Number: WW0067138

## Section 9. Sewage Sludge Management and Disposal (Instructions Page 60)

### A. Sludge disposal method

Identify the current or anticipated sludge disposal method or methods from the following list. Check all that apply.

- ☐ Permitted landfill
- ☐ Permitted or Registered land application site for beneficial use
- ☐ Land application for beneficial use authorized in the wastewater permit
- ☒ Permitted sludge processing facility
- ☐ Marketing and distribution as authorized in the wastewater permit
- ☐ Composting as authorized in the wastewater permit
- ☐ Permitted surface disposal site (sludge monofill)
- ☐ Surface disposal site (sludge monofill) authorized in the wastewater permit
- ☐ Transported to another permitted wastewater treatment plant or permitted sludge processing facility. If you selected this method, a

written statement or contractual agreement from the wastewater treatment plant or permitted sludge processing facility accepting the sludge must be included with this application.

☐ Other:

### B. Sludge disposal site

Disposal site name: Oak Hollow Sewer

TCEQ permit or registration number: WQ0011768001

County where disposal site is located: Matagorda

### C. Sludge transportation method

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

Name of the hauler: Aqua-Zyme Services, Inc.

Hauler registration number: TCEQ 21480

Sludge is transported as a:

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

## Section 10. Permit Authorization for Sewage Sludge Disposal (Instructions Page 60)

### 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      Yes ☐      No ☒

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

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 61)

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:**

- USDA Natural Resources Conservation Service Soil Map:

**Attachment:**

- Federal Emergency Management Map:

**Attachment:**

- Site map:

**Attachment:**

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:**

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:

### **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:

Total Kjeldahl Nitrogen, mg/kg:

Total Nitrogen (=nitrate nitrogen + TKN), mg/kg:

Phosphorus, mg/kg:

Potassium, mg/kg:

pH, standard units:

Ammonia Nitrogen mg/kg:

Arsenic:

Cadmium:

Chromium:

Copper:

Lead:

Mercury:

Molybdenum:

Nickel:

Selenium:

Zinc:

Total PCBs:

Provide the following information:

Volume and frequency of sludge to the lagoon(s):

Total dry tons stored in the lagoons(s) per 365-day period: [redacted]  
[redacted]

Total dry tons stored in the lagoons(s) over the life of the unit: [redacted]  
[redacted]

### C. Liner information

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

Yes ☐ No ☐

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

[redacted]

### D. Site development plan

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

[redacted]

Attach the following documents to the application.

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

Attachment: [redacted]

- Copy of the closure plan

Attachment: [redacted]

- Copy of deed recordation for the site

Attachment: [redacted]

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

Attachment: [redacted]

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

**Attachment:** [Click here to attach file](#)

- Procedures to prevent the occurrence of nuisance conditions

**Attachment:** [Click here to attach file](#)

#### **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 here to attach file](#)

## **Section 12. Authorizations/Compliance/Enforcement (Instructions Page 63)**

#### **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:

<div><div></div></div>
------------------------

#### **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:

## Section 13. RCRA/CERCLA Wastes (Instructions Page 63)

### 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 here to enter text.](#)

## Section 14. Laboratory Accreditation (Instructions Page 64)

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:

Title:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Dome

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY DOMESTIC WASTEWATER PERMIT APPLICATION

## DOMESTIC TECHNICAL REPORT 1.0

The Following Is Required For All Applications  
Renewal, New, And Amendment

### Section 1. Permitted or Proposed Flows (Instructions Page 51)

#### A. Existing/Interim I Phase

Design Flow (MGD): 0.024 MGD

2-Hr Peak Flow (MGD): 50 gpm

Estimated construction start date:

Estimated waste disposal start date:

#### 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): 0.024 MGD

2-Hr Peak Flow (MGD): 50 gpm

Estimated construction start date:

Estimated waste disposal start date:

#### D. Current operating phase: 0.024 MGD

Provide the startup date of the facility: Operating

## Section 2. Treatment Process (Instructions Page 51)

### A. Treatment process description

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 in the permit, a description of *each phase* must be provided.** Process description:

**Activated sludge process plant with extended aeration. Treatment units include bar screen, aeration basin, final clarifier, sludge digester, and a chlorine contact chamber**

Port or pipe diameter at the discharge point, in inches: 4-inch

### B. Treatment Units

In Table 1.0(1), provide the treatment unit type, the number of units, and dimensions (length, width, depth) of each treatment unit, accounting for ***all*** phases of operation.

***Table 1.0(1) – Treatment Units***

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Clarifier	1	12' Diameter X 9' D
Chlorine Contact Chamber	1	[(12' x 14') – (6' x 6' x 3.14')] x 8'
Aeration Basin	1	32' x 12' x 9'
Digester	1	4.5' x 12' x 9'

### C. Process flow diagrams

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

Attachment: 

## Section 3. Site Drawing (Instructions Page 52)

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: 

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

This treatment system serves the Tri-County Point/Boca Chica Subdivision in Jackson County, Palacios, Texas.

## Section 4. Unbuilt Phases (Instructions Page 52)

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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



Click here to enter text

## Section 5. Closure Plans (Instructions Page 53)

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

Yes ☒

No ☐

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

Yes ☒

No ☒

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

Click here to enter text

## Section 6. Permit Specific Requirements (Instructions Page 53)

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: March 10, 2017 and August 15, 2019

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.

## 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.

## 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*.

Notification of Completion

## 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.

N/A

## ***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 512-239-0000. 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.

N/A

## ***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 512-239-0000.

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

N/A



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.

### ***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.

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.

N/A

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, a Sewage Sludge Solids Management Plan is required. See Example 5 in the instructions.

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

##### ***1. Acceptance of sludge from other WWTPs***

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

Yes ☐ No ☒

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

In addition, provide the date that the plant started accepting sludge or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the sludge, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

N/A

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

## **2. Acceptance of septic waste**

Is the facility accepting or will it accept septic waste?

Yes ☐ No ☒

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

Yes ☐ No ☐

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

Yes ☐ No ☐

If **yes to any of the above**, provide a the date that the plant started accepting septic waste, or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the septic waste, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

N/A

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

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

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

Yes ☐ No ☒

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

note if this information has or has not changed since the last permit action.

N/A

## Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 58)

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).

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

**Table 1.0(2) - Pollutant Analysis for Wastewater Treatment Facilities**

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l	6.2	6.2	1	Grab	05/14/24 14:30
Total Suspended Solids, mg/l	13.0	13.0	1	Grab	05/14/24 14:30
Ammonia Nitrogen, mg/l	5.18	5.18	1	Grab	05/14/24 14:30
Nitrate Nitrogen, mg/l	<0.50	<0.50	1	Grab	05/14/24 14:30
Total Kjeldahl Nitrogen, mg/l	5.89	5.89	1	Grab	05/14/24 14:30
Sulfate, mg/l	18.8	18.8	1	Grab	05/14/24 14:30
Chloride, mg/l	55	55	1	Grab	05/14/24 14:30



<b>Pollutant</b>	<b>Average Conc.</b>	<b>Max Conc.</b>	<b>No. of Samples</b>	<b>Sample Type</b>	<b>Sample Date/Time</b>
Total Phosphorus, mg/l	1.38	1.38	1	Grab	05/14/24 14:30
pH, standard units	7.64	7.64	1	Grab	05/14/24 14:30
Dissolved Oxygen*, mg/l	6.87	6.87	1	Grab	05/14/24 14:30
Chlorine Residual, mg/l	2.30	2.30	1	Grab	05/14/24 14:30
<i>E.coli</i> (CFU/100ml) freshwater	<1	<1	1	Grab	05/14/24 14:30
Enterococci (CFU/100ml) saltwater	147	147	1	Grab	05/14/24 14:30
Total Dissolved Solids, mg/l	434	434	1	Grab	05/14/24 14:30
Electrical Conductivity, µmohs/cm, †					
Oil & Grease, mg/l					
Alkalinity (CaCO <sub>3</sub> )*, mg/l	323	323	1	Grab	05/14/24 14:30

\*TPDES permits only

†TLAP permits only

***Table 1.0(3) - Pollutant Analysis for Water Treatment Facilities***

<b>Pollutant</b>	<b>Average Conc.</b>	<b>Max Conc.</b>	<b>No. of Samples</b>	<b>Sample Type</b>	<b>Sample Date/Time</b>
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 <sub>3</sub> ), mg/l					

## Section 8. Facility Operator (Instructions Page 60)

Facility Operator Name: Jacob Zimmerman

Facility Operator's License Classification and Level: Wastewater Operator C

Facility Operator's License Number: WW0067138

## Section 9. Sewage Sludge Management and Disposal (Instructions Page 60)

### A. Sludge disposal method

Identify the current or anticipated sludge disposal method or methods from the following list. Check all that apply.

- ☐ Permitted landfill
- ☐ Permitted or Registered land application site for beneficial use
- ☐ Land application for beneficial use authorized in the wastewater permit
- ☒ Permitted sludge processing facility
- ☐ Marketing and distribution as authorized in the wastewater permit
- ☐ Composting as authorized in the wastewater permit
- ☐ Permitted surface disposal site (sludge monofill)
- ☐ Surface disposal site (sludge monofill) authorized in the wastewater permit
- ☐ Transported to another permitted wastewater treatment plant or permitted sludge processing facility. If you selected this method, a

written statement or contractual agreement from the wastewater treatment plant or permitted sludge processing facility accepting the sludge must be included with this application.

☐ Other:

### B. Sludge disposal site

Disposal site name: Oak Hollow Sewer

TCEQ permit or registration number: WQ0011768001

County where disposal site is located: Matagorda

### C. Sludge transportation method

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

Name of the hauler: Aqua-Zyme Services, Inc.

Hauler registration number: TCEQ 21480

Sludge is transported as a:

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

## Section 10. Permit Authorization for Sewage Sludge Disposal (Instructions Page 60)

### 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      Yes ☐      No ☒

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

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 61)

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:**

- USDA Natural Resources Conservation Service Soil Map:

**Attachment:**

- Federal Emergency Management Map:

**Attachment:**

- Site map:

**Attachment:**

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:**

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:

### **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:

Total Kjeldahl Nitrogen, mg/kg:

Total Nitrogen (=nitrate nitrogen + TKN), mg/kg:

Phosphorus, mg/kg:

Potassium, mg/kg:

pH, standard units:

Ammonia Nitrogen mg/kg:

Arsenic:

Cadmium:

Chromium:

Copper:

Lead:

Mercury:

Molybdenum:

Nickel:

Selenium:

Zinc:

Total PCBs:

Provide the following information:

Volume and frequency of sludge to the lagoon(s):

Total dry tons stored in the lagoons(s) per 365-day period: [redacted]  
[redacted]

Total dry tons stored in the lagoons(s) over the life of the unit: [redacted]  
[redacted]

### C. Liner information

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

Yes ☐ No ☐

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

[redacted]

### D. Site development plan

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

[redacted]

Attach the following documents to the application.

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

Attachment: [redacted]

- Copy of the closure plan

Attachment: [redacted]

- Copy of deed recordation for the site

Attachment: [redacted]

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

Attachment: [redacted]

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

**Attachment:** [Click here to attach file](#)

- Procedures to prevent the occurrence of nuisance conditions

**Attachment:** [Click here to attach file](#)

#### **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 here to attach file](#)

## **Section 12. Authorizations/Compliance/Enforcement (Instructions Page 63)**

#### **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:

<div><div></div></div>
------------------------

#### **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:

## Section 13. RCRA/CERCLA Wastes (Instructions Page 63)

### 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 here to enter text.](#)



## Section 14. Laboratory Accreditation (Instructions Page 64)

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:

Title:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Envirodyne Laboratories, Inc  
11011 Brooklet Dr., # 230  
Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

29 May 2024

Clear Water Solutions - Tri County POA  
Justin Gonzales  
PO BOX 688  
Blessing, TX 77419

### **Tri county Point PoA-Permit Renewal**

Enclosed are the results of analyses for samples received by the laboratory on 14-May-24 14:30. The analytical data provided relates only to the samples as received in this laboratory report.

ELI certifies that all results are NELAP compliant and performed in accordance with the referenced method except as noted in the Case Narrative or as noted with a qualifier. Any reproductions of this laboratory report should be in full and only with the written authorization from the client.

The total number of pages in this report is 9

Thank you for selecting ELI for your analytical needs. If you have any questions regarding this report, please contact us.

Sincerely,



DRAFT REPORT  
DATA SUBJECT TO CHANGE

Certificate No: T104704265-22-20



Envirodyne Laboratories, Inc  
11011 Brooklet Dr., # 230  
Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

**Client:** Clear Water Solutions - Tri County POA  
**Project:** Tri county Point PoA-Permit Renewal  
**Work Order:** 24E1789

**Reported:**  
29-May-24 08:16

#### ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
Effluent	24E1789-01	Water	14-May-24 14:30	14-May-24 14:30

DRAFT REPORT

*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.*



Envirodyne Laboratories, Inc  
11011 Brooklet Dr., # 230  
Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

**Client:** Clear Water Solutions - Tri County POA  
**Project:** Tri county Point PoA-Permit Renewal  
**Work Order:** 24E1789

**Reported:**  
29-May-24 08:16

### Effluent

24E1789-01 (Water) Sampled: 14-May-24 14:30

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Analyst	Notes
---------	--------	--------------------	-------	----------	-------	----------	----------	--------	---------	-------

### Envirodyne Laboratories, Inc.

#### Field Analysis

Chlorine Residual, Total	2.30	0.01	mg/L	1	B4E5061	14-May-24	14-May-24 14:30	SM 4500-Cl G	AS	a
Dissolved Oxygen (DO)	6.87		mg/L	1	B4E5061	14-May-24	14-May-24 14:30	SM4500-O C	AS	a
pH	7.64		SU	1	B4E5061	14-May-24	14-May-24 14:30	SM4500H+ B	AS	a

#### Microbiology

E.coli	<1	1	MPN/100 mL	1	B4E5130	15-May-24	15-May-24 11:50	SM9223 B	LTB	H
Enterococci	147	1	MPN/100 mL	1	B4E4878	15-May-24	15-May-24 12:24	Enterolert	LTB	H

#### Wet Chemistry

Alkalinity (Total) as CaCO <sub>3</sub>	323	20.0	mg/L	1	B4E5288	21-May-24	21-May-24 11:10	EPA 310.2	SSJ	
Ammonia-N (NH <sub>3</sub> -N)	5.18	1.00	mg/L	5	B4E5801	24-May-24	24-May-24 13:50	EPA 350.1	SSJ	P
Nitrate-N	<0.50	0.50	mg/L	1	B4E4488	14-May-24	14-May-24 15:30	EPA 353.1	SSJ	
Phosphorus, Total	1.38	0.20	mg/L	2	B4E5657	21-May-24	21-May-24 16:00	SM4500-P E	JMM	
Sulfate	18.8	2.00	mg/L	1	B4E5628	23-May-24	23-May-24 09:10	EPA 375.4	SSJ	
TDS	434	50.0	mg/L	1	B4E5437	21-May-24	21-May-24 15:11	SM2540 C	SKP	
TSS	13.0	2.0	mg/L	1	B4E5223	21-May-24	21-May-24 14:42	SM2540 D	TB/JH	Q

DRAFT REPORT

*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.*



Envirodyne Laboratories, Inc  
11011 Brooklet Dr., # 230  
Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

**Client:** Clear Water Solutions - Tri County POA  
**Project:** Tri county Point PoA-Permit Renewal  
**Work Order:** 24E1789

**Reported:**  
29-May-24 08:16

**Microbiology - Quality Control**  
**Envirodyne Laboratories, Inc.**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B4E5130 - Microbiology</b>									
<b>Blank (B4E5130-BLK1)</b>									
					Prepared & Analyzed: 15-May-24				
E.coli	<1	1	MPN/100 mL						
<b>Duplicate (B4E5130-DUP1)</b>									
					Source: 24E1611-02 Prepared & Analyzed: 15-May-24				
E.coli	<2	2	MPN/100 mL		<2		0	0.402	

DRAFT REPORT

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Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

**Client:** Clear Water Solutions - Tri County POA  
**Project:** Tri county Point PoA-Permit Renewal  
**Work Order:** 24E1789

**Reported:**  
29-May-24 08:16

**Wet Chemistry - Quality Control**  
**Envirodyne Laboratories, Inc.**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
---------	--------	--------------------	-------	----------------	------------------	------	----------------	-----	--------------	-------

**Batch B4E4488 - Inorganics**

<b>Blank (B4E4488-BLK1)</b>				Prepared & Analyzed: 14-May-24						
Nitrate-N	<0.50	0.50	mg/L							
<b>LCS (B4E4488-BS1)</b>				Prepared & Analyzed: 14-May-24						
Nitrate-N	2.94		mg/L	3.00		98.0	90-110			
<b>Matrix Spike (B4E4488-MS1)</b>				Prepared & Analyzed: 14-May-24						
Nitrate-N	86.6	10.0	mg/L	60.0	20.0	111	80-120			
<b>Matrix Spike Dup (B4E4488-MSD1)</b>				Prepared & Analyzed: 14-May-24						
Nitrate-N	86.6	10.0	mg/L	60.0	20.0	111	80-120	0.00	20	

**Batch B4E5223 - Inorganics**

<b>Blank (B4E5223-BLK1)</b>				Prepared & Analyzed: 21-May-24						
TSS	<2.0	2.0	mg/L							Q
<b>LCS (B4E5223-BS1)</b>				Prepared & Analyzed: 21-May-24						
TSS	81.0		mg/L	100		81.0	80-120			Q
<b>Duplicate (B4E5223-DUP1)</b>				Prepared & Analyzed: 21-May-24						
TSS	3.6	2.0	mg/L		5.8			46.8	20	Q

**Batch B4E5288 - Inorganics**

<b>Blank (B4E5288-BLK1)</b>				Prepared & Analyzed: 21-May-24						
Alkalinity (Total) as CaCO <sub>3</sub>	<20.0	20.0	mg/L							

DRAFT REPORT

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**Client:** Clear Water Solutions - Tri County POA  
**Project:** Tri county Point PoA-Permit Renewal  
**Work Order:** 24E1789

**Reported:**  
29-May-24 08:16

**Wet Chemistry - Quality Control**  
**Envirodyne Laboratories, Inc.**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B4E5288 - Inorganics</b>										
<b>LCS (B4E5288-BS1)</b>				Prepared & Analyzed: 21-May-24						
Alkalinity (Total) as CaCO <sub>3</sub>	101		mg/L	100		101	90-110			
<b>Duplicate (B4E5288-DUP1)</b>				<b>Source: 24E1077-01</b>		Prepared & Analyzed: 21-May-24				
Alkalinity (Total) as CaCO <sub>3</sub>	185	20.0	mg/L		186			0.129	20	
<b>Batch B4E5437 - Inorganics</b>										
<b>Blank (B4E5437-BLK1)</b>				Prepared & Analyzed: 21-May-24						
TDS	<50.0	50.0	mg/L							
<b>LCS (B4E5437-BS1)</b>				Prepared & Analyzed: 21-May-24						
TDS	530		mg/L	500		106	0-200			
<b>Duplicate (B4E5437-DUP1)</b>				<b>Source: 24E1065-01</b>		Prepared & Analyzed: 21-May-24				
TDS	486	50.0	mg/L		488			0.411	20	
<b>Batch B4E5628 - Inorganics</b>										
<b>Blank (B4E5628-BLK1)</b>				Prepared & Analyzed: 23-May-24						
Sulfate	<2.00	2.00	mg/L							
<b>LCS (B4E5628-BS1)</b>				Prepared & Analyzed: 23-May-24						
Sulfate	19.2		mg/L	20.0		95.8	90-110			
<b>Matrix Spike (B4E5628-MS1)</b>				<b>Source: 24E2008-03</b>		Prepared & Analyzed: 23-May-24				
Sulfate	229	20.0	mg/L	200	28.9	99.9	80-120			

DRAFT REPORT

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Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

**Client:** Clear Water Solutions - Tri County POA  
**Project:** Tri county Point PoA-Permit Renewal  
**Work Order:** 24E1789

**Reported:**  
29-May-24 08:16

### Wet Chemistry - Quality Control

### Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
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#### Batch B4E5628 - Inorganics

**Matrix Spike Dup (B4E5628-MSD1)** **Source: 24E2008-03** Prepared & Analyzed: 23-May-24

Sulfate	232	20.0	mg/L	200	28.9	102	80-120	1.43	20	
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#### Batch B4E5657 - Inorganics

**Blank (B4E5657-BLK1)** Prepared & Analyzed: 21-May-24

Phosphorus, Total	<0.10	0.10	mg/L							
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**LCS (B4E5657-BS1)** Prepared & Analyzed: 21-May-24

Phosphorus, Total	1.02		mg/L	1.00		102	80-120			
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**Matrix Spike (B4E5657-MS1)** **Source: 24E1179-01** Prepared & Analyzed: 21-May-24

Phosphorus, Total	4.10	0.20	mg/L	2.00	2.30	90.0	80-120			
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**Matrix Spike Dup (B4E5657-MSD1)** **Source: 24E1179-01** Prepared & Analyzed: 21-May-24

Phosphorus, Total	4.10	0.20	mg/L	2.00	2.30	90.0	80-120	0.00	20	
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#### Batch B4E5801 - Inorganics

**Blank (B4E5801-BLK1)** Prepared & Analyzed: 24-May-24

Ammonia-N (NH3-N)	<0.20	0.20	mg/L							
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**LCS (B4E5801-BS1)** Prepared & Analyzed: 24-May-24

Ammonia-N (NH3-N)	0.94	0.20	mg/L				90-110			
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**Matrix Spike (B4E5801-MS1)** **Source: 24E1288-02** Prepared & Analyzed: 24-May-24

Ammonia-N (NH3-N)	1.67	0.20	mg/L	1.00	0.74	93.0	90-110			
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DRAFT REPORT

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**Client:** Clear Water Solutions - Tri County POA  
**Project:** Tri county Point PoA-Permit Renewal  
**Work Order:** 24E1789

**Reported:**  
29-May-24 08:16

### Wet Chemistry - Quality Control

### Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
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#### Batch B4E5801 - Inorganics

##### Matrix Spike Dup (B4E5801-MSD1)

Source: 24E1288-02

Prepared & Analyzed: 24-May-24

Ammonia-N (NH <sub>3</sub> -N)	1.65	0.20	mg/L	1.00	0.74	91.0	90-110	1.20	20	
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DRAFT REPORT

*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.*

DRAFT REPORT, DATA SUBJECT TO CHANGE

Page 8 of 10



Envirodyne Laboratories, Inc  
11011 Brooklet Dr., # 230  
Houston, TX 77099  
281.568.7880 Phone  
www.envirodyne.com

**Client:** Clear Water Solutions - Tri County POA  
**Project:** Tri county Point PoA-Permit Renewal  
**Work Order:** 24E1789

**Reported:**  
29-May-24 08:16

### Notes and Definitions

Q QC did not meet ELI acceptance criteria  
P Sample preserved at bench  
H Hold time exceeded  
ND Analyte NOT DETECTED at or above the reporting limit  
< Result is less than the RL  
a Analyte not available for TNI/NELAP accreditation  
n Not accredited

DRAFT REPORT

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DRAFT REPORT, DATA SUBJECT TO CHANGE

Page 9 of 10



E A433860

Page                      Of

Name:	Clearwater Solutions - Texas
Address:	1630 Desperes Rd STE. 140
City:	Desperes, MO 63131
Contact:	Andrea Cloy

### Analysis Request and Chain of Custody Record

Contact: Andrea Cloy Phone: 225.276.0009

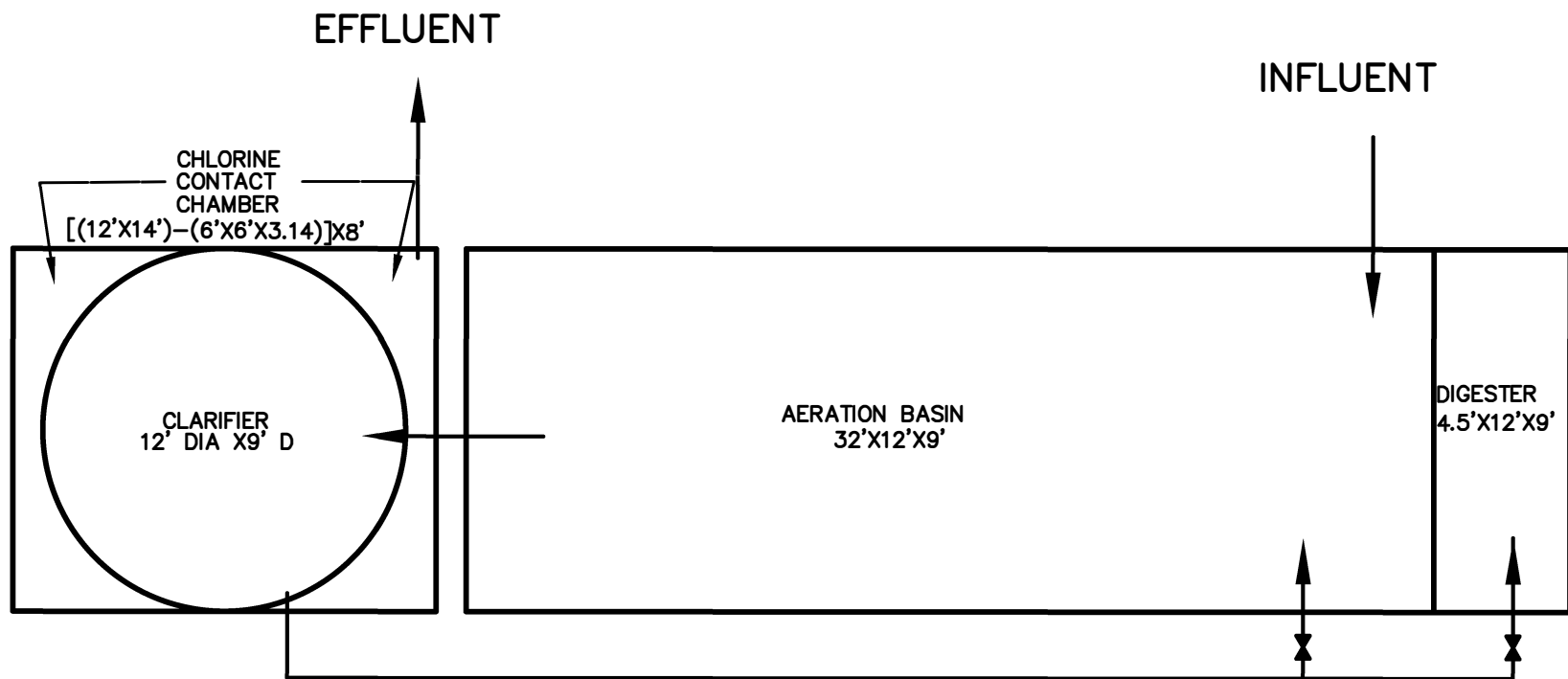
Email:

Project No.

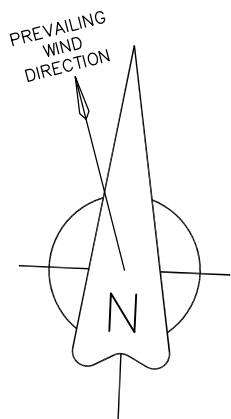
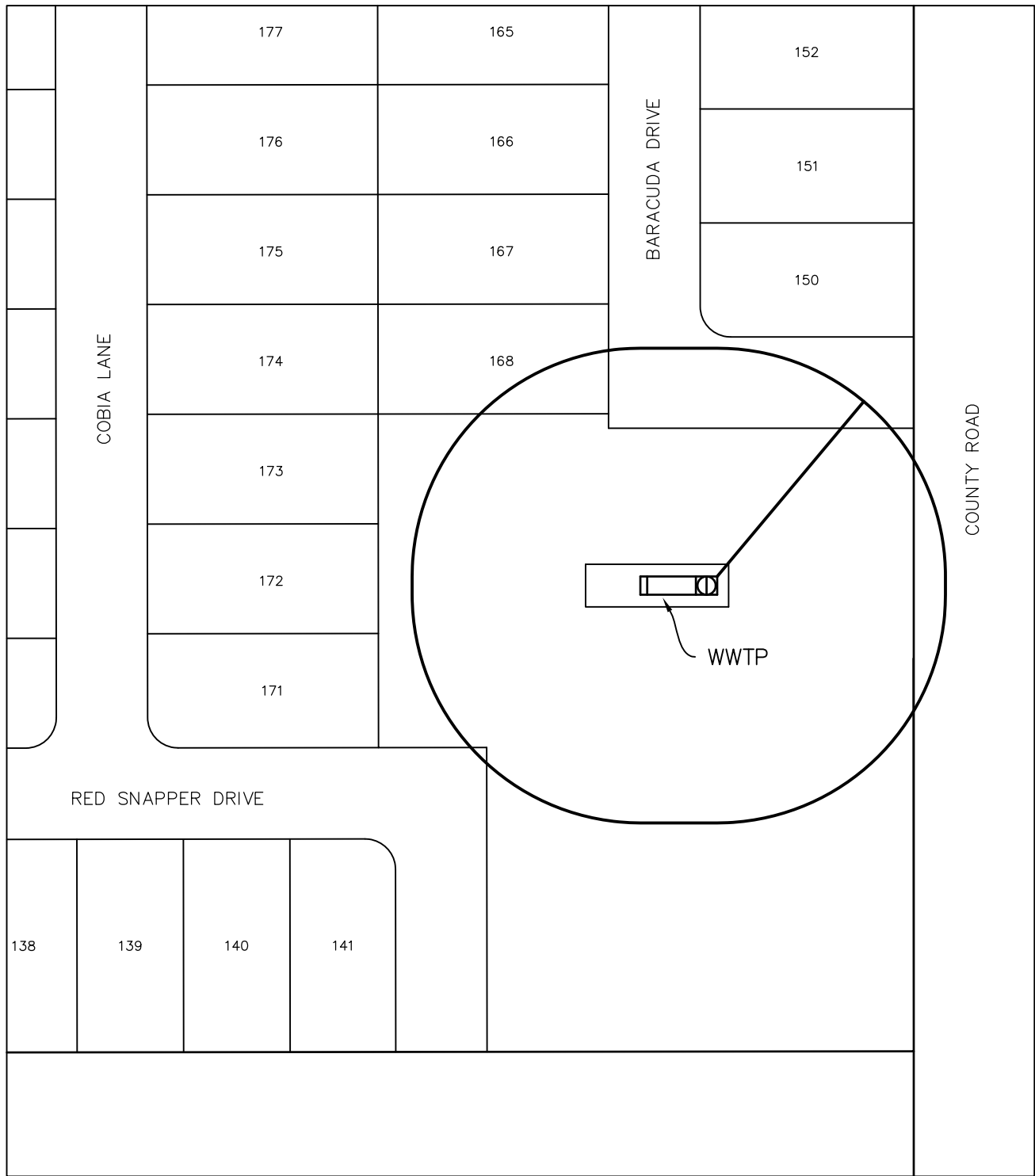
Client/Project	
----------------	--

Tri County WWTP Permit

Lab ID No.	Field Sample No./ Identification	Date & Time	Grab	Comp	Sample Container (Size/Mat'l)	Sample Type (Liquid, Sludge, etc.)	Preservative	ANALYSIS REQUESTED	pH	D.O.	Temp	Anal	Time
	Effluent	5-14-24 1146	/			Liquid			7.64	6.87	23	1148	
	Effluent		/		1 gal P	Liquid	ice	COD, TSS, pH, DO, Cl <sub>2</sub> , SO <sub>4</sub> , Cl, TDS, Cond, AIK, NO <sub>3</sub> -N					
	Effluent		/		500 ml P	Liquid	Ice, H <sub>2</sub> SO <sub>4</sub>	NH <sub>3</sub> -N, TKN-N, T. PO <sub>4</sub>					
	Effluent		/		(2) 120 ml P	Liquid	Ice, Sod Thio	E.coli, Enterococci					
	Effluent		/		1 L G	Liquid	Ice, HCL	Oil & Grease					
Samplers: (Signature)		Relinquished by:				Date:		Received by:		Date:		Seal Intact?	
<i>a ks</i>		(Signature)				Time:		(Signature)		Time:			
Affiliation:		Relinquished by:				Date:		Received by:		Date:		Seal Intact?	
<i>ELI</i>		(Signature) <i>a ks</i>				Time:		(Signature)		Time:			
Remarks:		Relinquished by:				Date:		Received by Lab:		Date:		Seal Intact?	
		(Signature)				Time:		(Signature)		Time:			
		FLOW: 1.00				Arrival Temp.		Data Results To:		Laboratory No.			
		Meter Reading:				34/3.4		1.					
		Cl <sub>2</sub> Residual: 2.3				1430		Site Representative:		Date:			
		Mn Correction:				1444				Time:			
		Cl <sub>2</sub> Corrected:											



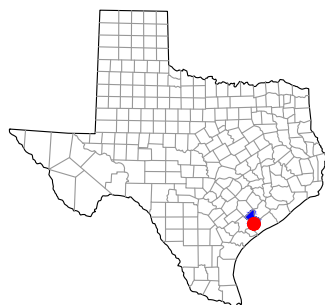
ATTACHMENT 4  
 TRI-COUNTY POINT PROPERTY OWNERS ASSOC.  
 WASTEWATER TREATMENT PLANT  
 FLOW DIAGRAM



## BUFFER ZONE ATTACHMENT 6



**SOURCE NOTE:** USGS 7.5 MINUTE US TOPO SERIES TOPOGRAPHIC MAP, TURTLE BAY, 2022.



QUADRANGLE LOCATION  
JACKSON COUNTY, TEXAS

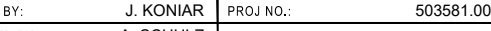


0 1,000 2,000

SCALE IN FEET  
1" = 2,000'

PROJECT: **CENTRAL STATES WATER RESOURCES  
TRI-COUNTY POINT  
669 CLAM DRIVE  
PALACIOS, TEXAS 77465**

TITLE: **SUBJECT PROPERTY LOCATION MAP**

DRAWN BY:	J. KONIAR	PROJ NO.:	503581.0011.0003
CHECKED BY:	A. SCHULZ	<div style="text-align: center;">  <p><b>FIGURE 1</b></p> </div>	
APPROVED BY:	A. SCHULZ		
DATE:	MAY 2024		

**FIGURE 1**



1000 Clark Ave.  
FL 4  
St. Louis, MO 63102  
Phone: 314.241.2694

FILE NO.: 503581.0011.0003-01.dwg







11x17 -- USER: J.Koniar -- ATTACHED IMAGES: Capture-AERIAL 2020 SITE: Capture-AERIAL 398: Capture-XYZ: Capture-Topo 0.6:  
DRAWING NAME: J:\Central States Water Resources\Tri-County Point\503581.0011.0003-01.dwg -- PLOT DATE: May 15, 2024 - 9:55AM -- LAYOUT: FIGURE 3




LEGEND

--- TREATMENT FACILITY BOUNDARY



0 600 1200  
SCALE IN FEET

PROJECT: CENTRAL STATES WATER RESOURCES TRI-COUNTY POINT 669 CLAM DRIVE PALACIOS, TEXAS 77465			
TITLE: SITE MAP WITH DOWNSTREAM PATH			
DRAWN BY:	J. KONIAR	PROJ NO.:	503581.0011.0003
CHECKED BY:	A. SCHULZ	FIGURE 3	
APPROVED BY:	A. SCHULZ		
DATE:	MAY 2024		
		1000 Clark Ave. FL 4 St. Louis, MO 63102 Phone: 314.241.2694	
		FILE NO.: 503581.0011.0003-01.dwg	

SOURCE NOTE: AERIAL PROVIDED BY GOOGLE EARTH, JULY, 2023.





Source: Esri, Maxar, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

EXHIBIT 1	DATE: AUGUST 2020	FACILITY REPORT TRI-COUNTY WATER SYSTEM 4	APPROXIMATE SERVICE AREA OVERVIEW	<div>Kimley»Horn</div> <div>Expect More. Experience Better.</div>
	DESIGN: KPD			
	DRAWN: RKR			
	CHECKED: TRH			
	KHA NO.: 06457000			

## Candice Calhoun

---

**From:** April Dobbins <adobbins@cswrgroup.com>  
**Sent:** Friday, September 6, 2024 12:16 PM  
**To:** Candice Calhoun  
**Cc:** aschulz@trccompanies.com; Rachel Ellis  
**Subject:** RE: Application to Renew Permit No. WQ0015399001 - CSWR - Texas Utility Operating Company, LP.  
**Attachments:** 24.09.06 TCP WQ0015399001 Municipal Discharge Renewal Spanish NORI - TCP.docx; 24.09.05 TCP WQ0015399001 Permit Renewal Application Signed.pdf; TCP - Municipal TPDES and TLAP PLS Form (Spanish) v2.docx; 503581.0011.0003-01-FIGURE 5.pdf  
**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Good morning, Candice,

On behalf of CSWR – Texas, I eager submit the response to the Notice of Deficiency (NOD) regarding the permit renewal application for Tri County Point Property Owners Association WWTP (Tri County Point WWTP). Attached to this email is TCEQ Form 10053, the 7.5-minute USGS map, the PLS in Spanish, and the Spanish NORI.

Please note that the transfer permit to change the legal name of this facility will be mailed today, September 6, 2024, and is expected to arrive Monday, September 9, 2024.

Please feel free to reach me if there is any further information needed regarding this application.



*April Dobbins*

**Environmental Health & Safety Compliance Coordinator**

Email: [adobbins@cswrgroup.com](mailto:adobbins@cswrgroup.com)

O: (314) 380 - 9508

1630 Des Peres Rd., Ste. 140, Des Peres, MO 63131

[www.centralstateswaterresources.com](http://www.centralstateswaterresources.com)

---

**From:** Candice Calhoun <Candice.Calhoun@tceq.texas.gov>  
**Sent:** Wednesday, August 21, 2024 11:08 AM  
**To:** April Dobbins <adobbins@cswrgroup.com>  
**Cc:** aschulz@trccompanies.com  
**Subject:** RE: Application to Renew Permit No. WQ0015399001 - CSWR - Texas Utility Operating Company, LP.  
**Importance:** High

Good morning, Ms. Dobbins,



## Candice Calhoun

---

**From:** April Dobbins <adobbins@cswrgroup.com>  
**Sent:** Tuesday, September 10, 2024 2:14 PM  
**To:** Candice Calhoun  
**Cc:** aschulz@trccompanies.com; Rachel Ellis  
**Subject:** RE: Application to Renew Permit No. WQ0015399001 - CSWR - Texas Utility Operating Company, LP.

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Good afternoon, Candice,

The portion of the NORI that was included in the Notice of Deficiency (NOD) is correct; this statement is regarding item number 5.

Please let me know if there is anything further I can provide you.

Best regards,



*April Dobbins*

**Environmental Health & Safety Compliance Coordinator**

Email: [adobbins@cswrgroup.com](mailto:adobbins@cswrgroup.com)

O: (314) 380 - 9508

1630 Des Peres Rd., Ste. 140, Des Peres, MO 63131

[www.centralstateswaterresources.com](http://www.centralstateswaterresources.com)

---

**From:** Candice Calhoun <Candice.Calhoun@tceq.texas.gov>  
**Sent:** Tuesday, September 10, 2024 12:55 PM  
**To:** April Dobbins <adobbins@cswrgroup.com>  
**Cc:** aschulz@trccompanies.com; Rachel Ellis <Rachel.Ellis@tceq.texas.gov>  
**Subject:** RE: Application to Renew Permit No. WQ0015399001 - CSWR - Texas Utility Operating Company, LP.

Good afternoon, Ms. Dobbins,

Thank you, your response to items 1, 3, 4, and 6 are sufficient. As for your response to item 2, I will keep an eye out for the transfer application.

A response to item 5 is still needed.

Please let me know if you have any additional questions.

Regards,

## Candice Calhoun

---

**From:** April Dobbins <adobbins@cswrgroup.com>  
**Sent:** Wednesday, September 18, 2024 2:42 PM  
**To:** Candice Calhoun  
**Subject:** RE: Transfer Application for WQ0015399001

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Here is the tracking info: ER127290043US



*April Dobbins*

**Environmental Health & Safety Compliance Coordinator**

Email: [adobbins@cswrgroup.com](mailto:adobbins@cswrgroup.com)

O: (314) 380 - 9508

1630 Des Peres Rd., Ste. 140, Des Peres, MO 63131

[www.centralstateswaterresources.com](http://www.centralstateswaterresources.com)

---

**From:** Candice Calhoun <Candice.Calhoun@tceq.texas.gov>

**Sent:** Wednesday, September 18, 2024 11:34 AM



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION  
CHECKLIST**

**Complete and submit this checklist with the application.**

APPLICANT NAME: CSWR - Texas

PERMIT NUMBER (If new, leave blank): WQ00 15399001

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

	Y	N		Y	N
Administrative Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original USGS Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Administrative Report 1.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Affected Landowners Map	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SPIF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landowner Disk or Labels	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Core Data Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Buffer Zone Map	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
≥0.05 but <0.10 MGD	\$550.00 <input type="checkbox"/>	\$515.00 <input type="checkbox"/>
≥0.10 but <0.25 MGD	\$850.00 <input type="checkbox"/>	\$815.00 <input type="checkbox"/>
≥0.25 but <0.50 MGD	\$1,250.00 <input type="checkbox"/>	\$1,215.00 <input type="checkbox"/>
≥0.50 but <1.0 MGD	\$1,650.00 <input type="checkbox"/>	\$1,615.00 <input type="checkbox"/>
≥1.0 MGD	\$2,050.00 <input type="checkbox"/>	\$2,015.00 <input type="checkbox"/>

Minor Amendment (for any flow) \$150.00 ☐

**Payment Information:**

Mailed      Check/Money Order Number:

Check/Money Order Amount:

Name Printed on Check:

EPAY      Voucher Number:

Copy of Payment Voucher enclosed?      Yes ☐

**Section 2. Type of Application (Instructions Page 26)**

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

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

☐ New

☐ Major Amendment with Renewal

☒ Minor Amendment with Renewal

☐ Major Amendment without Renewal

☐ Minor Amendment without Renewal

☐ Renewal without changes

☐ Minor Modification of permit

e. For amendments or modifications, describe the proposed changes: Name Change

f. For existing permits:

Permit Number: WQ00 15399001

EPA I.D. (TPDES only): TX 0136531

Expiration Date: February 11, 2025

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

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

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

CSWR-Texas Utility Operating Company, LLC

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

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

CN: 605844786

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: Cox, Josiah

Title: President

Credential: Click to enter text.

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

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

N/A

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

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

CN: N/A

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

Prefix: N/A

Last Name, First Name: N/A



Title: N/A

Credential: N/A

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

### C. Core Data Form

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

## Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: Ms.

Last Name, First Name: Dobbins, April

Title: EHS Compliance Coordinator Credential: Click to enter text.

Organization Name: CSWR

Mailing Address: 1630 Des Peres Rd., Ste 140 City, State, Zip Code: Des Peres, MO

Phone No.: 314-380-9508

E-mail Address: adobbins@cswrgroup.com

Check one or both: ☒ Administrative Contact ☐ Technical Contact

B. Prefix: Ms.

Last Name, First Name: Schulz, Amberly

Title: Compliance Specialist Credential: Click to enter text.

Organization Name: TRC

Mailing Address: 1000 Clark Ave., 4th Floor City, State, Zip Code: St. Louis, MO 63102

Phone No.: 573-214-1075

E-mail Address: aschulz@trccompanies.com

Check one or both: ☐ Administrative Contact ☒ Technical Contact

## Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Ms.

Last Name, First Name: Dobbins, April

Title: EHS Compliance Coordinator Credential: Click to enter text.

Organization Name: CSWR

Mailing Address: 1630 Des Peres Rd., Ste 140 City, State, Zip Code: Des Peres, MO 63131

Phone No.: 314-380-9508

E-mail Address: adobbins@cswrgroup.com

B. Prefix: Mr.

Last Name, First Name: Wittwer, Clarence

Title: Regional Manager of Operations Credential: Click to enter text.

Organization Name: CSWR

Mailing Address: 1630 Des Peres Rd., Ste 140 City, State, Zip Code: Des Peres, MO 63131

Phone No.: 254-355-9124

E-mail Address: cwittwer@cswrgroup.com



## Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Ms. Last Name, First Name: Obernuefemann, Krista  
Title: Treasury and Accounts Payable Manager Credential: Click to enter text.  
Organization Name: CSWR  
Mailing Address: 1630 Des Peres Rd., Ste 140 City, State, Zip Code: Des Peres, MO 63131  
Phone No.: 314-380-8515 E-mail Address: ap@cswrgroup.com

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

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

Prefix: Ms. Last Name, First Name: Dobbins, April  
Title: EHS Compliance Coordinator Credential: Click to enter text.  
Organization Name: CSWR  
Mailing Address: 1630 Des Peres Rd., Ste 140 City, State, Zip Code: Des Peres, MO 63131  
Phone No.: 314-380-9508 E-mail Address: adobbins@cswrgroup.com

## Section 8. Public Notice Information (Instructions Page 27)

### A. Individual Publishing the Notices

Prefix: Ms. Last Name, First Name: Dobbins, April  
Title: EHS Compliance Coordinator Credential: Click to enter text.  
Organization Name: CSWR  
Mailing Address: 1630 Des Peres Rd., Ste 140 City, State, Zip Code: Des Peres, MO 63131  
Phone No.: 314-380-9508 E-mail Address: adobbins@cswrgroup.com

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

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

- ☒ E-mail Address
- ☐ Fax
- ☐ Regular Mail

### C. Contact permit to be listed in the Notices

Prefix: Ms. Last Name, First Name: Dobbins, April  
Title: EHS Compliance Coordinator Credential: Click to enter text.

Organization Name: CSWR

Mailing Address: 1630 Des Peres Rd., Ste 140 City, State, Zip Code: Des Peres, MO 63131

Phone No.: 314-380-9508

E-mail Address: Click to enter text.

#### 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: Jackson County Memorial Library

Location within the building: Ask the Front Desk Personnel

Physical Address of Building: 411 N Wells Rm 121

City: Edna

County: Jackson

Contact (Last Name, First Name): Click to enter text.

Phone No.: 361-782-2162 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: \_\_\_\_\_

**G. Public Involvement Plan Form**

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

Attachment: N/A

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

- A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 103015053

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):

Tri-County Point Wastewater Treatment Plant

- C. Owner of treatment facility: CSWR-Texas Utility Operating Company, LLC

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

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

Prefix: Mr.

Last Name, First Name: Hammonds, Clint

Title: President

Credential: Click to enter text.

Organization Name: Tri-County Point Property Owners Association

Mailing Address: 14 County Rd 480

City, State, Zip Code: Palacios, TX 77465

Phone No.: 361-972-3998

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: Fully Executed Deed

- E. Owner of effluent disposal site:

Prefix: Mr.

Last Name, First Name: Hammonds, Clint

Title: President

Credential: Click to enter text.

Organization Name: Tri-County Point Property Owners Association

Mailing Address: 14 County Rd 480

City, State, Zip Code: Palacios, TX 77465

Phone No.: 361-972-3998

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: Fully Executed Deed

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

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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

Attachment: N/A

## Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

Click to enter text.

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

☒ Yes ☐ No

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

Click to enter text.

City nearest the outfall(s): Palacios

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

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: N/A

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

## Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☒ No

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

N/A

B. City nearest the disposal site: N/A

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

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

N/A

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

## Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

N/A

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

☐ Yes ☒ No

If yes, list each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application: N/A

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account number: N/A

Amount past due: N/A

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

Enforcement order number: N/A

Amount past due: N/A

### 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: 8x12 reproduced topo map.

## Section 14. Signature Page (Instructions Page 34)

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

Permit Number: Click to enter text.

Applicant: Click to enter text.

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): Click to enter text.

Signatory title: Click to enter text.

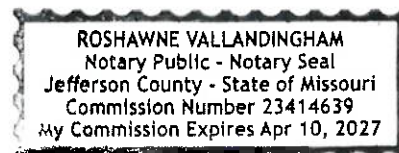
Signature: \_\_\_\_\_ Date: 9/13/2024  
(Use blue ink)

Subscribed and Sworn to before me by the said Josiah Cox  
on this 3<sup>RD</sup> day of September, 2024.  
My commission expires on the 10<sup>th</sup> day of April, 2024.

Roshawne Vallandingham  
Notary Public

[SEAL]

St. Louis  
County, ~~Texas~~ MISSOURI





# DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

## Section 1. Affected Landowner Information (Instructions Page 36)

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

If **yes**, provide the location and foreseeable impacts and effects this application has on the



land(s):

Click to enter text.

## Section 2. Original Photographs (Instructions Page 38)

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

- ☐ At least one original photograph of the new or expanded treatment unit location
- ☐ At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.
- ☐ At least one photograph of the existing/proposed effluent disposal site
- ☐ A plot plan or map showing the location and direction of each photograph

## Section 3. Buffer Zone Map (Instructions Page 38)

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

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

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

- ☐ Ownership
- ☐ Restrictive easement
- ☐ Nuisance odor control
- ☐ Variance

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

- ☐ Yes      ☐ No

# **DOMESTIC WASTEWATER PERMIT APPLICATION**

## **SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)**

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

**Attachment:** SPIF Attached

# WATER QUALITY PERMIT

## PAYMENT SUBMITTAL FORM

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

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

**Mail this form and the check or money order to:**

*BY REGULAR U.S. MAIL*

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

*BY OVERNIGHT/EXPRESS MAIL*

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

**Fee Code: WQP      Waste Permit No: WQ001539901**

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

**5. APPLICATION INFORMATION**

Name of Project or Site: Tri-County Point WWTF

Physical Address of Project or Site: 669 Clam Dr., Palacios, TX 77465

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

**Staple Check or Money Order in This Space**

# ATTACHMENT 1

## INDIVIDUAL INFORMATION

### Section 1. Individual Information (Instructions Page 41)

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

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

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

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

Date of Birth: Click to enter text.

Mailing Address: Click to enter text.

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

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

E-mail Address: Click to enter text.

CN: Click to enter text.

#### For Commission Use Only:

Customer Number:

Regulated Entity Number:

Permit Number:

# DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

Core Data Form (TCEQ Form No. 10400) ☒ 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

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*

September 4, 2024

### **CERTIFIED MAIL**

Ms. April Dobbins  
EHS Compliance Coordinator  
CSWR - Texas Utility Operating Company, LLC  
1630 Des Peres Road, Suite 140  
Des Peres, Missouri 63131

Re: Application to Renew Permit No. WQ0015399001 (EPA I.D. TX0136531)  
Issued to CSWR - Texas Utility Operating Company, LLC  
CN605844786, RN103015053

Dear Ms. Dobbins:

Our records indicate that we have not received a complete response to the Notice of Deficiency email sent August 21, 2024. The complete response to the Notice of Deficiency was due no later than September 4, 2024.

Applicants are required to respond to the Notice of Deficiency in a timely manner and failure to do so will result in the return of the permit application. If the complete response is not received within 30 days from the date of this letter, the permit application will be removed from our list of pending applications, and the permit will be allowed to expire as of February 11, 2025. If you have submitted your response to our requests for information, please disregard this letter.

This is the final notice that will be sent requesting information to administratively complete the application. Please mail a complete response and two copies to the attention of Ms. Candice Calhoun. If you have any questions, please do not hesitate to call Ms. Candice Calhoun of the Applications Review and Processing Team at (512) 239-4312.

Sincerely,

A handwritten signature in cursive script, reading "Erika Crespo".

Erika Crespo, Assistant Deputy Director  
Water Quality Division

EC/re

cc: Ms. Amberly Schulz, Compliance Specialist, TRC, 1000 Clark Avenue, 4th Floor, St. Louis, Missouri 63101