

### 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



# 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



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# SUMMARY OF APPLICATION IN PLAIN LANGUAGE FOR TPDES OR TLAP PERMIT APPLICATIONS

# Summary of Application (in plain language) Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

Applicants should use this template to develop a plain language summary of your facility and application as required by Title 30, Texas Administrative Code (30 TAC), Chapter 39, Subchapter H. You may modify the template as necessary to accurately describe your facility as long as the summary includes the following information: (1) the function of the proposed plant or facility; (2) the expected output of the proposed plant or facility; (3) the expected pollutants that may be emitted or discharged by the proposed plant or facility; and (4) how you will control those pollutants, so that the proposed plant will not have an adverse impact on human health or the environment.

Fill in the highlighted areas below to describe your facility and application in plain language. Instructions and examples are provided below. Make any other edits necessary to improve readability or grammar and to comply with the rule requirements. After filling in the information for your facility delete these instructions.

If you are subject to the alternative language notice requirements in 30 TAC Section 39.426, you must provide a translated copy of the completed plain language summary in the appropriate alternative language as part of your application package. For your convenience, a Spanish template has been provided below.

# ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS Enter 'INDUSTRIAL' or 'DOMESTIC' here WASTEWATER/STORMWATER

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

CSWR- Texas Utility Operating Company, LLC (CN600622823) proposes to operate Tri-County Point (RN101248391), a wastewater treatment plant. The facility is located at 669 Clam Drive, in Palacios, Jackson County, Texas 77465. This application is to obtain a Texas Pollutant Discharge Elimination System (TPDES) Permit for Tri-County Point WWTP, a new facility to serve the residential development of Tri County sec 2 and sec3 subdivision in Jackson County, Texas. The proposed facility will include the discharge of treated domestic wastewater to a volume not to exceed a daily average flow of 60,000 gallons per day. The discharge route is from the plant site to an unnamed drainage ditch; thence to a small snake; thence to a salt marsh; thence to Carancahua Bay.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD5), total suspended solids (TSS), and Escherichia coli. Domestic

wastewater will be treated by an activated sludge process plant and the treatment units include a bar screen, aeration basins, and chlorine contact.				

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

#### AGUAS RESIDUALES Introduzca 'INDUSTRIALES' o 'DOMÉSTICAS' aquí /AGUAS PLUVIALES

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 es una representación ejecutiva fedérale de la solicitud de permiso.

CSWR- Texas Utility Operating Company, LLC (CN600622823) propone operar Tri-County Point (RN101248391), una planta de tratamiento de aguas residuales. La instalación está ubicada en 669 Clam Drive, en Palacios, Condado de Jackson, Texas 77465. Esta solicitud es para obtener un Permiso del Sistema de Eliminación de Descargas Contaminantes de Texas (TPDES) para la PTAR Tri-County Point, una nueva instalación para servir al desarrollo residencial de la subdivisión Tri County sec 2 y sec3 en el Condado de Jackson, Texas. La instalación propuesta incluirá el vertido de aguas residuales domésticas tratadas a un volumen que no superará un caudal medio diario de 60.000 galones al día. La ruta de descarga es desde el sitio de la planta hasta una zanja de drenaje sin nombre; de ahí a una pequeña serpiente; de ahí a un pantano salado; de ahí a la Bahía Carancahua.

Se prevé que los vertidos de la instalación contengan demanda bioquímica de oxígeno carbónica de cinco días (CBOD5), sólidos suspendidos totales (SST) y Escherichia coli. Las aguas residuales domésticas serán tratadas por una planta de proceso de lodos activados y las unidades de tratamiento incluyen un tamiz de barras, cuencas de aireación y contacto con cloro.

#### **INSTRUCTIONS**

- 1. Enter the name of applicant in this section. The applicant name should match the name associated with the customer number.
- 2. Enter the Customer Number in this section. Each Individual or Organization is issued a unique 11-digit identification number called a CN (e.g. CN123456789).
- 3. Choose "operates" in this section for existing facility applications or choose "proposes to operate" for new facility applications.
- 4. Enter the name of the facility in this section. The facility name should match the name associated with the regulated entity number.
- 5. Enter the Regulated Entity number in this section. Each site location is issued a unique 11-digit identification number called an RN (e.g. RN123456789).
- 6. Choose the appropriate article (a or an) to complete the sentence.
- 7. Enter a description of the facility in this section. For example: steam electric generating facility, nitrogenous fertilizer manufacturing facility, etc.
- 8. Choose "is" for an existing facility or "will be" for a new facility.
- 9. Enter the location of the facility in this section.

# **TEXAS COMMISSION ON ENVIRONMENTAL QUALITY**



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

#### PERMIT NO. WQ0015399001

**APPLICATION.** CSWR-Texas Utility Operating Company, LLC, 1999 Bryan Street, Suite 900, Dallas, Texas 75201, has applied to the Texas Commission on Environmental Quality (TCEQ) to amend Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0015399001 (EPA I.D. No. TX0136531) to authorize an increase in the discharge of treated wastewater at a volume not to exceeed a permitted daily average flow of 600,000 gallons per day. The domestic wastewater treatment facility is located at 669 Calm Drive, 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. TCEO received this application on February 18, 2025. The permit application will be available for viewing and copying at Palacios Library Inc., 326 Main Street, Palacios, 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: <a href="https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications">https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications</a>. El aviso de idioma alternativo en español está disponible en <a href="https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications">https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications</a>.

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

PUBLIC COMMENT / PUBLIC MEETING. You may submit public comments or request a public meeting on this application. The purpose of a public meeting is to provide the opportunity to submit comments or to ask questions about the application. TCEQ will hold a public meeting if the Executive Director determines that there is a significant degree of public interest in the application or if requested by a local legislator. A public meeting is not a contested case hearing.

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

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

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

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

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 <a href="https://www.tceq.texas.gov/goto/cid">www.tceq.texas.gov/goto/cid</a>. 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 <a href="https://www14.tceq.texas.gov/epic/eComment/">https://www14.tceq.texas.gov/epic/eComment/</a>, 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 <a href="www.tceq.texas.gov/goto/pep">www.tceq.texas.gov/goto/pep</a>. 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 Mr. Karl Stephens, Operations Manager, at 832-626-3570.

Issuance Date: July 25, 2025

### Comisión de Calidad Ambiental del Estado de Texas



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

#### PERMISO NO. WQ0015399001

**SOLICITUD.** CSWR-Texas Utility Operating Company, LLC, 1999 Bryan Street, Suite 900, Dallas, Texas 75201, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para modificar el Permiso No. WQ0015399001 (EPA I.D. No. TX136531) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar un aumento en la descarga de aguas residuales tratadas a un volumen que no exceda un flujo promedio diario permitido de 60,000 galones por día. La planta está ubicada en 669 Calm Drive, Palacios, en el condado de Jackson, Texas 77465. La ruta de descarga es del sitio de la planta a una zanja de drenaje sin nombre; de ahí a un lago pequeño; de ahí a un pantano salado; de ahí a la Bahía Carancahua. La TCEQ recibió esta solicitud el 18 de febrero de 2025. La solicitud para el permiso estará disponible para leerla y copiarla en Palacios Library Inc., 326 Main Street, Palacios, en el condado de Jackson, Texas antes de la fecha de publicación de este aviso en el periódico. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web:

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

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

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

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

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

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

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

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

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

La Comisión sólo puede conceder una solicitud de una audiencia de caso impugnado sobre los temas que el solicitante haya presentado en sus comentarios oportunos que no fueron retirados posteriormente. Si se concede una audiencia, el tema de la audiencia estará limitado a cuestiones de hecho en disputa o cuestiones mixtas de hecho y de derecho relacionadas a intereses pertinentes y materiales de calidad del agua que se hayan presentado durante el período de comentarios.

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 agrega su nombre en una de las listas designe cual lista(s) y envía por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

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

CONTACTOS E INFORMACIÓN A LA AGENCIA. Todos los comentarios públicos y solicitudes deben ser presentadas electrónicamente vía <a href="http://www14.tceq.texas.gov/epic/eComment/">http://www14.tceq.texas.gov/epic/eComment/</a> 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 Utility Operating Company, LLC a la dirección indicada arriba o llamando al Sr. Karl Stephens, Director de Operaciones, al 832-626-3570.

Fecha de emisión: 25 de julio de 2025

#### **Erwin Madrid**

From: Makayla Commander < Makayla@spetexas.com>

**Sent:** Friday, July 11, 2025 9:09 AM

**To:** Erwin Madrid

**Subject:** RE: Application for Permit No. WQ0015399001 - Notice of Deficiency Letter **Attachments:** 250711 GCL706-111 TCEQ Comment Response.pdf; NORI Spanish.docx; 706-111

250709\_Tri County TPDES Permit Application\_Final\_SK.pdf

Erwin, apologies for the delay, please see the attached comment response.

MaKayla Commander, RS
Project Manager

makayla@spetexas.com

LDE: TRDE No. 18938

LPE: TBPE No. 18938 SPE: TBPE No. 18904

902 Martin Luther King Blvd., Suite 100

Willis, Texas 77378 Office: (936) 256-2626 Mobile: (936) 766-0769

Disclaimer: This electronic message may contain information that is proprietary, confidential or legally privileged or protected. It is intended only for the use of the individual(s) and entity named in the message. If you are not an intended recipient of this message, please notify the sender immediately and delete the material from your computer. Do not deliver, distribute or copy this message and do not disclose it contents or take any action in reliance on the information it contains.

From: Erwin Madrid < Erwin. Madrid@tceq.texas.gov>

Sent: Thursday, June 26, 2025 11:31 AM

To: Makayla Commander < Makayla@spetexas.com>

Cc: Karl Stephens < karl@cswrgroup.com>

Subject: Application for Permit No. WQ0015399001 - Notice of Deficiency Letter

Importance: High

Dear applicant,

The attached Notice of Deficiency letter sent on <u>June 26, 2025</u>, requests additional information needed to declare the application administratively complete. Please send the complete response to my attention by <u>July 10, 2025</u>.

#### **Summary of Application in Plain Language for TPDES or TLAP Permit Applications**

Use as guidance when developing a project's Plain Language Summary.

#### Public Involvement Plan Form ( Public Involvement Plan Instructions)

Complete and submit as part of your application for all new and major amendment applications submitted on or after November 1, 2022.

Regards,

Erwin Madrid
Team Lead
ARP Team | Water Quality Division
512-239-2191
Texas Commission on Environmental Quality



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



July 9th, 2025

Erwin Madrid Applications Review and Processing Team (MC148) Water Quality Division Texas Commission of Environmental Quality 12100 Park 35 Circle Austin, TX 78753

Re: Application for Proposed Permit No.: WQ0015399001(EPA I.D. No. TX0136531)

Applicant Name: CSWR-Texas Water Utilities, L.P. (CN606073005)

Site Name: Tri County Property Owners Association WWTP (RN103015053)

Type of Application: Major Amendment with Renewal

Engineer Contact Telephone: (936) 256-2626

Jackson County, Texas

Dear Mr. Madrid,

Please see the attached of the required documents for Copia Pines WWTP, which has been revised based on the comments received. Responses to the review comments are included below:

**Comment 1**. The current permit is issued to CSWR – Texas Utility Operating Company, LLC, however, the application was submitted for Central States Water Resources. If the permit is being transferred, please submit the Transfer Application Form (TCEQ 20031), TCEQ Core Data Form for Central States Water Resources, and the application fee of \$100. If the permit is not being transferred, please provide a response indicating that no changes to the permit ownership is occurring.

No changes to the permit ownership are occurring.

**Comment 2.** Section 3.C of the Administrative Report: The Core Data Form submitted was missing page 2 of the form. Please provide complete page 2 of the CDF.

▶ Page 2 of the Core Data Form has been attached to the response letter.

**Comment 3.** Section 9.E of the Administrative Report: This section was filled out, however, the current permit does not authorize the disposal of treated effluent via land application. Please confirm if you are requesting TLAP provisions to be added to the permit. If not, please provide an updated page with section 9.E revised.



➤ Section 9E has been revised. (See attached document)

**Comment 4.** Section 1 of the Technical Report 1.0: The proposed amendment requests an increase in the discharge of treated effluent to a volume not to exceed 62,000 gallons per day. However, the technical report indicates a volume of 70,000 gallons per day. Additionally, the current permit is authorized to discharge 24,000 gallons per day, but the application amendment indicates a current authorization of 37,000. Please clarify the amendment request and indicate the final proposed discharge volume.

The amendment request for phase 1 is 45,000 gallons per day and the final phase is 60,000 gallons per day.

**Comment 5.** Plain Language Summaries: The English and Spanish Plain Language Summaries could not be located in the application. Please use the attached documents in the NOD email to complete the PLS.

> The Plain Language Summaries have been provided.

**Comment 6.** Public Involvement Plan: The Public Involvement Plan could not be located in the application. Please complete TCEQ Form 20960 and submit with your response to this letter.

> The Public Involvement Plan has been added.

**Comment 7.** The following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions. The complete notice will be sent to you once the application is declared administratively complete.

> See below the revised version of the NORI.

APPLICATION. CSWR-Texas Utility Operating Company, LLC, 1650 Des Peres Road Ste 303, Saint Louis, MO 63131, has applied to the Texas Commission on Environmental Quality (TCEQ) to amend Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0015399001 (EPA I.D. No. TX0136531) to authorize an increase in the discharge of treated wastewater at a volume not to exceed a permitted daily average flow of 60,000 gallons per day. The domestic wastewater treatment facility is located at 669 Clam Drive, 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 February 18, 2025. The permit application will be available for viewing and copying at Palacios Library Inc., 326 Main Street, Palacios, 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/tpdesapplications. 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. <a href="https://gisweb.tceq.texas.gov/LocationMapper/?marker=-96.373888,28.693611&level=18">https://gisweb.tceq.texas.gov/LocationMapper/?marker=-96.373888,28.693611&level=18</a>

Further information may also be obtained from CSWR-Texas Utility Operating Company, LLC at the address stated above or by calling Mr. Karl Stephens, Operations Manager, at 832-626-3570

**Comment 8.** The application indicates that public notices in Spanish are required. After confirming the portion of the NORI above does not contain any errors or omissions, please use the attached template to translate the NORI into Spanish. Only the first and last paragraphs are unique to this application and require translation. Please provide the translated Spanish NORI in a Microsoft Word document.

The Spanish version of the NORI is attached to this email.

Should you have any questions or concerns, please do not hesitate to contact me at this office or the email address below.

Respectfully,

MaKayla Commander

Ph: 936-256-2626 makayla@spetexas.com

#### **Attachments:**

See below all requested documents.

( ) -						(	) -		
SECTION III: I	Regula	ated Ent	ity Inform	nation	<u> </u>				
21. General Regulated En	tity Informa	ation (If 'New Reg	gulated Entity" is selec	ted, a new p	ermit appli	cation is a	lso required.)		
☐ New Regulated Entity	Update to	Regulated Entity	Name 🔀 Update t	o Regulated	Entity Info	mation			
The Regulated Entity Nan as Inc, LP, or LLC).	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 Nam	e (Enter nan	ne of the site wher	re the regulated action	is taking pla	ace.)				
Tri-County Point									
23. Street Address of the Regulated Entity:	669 Clam D	Prive							
(No PO Boxes)	City	Palacios	State	тх	ZIP	7746	5	ZIP + 4	
24. County	Jackson				<u> </u>				
		If no Stre	et Address is provid	led, fields 2	25-28 are	required.			
25. Description to									
Physical Location:									
26. Nearest City						State		Nea	rest ZIP Code
PALACIOS						TX		7746	55
Latitude/Longitude are re used to supply coordinate	-	-	-		Data Stan	dards. (G	eocoding of ti	he Physical	Address may be
27. Latitude (N) In Decima	al:			28. L	ongitude.	(W) In De	ecimal:		
Degrees	Minutes		Seconds	Degre	ees		Minutes		Seconds
28°	4	11'36	69"		96°		22'2	5	78"
29. Primary SIC Code (4 digits)		Secondary SIC	Code	31. Primary NAICS C (5 or 6 digits)		Code	32. Secondary NA (5 or 6 digits)		CS Code
33. What is the Primary B	Business of	this entity? (D	o not repeat the SIC or	r NAICS desc	ription.)				
Wastewater Treatmnet Utiliti	es Operation	1							
34. Mailing	1650 E	es Peres Ro	ad, Ste 303						
Address:									
	City	Saint Loui	S State	МО	ZIP	631	31	ZIP + 4	
35. E-Mail Address:	Kar	l@CSWRGroup.co	om						
36. Telephone Number	•		37. Extension or	Code	38	Fax Nun	iber (if applica	ble)	
( 832 ) 431-2372					(	) -			

19. Extension or Code

20. Fax Number (if applicable)

18. Telephone Number

TCEQ-10400 (11/22) Page 2 of 3

L.	Owner of efficient disposal site:	
	Prefix: Click to enter text.	Last Name, First Name: Click to enter text.
	Title: Click to enter text.	Credential: Click to enter text.
	Organization Name: Not Applicab	le
	Mailing Address: Not Applicable	City, State, Zip Code: Not Applicable
	Phone No.: Not Applicable	E-mail Address: Not Applicable
	If the landowner is not the same agreement or deed recorded ease	person as the facility owner or co-applicant, attach a lease ement. See instructions.
	Attachment: Not Applicable	
F.	Owner sewage sludge disposal si property owned or controlled by	ite (if authorization is requested for sludge disposal on the applicant)::
	Prefix: Not Applicable	Last Name, First Name: <u>Not Applicable</u>
	Title: Not Applicable	Credential: <u>Not Applicable</u>
	Organization Name: Not Applicab	<u>le</u>
	Mailing Address: <u>Not Applicable</u>	City, State, Zip Code: Not Applicable
	Phone No.: <u>Not Applicable</u>	E-mail Address: <u>Not Applicable</u>
	If the landowner is not the same agreement or deed recorded ease	person as the facility owner or co-applicant, attach a lease ement. See instructions.
	Attachment: Not Applicable	
Se	ection 10. TPDES Dischar	ge Information (Instructions Page 31)
Α.	Is the wastewater treatment facil	lity location in the existing permit accurate?
	⊠ Yes □ No	
		on, please give an accurate description:
	Click to enter text.	
В.	Are the point(s) of discharge and	the discharge route(s) in the existing permit correct?
	⊠ Yes □ No	
	point of discharge and the disch TAC Chapter 307:	<b>ermit application</b> , provide an accurate description of the arge route to the nearest classified segment as defined in 30
	Click to enter text.	
	City nearest the outfall(s): Palacio	<u>os</u>
	County in which the outfalls(s) is	s/are located: <u>Jackson</u>
C.	Is or will the treated wastewater a flood control district drainage	discharge to a city, county, or state highway right-of-way, or ditch?
	□ Yes ⊠ No	

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### TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

# Section 1. Permitted or Proposed Flows (Instructions Page 43)

#### A. Existing/Interim I Phase

Design Flow (MGD): 0.045

2-Hr Peak Flow (MGD): <u>0.135</u>

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

#### B. Interim II Phase

Design Flow (MGD): N/A

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

Estimated construction start date:  $\underline{N/A}$ 

Estimated waste disposal start date: N/A

#### C. Final Phase

Design Flow (MGD): 0.060

2-Hr Peak Flow (MGD): <u>0.180</u>

Estimated construction start date: N/A

Estimated waste disposal start date:  $\underline{\mathbf{N/A}}$ 

#### D. Current Operating Phase

Provide the startup date of the facility: 08 – 01 - 2014

# Section 2. Treatment Process (Instructions Page 43)

#### A. Current Operating Phase

Provide a detailed description of the treatment process. **Include the type of treatment plant, mode of operation, and all treatment units.** Start with the plant's head works and



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# SUMMARY OF APPLICATION IN PLAIN LANGUAGE FOR TPDES OR TLAP PERMIT APPLICATIONS

# Summary of Application (in plain language) Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

Applicants should use this template to develop a plain language summary of your facility and application as required by Title 30, Texas Administrative Code (30 TAC), Chapter 39, Subchapter H. You may modify the template as necessary to accurately describe your facility as long as the summary includes the following information: (1) the function of the proposed plant or facility; (2) the expected output of the proposed plant or facility; (3) the expected pollutants that may be emitted or discharged by the proposed plant or facility; and (4) how you will control those pollutants, so that the proposed plant will not have an adverse impact on human health or the environment.

Fill in the highlighted areas below to describe your facility and application in plain language. Instructions and examples are provided below. Make any other edits necessary to improve readability or grammar and to comply with the rule requirements. After filling in the information for your facility delete these instructions.

If you are subject to the alternative language notice requirements in 30 TAC Section 39.426, you must provide a translated copy of the completed plain language summary in the appropriate alternative language as part of your application package. For your convenience, a Spanish template has been provided below.

# ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS Enter 'INDUSTRIAL' or 'DOMESTIC' here WASTEWATER/STORMWATER

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

CSWR- Texas Utility Operating Company, LLC (CN600622823) proposes to operate Tri-County Point (RN101248391), a wastewater treatment plant. The facility is located at 669 Clam Drive, in Palacios, Jackson County, Texas 77465. This application is to obtain a Texas Pollutant Discharge Elimination System (TPDES) Permit for Tri-County Point WWTP, a new facility to serve the residential development of Tri County sec 2 and sec3 subdivision in Jackson County, Texas. The proposed facility will include the discharge of treated domestic wastewater to a volume not to exceed a daily average flow of 60,000 gallons per day. The discharge route is from the plant site to an unnamed drainage ditch; thence to a small snake; thence to a salt marsh; thence to Carancahua Bay.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD5), total suspended solids (TSS), and Escherichia coli. Domestic

wastewater will be treated by an activated sludge process plant and the treatment units include a bar screen, aeration basins, and chlorine contact.			

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

#### AGUAS RESIDUALES Introduzca 'INDUSTRIALES' o 'DOMÉSTICAS' aquí /AGUAS PLUVIALES

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 es una representación ejecutiva fedérale de la solicitud de permiso.

CSWR- Texas Utility Operating Company, LLC (CN600622823) propone operar Tri-County Point (RN101248391), una planta de tratamiento de aguas residuales. La instalación está ubicada en 669 Clam Drive, en Palacios, Condado de Jackson, Texas 77465. Esta solicitud es para obtener un Permiso del Sistema de Eliminación de Descargas Contaminantes de Texas (TPDES) para la PTAR Tri-County Point, una nueva instalación para servir al desarrollo residencial de la subdivisión Tri County sec 2 y sec3 en el Condado de Jackson, Texas. La instalación propuesta incluirá el vertido de aguas residuales domésticas tratadas a un volumen que no superará un caudal medio diario de 60.000 galones al día. La ruta de descarga es desde el sitio de la planta hasta una zanja de drenaje sin nombre; de ahí a una pequeña serpiente; de ahí a un pantano salado; de ahí a la Bahía Carancahua.

Se prevé que los vertidos de la instalación contengan demanda bioquímica de oxígeno carbónica de cinco días (CBOD5), sólidos suspendidos totales (SST) y Escherichia coli. Las aguas residuales domésticas serán tratadas por una planta de proceso de lodos activados y las unidades de tratamiento incluyen un tamiz de barras, cuencas de aireación y contacto con cloro.

#### **INSTRUCTIONS**

- 1. Enter the name of applicant in this section. The applicant name should match the name associated with the customer number.
- 2. Enter the Customer Number in this section. Each Individual or Organization is issued a unique 11-digit identification number called a CN (e.g. CN123456789).
- 3. Choose "operates" in this section for existing facility applications or choose "proposes to operate" for new facility applications.
- 4. Enter the name of the facility in this section. The facility name should match the name associated with the regulated entity number.
- 5. Enter the Regulated Entity number in this section. Each site location is issued a unique 11-digit identification number called an RN (e.g. RN123456789).
- 6. Choose the appropriate article (a or an) to complete the sentence.
- 7. Enter a description of the facility in this section. For example: steam electric generating facility, nitrogenous fertilizer manufacturing facility, etc.
- 8. Choose "is" for an existing facility or "will be" for a new facility.
- 9. Enter the location of the facility in this section.

- 10. Enter the City nearest the facility in this section.
- 11. Enter the County nearest the facility in this section.
- 12. Enter the zip code for the facility address in this section.
- 13. Enter a summary of the application request in this section. For example: renewal to discharge 25,000 gallons per day of treated domestic wastewater, new application to discharge process wastewater and stormwater on an intermittent and flow-variable basis, or major amendment to reduce monitoring frequency for pH, etc. If more than one outfall is included in the application, provide applicable information for each individual outfall.
- 14. List all pollutants expected in the discharge from this facility in this section. If applicable, refer to the pollutants from any federal numeric effluent limitations that apply to your facility.
- 15. Enter the discharge types from your facility in this section (e.g., stormwater, process wastewater, once through cooling water, etc.)
- 16. Choose the appropriate verb tense to complete the sentence.
- 17. Enter a description of the wastewater treatment used at your facility. Include a description of each process, starting with initial treatment and finishing with the outfall/point of disposal. Use additional lines for individual discharge types if necessary.

Questions or comments concerning this form may be directed to the Water Quality Division's Application Review and Processing Team by email at <a href="https://www.wevenue.com/www.acenter.com

#### Example 1: Industrial Wastewater TPDES Application (ENGLISH)

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

ABC Corporation (CN600000000) operates the Starr Power Station (RN10000000000), a two-unit gas-fired electric generating facility. Unit 1 has a generating capacity of 393 megawatts (MWs) and Unit 2 has a generating capacity of 528 MWs. The facility is located at 1356 Starr Street, near the City of Austin, Travis County, Texas 78753.

This application is for a renewal to discharge 870,000,000 gallons per day of once through cooling water, auxiliary cooling water, and also authorizes the following waste streams monitored inside the facility (internal outfalls) before it is mixed with the other wastewaters authorized for discharge via main Outfall 001, referred to as "previously monitored effluents" (low-volume wastewater, metal-cleaning waste, and stormwater (from diked oil storage area yards and storm drains)) via Outfall 001. Low-volume waste sources, metal-cleaning waste, and stormwater drains on a continuous and flow-variable basis via internal Outfall 101.

The discharge of once through cooling water via Outfall 001 and low-volume waste and metal-cleaning waste via Outfall 101 from this facility is subject to federal effluent limitation guidelines at 40 CFR Part 423. The pollutants expected from these discharges based on 40 CFR Part 423 are: free available chlorine, total residual chlorine, total suspended solids, oil and grease, total iron, total copper, and pH. Temperature is also expected from these discharges. Additional potential pollutants are included in the Industrial Wastewater Application Technical Report, Worksheet 2.0.

Cooling water and boiler make-up water are supplied by Lake Starr Reservoir. The City of Austin municipal water plant (CN600000000, PWS 00000) supplies the facility's potable water and serves as an alternate source of boiler make-up water. Water from the Lake Starr Reservoir is withdrawn at the intake structure and treated with sodium hypochlorite to prevent biofouling and sodium bromide as a chlorine enhancer to improve efficacy and then passed through condensers and auxiliary equipment on a once-through basis to cool equipment and condense exhaust steam.

Low-volume wastewater from blowdown of boiler Units 1 and 2 and metal-cleaning wastes receive no treatment prior to discharge via Outfall 101. Plant floor and equipment drains and stormwater runoff from diked oil storage areas, yards, and storm drains are routed through an oil and water separator prior to discharge via Outfall 101. Domestic wastewater, blowdown, and backwash water from the service water filter, clarifier, and sand filter are routed to the Starr Creek Domestic Sewage Treatment Plant, TPDES Permit No. WQ0010000001, for treatment and disposal. Metal-cleaning waste from equipment cleaning is generally disposed of off-site.

#### **Example 2: Domestic Wastewater TPDES Renewal application**

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

The City of Texas (CN000000000) operates the City of Texas wastewater treatment plant (RN00000000), an activated sludge process plant operated in the complete mix mode. The facility is located at 123 Texas Street, near the City of More Texas, Texas County, Texas 71234.

This application is for a renewal to discharge at an annual average flow of 1,200,000 gallons per day of treated domestic wastewater via Outfalls 001 and 002.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD<sub>5</sub>), total suspended solids (TSS), ammonia nitrogen (NH<sub>3</sub>-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, a grit chamber, aeration basins, final clarifiers, sludge digesters, a belt filter press, chlorine contact chambers and a dechlorination chamber.

#### **Example 3: Domestic Wastewater TPDES New Application**

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

The City of Texas (CN000000000) proposes to operate the City of Texas wastewater treatment plant (RN00000000), an activated sludge process plant operated in the extended aeration mode. The facility will be located at 123 Texas Street, in the City of More Texas, Texas County, Texas 71234.

This application is for a new application to discharge at a daily average flow of 200,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD<sub>5</sub>), total suspended solids (TSS), ammonia nitrogen (NH<sub>3</sub>-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater will be treated by an activated sludge process plant and the treatment units will include a bar screen, a grit chamber, aeration basins, final clarifiers, sludge digesters, a belt filter press, chlorine contact chambers and a dechlorination chamber.

#### Example 4: Domestic Wastewater TLAP Renewal application

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

of the permit application.

The City of Texas (CN000000000) operates the City of Texas wastewater treatment plant (RN00000000), an activated sludge process plant operated in the complete mix mode. The facility is located at 123 Texas Street, near the City of More Texas, Texas County, Texas 71234.

This application is for a renewal to dispose a daily average flow not to exceed 76,500 gallons per day of treated domestic wastewater via public access subsurface drip irrigation system with a minimum area of 32 acres. This permit will not authorize a discharge of pollutants into water in the state.

Land application of domestic wastewater from the facility are expected to contain five-day biochemical oxygen demand (BOD₅), total suspended solids (TSS), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, an equalization basin, an aeration basin, a final clarifier, an aerobic sludge digester, tertiary filters, and a chlorine contact chamber. In addition, the facility includes a temporary storage that equals to at least three days of the daily average flow.

# Public Involvement Plan Form for Permit and Registration Applications

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

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

#### Section 1. Preliminary Screening

New Permit or Registration Application

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

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

#### Section 2. Secondary Screening

Requires public notice,

Considered to have significant public interest, and

Located within any of the following geographical locations:

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

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

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

TCEQ-20960 (02-09-2023)

#### Section 3. Application Information

#### Type of Application (check all that apply):

Air Initial Federal Amendment Standard Permit Title V

Waste Municipal Solid Waste Industrial and Hazardous Waste Scrap Tire

Radioactive Material Licensing Underground Injection Control

Water Quality

Texas Pollutant Discharge Elimination System (TPDES)

Texas Land Application Permit (TLAP)

State Only Concentrated Animal Feeding Operation (CAFO)

Water Treatment Plant Residuals Disposal Permit

Class B Biosolids Land Application Permit

Domestic Septage Land Application Registration

Water Rights New Permit

New Appropriation of Water

New or existing reservoir

Amendment to an Existing Water Right

Add a New Appropriation of Water

Add a New or Existing Reservoir

Major Amendment that could affect other water rights or the environment

#### Section 4. Plain Language Summary

D ' 1	1 1		C 1 1	
Provide 3	hrigt d	accrintion	of planned	activation
I I OVIUE a	титет и	CSCLIDUOL	от планиси	activities.

### Section 5. Community and Demographic Information

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

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

language notice is n	ecessary. Please pro	ovide the following info	ormation.	
(City)				
(County)				
(Census Tract) Please indicate which City	of these three is the County	e level used for gatherin Census Tract	ng the following informat	tion.
(a) Percent of people	over 25 years of age	e who at least graduated	from high school	
- -		the specified location	race within the specified	location
(d) Percent of Linguis	stically Isolated Hous	seholds by language wit	hin the specified locatior	1
(e) Languages commo	only spoken in area l	by percentage		
(f) Community and/o	or Stakeholder Group	os		
(g) Historic public int	terest or involvemen	t		

#### Section 6. Planned Public Outreach Activities

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

Yes No

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

Yes No

If Yes, please describe.

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

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

Yes No

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

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

Publish in alternative language newspaper

Posted on Commissioner's Integrated Database Website

Mailed by TCEQ's Office of the Chief Clerk

Other (specify)

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

Yes No

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

Yes No

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

TCEQ Regional Office

TCEQ Central Office

Public Place (specify)

#### Section 7. Voluntary Submittal

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

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

Yes No

What types of notice will be provided?

Publish in alternative language newspaper

Posted on Commissioner's Integrated Database Website

Mailed by TCEQ's Office of the Chief Clerk

Other (specify)

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## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

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

APPLICANT NAME: <u>CSWR - Texas utility Operating Company</u>, LLC PERMIT NUMBER (If new, leave blank): WQ00 <u>15399001</u>

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

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

For TCEQ Use Only	
Segment Number	County
Expiration DatePermit Number	Region

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### TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

## **Section 1.** Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00 □

Pay	ment	Inform	ation
Iay	<i>y</i> 1111 <i>C</i> 111 <i>U</i>	IIII OI II	เฉนบน

Mailed Check/Money Order Number: 2675

Check/Money Order Amount: \$550.00

Name Printed on Check: TCEQ

EPAY Voucher Number: N/A

Copy of Payment Voucher enclosed? Yes  $\boxtimes$ 

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

a.	Che	eck 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.
  - $oxed{oxed}$  Active  $oxed{\Box}$  Inactive

c.	Che	eck the box next to the appropriate permit type	e.	
	$\boxtimes$	TPDES Permit		
		TLAP		
		TPDES Permit with TLAP component		
		Subsurface Area Drip Dispersal System (SAD	DS)	
d.	Che	eck the box next to the appropriate application	typ	e
		New		
	$\boxtimes$	Major Amendment with Renewal		Minor Amendment <u>with</u> Renewal
		Major Amendment without Renewal		Minor Amendment without Renewal
		Renewal without changes		Minor Modification of permit
e.	stat	amendments or modifications, describe the prions and rebuild the other one to the appropriate desproyer from 0.037 to 0.062		
f.	For	existing permits:		
	Per	mit Number: WQ00 <u>15399001</u>		
	EPA	A I.D. (TPDES only): TX <u>0136531</u>		
	Exp	oiration Date: <u>February 11, 2025</u>		

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

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

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

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 <a href="http://www15.tceq.texas.gov/crpub/">http://www15.tceq.texas.gov/crpub/</a>

CN: 600622823

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: M<u>r.</u> Last Name, First Name: <u>Stephens Karl</u>

Title: <u>Operations Manager</u> Credential: <u>N/A</u>

**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?

Not Applicable

(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: <a href="http://www15.tceq.texas.gov/crpub/">http://www15.tceq.texas.gov/crpub/</a>

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: <u>N/A</u> Last Name, First Name: <u>N/A</u>

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. Attachment 1.0

## 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: Commander, Makayla

Title: <u>Project Manager</u> Credential: <u>N/A</u>

Organization Name: LightPoint Engineering

Mailing Address: 604 W. Worsham Suite 100 City, State, Zip Code: Willis, Texas 77378

Phone No.: <u>936-256-2626</u> E-mail Address: <u>Makayla@spetexas.com</u>

Check one or both: 

Administrative Contact

Technical Contact

B. Prefix: Mr. Last Name, First Name: Stephens Karl

Title: Operations Manager Credential: N/A

Organization Name: CSWR - Texas utility Operating Company, LLC

Mailing Address: 1650 Des Peres Rd Ste 303 City, State, Zip Code: Saint Louis, MO 63131

Phone No.: 832-431-2372 E-mail Address: Karl@CSWRGroup.com

Check one or both:  $\square$  Administrative Contact  $\square$  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: Commander, Makayla

Title: Project Manager Credential: N/A

Organization Name: LightPoint Engineering

Mailing Address: 604 W. Worsham Suite 100 City, State, Zip Code: Willis, Texas, 77378

Phone No.: <u>936-256-2626</u> E-mail Address: <u>Makayla@spetexas.com</u>

B. Prefix: Mr. Last Name, First Name: Stephens Karl

Title: Operations Manager Credential: N/A

Organization Name: CSWR - Texas utility Operating Company, LLC

Mailing Address: 14 County Road 480 City, State, Zip Code: Palacios, Tx 77465-1642

Phone No.: <u>832-431-2372</u> E-mail Address: <u>**N/A**</u>

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

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

Prefix: Mr. Last Name, First Name: Stephens, Karl

Title: <u>Administrative Contact</u> Credential: Click to enter text.

Organization Name: CSWR - Texas utility Operating Company, LLC

Mailing Address: 1630 Des Peres Rd STE 140 City, State, Zip Code: Des Peres, Mo 63131-1871

Phone No.: <u>832-626-3570</u> E-mail Address: <u>Karl@CSWRGroup.com</u>

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

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

Prefix: Mr. Last Name, First Name: Stephens, Karl

Title: Administrative Contact Credential: Click to enter text.

Organization Name: CSWR - Texas utility Operating Company, LLC

Mailing Address: 1630 Des Peres Rd STE 140 City, State, Zip Code: Des Peres, Mo 63131-1871

Phone No.: <u>832-626-3570</u> E-mail Address: <u>Karl@CSWRGroup.com</u>

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

#### A. Individual Publishing the Notices

Prefix: Mrs. Last Name, First Name: Commander, Makayla

Title: <u>Project Manager</u> Credential: <u>N/A</u>

Organization Name: LightPoint Engineering

Mailing Address: 604 W. Worsham Suite 100 City, State, Zip Code: Willis, Texas, 77378

Phone No.: 936-256-2626 E-mail Address: Makayla@spetexas.com

B. Method for Receiving Notice of Receipt and Intent to Obtain a Water Quality Permit Package				
	Indicate by a check mark the preferred method for receiving the first notice and instructions:			
	⊠ E-mail Address			
	□ Fax			
	□ Regular Mail			
C.	Contact permit to be listed in the Notices			
	Prefix: Mr. Last Name, First Name: <u>Stephens, Karl</u>			
	Title: <u>Administrative Contact</u> Credential: <u>N/A</u>			
	Organization Name: CSWR - Texas utility Operating Company, LLC			
Mailing Address: 1630 Des Peres Rd STE 140 City, State, Zip Code: Des Peres, Mo 63				
	Phone No.: <u>832-626-3570</u> E-mail Address: <u>Karl@CSWRGroup.com</u>			
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: <u>Palacios Library Inc.</u>			
	Location within the building: Near the middle of the library on a countertop			
Physical Address of Building: <u>326 Main St, Palacios, TX 77465</u>				
	City: <u>Palacios</u> County: <u>Jackson</u>			
Contact (Last Name, First Name): <u>Mosier Vikijane</u>				
Phone No.: <u>361-972-3234</u> Ext.: <u>N/A</u>				
E.	Bilingual Notice Requirements			
This information <b>is required</b> for <b>new, major amendment, minor amendment o modification, and renewal</b> 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?				
	✓ Vos □ 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?

$\boxtimes$	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 waived out of this requirement under 19 TAC §89.1205(g)?	has					
	□ Yes ⊠ No						
5.	If the answer is <b>yes</b> to <b>question 1, 2, 3, or 4</b> , public notices in an alternative language required. Which language is required by the bilingual program? <u>Spanish</u>	are					
Pla	in Language Summary Template						
Co	mplete the Plain Language Summary (TCEQ Form 20972) and include as an attachment.						
At	achment: Admin F						
Pu	blic Involvement Plan Form						
	Complete the Public Involvement Plan Form (TCEQ Form 20960) for each application for a <b>new permit or major amendment to a permit</b> and include as an attachment.						
At	achment: Admin G						
cti	on 9. Regulated Entity and Permitted Site Information (Instruction Page 29)	ons					
	he site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issues site. <b>RN</b> <u>101248391</u>	d to					
	Search the TCEQ's Central Registry at <a href="http://www15.tceq.texas.gov/crpub/">http://www15.tceq.texas.gov/crpub/</a> to determine if the site is currently regulated by TCEQ.						
Na	Name of project or site (the name known by the community where located):						
<u>Tri</u>	County Point						
Ow	mer of treatment facility: CSWR - Texas utility Operating Company, LLC						
Ov	nership of Facility: $\square$ Public $\boxtimes$ Private $\square$ Both $\square$ Federal						
Ow	mer of land where treatment facility is or will be:						
Pre	fix: <u>N/A</u> Last Name, First Name: <u><b>N/A</b></u>						
Tit	le: <u>N/A</u> Credential: <u>N/A</u>						
Or	ganization Name: CSWR - Texas utility Operating Company, LLC						
Ma	iling Address: <u>1630 Des Peres Rd STE 140</u> City, State, Zip Code: <u>Des Peres, Mo 63131-1871</u>						
Ph	one No.: <u>832-626-3570</u> E-mail Address: <u>mfranklin@CSWRgroup.com</u>						
	he landowner is not the same person as the facility owner or co-applicant, attach a least reement or deed recorded easement. See instructions.	se					

Attachment: Not Applicable

F.

G.

B.

C.

D.

E.	Owner of effluent disposal site:	
	Prefix: Click to enter text.	Last Name, First Name: Click to enter text.
	Title: Click to enter text.	Credential: Click to enter text.
	Organization Name: Not Applicat	<u>ble</u>
	Mailing Address: Not Applicable	City, State, Zip Code: Not Applicable
	Phone No.: Not Applicable	E-mail Address: Not Applicable
	If the landowner is not the same agreement or deed recorded ease	person as the facility owner or co-applicant, attach a lease ement. See instructions.
	Attachment: Not Applicable	
F.	Owner sewage sludge disposal si property owned or controlled by	te (if authorization is requested for sludge disposal on the applicant)::
	Prefix: Not Applicable	Last Name, First Name: <u>Not Applicable</u>
	Title: <u>Not Applicable</u>	Credential: Not Applicable
	Organization Name: Not Applicab	<u>le</u>
	Mailing Address: Not Applicable	City, State, Zip Code: Not Applicable
	Phone No.: Not Applicable	E-mail Address: <u>Not Applicable</u>
	If the landowner is not the same agreement or deed recorded ease	person as the facility owner or co-applicant, attach a lease ement. See instructions.
	Attachment: Not Applicable	
Se	ection 10. TPDES Discharg	ge Information (Instructions Page 31)
A.	Is the wastewater treatment facil	ity location in the existing permit accurate?
	⊠ Yes □ No	
		on, 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	
		<b>ermit application</b> , provide an accurate description of the arge route to the nearest classified segment as defined in 30
	Click to enter text.	
	City nearest the outfall(s): Palacic	os
	County in which the outfalls(s) is	
C.	•	discharge to a city, county, or state highway right-of-way, or
~•	a flood control district drainage	
	□ Yes ⊠ No	

	If <b>yes</b> , indicate by a check mark if:
	$\square$ Authorization granted $\square$ Authorization pending
	For <b>new and amendment</b> applications, provide copies of letters that show proof of contact and the approval letter upon receipt.
	Attachment: Not Applicable
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: <b>Not Applicable</b>
Se	ection 11. TLAP Disposal Information (Instructions Page 32)
Α.	For TLAPs, is the location of the effluent disposal site in the existing permit accurate?
	⊠ Yes □ No
	If <b>no, or a new or amendment permit application</b> , provide an accurate description of the disposal site location:
	Click to enter text.
B.	City nearest the disposal site: Click to enter text.
C.	County in which the disposal site is located: Click to enter text.
D.	For <b>TLAPs</b> , describe the routing of effluent from the treatment facility to the disposal site:
	Click to enter text.
E.	For <b>TLAPs</b> , please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: Click to enter text.
C a	
	ection 12. Miscellaneous Information (Instructions Page 32)
A.	Is the facility located on or does the treated effluent cross American Indian Land?
	□ Yes ⊠ No
В.	If the existing permit contains an onsite sludge disposal authorization, is the location of the sewage sludge disposal site in the existing permit accurate?
	□ Yes □ No ⊠ Not Applicable
	If No, or if a new onsite sludge disposal authorization is being requested in this permit application, provide an accurate location description of the sewage sludge disposal site.
	Click to enter text.

C.	Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?			
	□ Yes ⊠ No			
	If yes, list each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application: Click to enter text.			
D.	Do you owe any fees to the TCEQ?			
	□ Yes ⊠ No			
	If <b>yes</b> , provide the following information:			
	Account number: Click to enter text.			
	Amount past due: Click to enter text.			
E.	Do you owe any penalties to the TCEQ?			
	□ Yes ⊠ No			
	If <b>yes</b> , please provide the following information:			
	Enforcement order number: Click to enter text.			
	Amount past due: Click to enter text.			
Se	ection 13. Attachments (Instructions Page 33)			
	ection 13. Attachments (Instructions Page 33) dicate which attachments are included with the Administrative Report. Check all that apply:			
Inc	licate 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			
Ind	licate 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.			
Ind	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)			

Section 14. Signature Page (Instructions Page 34) If co-applicants are necessary, each entity must submit an original, separate signature page. Permit Number: WQ 0015 349001 Applicant: CSWR - Texas utility Operating Company, LLC 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 title: \_\_\_ Signature:\_ (Use blue ink) Subscribed and Sworn to before me by the said Josiah on this 17th day of September , 2024

My commission expires on the 4th day of May . 2028 [SEAL] DANIEL RYAN JANOWIAK Notary Public, Notary Seal

State of Missouri St. Louis County Commission # 20374795 My Commission Expires 05-04-2028

# DOMESTIC WASTEWATER PERMIT APPLICATION **ADMINISTRATIVE REPORT 1.0**

The following information is required for new and amendment applications.

Se	ctio	on 1. Affected Landowner Information (Instructions Page 36)					
Α.	Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:						
	$\boxtimes$	The applicant's property boundaries					
	$\boxtimes$	The facility site boundaries within the applicant's property boundaries					
	$\boxtimes$	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					
	$\boxtimes$	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					
	$\boxtimes$	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					
В.	⊠ addı	Indicate by a check mark that a separate list with the landowners' names and mailing resses cross-referenced to the landowner's map has been provided.					
C.	Indi	cate by a check mark in which format the landowners list is submitted:					
		oxtimes USB Drive $oxtimes$ Four sets of labels					
D.	Prov	vide the source of the landowners' names and mailing addresses: Attachment 1.1					
E.	As required by <i>Texas Water Code § 5.115</i> , is any permanent school fund land affected by this application?						

 $\boxtimes$ 

No

□ Yes

if

	land(s	
	Click	x to enter text.
C <sub>0</sub>	ation	2 Original Dhotographs (Instructions Dags 29)
	ction	
		original ground level photographs. Indicate with checkmarks that the following ion is provided.
	$\boxtimes$	At least one original photograph of the new or expanded treatment unit location
	6	At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.
		At least one photograph of the existing/proposed effluent disposal site
		A plot plan or map showing the location and direction of each photograph
Se	ction	a 3. Buffer Zone Map (Instructions Page 38)
	Buffe infori	r zone map. Provide a buffer zone map on $8.5 \times 11$ -inch paper with all of the following nation. The applicant's property line and the buffer zone line may be distinguished by 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.
В.		r zone compliance method. Indicate how the buffer zone requirements will be met. c all that apply.
	$\boxtimes$	Ownership
	$\boxtimes$	Restrictive easement
	$\boxtimes$	Nuisance odor control
	$\boxtimes$	Variance
C.		itable site characteristics. Does the facility comply with the requirements regarding table 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: Admin 1.0

# 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.

application until the items below have been addressed.				
Core Data Form (TCEQ Form No. 10400) (Required for all application types. Must be completed in its entirety a Note: Form may be signed by applicant representative.)	nd s	igned.		Yes
Correct and Current Industrial Wastewater Permit Application Forms (TCEQ Form Nos. 10053 and 10054. Version dated 6/25/2018 or late				Yes
Water Quality Permit Payment Submittal Form (Page 19) (Original payment sent to TCEQ Revenue Section. See instructions for	mai	iling ad	⊠ dress	Yes
7.5 Minute USGS Quadrangle Topographic Map Attached (Full-size map if seeking "New" permit. 8½ x 11 acceptable for Renewals and Amendments)				Yes
Current/Non-Expired, Executed Lease Agreement or Easement	$\boxtimes$	N/A		Yes
Landowners Map (See instructions for landowner requirements)		N/A		Yes
<ul> <li>Things to Know:</li> <li>All the items shown on the map must be labeled.</li> <li>The applicant's complete property boundaries must be deleaded boundaries of contiguous property owned by the applicant.</li> <li>The applicant cannot be its own adjacent landowner. You all landowners immediately adjacent to their property, regard from the actual facility.</li> <li>If the applicant's property is adjacent to a road, creek, or so on the opposite side must be identified. Although the propapplicant's property boundary, they are considered potent of the adjacent road is a divided highway as identified on the applicant does not have to identify the landowned the highway.</li> </ul>	t. mus lless strea perti ially he U	t identi of how m, the es are i affecte ISGS to	fy the far in the far	e they are owners djacent to idowners. aphic
Landowners Cross Reference List (See instructions for landowner requirements)		N/A	$\boxtimes$	Yes
Landowners Labels or USB Drive attached (See instructions for landowner requirements)		N/A	$\boxtimes$	Yes
•				

(If signature page is not signed by an elected official or principle executive officer,

Original signature per 30 TAC § 305.44 - Blue Ink Preferred

Plain Language Summary

a copy of signature authority/delegation letter must be attached)

Yes

Yes



Owner

15. Mailing

Address:

Occupational Licensee

City

☐ Operator

1999 BRYAN ST STE 900

**16. Country Mailing Information** (if outside USA)

**DALLAS** 

Responsible Party

# **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**

SECTION 1: General Information								
1. Reason for Submission (If other is checked please describe in space provided.)								
New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)								
Renewal (Core Data Form should be submi	⊠ Renewal (Core Data Form should be submitted with the renewal form)     □ Other							
2. Customer Reference Number (if issued)	Follow this link to searc	<u>'</u>   '	gulated Entity Re	ference	Number (if issued)			
CN 605844786	Central Registry**	_	490049					
SECTION II: Customer								
4. General Customer Information	5. Effective Date for Customer Ir	itormation	<b>Updates</b> (mm/dd,	/уууу)				
□ New Customer       □ Update to Customer Information       □ Change in Regulated Entity Ownership         □ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)								
The Customer Name submitted here may (SOS) or Texas Comptroller of Public Acco	•	n what is c	urrent and active	with th	ne Texas Secretary of State			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)  If new Customer, enter previous Customer below:								
Central States Water Resources								
7. TX SOS/CPA Filing Number  0804348462  8. TX State Tax ID (11 digits)  9. Federal Tax ID  (9 digits)  10. DUNS Number (if applicable)								
11. Type of Customer: Corporation Individual Partnership: General Limited								
Government: City County Federal Local State Other Sole Proprietorship								
12. Number of Employees			13. Independer	ntly Ow	ned and Operated?			
⋈ 0-20     □ 21-100     □ 101-250     □ 251-	☑ 0-20       ☐ 21-100       ☐ 101-250       ☐ 251-500       ☐ 501 and higher       ☒ Yes       ☐ No							
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following								

TCEQ-10400 (11/22) Page 1 of 3

TX

ZIP

75201

17. E-Mail Address (if applicable)

Other:

**ZIP + 4** 

3140

Owner & Operator

☐ VCP/BSA Applicant

State

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. ☐ Dam Safety Districts ☐ Edwards Aquifer ☐ Emissions Inventory Air ☐ Industrial Hazardous Waste ☐ New Source Municipal Solid Waste OSSF Petroleum Storage Tank ☐ PWS Review Air Sludge Storm Water ☐ Title V Air ☐ Tires Used Oil ☐ Voluntary Cleanup Wastewater ■ Wastewater Agriculture ■ Water Rights Other: **SECTION IV: Preparer Information** 40. Name: MaKayla Commander 41. Title: PM 42. Telephone Number 43. Ext./Code 44. Fax Number 45. E-Mail Address (936) 256-2626 ) MaKayla@spetexas.com **SECTION V: Authorized Signature** 46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39. Company: Job Title: Light Point Engineering Project Manager Name (In Print): MaKayla Commander Phone: (936) 256-2626 Signature: Date: MaKayla Commander 1/8/2025

TCEQ-10400 (11/22) Page 3 of 3

GARCIA, ALBERT & NATIVIDAD 5112 PARKVIEW HILLS LN FORT WORTH, TX 76179-4265	DIKE, PAMELA PO BOX 367 PALACIOS, TX 77465	BESEDA, KERMIT & TAMMY P O BOX 104 FAYETTEVILLE, TX 78940
NARVAEZ, MERCEDES MARIA 758 MEMORIAL MEWS ST HOUSTON, TX 77079	HAHN, CORBIN MITCHELL 1830 ROZNOV RD FAYETTEVILLE, TX 78940	SMITH, KENNETH & AMANDA P O BOX 2292 BAY CITY, TX 77404
UTLEY, GREGORY 3110 CROSSFELL RD SPRING, TX 77388	BOUTTE, NATASHA P O BOX 31 ALIEF, TX 77411	MORGAN, RONDA 293 HADDOCK PALACIOS, TX 77465-2116
CANADILLA, JOSE ENRIQUE 12602 BJ DUSEK RD WALLIS, TX 77485	LOPEZ, EDDY G & ALFREDO COSTA SANCHEZ 2927 HIGH PLAINS DR KATY, TX 77449	COSTA, ALFREDO & YUSLENYA GONZALEZ 20626 CHESTNUT HILLS DR KATY, TX 77450
KING, ALLEN SHANE & MARY M 15194 MILLER RD SAINT HEDWIG, TX 78152	KING, ALLEN SHANE & MARY M 15193 MILLER RD SAINT HEDWIG, TX 78152	MEARS, ZACHARY & JAYMI P O BOX 448 KARNES CITY, TX 78118
MEARS, BARRY & ANGELA 97 OAK FIELDS DR FLORESVILLE, TX 78114	HERNANDEZ, MIGUEL ANGEL JR 2361 RATUS AVE STAFFORD, TX 77477	GONZALEZ, JESUS 85 ROBBIE DR HEBBRONVILLE, TX 78361
BARTON, ERIK RELSTER 248 SHADY MEADOWS LN CIBOLO, TX 78108	GARCIA-ALEMAN, JUAN CARLOS & JANETH CARBAJAL 13021 DESSAU RD #LOT 482 AUSTIN, TX 78754	URESTI, RICHARD A & THERESA A 181 URESTI LN VICTORIA, TX 77905
HOLLIDAY, DAWN R 422 LUNA VISTA DR HUTTO, TX 78634	ESQUIVEL, ROBERT ETAL 6614 SNOW MEADOW DR CONVERSE, TX 78109	MOONEY, WILLIAM E & MARIA HAYDEE REVOCABLE TRUST 402 ZAPATA AVE RANCHO VIEJO, TX 78575
WHALEN, RANDY & NORMA 13 PIZARRO AVE RANCHO VIEJO, TX 78575-9633	ALEXANDER, MARTHA 7924 MERCHANT DR NEEDVILLE, TX 77461	WHALEN, RANDY & NORMA 13 PIZARRO AVE RANCHO VIEJO, TX 78575-9633
HUGHES, ALBERT JR & WYVETTE	BANAH INVESTMENT & SERVICES	RODRIGUEZ, PAULETTE ANN

809 CO RD 477

PALACIOS, TX 77465

1011 MOORE ST

PALACIOS, TX 77465

2311 HAMMERWOOD DR

MISSOURI CITY, TX 77489-4138

LEAL, ILENE & EDY A 6506 FAIRBROOK PARK LN SPRING, TX 77379

NEWBOULD, ROBERT 2949 PARK ST MARIANNA, FL 32446 BANAH INVESTMENT & SERVICES 810 CO RD 477 PALACIOS, TX 77465

GONZALEZ, JUAN & ROXANNA MURO PO BOX 7651 EAGLE PASS, TX 78853 CANO, JAOQUIN JR & HERMELINDA MARROQUIN 7527 MAGNOLIA ST HOUSTON, TX 77023

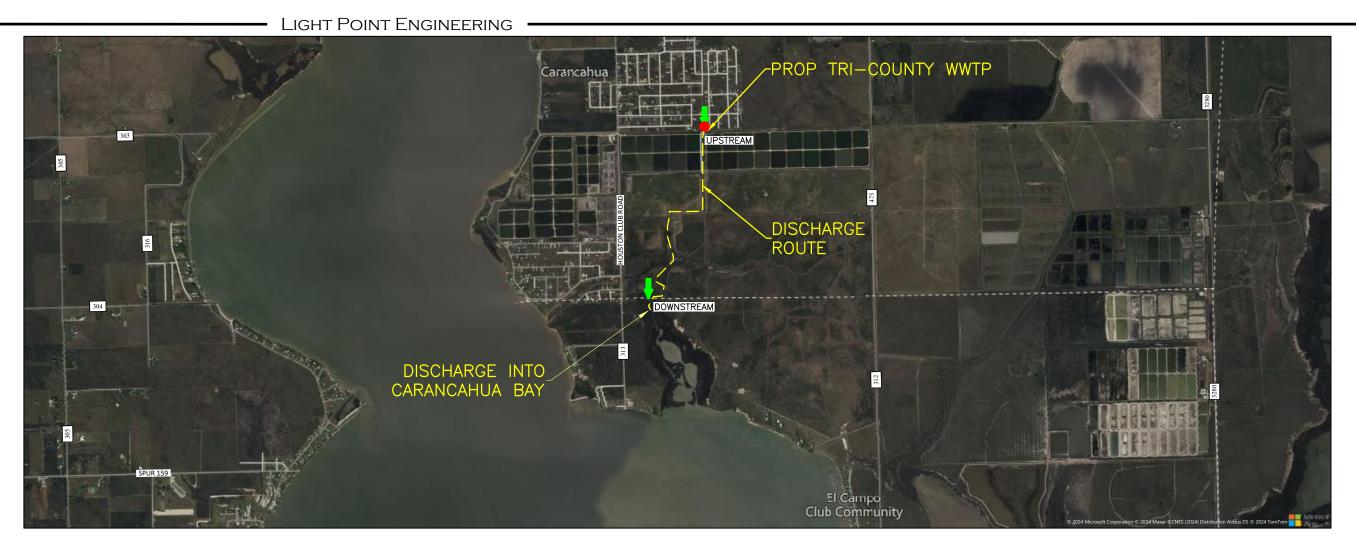
MONTROY, NICHOLE P O BOX 111 WOLFE CITY, TX 75496

HERRICK, VELONI & CALVIN 16930 CLAN MACINTOSH HOUSTON, TX 77084 HERRICK, VELONI & CALVIN 16930 CLAN MACINTOSH HOUSTON, TX 77084 GUTIERREZ, ROBERTO & VIOLA P O BOX 2542 KYLE, TX 78640

#		Property ID	OWNER NAME	MAILING ADDRESS
1	R	11790	GARCIA, ALBERT & NATIVIDAD	5112 PARKVIEW HILLS LN FORT WORTH, TX 76179-4265
2	R	11786	DIKE, PAMELA	PO BOX 367 PALACIOS, TX 77465
3	R	11768	BESEDA, KERMIT & TAMMY	P O BOX 104 FAYETTEVILLE, TX 78940
4	R	12820	NARVAEZ, MERCEDES MARIA	758 MEMORIAL MEWS ST HOUSTON, TX 77079
5	R	12819	HAHN, CORBIN MITCHELL	1830 ROZNOV RD FAYETTEVILLE, TX 78940
5	R	12818	HAHN, CORBIN MITCHELL	1830 ROZNOV RD FAYETTEVILLE, TX 78940
5	R	12817	HAHN, CORBIN MITCHELL	1830 ROZNOV RD FAYETTEVILLE, TX 78940
6	R	12814	SMITH, KENNETH & AMANDA	P O BOX 2292 BAY CITY, TX 77404
7	R	12812	UTLEY, GREGORY	3109 CROSSFELL RD SPRING, TX 77388
7	R	12812	UTLEY, GREGORY	3110 CROSSFELL RD SPRING, TX 77388
8	R	12811	BOUTTE, NATASHA	P O BOX 31 ALIEF, TX 77411
8	R	12810	BOUTTE, NATASHA	P O BOX 31 ALIEF, TX 77412
9	R	12809	MORGAN, RONDA	293 HADDOCK PALACIOS, TX 77465-2116
10	R	12808	CANADILLA, JOSE ENRIQUE	12601 BJ DUSEK RD WALLIS, TX 77485
10	R	12807	CANADILLA, JOSE ENRIQUE	12602 BJ DUSEK RD WALLIS, TX 77485
11	R	12806	LOPEZ, EDDY G & ALFREDO COSTA SANCHEZ	2927 HIGH PLAINS DR KATY, TX 77449
12	R	12805	COSTA, ALFREDO & YUSLENYA GONZALEZ	20626 CHESTNUT HILLS DR KATY, TX 77450
13	R	12804	LOPEZ, EDDY & RAQUEL COSTA	2927 HIGH PLAINS DR KATY, TX 77449
14	R	12968	KING, ALLEN SHANE & MARY M	15193 MILLER RD SAINT HEDWIG, TX 78152
14	R	12967	KING, ALLEN SHANE & MARY M	15194 MILLER RD SAINT HEDWIG, TX 78152
15	R	12966	MEARS, ZACHARY & JAYMI	P O BOX 448 KARNES CITY, TX 78118
15	R	12965	MEARS, ZACHARY & JAYMI	P O BOX 448 KARNES CITY, TX 78119
16	R	12964	HERNANDEZ, MIGUEL ANGEL JR	2362 RATUS AVE STAFFORD, TX 77477
17	R	12963	GONZALEZ, JESUS	85 ROBBIE DR HEBBRONVILLE, TX 78361

18	R	12700	BARTON, ERIK RELSTER	248 SHADY MEADOWS LN CIBOLO, TX 78108
18	R	12701	BARTON, ERIK RELSTER	249 SHADY MEADOWS LN CIBOLO, TX 78108
19	R	12702	GARCIA-ALEMAN, JUAN CARLOS & JANETH CARBAJAL	13021 DESSAU RD #LOT 482 AUSTIN, TX 78754
20	R	12703	URESTI, RICHARD A & THERESA A	181 URESTI LN VICTORIA, TX 77905
21	R	12704	HOLLIDAY, DAWN R	422 LUNA VISTA DR HUTTO, TX 78634
22	R	12705	JORDON, JOHN A & GUERRY	1126 WENTWORTH DR PEARLAND, TX 77584-2361
23	R	12706	ESQUIVEL, ROBERT ETAL	6614 SNOW MEADOW DR CONVERSE, TX 78109
24	R	12707	MOONEY, WILLIAM E & MARIA HAYDEE REVOCABLE TRUST	402 ZAPATA AVE RANCHO VIEJO, TX 78575
24	R	12708	MOONEY, WILLIAM E & MARIA HAYDEE REVOCABLE TRUST	403 ZAPATA AVE RANCHO VIEJO, TX 78575
25	R	12709	ALEXANDER, MARTHA	RICKY ALEXANDER 7924 MERCHANT DR NEEDVILLE, TX 77461
26	R	12710	WHALEN, RANDY & NORMA	13 PIZARRO AVE RANCHO VIEJO, TX 78575-9633
27	R	12711	HUGHES, ALBERT JR & WYVETTE	2311 HAMMERWOOD DR MISSOURI CITY, TX 77489-4138
28	R	12712	LEAL, ILENE & EDY A	6506 FAIRBROOK PARK LN SPRING, TX 77379
29	R	12713	RODRIGUEZ, PAULETTE ANN	1011 MOORE ST PALACIOS, TX 77465
30	R	12714	BANAH INVESTMENT & SERVICES	809 CO RD 477 PALACIOS, TX 77465
30	R	12715	BANAH INVESTMENT & SERVICES	810 CO RD 477 PALACIOS, TX 77465
31	R	12532	NEWBOULD, ROBERT	2949 PARK ST MARIANNA, FL 32446
32	R	12531	CANO, JAOQUIN JR & HERMELINDA MARROQUIN	7527 MAGNOLIA ST HOUSTON, TX 77023
33	R	11767	GONZALEZ, JUAN & ROXANNA MURO	P O BOX 7651 EAGLE PASS, TX 78853
34	R	11766	MONTROY, NICHOLE	P O BOX 111 WOLFE CITY, TX 75496
35	R	11787	HERRICK, VELONI & CALVIN	16930 CLAN MACINTOSH HOUSTON, TX 77084
35	R	11788	HERRICK, VELONI & CALVIN	16931 CLAN MACINTOSH HOUSTON, TX 77084
35 36	R R	11788 11789	HERRICK, VELONI & CALVIN WHITBECK, TRAVIS	
				HOUSTON, TX 77084 2410 EULESS CT WEATHERFORD,



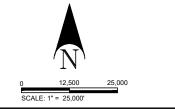








WWTP DISCHARGE UPSTREAM WWTP LOCATION WWTP DISCHARGE DOWNSTREAM



PROJECT NAME:	TPDES PERMIT
PROJECT NUMBER:	GCL706-111
PREPARED FOR:	TRI-COUNTY WWTP
DATE:	August 6, 2024

TRI-COUNTY WWTP
DISCHARGE LOCATION PHOTOS

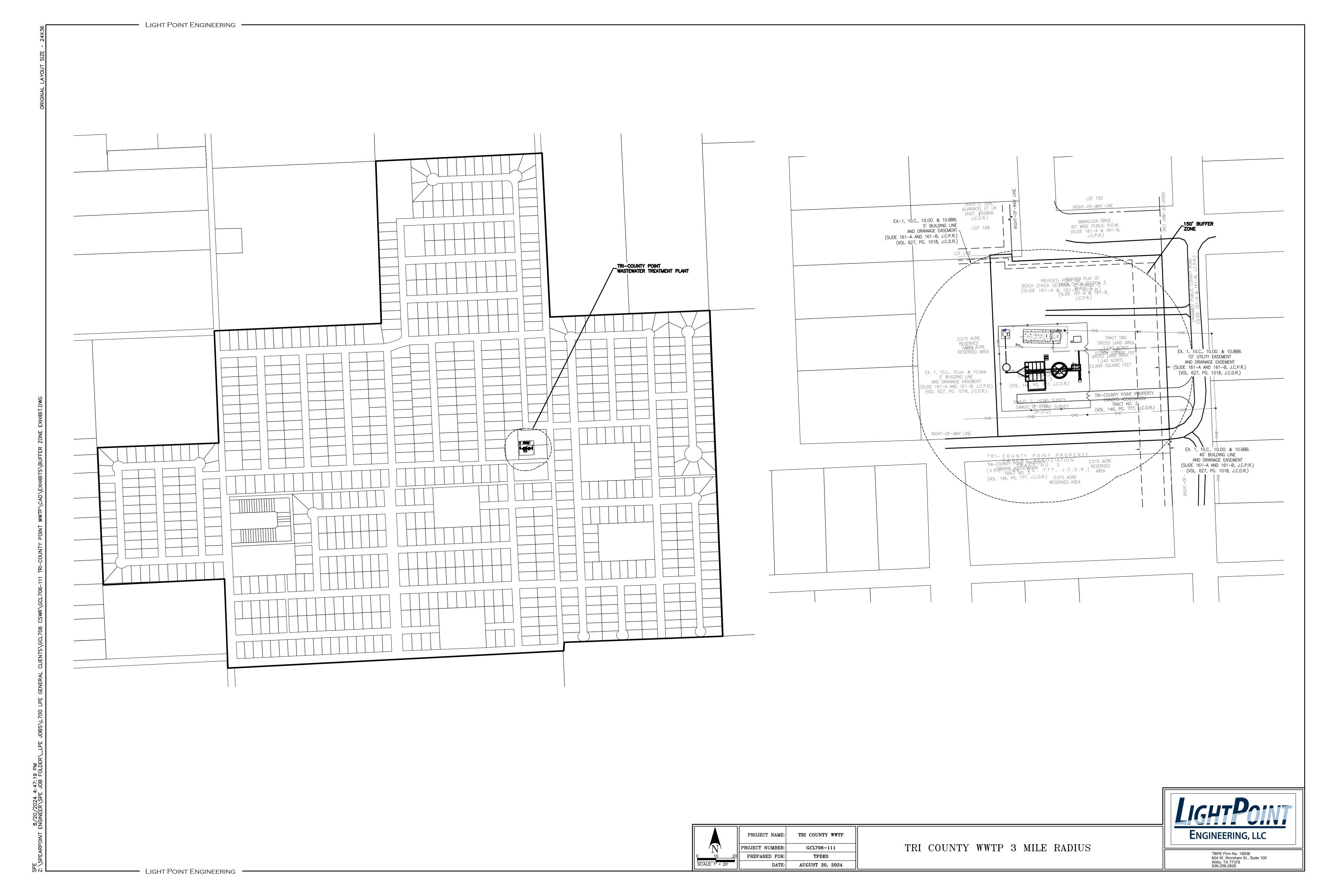


LEGEND:

LOCATION OF PHOTO

DIRECTION PHOTO WAS TAKEN

TBPE Firm No. 18938 604 W. Worsham St., Suite 100 Willis, TX 77378 936-256-2626



TRI-COUNTY POINT WWTP PROJECT NAME: TRI-COUNTY POINT WWTP PROJECT NUMBER: GCL706-111 QUAD MAP PREPARED FOR: **E**NGINEERING, LLC DATE: 8/1/2024 OLIVIA QUADRANGLE TEXAS 7.5-MINUTE SERIES U.S. DEPARTMENT OF THE INTERIOR U.S. GEOLOGICAL SURVEY The National Map
US Topo 28.7500° 28.7500° Shank

N Bank

Airport  $^{31}82^{000m}N$ Weedhaven CO RD 471 SUNRISE BAY DR JACKSON CO CALHOUN CO Carancahua Santo Domingo Springs CO RD 309 JACKSON CO CALHOUN CO CO RD 315 DOWNSTREAM DISCHARGE ROUTE 73 Port Alto Olivia Cem\_ CO RD 314 Keller Bay 70 3170<sup>000m</sup>N <sup>7</sup>56<sup>000m</sup>E 45 47 48 49 50 51 52 53 54 55 28.6250° -96.3750° <sup>28.6250°</sup> -96.5000°

SCALE 1:24 000

MILES

FEET

CONTOUR INTERVAL 5 FEET NORTH AMERICAN VERTICAL DATUM OF 1988

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

3°0′ 53 MILS

1°14′ 22 MILS

UTM GRID AND 2019 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

QS

ROAD CLASSIFICATION

Interstate Route US Route State Route

OLIVIA, TX

2022

2 3 1 Lolita
2 La Ward
3 Francitas
4 Point Comfort
5 Turtle Bay
6 Port Lavaca East
7 Keller Bay
8 Carancahua Page

ADJOINING QUADRANGLES

4WD

Produced by the United States Geological Survey
North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and
1 000-meter grid:Universal Transverse Mercator, Zone 14R

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

Names..... Hydrography...

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

TRI-COUNTY POINT WWTP PROJECT NAME: TRI-COUNTY POINT WWTP PROJECT NUMBER: GCL706-111 QUAD MAP PREPARED FOR: **E**NGINEERING, LLC DATE: 8/1/2024 TURTLE BAY QUADRANGLE
TEXAS
7.5-MINUTE SERIES U.S. DEPARTMENT OF THE INTERIOR U.S. GEOLOGICAL SURVEY The National Map
US Topo -96.3750° <sup>7</sup>57<sup>000m</sup>E 28.7500° 28.7500° 3183000mN CO RD 322 BUFFALOE RD Palacios Municipal Airport Palacios TRI-COUNTY POINT WWTP TRI-COUNTY POINT
WWTP DISCHARGE POINT DOWNSTREAM DISCHARGE ROUTE FROM TRI-COUNTY POINT WWTP Turtle Bay JACKSON CO DOWNSTREAM DISCHARGE ROUTE FROM TRI-COUNTY POINT WWTP Tres Palacios El Campo Club Community RADIUS Carancahua 72 Bay Well Point Schicke Point Community SEAHORSE DR CEDAR LN Matagorda Bay 70 Schicke Point 3170<sup>000m</sup>N Carancahua Pass <sup>7</sup>68<sup>000m</sup>E -96.2500° <sup>28.6250°</sup> 28.6250° -96.3750°

SCALE 1:24 000

2°56′ 52 MILS

1°17′ 23 MILS

UTM GRID AND 2019 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

QS

METERS

MILES

FEET

CONTOUR INTERVAL 5 FEET NORTH AMERICAN VERTICAL DATUM OF 1988

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

ROAD CLASSIFICATION

TURTLE BAY, TX

Interstate Route

QUADRANGLE LOCATION

ADJOINING QUADRANGLES

1 La Ward 2 Francitas 3 Blessing 4 Olivia 5 Palacios

6 Keller Bay

7 Carancahua Pass 8 Palacios Point Local Road

US Route State Route

Produced by the United States Geological Survey
North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and
1 000-meter grid:Universal Transverse Mercator, Zone 14R

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

entering private lands.

Names....

# THE COMMISSION OF THE PROPERTY OF THE PROPERTY

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

# Section 1. Permitted or Proposed Flows (Instructions Page 43)

# A. Existing/Interim I Phase

Design Flow (MGD): 0.045

2-Hr Peak Flow (MGD):0.135

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

#### **B.** Interim II Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

## C. Final Phase

Design Flow (MGD): 0.060

2-Hr Peak Flow (MGD): 0.180

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

### D. Current Operating Phase

Provide the startup date of the facility: 08 – 01 - 2014

# Section 2. Treatment Process (Instructions Page 43)

### A. Current Operating Phase

Provide a detailed description of the treatment process. **Include the type of treatment plant, mode of operation, and all treatment units.** Start with the plant's head works and

finish with the point of discharge. Include all sludge processing and drying units. **If more than one phase exists or is proposed, a description of** *each phase* **must be provided**.

The phase II plant is designed for 45,000 GPD. The aeration basins are planned to be equipped with fine bubble diffusers with a submergence of 10 feet. A chlorine contact tank is added and the final plant will be an extended aeration wastewater treatment plant with 2 aeration basins  $25 \times 12 \times 12$  ft. 1 20-foot diameter clarifier x 10 ft high. 1 chlorine contact basin  $12 \times 10 \times 11$  ft., and 1 wasting tank,  $25 \times 12 \times 12$  ft.

#### **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)
Aeration Basin	2	25 ft X 12 ft X 12 ft
Clarifier	1	20 ft X 10 ft
<b>Chlorine Contact Basin</b>	1	12 ft X 10 ft X 11 ft
Wasting Tank	1	25 ft X 12 ft x 12 ft

# C. Process Flow Diagram

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

**Attachment**: 2.1- FLOW PID

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

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

• Latitude: <u>28.688890</u>

• Longitude: -96.373427

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

Latitude: N/ALongitude: N/A

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

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

Attachment: 1.4 Buffer Zone Exhibit

Provide the name <b>and</b> a des	cription of the area	served by the treatment	facility.
TriCounty WWTP serves resi Bay.	idential single-fami	ly manufactured homes no	ear Carancahua
Collection System Informati each <b>uniquely owned</b> collection systems. <b>examples.</b>	ction system, existi	ng and new, served by th	is facility, including
Collection System Informatio	n		
Collection System Name	Owner Name	Owner Type	Population Served
TriCounty Sanitary Sewer	CSWR	Privately Owned	960
		Choose an item.	
		Choose an item.	
		Choose an item.	
☐ Yes ⊠ No  If yes, provide a detailed di  Failure to provide sufficier	nt justification may	y result in the Executive	-
recommending denial of th	ne unbuilt phase or	r phases.	
Not Applicable			
Section 5. Closure I	Plans (Instructi	ons Page 45)	
Have any treatment units be out of service in the next five		rvice permanently, or will	l any units be taken
⊠ Yes □ No			

TCEQ-10054 (04/02/2024) Domestic Wastewater Permit Application Technical Report

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

	□ Yes ⊠ No
If y	yes, provide a brief description of the closure and the date of plan approval.
	ection 6. Permit Specific Requirements (Instructions Page 45)
	r applicants with an existing permit, check the Other Requirements or Special ovisions 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: Not Applicable
	Provide information, including dates, on any actions taken to meet a <i>requirement or provision</i> pertaining to the submission of a summary transmittal letter. <b>Provide a copy of</b> an approval letter from the TCEQ, if applicable.
	Not 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.
	Not Applicable

C.	Ot	her actions required by the current permit
	sul	es the <i>Other Requirements</i> or <i>Special Provisions</i> section in the existing permit require omission of any other information or other required actions? Examples include tification of Completion, progress reports, soil monitoring data, etc.
		□ Yes ⊠ No
	-	ves, provide information below on the status of any actions taken to meet the additions of an <i>Other Requirement</i> or <i>Special Provision</i> .
	N	ot Applicable
D.	Gr	it and grease treatment
	1.	Acceptance of grit and grease waste
		Does the facility have a grit and/or grease processing facility onsite that treats and decants or accepts transported loads of grit and grease waste that are discharged directly to the wastewater treatment plant prior to any treatment?
		□ Yes ⊠ No
		If No, stop here and continue with Subsection E. Stormwater Management.
	2.	Grit and grease processing
		Describe below how the grit and grease waste is treated at the facility. In your description, include how and where the grit and grease is introduced to the treatment works and how it is separated or processed. Provide a flow diagram showing how grit and grease is processed at the facility.
		Not Applicable
	3.	Grit disposal
		Does the facility have a Municipal Solid Waste (MSW) registration or permit for grit disposal?

If No, contact the TCEQ Municipal Solid Waste team at 512-239-2335. Note: A

Yes 🗵

No

		Describe the method of grit disposal.
		Not Applicable
	4.	Grease and decanted liquid disposal
		Note: A registration or permit is required for grease disposal. Grease shall not be combined with treatment plant sludge. For more information, contact the TCEQ Municipal Solid Waste team at 512-239-2335.
		Describe how the decant and grease are treated and disposed of after grit separation.
		Not Applicable
E.	Sto	ormwater 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
		<b>If yes</b> , please provide MSGP Authorization Number and skip to Subsection F, Other Wastes Received:
		TXR05 <u>Not Applicable</u> or TXRNE <u>Not Applicable</u>
		If no, do you intend to seek coverage under TXR050000?
		□ Yes ⊠ No
	3.	Conditional exclusion
		Alternatively, do you intend to apply for a conditional exclusion from permitting based TXR050000 (Multi Sector General Permit) Part II B.2 or TXR050000 (Multi Sector General Permit) Part V, Sector T 3(b)?
		□ Yes ⊠ No

	If yes, please explain below then proceed to Subsection F, Other Wastes Received:
	Not Applicable
4.	Existing coverage in individual permit
	Is your stormwater discharge currently permitted through this individual TPDES or TLAP permit?
	□ Yes ⊠ No
	<b>If yes</b> , 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.
	Not Applicable
5 <b>.</b>	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.
	Not Applicable
	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
	<b>If yes</b> , 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.
		Not Applicable
		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.	Dis	scharges to the Lake Houston Watershed
	Do	es the facility discharge in the Lake Houston watershed?
		□ Yes ⊠ No
	-	res, attach a Sewage Sludge Solids Management Plan. See Example 5 in the instructions. t Applicable
G.	Otl	her wastes received including sludge from other WWTPs and septic waste
	1.	Acceptance of sludge from other WWTPs
		Does or will the facility accept sludge from other treatment plants at the facility site?
		□ Yes ⊠ No
		If yes, attach sewage sludge solids management plan. See Example 5 of instructions.
		In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an
		estimate of the $BOD_5$ concentration of the sludge, and the design $BOD_5$ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.
		Not Applicable
		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 ves does the unit have a Municipal Solid Waste permit?

	□ Yes ⊠ No
	<b>If yes to any of the above</b> , provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the $BOD_5$ concentration of the septic waste, and the
	design $BOD_5$ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.
	Not Applicable
	Note: Permits that accept sludge from other wastewater treatment plants may be required to have influent flow and organic loading monitoring.
3.	Acceptance of other wastes (not including septic, grease, grit, or RCRA, CERCLA or as discharged by IUs listed in Worksheet 6)
	Is or will the facility accept wastes that are not domestic in nature excluding the categories listed above?
	□ Yes ⊠ No
	If yes, provide the date that the plant started accepting the waste, an estimate how much waste is accepted on a monthly basis (gallons or millions of gallons), a description of the entities generating the waste, and any distinguishing chemical or other physical characteristic of the waste. Also note if this information has or has not changed since the last permit action.
	Not Applicable
Secti	ion 7. Pollutant Analysis of Treated Effluent (Instructions Page
	50)
Is the	facility in operation?
$\boxtimes$	Yes □ No
If no.	this section is not applicable. Proceed to Section 8.

If yes, provide effluent analysis data for the listed pollutants. *Wastewater treatment facilities* complete Table 1.0(2). *Water treatment facilities* discharging filter backwash water, complete Table 1.0(3). Provide copies of the laboratory results sheets. **These tables are not** 

complete Table 1.0(2). Water treatment facilities discharging interbackwash water complete Table 1.0(3). Provide copies of the laboratory results sheets. **These tables are not applicable for a minor amendment without renewal.** See the instructions for guidance.

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l	SEE ATTACH ED			Grab	
Total Suspended Solids, mg/l				Grab	
Ammonia Nitrogen, mg/l				Grab	
Nitrate Nitrogen, mg/l				Grab	
Total Kjeldahl Nitrogen, mg/l				Grab	
Sulfate, mg/l				Grab	
Chloride, mg/l				Grab	
Total Phosphorus, mg/l				Grab	
pH, standard units				Grab	
Dissolved Oxygen*, mg/l				Grab	
Chlorine Residual, mg/l				Grab	
E.coli (CFU/100ml) freshwater				Grab	
Entercocci (CFU/100ml) saltwater				Grab	
Total Dissolved Solids, mg/l				Grab	
Electrical Conductivity, µmohs/cm, †				Grab	
Oil & Grease, mg/l				Grab	
Alkalinity (CaCO <sub>3</sub> )*, mg/l				Grab	

<sup>\*</sup>TPDES permits only

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

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

# Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: Vavra, Dwight G.

Facility Operator's License Classification and Level: <u>Class B – Ground Water Treatment Operator</u>

Facility Operator's License Number: WG0008137

<sup>†</sup>TLAP permits only

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

A.	WW	TP's Biosolids Management Facility Type
	Che	ck all that apply. See instructions for guidance
		Design flow>= 1 MGD
		Serves >= 10,000 people
		Class I Sludge Management Facility (per 40 CFR § 503.9)
		Biosolids generator
		Biosolids end user – land application (onsite)
		Biosolids end user – surface disposal (onsite)
		Biosolids end user – incinerator (onsite)
B.	ww	TP's Biosolids Treatment Process
	Che	ck all that apply. See instructions for guidance.
	$\boxtimes$	Aerobic Digestion
		Air Drying (or sludge drying beds)
		Lower Temperature Composting
		Lime Stabilization
		Higher Temperature Composting
		Heat Drying
		Thermophilic Aerobic Digestion
		Beta Ray Irradiation
		Gamma Ray Irradiation
		Pasteurization
		Preliminary Operation (e.g. grinding, de-gritting, blending)
		Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)
		Sludge Lagoon
		Temporary Storage (< 2 years)
		Long Term Storage (>= 2 years)
		Methane or Biogas Recovery
		Other Treatment Process: Click to enter text.

# C. Biosolids Management

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

### **Biosolids Management**

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Other	Off-site Third-Party Handler or Preparer	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

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

# D. Disposal site

Disposal site name: Oak Hollow Sewer

TCEQ permit or registration number: <u>WQoo11768001</u> County where disposal site is located: Matagorda

# E. Transportation method

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

Name of the hauler: Aqua Zyme Services

Hauler registration number: 21480

Sludge is transported as a:

	Liquid □	semi-liquid 🗵	semi-solid $\square$	solid $\square$
--	----------	---------------	----------------------	-----------------

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

### A. Beneficial use authorization

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

□ Yes ⊠ No

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

□ Yes □ No

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

	Yes □ No						
B. Sludge	e processing authorization						
Does the existing permit include authorization for any of the following sludge processing, storage or disposal options?							
Slu	idge Composting		Yes	$\boxtimes$	No		
Ma	rketing and Distribution of sludge		Yes	$\boxtimes$	No		
Slu	idge Surface Disposal or Sludge Monofill		Yes	$\boxtimes$	No		
Te	mporary storage in sludge lagoons		Yes	$\boxtimes$	No		
If yes to any of the above sludge options and the applicant is requesting to continue this authorization, is the completed <b>Domestic Wastewater Permit Application: Sewage Sludge Technical Report (TCEQ Form No. 10056)</b> attached to this permit application?							
	Yes □ No						
Section	11. Sewage Sludge Lagoons (Ins	tru	ctions	Ρασσ	53)		
	facility include sewage sludge lagoons?	па		ι αξι			
_	es 🗵 No						
	nplete the remainder of this section. If no,	nroc	eed to Se	ction	12.		
•		proc	cca to be	ction	. 12.		
	on information	00.10	ont of th	0.000	ligation For each man		
	ollowing maps are required to be submitted le the Attachment Number.	as p	art or th	e app	incation. For each map,		
•	Original General Highway (County) Map:						
	Attachment: Attachment 2.0 - A						
•	USDA Natural Resources Conservation Serv	vice	Soil Map:				
	Attachment: Attachment 2.0 - B						
•	Federal Emergency Management Map:						
	Attachment: Attachment 2.0 - C						
•	Site map:						
	Attachment: Attachment 2.0 - D						
Discus apply.	ss in a description if any of the following ex	ist v	vithin the	e lago	on area. Check all that		
	Overlap a designated 100-year frequency	floo	d plain				
	Soils with flooding classification						
	Overlap an unstable area						
	Wetlands						
	Located less than 60 meters from a fault						
	None of the above						

Attachment: Click to enter text.

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

Not Applicable	

# **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: N/A

Total Kjeldahl Nitrogen, mg/kg: N/A

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

Phosphorus, mg/kg: <u>N/A</u>
Potassium, mg/kg: <u>N/A</u>
pH, standard units: <u>N/A</u>

Ammonia Nitrogen mg/kg: N/A

Arsenic: <u>N/A</u>
Cadmium: <u>N/A</u>
Chromium: <u>N/A</u>
Copper: <u>N/A</u>

Lead: <u>N/A</u>

Mercury: <u>N/A</u>

Molybdenum: N/A

Nickel: <u>N/A</u> Selenium: <u>N/A</u>

Zinc: N/A

Total PCBs: N/A

Provide the following information:

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

Total dry tons stored in the lagoons(s) per 365-day period: N/A

Total dry tons stored in the lagoons(s) over the life of the unit:  $\underline{N/A}$ 

#### C. Liner information

Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity of  $1x10^{-7}$  cm/sec?

□ Yes ⊠ No

	n yes	, describe the liner below. Please note that a liner is required.				
	Not Applicable					
D.	Site d	evelopment plan				
	Provid	de a detailed description of the methods used to deposit sludge in the lagoon(s):				
	Not Applicable					
	Attac	h the following documents to the application.				
	•	Plan view and cross-section of the sludge lagoon(s)				
		Attachment: N/A				
	•	Copy of the closure plan				
		Attachment: N/A				
	•	Copy of deed recordation for the site				
		Attachment: N/A				
	•	Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons				
		Attachment: N/A				
	•	Description of the method of controlling infiltration of groundwater and surface water from entering the site				
		Attachment: N/A				
	•	Procedures to prevent the occurrence of nuisance conditions				
		Attachment: N/A				
F	Groui	ndwater monitoring				
		undwater monitoring currently conducted at this site, or are any wells available for				
	groundwater monitoring currently conducted at this site, of are any wens available for the groundwater monitoring, or are groundwater monitoring data otherwise available for the sludge lagoon(s)?					
		Yes 🗵 No				
	If groundwater monitoring data are available, provide a copy. Provide a profile of soil types encountered down to the groundwater table and the depth to the shallowest groundwater as a separate attachment.					

Attachment: N/A

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

A. Additional authorizations					
Does the permittee have additional authorizations for this facility, such as reuse authorization, sludge permit, etc?					
□ Yes ⊠ No					
If yes, provide the TCEQ authorization number and description of the authorization:					
Not Applicable					
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					
<b>If yes</b> to either question, provide a brief summary of the enforcement, the implementation schedule, and the current status:					
Not Applicable					
Section 13. RCRA/CERCLA Wastes (Instructions Page 55)					

# A. RCRA hazardous wastes

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

Yes	$\boxtimes$	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: Not Applicable

# Section 14. Laboratory Accreditation (Instructions Page 56)

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

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

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

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

# CERTIFICATION: I certify that all laboratory tests submitted with this application meet the requirements of 30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification. Printed Name: MaKayla Commander Title: Project Manager Signature: \_\_\_\_\_\_\_

# DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.1

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

# Section 1. Justification for Permit (Instructions Page 57)

#### A. Justification of permit need

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

This expansion can be achieved constructing a new 40,000 GPD extended aeration treatment
plant. It is expected to be completed within the facility's current 5-year permit. Due to the
facility's location, there are no alternative sites for treatment.

# B. Regionalization of facilities

For additional guidance, please review <u>TCEQ's Regionalization Policy for Wastewater Treatment</u><sup>1</sup>.

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

#### 1. Municipally incorporated areas

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

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

□ Yes ⊠ No □ Not Applicable

If yes, within the city limits of:  $\underline{N/A}$ 

If yes, attach correspondence from the city.

Attachment: N/A

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

Attachment: N/A

#### 2. Utility CCN areas

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

□ Yes ⊠ No

<sup>&</sup>lt;sup>1</sup> https://www.tceq.texas.gov/permitting/wastewater/tceq-regionalization-for-wastewater

If yes, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the CCN facilities versus the cost of the proposed facility or expansion. **Attachment**: Click to enter text. 3. Nearby WWTPs or collection systems Are there any domestic permitted wastewater treatment facilities or collection systems located within a three-mile radius of the proposed facility?  $\boxtimes$ Yes No If ves, attach a list of these facilities and collection systems that includes each permittee's name and permit number, and an area map showing the location of these facilities and collection systems. Attachment: 2.2 LOCATION EXHIBIT If yes, attach proof of mailing a request for service to each facility and collection system, the letters requesting service, and correspondence from each facility and collection system. Attachment: 2.2 - A If the facility or collection system agrees to provide service, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the facility or collection system versus the cost of the proposed facility or expansion. Attachment: Click to enter text. Section 2. Proposed Organic Loading (Instructions Page 59) Is this facility in operation? Yes □ No **If no**, proceed to Item B, Proposed Organic Loading. If ves, provide organic loading information in Item A, Current Organic Loading A. Current organic loading Facility Design Flow (flow being requested in application): Click to enter text. Average Influent Organic Strength or BOD<sub>5</sub> Concentration in mg/l: Average Influent Loading (lbs/day = total average flow X average BOD<sub>5</sub> conc. X 8.34): Click to enter text. Provide the source of the average organic strength or BOD<sub>5</sub> concentration.

Click to enter text.

#### B. Proposed organic loading

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

Table 1.1(1) - Design Organic Loading

Source	Total Average Flow (MGD)	Influent BOD5 Concentration (mg/l)
Municipality		
Subdivision	.040	20 MG/L
Trailer park - transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources		
AVERAGE BOD₅ from all sources		

# Section 3. Proposed Effluent Quality and Disinfection (Instructions Page 59)

# A. Existing/Interim I Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: 20

Total Suspended Solids, mg/l: 20

Ammonia Nitrogen, mg/l: N/A

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: 4

Other: E. COLI 126 MPN /100 ML

B. Interim II Phase Design Effluent Quality	
Biochemical Oxygen Demand (5-day), mg/l: <u>N/A</u>	
Total Suspended Solids, mg/l: <u><b>N/A</b></u>	
Ammonia Nitrogen, mg/l: <u><b>N/A</b></u>	
Total Phosphorus, mg/l: <u><b>N/A</b></u>	
Dissolved Oxygen, mg/l: <u><b>N/A</b></u>	
Other: <u>N/A</u>	
C. Final Phase Design Effluent Quality	
Biochemical Oxygen Demand (5-day), mg/l: <u>20</u>	
Total Suspended Solids, mg/l: <u>20</u>	
Ammonia Nitrogen, mg/l: <u><b>N/A</b></u>	
Total Phosphorus, mg/l: <u><b>N/A</b></u>	
Dissolved Oxygen, mg/l: <u>4</u>	
Other: <u>E. COLI 126 MPN /100 ML</u>	
D. Disinfection Method	
Identify the proposed method of disinfection.	
$oxed{\boxtimes}$ Chlorine: 4 mg/l after 20 minutes detention time at peak flow	
Dechlorination process: <u>N/A</u>	
$\square$ Ultraviolet Light: <u>N/A</u> seconds contact time at peak flow	
□ Other: <u>N/A</u>	
Section 4. Design Calculations (Instructions Page 59)	
Attach design calculations and plant features for each proposed phase. Example 4 of the instructions includes sample design calculations and plant features.	
Attachment: 2.6 Design Calculations	
Section 5. Facility Site (Instructions Page 60)	
, and the second	
A. 100-year floodplain	
Will the proposed facilities be located <u>above</u> the 100-year frequency flood level?	
⊠ Yes □ No	
If no, describe measures used to protect the facility during a flood event. Include a site map showing the location of the treatment plant within the 100-year frequency flood level. If applicable, provide the size and types of protective structures.	
Not Applicable	

Provide the source(s) used to determine 100-year frequency flood plain. FEMA Map 48239C0600D For a new or expansion of a facility, will a wetland or part of a wetland be filled? Yes 🖂 **If yes**, has the applicant applied for a US Corps of Engineers 404 Dredge and Fill Permit? Yes □ No If yes, provide the permit number: Not Applicable If no, provide the approximate date you anticipate submitting your application to the Corps: N/A B. Wind rose Attach a wind rose: 2.4 Windrose Map Permit Authorization for Sewage Sludge Disposal Section 6. (Instructions Page 60) A. Beneficial use authorization

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

Yes  $\boxtimes$ 

If yes, attach the completed Application for Permit for Beneficial Land Use of Sewage Sludge (TCEQ Form No. 10451): Not Applicable

## B. Sludge processing authorization

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

- Sludge Composting
- Marketing and Distribution of sludge
- Sludge Surface Disposal or Sludge Monofill

If any of the above, sludge options are selected, attach the completed **Domestic** Wastewater Permit Application: Sewage Sludge Technical Report (TCEQ Form No. 10056): Not Applicable

#### Section 7. Sewage Sludge Solids Management Plan (Instructions Page 61)

Attach a solids management plan to the application.

Attachment: 2.5 Sludge Management Plan

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

Treatment units and processes dimensions and capacities

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

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

# DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

Section 1. Domestic Drinking Water Supply (Instructions Page 64)
Is there a surface water intake for domestic drinking water supply located within 5 miles downstream from the point or proposed point of discharge?
□ Yes ⊠ No
If <b>no</b> , proceed it Section 2. <b>If yes</b> , provide the following:
Owner of the drinking water supply: Not Applicable
Distance and direction to the intake: Not Applicable
Attach a USGS map that identifies the location of the intake.
Attachment: Not Applicable
Section 2. Discharge into Tidally Affected Waters (Instructions Page 64)
Does the facility discharge into tidally affected waters?
□ Yes ⊠ No
If <b>no</b> , proceed to Section 3. <b>If yes</b> , complete the remainder of this section. If no, proceed to Section 3.
A. Receiving water outfall
Width of the receiving water at the outfall, in feet: Not Applicable
B. Oyster waters
Are there oyster waters in the vicinity of the discharge?
□ Yes ⊠ No
If yes, provide the distance and direction from outfall(s).
Not Applicable
C. Sea grasses
Are there any sea grasses within the vicinity of the point of discharge?
□ Yes ⊠ No
If yes, provide the distance and direction from the outfall(s).
Not Applicable

# Section 3. **Classified Segments (Instructions Page 64)** Is the discharge directly into (or within 300 feet of) a classified segment? Yes ⊠ No **If ves**, this Worksheet is complete. **If no**, complete Sections 4 and 5 of this Worksheet. **Description of Immediate Receiving Waters (Instructions** Section 4. **Page 65)** Name of the immediate receiving waters: Not Applicable A. Receiving water type Identify the appropriate description of the receiving waters. Stream Freshwater Swamp or Marsh Lake or Pond Surface area, in acres: Not Applicable Average depth of the entire water body, in feet: Not Applicable Average depth of water body within a 500-foot radius of discharge point, in feet: Not Applicable Man-made Channel or Ditch Open Bay Tidal Stream, Bayou, or Marsh Other, specify: Not Applicable **B.** Flow characteristics If a stream, man-made channel or ditch was checked above, provide the following. For existing discharges, check one of the following that best characterizes the area *upstream* of the discharge. For new discharges, characterize the area *downstream* of the discharge (check one). Intermittent - dry for at least one week during most years Intermittent with Perennial Pools - enduring pools with sufficient habitat to maintain significant aquatic life uses Perennial - normally flowing Check the method used to characterize the area upstream (or downstream for new dischargers). USGS flow records Historical observation by adjacent landowners $\boxtimes$ Personal observation Other, specify: Not Applicable

		e names of all perennial stre tream of the discharge poin		the receiving water within three miles
	Not A	<u>oplicable</u>		
D.	Downs	tream characteristics		
		receiving water characteris rge (e.g., natural or man-ma		ithin three miles downstream of the ds, reservoirs, etc.)?
	$\boxtimes$	Yes □ No		
	If yes,	discuss how.		
	ROAD	SIDE DITCHES FLOW TO CA	RANCAHUA I	BAY (SEG 2456A)
E.	Provide COAS		e water body	during normal dry weather conditions.  L AND WET WEATHER RUN OFF
	Date a	nd time of observation: MAY	Y 2024	
	Was th	e water body influenced by	stormwater r	unoff during observations?
		Yes 🗵 No		
Se	ction	5. General Characte Page 66)	eristics of	the Waterbody (Instructions
A.	Upstre	am influences		
		mmediate receiving water u ced by any of the following		ne discharge or proposed discharge site at apply.
		Oil field activities		Urban runoff
		Upstream discharges		Agricultural runoff
		Septic tanks		Other(s), specify: Not Applicable

C. Downstream perennial confluences

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

dumping areas; water discolored



Client:

Clear Water Solutions - Tri County POA

Project:

Tri county Point PoA-Permit Renewal

Work Order:

24E1789

Reported: 07-Jun-24 14:19

# Effluent 24E1789-01 (Water) Sampled: 14-May-24 11:46

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Analyst	Notes
			Envirody	ne Labo	ratories, I	nc.				
Field Analysis										
Chlorine Residual, Total	2.30	0.01	mg/L	1	B4E5061	14-May-24	14-May-24 14:30	SM 4500-CI C	i AS	а
Dissolved Oxygen (DO)	6.87		mg/L	1	B4E5061	14-May-24	14-May-24 14:30	SM4500-O C	AS	а
рН	7.64		SU	1	B4E5061	14-May-24	14-May-24 14:30	SM4500H+ B	AS	a
Microbiology			-00000075550000 70000	7,04	cer campo y contra	5.00000000000000	Someone of the second	27 C Apr 10 Apr 27		
E.coli	<1	1	MPN/100 mL	1	B4E5130	14-May-24	14-May-24 18:00	SM9223 B	LTB	Н
Wet Chemistry										
Alkalinity (Total) as CaCO3	323	20.0	mg/L	1	B4E5288	21-May-24	21-May-24 11:10	EPA 310.2	SSJ	
Ammonia-N (NH3-N)	5.18	1.00	mg/L	5	B4E5801	24-May-24	24-May-24 13:50	EPA 350.1	SSJ	P
CBOD-5	6.2	2.0	mg/L	1	B4E5412	15-May-24	15-May-24 18:20	SM5210 B	JLH	I
Chloride	55.0	15.0	mg/L	5	B4E5653	05-Jun-24	05-Jun-24 14:51	SM4500 CI-B	DRJ	
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	
FKN-N	5.89	0.50	mg/L	1	B4F2916	24-May-24	24-May-24 13:50	SM 4500-NH3	D SSJ	
TSS	13.0	2.0	mg/L	1	B4E5223	21-May-24	21-May-24 14:42	SM2540 D	TB/JH	Q

Envirodyne Laboratories, Inc.

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



Client: Clear Water Solutions - Tri County POA

Project: Tri county Point PoA-Permit Renewal

Work Order: 24E1789

Reported: 07-Jun-24 14:19

# Microbiology - Quality Control Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch B4E5130 - Microbiology										
Blank (B4E5130-BLK1)				Prepared &	Analyzed:	15-May-24	1			
E.coli	<1	1 N	1PN/100 mL							
Duplicate (B4E5130-DUP1)	Sour	rce: 24E1611-	02	Prepared &	Analyzed:	15-May-24	ł .			
E.coli	<2	2 N	4PN/100 mL		<2			0	0.402	

Envirodyne Laboratories, Inc.

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.



Client: Clear Water Solutions - Tri County POA

Project: Tri county Point PoA-Permit Renewal

Work Order: 24E1789

Reported: 07-Jun-24 14:19

# Wet Chemistry - Quality Control Envirodyne Laboratories, Inc.

		Reporting		Spike	Source		%REC		RPD	
Analyte	Result	Limit	Units	Level	Result	%REC	Limits	RPD	Limit	Notes
Batch B4E4488 - Inorganics										
Blank (B4E4488-BLK1)				Prepared 8	Analyzed:	14-May-24				
Nitrate-N	< 0.50	0.50	mg/L							
LCS (B4E4488-BS1)				Prepared &	k Analyzed:	14-May-24	1			
Nitrate-N	2.94		mg/L	3.00		98.0	90-110			
Matrix Spike (B4E4488-MS1)	Sou	rce: 24E1602-	01	Prepared &	& Analyzed:	14-May-24	1			
Nitrate-N	86.6	10.0	mg/L	60.0	20.0	111	80-120			
Matrix Spike Dup (B4E4488-MSD1)	Sou	rce: 24E1602-	01	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										
Blank (B4E5223-BLK1)				Prepared &	& Analyzed:	21-May-24	E.			
TSS	<2.0	2.0	mg/L							
LCS (B4E5223-BS1)				Prepared &	& Analyzed:	21-May-24	l.			
TSS	81.0		mg/L	100		81.0	80-120			
Duplicate (B4E5223-DUP1)	Sou	rce: 24E1610-	-01	Prepared &	& Analyzed:	21-May-24	E)			
TSS	3.6	2.0	mg/L		5.8			46.8	20	
Batch B4E5288 - Inorganics										
Blank (B4E5288-BLK1)				Prepared &	& Analyzed:	21-May-24				
Alkalinity (Total) as CaCO3	<20.0	20.0	mg/L							

Envirodyne Laboratories, Inc.

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.

Laura Bonjonia For Sherry Walker, Customer Service Representativ



Client: Clear Water Solutions - Tri County POA

Project: Tri county Point PoA-Permit Renewal

Work Order: 24E1789

Reported: 07-Jun-24 14:19

# Wet Chemistry - Quality Control Envirodyne Laboratories, Inc.

		Reporting		Spike	Source		%REC		RPD	
Analyte	Result	Limit	Units	Level	Result	%REC	Limits	RPD	Limit	Notes
Batch B4E5288 - Inorganics										
LCS (B4E5288-BS1)				Prepared &	Analyzed:	21-May-24	1			
Alkalinity (Total) as CaCO3	101		mg/L	100		101	90-110			
Duplicate (B4E5288-DUP1)	Sou	rce: 24E1077-	01	Prepared &		21-May-24	1			
Alkalinity (Total) as CaCO3	185	20.0	mg/L		186			0.129	20	
Batch B4E5412 - Inorganics										
Blank (B4E5412-BLK1)				Prepared &	Analyzed:	15-May-24	1			
CBOD-5	<2.0	2.0	mg/L							
LCS (B4E5412-BS1)				Prepared &	Analyzed:	15-May-24	1			
CBOD-5	203		mg/L	198		102	84.6-115.4			
Duplicate (B4E5412-DUP1)	Sou	rce: 24E1789-	01	Prepared & Analyzed: 15-May-24						
CBOD-5	6.10	2.0	mg/L		6.20			1.63	20	
Batch B4E5437 - Inorganics										
Blank (B4E5437-BLK1)				Prepared &	Analyzed:	21-May-24	1			
TDS	<50.0	50.0	mg/L							
LCS (B4E5437-BS1)				Prepared &	k Analyzed	21-May-24				
TDS	530		mg/L	500		106	0-200			
Duplicate (B4E5437-DUP1)	Sou	rce: 24E1065-	01	Prepared & Analyzed: 21-May-24			4			
TDS	486	50.0	mg/L		488			0.411	20	

Envirodyne Laboratories, Inc.

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Client:

Clear Water Solutions - Tri County POA

Project:

Tri county Point PoA-Permit Renewal

Work Order:

24E1789

Reported:

07-Jun-24 14:19

# Wet Chemistry - Quality Control

### Envirodyne Laboratories, Inc.

		Reporting	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Analyte	Result	Limit	Units	Level	Result	701100	2111110			
Batch B4E5628 - Inorganics										
Blank (B4E5628-BLK1)	25			Prepared &	& Analyzed:	23-May-24				
Sulfate	<2.00	2.00	mg/L							
LCS (B4E5628-BS1)				Prepared &	& Analyzed:	23-May-24				
Sulfate	19.2		mg/L	20.0		95.8	90-110			
Matrix Spike (B4E5628-MS1)	Sour	ce: 24E2008-	-03	Prepared &	& Analyzed:	23-May-24				
Sulfate	229	20.0	mg/L	200	28.9	99.9	80-120			
Matrix Spike Dup (B4E5628-MSD1)	Sour	ce: 24E2008-	-03	Prepared &	& Analyzed:	23-May-24	L.			
Sulfate	232	20.0	mg/L	200	28.9	102	80-120	1.43	20	
Batch B4E5653 - Inorganics										
Blank (B4E5653-BLK1)				Prepared &	& Analyzed:	05-Jun-24				
Chloride	<3.0	3.0	mg/L							
Y 60 (DADE/ET DOL)				Prepared &	& Analyzed:	05-Jun-24				
LCS (B4E5653-BS1) Chloride	98.0		mg/L	100		98.0	90-110			
Chloride				D	P. A	05 Iun 24				
Matrix Spike (B4E5653-MS1)	1.70	rce: 24E0492-			& Analyzed: 160	100	80-120			
Chloride	180	12.0	mg/L	20,0	100	100	80-120			
Matrix Spike Dup (B4E5653-MSD1)	Sour	rce: 24E0492	-01	Prepared a	& Analyzed:	05-Jun-24				
Chloride	178	12.0	mg/L	20.0	160	90.0	80-120	1.12	20	
Batch B4E5657 - Inorganics										
Blank (B4E5657-BLK1)				Prepared a	& Analyzed:	21-May-24	4			
Phosphorus, Total	< 0.10	0.10	mg/L							

Envirodyne Laboratories, Inc.

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Laura Bonjonia For Sherry Walker, Customer Service Representativ



Client:

Clear Water Solutions - Tri County POA

Project:

Tri county Point PoA-Permit Renewal

Work Order: 24E1789

Reported:

07-Jun-24 14:19

# Wet Chemistry - Quality Control Envirodyne Laboratories, Inc.

Analyte	Result	Limit	Units	Level	Result	%REC	Limits	RPD	Limit	Notes
Batch B4E5657 - Inorganics										
Satch B4E3037 - Inorganies				Prepared &	Analyzed:	21-May-24				
LCS (B4E5657-BS1)	7711227				/ that y zea.	102	80-120			
Phosphorus, Total	1.02		mg/L	1.00		102	170-120			
Matrix Spike (B4E5657-MS1)	Sou	rce: 24E1179-	01	Prepared &	Analyzed:	21-May-24				
Phosphorus, Total	4.10	0.20	mg/L	2.00	2.30	90.0	80-120			
	Sou	rce: 24E1179-	01	Prepared &	Analyzed:	21-May-24	1			
Matrix Spike Dup (B4E5657-MSD1) Phosphorus, Total	4.10	0.20	mg/L	2.00	2.30	90.0	80-120	0.00	20	
Batch B4E5801 - Inorganics										
Blank (B4E5801-BLK1)				Prepared 8	Analyzed:	24-May-24	1			
Ammonia-N (NH3-N)	< 0.20	0.20	mg/L							
LCS (B4E5801-BS1)				Prepared 8	& Analyzed	24-May-24	4			
Ammonia-N (NH3-N)	0.94		mg/L	1.00		94.0	90-110			
	Source: 24E1288-02			Prepared &	& Analyzed	24-May-2	4			
Matrix Spike (B4E5801-MS1)	1.67	0.20	mg/L	1.00	0.74	93.0	90-110			
Ammonia-N (NH3-N)	1.07	0,20	mg/L	1,100						
Matrix Spike Dup (B4E5801-MSD1)	Source: 24E1288-02			Prepared & Analyzed: 24-May-24						
Ammonia-N (NH3-N)	1.65	0.20	mg/L	1.00	0.74	91.0	90-110	1.20	20	

Envirodyne Laboratories, Inc.

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.



Client:

n

Clear Water Solutions - Tri County POA

Project:

Tri county Point PoA-Permit Renewal

Work Order:

24E1789

Not accredited

Reported:

07-Jun-24 14:19

#### **Notes and Definitions**

Q	QC did not meet ELI acceptance criteria
P	Sample preserved at bench
1	Greater than 30% difference between highest and lowest values
Н	Hold time exceeded
ND	Analyte NOT DETECTED at or above the reporting limit
<	Result is less than the RL
а	Analyte not available for TNI/NELAP accreditation

Envirodyne Laboratories, Inc.

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.

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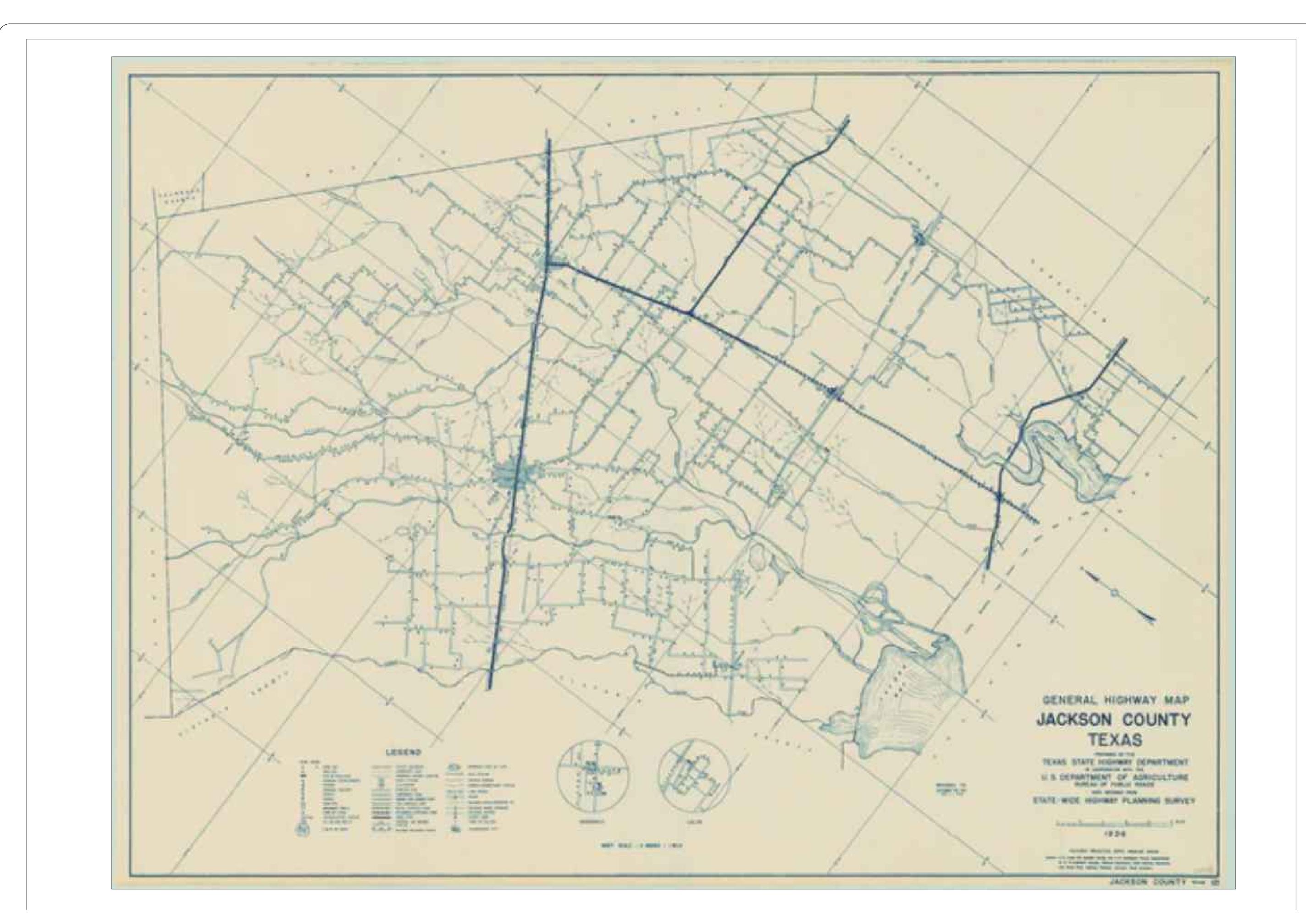
24 61789

CEQ Certification # T104704265

Envirodyne Laboratories, Inc. Houston, Texas 77099-3543 11011 Brooklet, Ste. 230

Page Phone (281)568-7880 - Fax (281)568-8004

1,646.87 1.3 1148 TIME Analysis aboratory No. Analysis Request and Chain of Custody Record USeal Intact? Seal Intact? Seal Intact? Temp. COD, TSS, pH, DO, C12, SO4, C1, TDS, Cond, A1K, N13-N D.O. Hd Date:5 Time: Date: Time: Date: Time: Date: ANALYSIS REQUESTED NH3-N, TKN-N, T. PO4 E.coli, Enterococci Oil & Grease Tri County WWTP Permit Email: Site Representative: Arrival Temp. Data Results To: Received by Lab: Received by: Received by: (Signature) (Signature) (Signature) 225.276.0009 Ice, HCL Ice, Sod Thio Preservative Ice, H2SO4 lce ime: (476 Dates 4.0 Time: Date: Date: Sample Container Sample Type (Liquid, (SizeMart) Sludge, etc.) Liquid Liquid Liquid Liquid Liquid Phone: Client/Project 500 ml P (2) 120 ml P 1 gal P 1 L G FLOW: 1 0 0 Meter Reading: 1.3 Comp Clearwater Solutions - Texas 1630 Desperes Rd STE. 140 Relinquished by: Relinquished by: Relinquished by: Grab (Signature) Mn Correction: (Signature) (Signature) Cil. Residual: Cl. Corrected Date & Time Desperes, MO 63131 Andrea Cloy Field Sample No./ Indentification Effluent Effluent Effluent Effluent Effluent Samplers: (Signature) Affiliation Project No. Address: Remarks: Contact Name: City: Lab ID No.



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	TRI COUNTY LIFT STATION 1 & 2	XAS
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[ GHTPOINT 604 W. WORSHAM ST.	75/8 2626 1893	
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PREPARED FOR: CLIENT INFORMATION		

SHEET:

of: XX



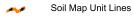
#### MAP LEGEND

#### Area of Interest (AOI)

Area of Interest (AOI)

#### Soils

Soil Map Unit Polygons



Soil Map Unit Points

#### **Special Point Features**

Blowout

Borrow Pit

Clay Spot

Closed Depression

Gravel Pit

Gravelly Spot

Landfill

Lava Flow

Marsh or swamp

Mine or Quarry

Miscellaneous Water

Perennial Water

Rock Outcrop

Saline Spot

Sandy Spot

Severely Eroded Spot

Sinkhole

Slide or Slip

Sodic Spot

#### LOLIND

Spoil Area

Stony Spot

Very Stony Spot

y Wet Spot

△ Other

Special Line Features

#### **Water Features**

Streams and Canals

#### Transportation

+++ Rails

Interstate Highways

\_

US Routes

Major Roads

Local Roads

#### Background

Aerial Photography

#### MAP INFORMATION

The soil surveys that comprise your AOI were mapped at 1:24,000.

Warning: Soil Map may not be valid at this scale.

Enlargement of maps beyond the scale of mapping can cause misunderstanding of the detail of mapping and accuracy of soil line placement. The maps do not show the small areas of contrasting soils that could have been shown at a more detailed scale

Please rely on the bar scale on each map sheet for map measurements.

Source of Map: Natural Resources Conservation Service Web Soil Survey URL:

Coordinate System: Web Mercator (EPSG:3857)

Maps from the Web Soil Survey are based on the Web Mercator projection, which preserves direction and shape but distorts distance and area. A projection that preserves area, such as the Albers equal-area conic projection, should be used if more accurate calculations of distance or area are required.

This product is generated from the USDA-NRCS certified data as of the version date(s) listed below.

Soil Survey Area: Jackson County, Texas Survey Area Data: Version 20, Sep 5, 2023

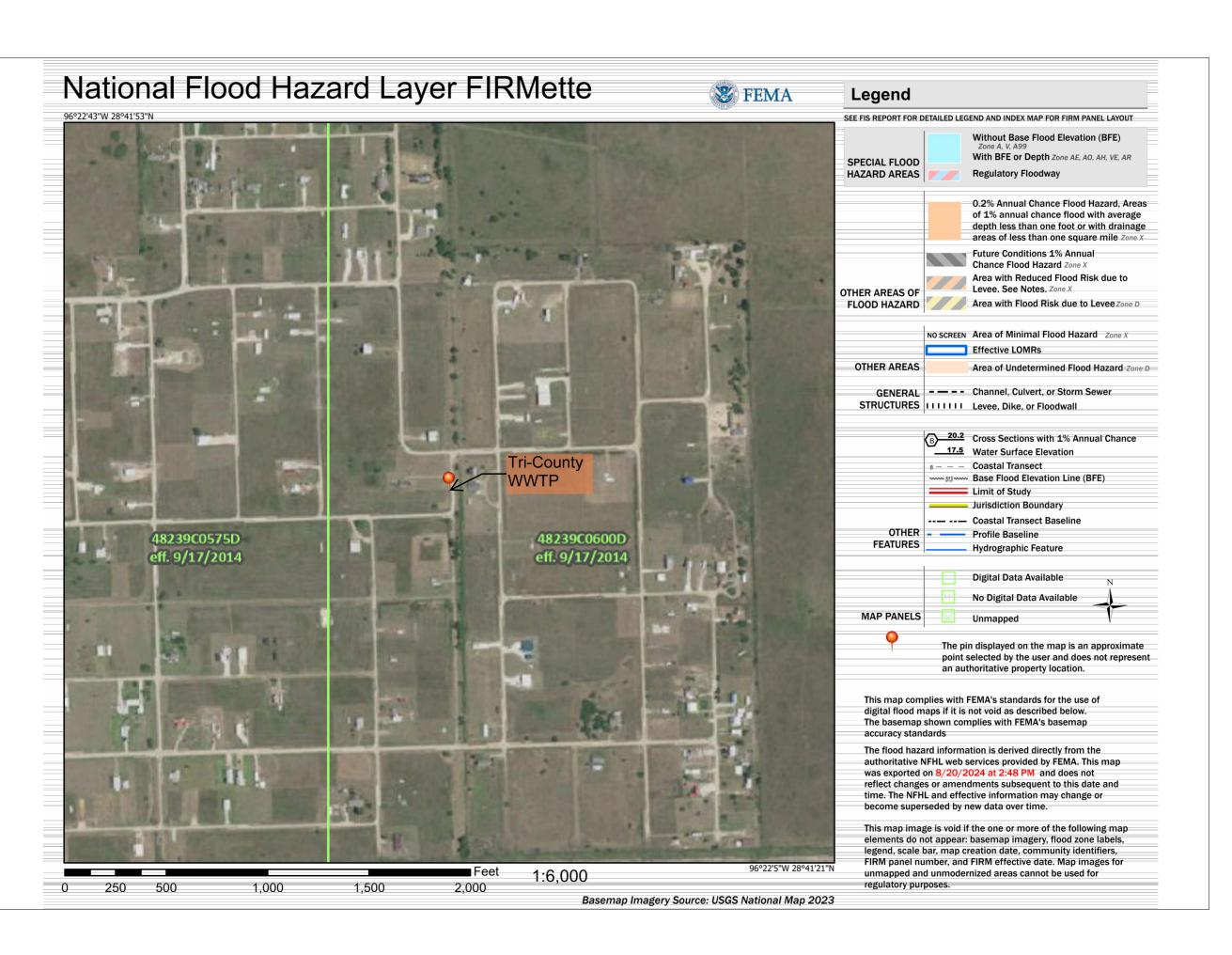
Soil map units are labeled (as space allows) for map scales 1:50,000 or larger.

Date(s) aerial images were photographed: Mar 16, 2022—Mar 25, 2022

The orthophoto or other base map on which the soil lines were compiled and digitized probably differs from the background imagery displayed on these maps. As a result, some minor shifting of map unit boundaries may be evident.

# **Map Unit Legend**

Map Unit Symbol	Map Unit Name	Acres in AOI	Percent of AOI
FcA	Francitas clay loam, 0 to 1 percent slopes, rarely flooded	38.2	100.0%
Totals for Area of Interest		38.2	100.0%



COMMENT

REV DATE

COMMENT

NGINEERING, LLC

LIGHTPOINT NG NG W. WORSHAM ST. NLLIS, TEXAS 77378 NLLIS, 256-2626 SPF Firm No. 18938

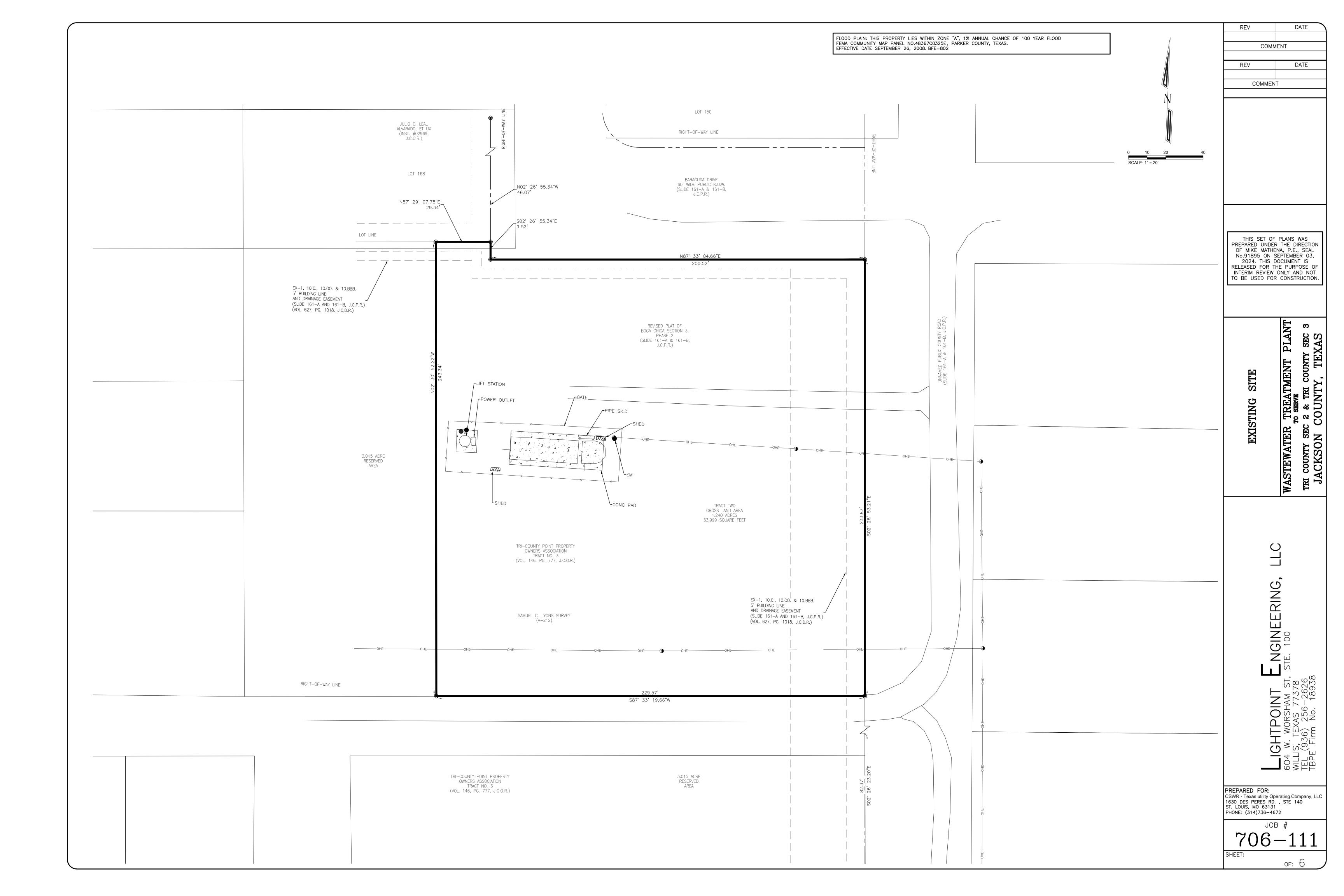
PREPARED FOR: CLIENT INFORMATION

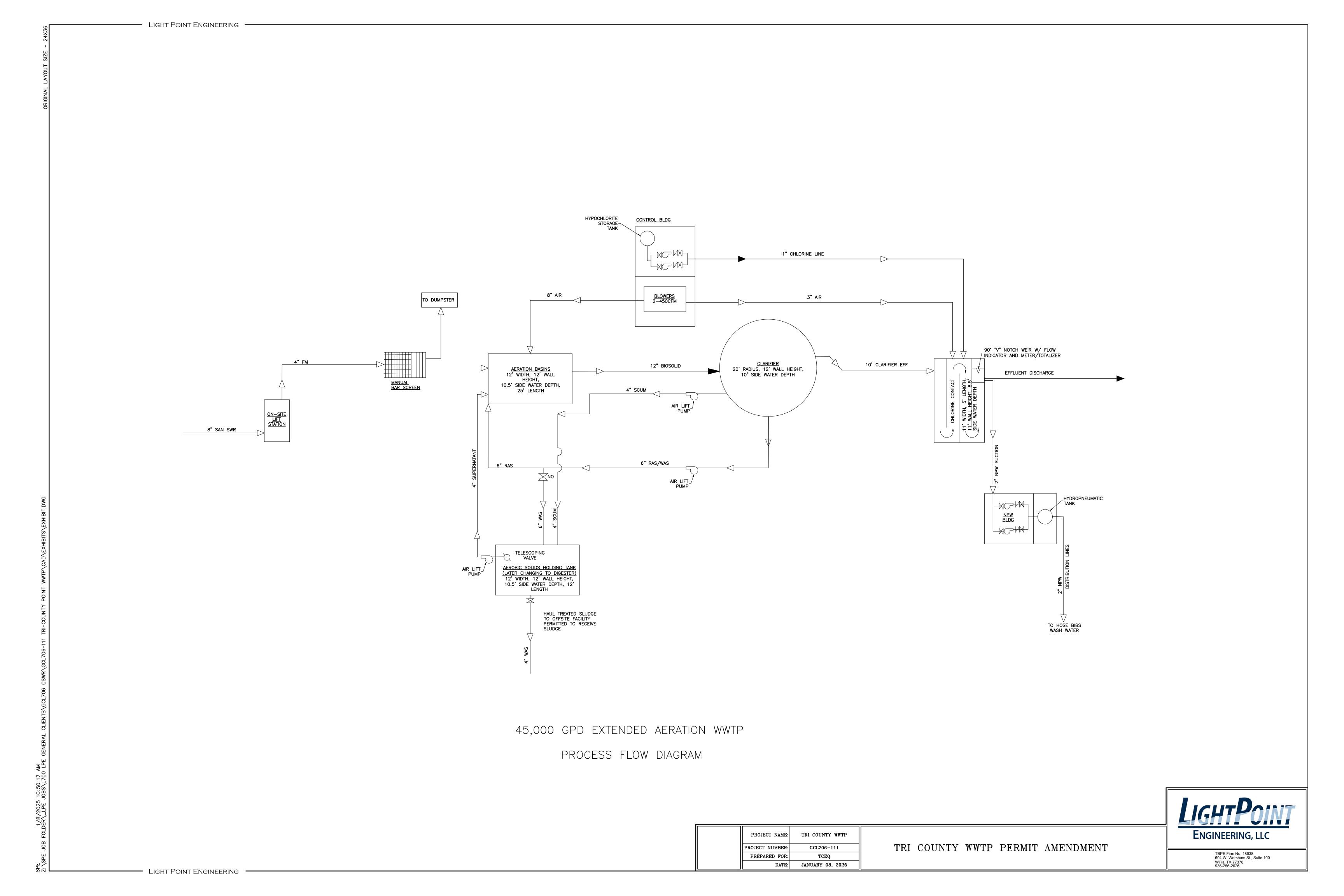
JOB #

GCL706-48

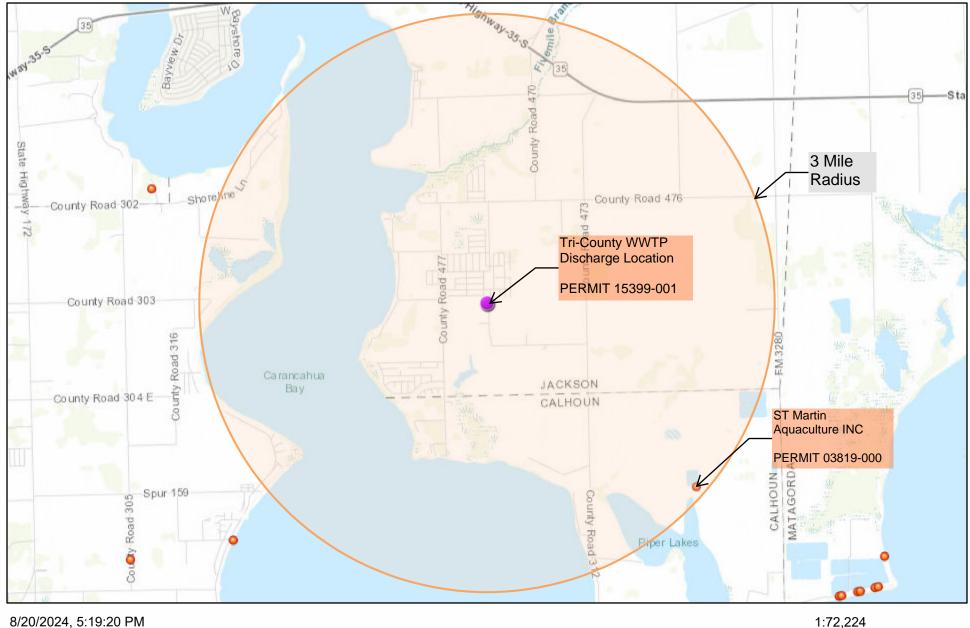
SHEET:

of: XX





# Wastewater Outfalls in Texas (TCEQ) Custom Print



Wastewater Outfalls

1:72,224 0 0.5 1 2 mi 0 0.75 1.5 3 km

Texas Parks & Wildlife, Esri, HERE, Garmin, INCREMENT P, USGS, METI/ NASA, NGA, EPA, USDA, TCEQ



**ENTITY: Texas Commission on Environmental Quality (TCEQ)** 

**RE: Contact Proof** 

LightPoint Engineering has made several attempts to establish contact with ST Martin Aquaculture INC. These efforts have been thorough and persistent, including the utilization of the TCEQ Central Registry Query to ensure all possible avenues of communication were explored.

Below, you will find detailed documentation of the letter sent and the various attempts made to reach out to ST Martin Aquaculture INC. This documentation serves to provide a record of our efforts and the steps taken in this process.



#### **ENTITY: ST Martin Aquaculture INC**

#### RE: Request for Service - Tri-County Wastewater Treatment Plant System

The Tri-County Wastewater Treatment Plant is applying to the Texas Commission on Environmental Quality (TCEQ) for a permit to allow an expansion in 2 phases from 0.045 MGD to 0.070 MGD to be constructed to be able to facilitate future connections.

As part of the application, TCEQ has requested that the Tri-County Wastewater Treatment Plant contact existing Wastewater treatment plants within a 3-mile radius of the proposed system and request to provide service from each of those systems. The TCEQ requires a letter on Denial of Service if your system cannot service the new development.

The wording from the TCEQ request is as follows:

3. If there are any permitted domestic wastewater treatment facilities or sanitary sewer collection systems located within a three-mile radius of the proposed wastewater treatment facility, provide a list of all of these facilities, including the permittee's name and wastewater permit number. Identify and indicate these facilities on an area map. To obtain a map with the location of domestic wastewater permits located within a three-mile radius of the proposed facility, contact the TCEQ Information Services staff at 512/239-DATA. Provide copies of your certified letters to these facilities and response letters from these facilities concerning wastewater service for the proposed service area. If any of these facilities agree to provide service, provide justification for the proposed facility and a cost analysis of expenditures that shows the cost of connecting to these facilities versus the cost of the proposed facility or expansion.



Please review the attached map of the proposed development and if you cannot or will not provide service, please send a letter of "Denial of Service" to the following address:

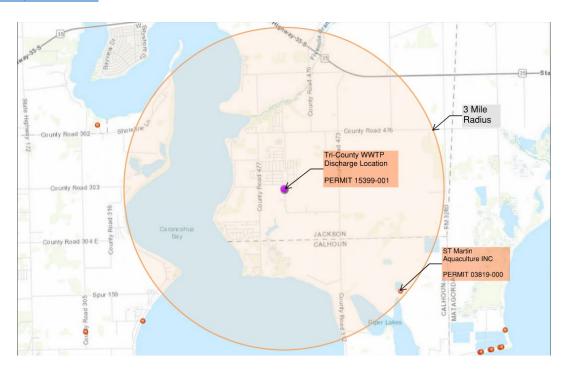
Mr. Michael Mathena, P.E. LightPoint Engineering, LLC. 604 W. Worsham Street Willis, Texas 77378 Re: Tri-County WWTP

If you need additional information on this request for a letter of "Denial of Service", please call or email: Jason Thompson 936-256-2626 jason@spetexas.com

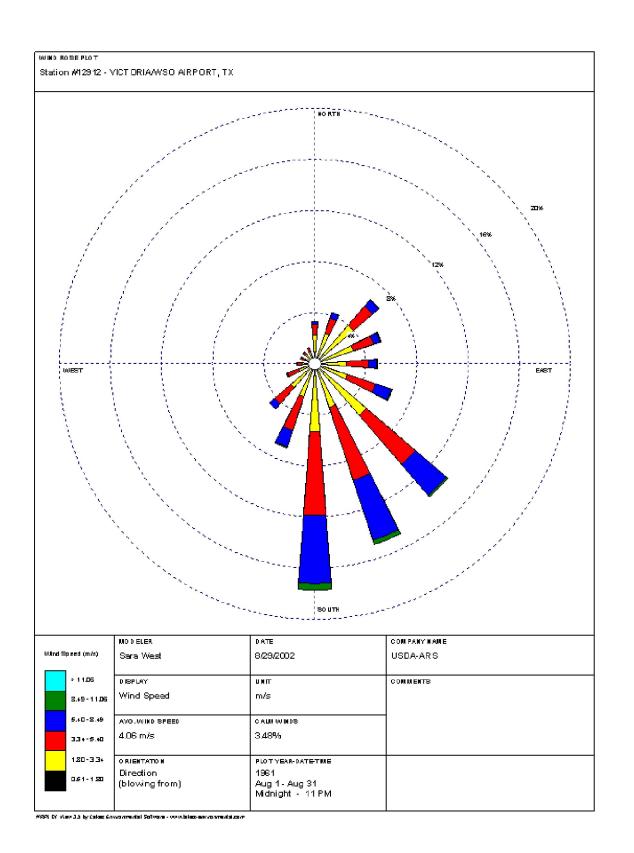
Your attention to this request is appreciated.

Thank you,

David W. Peters, P.E. 504-710-1082 david@spetexas.com



3-Mile Radius from Proposed Tri-County Wastewater Treatment Plant System



COMMENT DATE REV COMMENT TRI COUNTY LIFT STATION 1 & 2 **E**ngineering,

DATE

REV

PREPARED FOR: CLIENT INFORMATION

GCL706-48

of: XX

# Tri-County Point Wastewater Treatment Plant

45,000 Gallons per Day with 3Q Peak Capacity (Interim)

Jackson County, Texas

#### **Process Unit Calculations**

Orig. Date: 8/23/2024 Updated: 1/7/2025



604 W. WORSHAM ST., WILLIS, TEXAS 77378 TEL (936) 256-2626 TBPE Firm No. 18936

General Notes:

The following design calculations are based on the TCEQ requirements as found in **Texas Administrative Code, Title 30, Part 1, Chapter 217, Subchapters A through M.**For each process unit the TCEQ criteria is stated, the process design for this facility is discussed and the final design unit sizing is calculated to show compliance with the TCEQ criteria.

**Key to Cells:** 

Input Value
Calculated Value

#### **General Criteria**

#### Capacity:

45,000	gpd	32	gpm	Average Daily flow
,	gpd		gpm	Peak 2-hour flow
Permit Requir	ed Peaking Fac	ctor (2-Hour)	3.0	

Influent: 30 TAC §217.32(a)(3)

250	mg/l	Organic Loading (CBOD <sub>5</sub> )
250	mg/l	Suspended Solids Loading (TSS)

0.07	cfs
0.21	cfs

94	Pounds / day
94	Pounds / day

#### Prop. Effluent:

20	mg/l	Organic Loading (CBOD <sub>5</sub> )
20	mg/l	Suspended Solids Loading (TSS)
N/A	mg/l	Ammonia (NH4)
126	MPN	E.coli
2	mg/l	Dissolved Oxygen (DO)
1 - 4	mg/l	Cl Residual after 20 minutes

Treatment Process will be Extended Aeration with RAS capability to 100 percent of average daily flow.

Process loading criteria will not require nitrification.

Wasted Solids will be processed using an aerobic sludge holding tank with decant capability.

Solids disposal will be in a slurry state by a licensed contract hauler.

#### Bar Screen

#### TCEQ Design Criteria:

- 1. Manually Cleaned Coarse Screen required
- 2. Screen bypass overflow must handle peak plant flows
- 3. Bar spacing provides clear space for a course screen between 0.5 and 1 inch
- 4. Screen slope is between 30 degrees and 60 degrees
- 5. Screen must have temporary cleaning storage at top of screen
- 6. Velocity through screen must be between 1 and 3 feet per second

#### **Process Design:**

- 1. Screenings will be washed and disposed to a land fill after draining and drying.
- 2. Screenings wash water will be returned to influent lift station for return to treatment facility
- 3. Provide an 18-inch manual bar screen with 1/4 inch bars and both 1/2 inch spacing between bars Stage 1 and 1/4 inch spacing between bars Stage 2.

#### Manual Screen:

Design Velocity: Required Opening Area: Screen width:

0.10 sq ft **1.5** ft

Water depth through Screen:

1.6 inches

#### Aeration Basin

#### **TCEQ Design Criteria:**

- 1. Aeration basin must maintain minimum dissolved oxygen of 2.0 mg/l.
- 2. Organic Loading rate with no nitrification limit is 15 lbs./day/1000 cu.ft.
- 3. Air diffuser depth for a 1.00 correction factor is 12 feet
- 4. Minimum freeboard is 1.5 feet at peak flow
- 5. Air supply requirement is 3,200 cu.ft./day/pound BOD5 (Limited Nitrification)
- 6. Minimum air diffuser submergence depth is 10 feet

#### **Process Design:**

**Design Loading:** BOD<sub>5</sub>

TSS

Tank Volume Loading

94	lb./day	
94	lb./day	(Post Screening)
15	lb/day/1000 cu ft	

#### Sizing Design:

Aeration Basin Volume: (Minimum)

Basin Depth: Water Depth: Basin Area:

Tank Width:

Tank Length: (minimum)

6255 cu.ft. **12** ft. 10.5 **596** sq.ft.. **12** ft. **49.6** ft.

[See Air Supply Requirements Section for Air Calculations]

# Engineering Drawings Facility To Be Provided:

- 2 Stage course screen with 1/2 inch and 1/4 inch openings. [Primary]
- Disposal of washed screenings by dumpster.
- Screenings wash down water uses NPW and return to lift station.

#### **Engineering Drawings Facility To Be Provided:**

- Concrete tanks with 12 foot sides and 10.5 SWD.
- Tank dimensions are 12 feet wide and 25 feet long.
- Total Tank volume is 6,300 cu.ft. for both tanks.
- Organic loading as designed 15 lb./day/1000 cu ft.

15 lb./day/1000 cu ft Design Organic Loading

Total Volume (2 Tanks)

6300 cu.ft.

25 ft.

Use:

Engineering Drawings Facility To Be Provided:
Concrete tank with 12-foot sides and 10 SWD.

Tank area is 314 sq ft.

Tank diameter is 20-feet. Stilling Well is 2-foot dia.

Peak Surface loading is 430 gallons per sq ft per day.

• Peak weir loading is 2387 gallons per ft per day.

• Detention time at peak loading rate is 3.28 hours.

#### Clarifier

#### **TCEQ Design Criteria:**

- 1. Clarifier must have an inlet valve or gate
- 2. Vertical flow velocity through inlet stilling well must not exceed 0.15 feet per second at peak flow.
- 3. Clarifier must have a mechanical skimmer
- 4. Scum must be discharged to aeration basin or digester
- 5. Clarifier effluent weir must be level and adjustable
- 6. Weir loading must not exceed 20,000 gallons per day per linear foot of weir at peak flows
- 7. The velocity in the clarifier sludge removal pipe must be greater than 0.5 feet per second
- 8. Clarifier must have mechanical sludge collecting equipment
- 9. Surface Loading rate must not exceed 800 gallons per day at the peak 2-hour flow rate
- 10. Return sludge pumping shall be between 200 and 400 gallons per day per square foot
- 11. Minimum freeboard at peak flow rate is 12 inches
- 12. Minimum detention time at peak flow is 2.0 hours (120 min.)

Peak Flow		94	gpm	0.21	cfs				
Stilling Well required area:		1.39	sq.ft	Stilling well dia	ameter is:	2	feet		
				Stilling well ar	ea	3.14	sq. ft.		
Clarifier Area Required: (Mi	nimum)	113	sq. ft.	1				(Note: Clar	ifier extra diameter will accommodate a
Clarifier Diameter (Recomm	ended):	20	ft.		Clarifier area:	314	sq. ft.	future expa	nsion to 210,000 gpd @ 2 HR Peak)
Return Sludge Flow Rates:		100	gpd/sq.ft	31,416	gpd	0.05	cfs		
		150	gpd/sq.ft	47,124	gpd	0.07	cfs		
		200	gpd/sq.ft	62,832	gpd	0.10	cfs		_
Single return pipe velocities:		gpd/sq.ft	4	6	8	10	inch pipe	Return %	
		100	0.56	0.25	0.14	0.09		70	
		150	0.84	0.37	0.21	0.13		105	
		200	1.11	0.50	0.28	0.18		140	
		_	•		Indicates does	s not meet v	elocity requi	rement	
		Use 6 inch ret	curn activated sludg	ge line to meet	all velocity cor	nditions.	(Including e	xpansion to	70,000 gpd)
Detention Time Check:		Side Water D	epth =	10	feet				
		Volume =		3,142	cu. Ft.				,
		Detention at	peak flow=		15,027	sec.	4.17	hr.	
Weir Overflow Rate:	Assume circular	weir 1 foot insi	d <u>e of clarifier wall.</u>		_				
	Weir length:		56.5	ft.		Peak Weir L	oading.	2387	gpd/ft
	Weir Loading:		2387	gpd/ft.					

#### Chlorine Contact Chamber

#### **TCEQ Design Criteria:**

- 1. At least two (2) chemical solution pumps are required.
- 2. Pump capacity must deliver sufficient chlorine to supply 8 mg/l at peak flow.
- 3. Pump flow rate must be flow proportioned.
- 4. Either mixing zone or 40:1 serpentine flow must assure complete mixing of chlorine and wastewater
- 5. Minimum chlorine contact time is 20 minutes at peak flow

#### **Process Design:**

NOTE: Chlorine contact tank is designed to add an additional activated sludge basin to increase total plant capacity to 70,000 gpd (Peak of 210,000 gpd)

Assumed NaOCI concentration
Design Peak Flow
Required Chlorine Dosage Rate
Pounds of chlorine per minute required
Gallons per minute for NaOCI feed pump
Chlorine Required Detention time
Chlorine tank minimum volume

	iiiie	Laiik	1111111	IIIIui	II V	Oluli
Daily	y Red	quire	men <sup>.</sup>	t for	Na	OCI

#### Sizing Design:

Chlorine Contact Basin volume: (Minimum)

Basin depth: Water Depth:

Basin area required:

Tank width:

Tank Length: (Minimum)

iai activatea siaag	busin to mere	ase total plant capacity to
12.	Percent	
14	<mark>5</mark> gpm	
	<mark>3</mark> mg/l	
0.01	pounds/min	
0.00	gpm	<b>35.37</b> ml/min
2	<mark>)</mark> min	
2,92	gallons	<b>390</b> cu ft
2.	gallons	
		•

390	cu.ft.
11	ft.
8.5	ft.
46	sq.ft.
11	ft.
4.2	ft.

Use 5 feet with 2 foot wide flow baffles for serpentine flow.

[See Air Supply Requirements Section for Air Calculations]

**Total Volume:** 

**467.5** cu ft

Engineering Drawings Facility To Be Provided:

• Concrete tank with 11-foot sides and 8.5 foot SWD.

Detention time at peak flow is 37 minutes. (23 @ 70,000 gpd)

Tank is 11 feet wide and 5 feet long.

• Tank volume is 467.5 cu ft.

#### Aerobic Solids Holding Tank

#### **TCEQ Design Criteria:**

- 1. Holding tank is temporary with future aerobic digester in Phase 2
- 2. Freeboard Requirement of 1.5 ft or more.
- 3. Air requirement for mixing is 20 SCFM per 1000 cubic feet of digester volume.
- 4. Dissolved oxygen must be maintained at 0.5 mg per liter or higher

#### **Engineering Drawings Facility To Be Provided:**

- Steel tank with 12 foot sides and 10.5 SWD.
- Tank is 12 feet wide and 12 feet long.
- Tank volume is 3150 cu ft.
- Solids detention time at 2% solids is 36.1 days.

#### **Process Design:**

NOTE: Holding Tank is temporary for Phase I.

Solids wasting for design flows

Net wasted influent suspended solids (SS)

Net generated mixed liquor SS

Total daily wasting

Total gallons per day wasting

MLSS Concentration

[Assume 0.35 lb. gen./ lb. of BOD and 50% red. In extended aeration digestion]

109 pounds per day

2,612 gallons

5,000 mg/l

94 pounds per day

15.11 pounds per day

#### Holding Tank Volume

Holding Tank solids concentration maximum
Minimum required Holding Tank detention time
Minimum required Holding Tank volume

[See Air Supply Requirements Section for Air Calculations]

[See Air Supply Requirements Section for Air Calculations]

#### Sizing Design:

Holding Tank volume: (Minimum)

Basin depth:

Water Depth:

Basin area:

Tank width:

Tank Length: (Minimum)

873	cu.ft.
12	ft.
10.5	ft.
83	sq.ft
12	ft.
6.9	ft.

2	percent	
10	days	
6,531	gallons	<b>873</b> cu.ft.

Actual Volume: Solids Storage Time: **1512** cu. Ft. days

Tank set for hauling 2 percent decanted sludge weekly.

Volume for hauling 2 percent sludge weekly is 4,500 gallons.

Standard medium duty tanker trucks are 4,000 gallons. This equates to 2.3 percent solids.

Use **12** feet.

## **DRAFT FOR PERMIT REVIEW**

# Flow Metering

## **TCEQ Design Criteria:**

- 1. Must have primary and secondary flow devices
- 2, Primary device must include a weir or flume
- 3. Primary device must have a readable scale in 1/4 inch increments
- 4. Straight approach for 20 lengths of maximum weir height
- 5. Secondary device must have a totalizing meter

### **Process Design:**

NOTE: Flow meter is designed to add a second activated sludge basin to increase total plant capacity to 135,000 gpd (Peak of 405,000 gpd)

- 1. Utilize 90 degree v-notch weir calibrated to maximum flow of 300 GPM
- 2. Flow calibration for 90 degree v-notch is as follows:

Total Weir Height 12 inches

0.003

4.28

**Engineering Drawings Facility To Be Provided:** 

• 12 inch high 90 degree steel or fiberglass V-notch weir

• 12 inch staff gauge calibrated in 0.25 inch increments

Ultrasonic flow meter (stilling well with 0.02 foot accuracy)

3. 90 degree V-notch Weir Flow Formula.

 $Q = 4.28 * C * (h + k)^2.5$ 

Where: Q = flow in cfs, h = water head in feet, C = 0.58 @ 90 deg, k = .003 @ 90 deg0.58

# 90 Degree V-notch Weir Calibration Chart

Depth (inches)	Flow (GPM)	Depth (inches)	Flow (GPM)	Depth (inches)	Flow (GPM)
0.25	0.1	2.25	17.6	4.25	84.9
0.50	0.5	2.50	22.9	4.50	97.9
0.75	1.2	2.75	28.9	4.75	111.9
1.00	2.4	3.00	35.9	5.00	127.1
1.25	4.2	3.25	43.7	5.25	143.5
1.50	6.5	3.50	52.5	5.50	161.1
1.75	9.5	3.75	62.3	5.75	179.9
2.00	13.2	4.00	73.1	6.00	199.9

Average Daily Flow (1Q) Phase 1 Phase 1 Peak 2-hour Flow (3Q)

## **DRAFT FOR PERMIT REVIEW**

20 SCFM/ 1000 cu.ft.

Air Supply Requirements

**Aeration tanks** 

1. For extended aeration provide 3,200 scf/day/pound BOD<sub>5</sub> TCEQ Design Criteria:

300,240 scf/day **Process Design:** Air Requirement:

> Course Bubble Total: SCFM

> > 344

**Sludge Holding Tank:** 

1. For mixing supply 20 scfm per 1000 cubic feet **TCEQ Design Criteria:** 

**Process Design:** Air Requirement:

> 30 SCFM Total:

**Chlorine Contact Tank** 

1. For mixing supply 20 scfm per 1000 cubic feet TCEQ Design Criteria:

**Process Design:** Air Requirement:

20 SCFM/ 1000 cu.ft. 9 SCFM Total:

# Engineering Drawings Facility To Be Provided:

Two centrifugal blowers

• Each blower produces at minimum the 403 CFM air requirement.

Blower pressure will be minimum of 6.5 PSI

### **DRAFT FOR PERMIT REVIEW** Air lift Pumps TCEQ Design Criteria: 1. Two pumps need to be used with each capable of 100% of design flow 2. Air lift must be at least 3 inch diameter **Process Design:** RAS Pump Sizing Required return flow rate (100% ADF) 32 gpm Design Velocity 2 fps 5.174 sq. in. Pipe Size Area: 2.6 in. Diameter: Use: 4 in. Lift 5 ft. Submergence: 0.6 245 **Pump Constant** Air Requirement Assume lift is 5 feet. Submergence is 0.6. Pump constant is 245. Va = 0.8 \* LI / (C log 10 ((Ls + 34)/34)**14.3** CFM WAS Assume pumping rate to remove 5,000 mg/l solids from clarifier return once each hour for 5 minutes Required Daily Solids Wasting 109 pounds per day 5000 mg/l Volume wasting concentration (NOTE: At 100% recycle and MLSS = 2,500 mg/l Return = 5,000 mg/l) 2,612 gallons/day Required waste volume 11 gallons/minute for 5 min per hour Design Velocity 2 fps Pipe Size Area: 1.75 sq. in. Diameter: 1.49 in. Use: 3 in. Lift 5 ft. Submergence: 0.6

**Pump Constant** 

Va = 0.8 \* LI / (C log 10 ((Ls + 34)/34)

Assume lift is 5 feet. Submergence is 0.6. Pump constant is 245.

Air Requirement

245

**4.8** CFM

## **DRAFT FOR PERMIT REVIEW**

## Centrifugal Air blowers

# TCEQ Design Criteria:

- 1. Supply air blowers so that all air requirements are met with the largest unit out of service
- 2. Air compressors must deliver design air flow at inlet temperatures exceeding 100 degrees Fahrenheit
- 3. Air compressors must deliver design air flow at inlet pressures less than standard (14.7 PSI absolute)
- 4. Air compressors must automatically restart after a power outage.

### Process Design:

### **Total Air Requirement:**

Aeration	

- 2. Digester
- 3. RAS Air lift pump
- 4. WAS airlift pump
- 5. Chlorine Contact Tank

**Plant Total** 

344	CFM
30	CFM
14.3	CFM
4.8	CFM
9.4	CFM
403	CFM

Use 450 CFM Blowers. (2 total, 1 operating, 1 standby)

# Reclaimed Water System (NPW)

### TCEQ Design Criteria:

1. Recycle water must be used for wash down water and site irrigation

## Process Design:

- 1. Include 20 GPM recycle pump capable of providing pressure of 80 PSI.
- 2. Hydro pressure tank for pressure maintenance.
- 3. Provide cartridge filtration system on effluent side of NPW system.
- 4. All reuse piping shall be color coded in purple.

# Site and Flood Plain

## TCEQ Design Criteria:

1. Show flood plain within 1000 feet of treatment plant site.

### Process Design:

- 1. Facility will be located outside of the Zone A flood classification area.
- 2. Zone A does not have defined flood elevations, and is generally shown on the FIRM map as a cautionary area.
- 3. Site access shall be by an all weather road not located in the flood zone.

### **DRAFT FOR PERMIT REVIEW**

# Emergency Power Requirements

## TCEQ Design Criteria:

- 1. Must have alarm for power outage.
- 2. Plant must operate for 20 minutes with power out
- 3. Emergency power must operate: Primary Treatment, disinfection and RAS pumps.

### Process Design:

- 1. Existing Diesel generator will be utilized with ATS and sufficient fuel to operate for 72 hours.
- 2. Generator will operate two (2) pumps at the lift station, site lighting, disinfection system, air blower for RAS and clarifier drive motor.

## Lift Station

- 1. Lift station to pump peak flows with largest pump out of service
- 2. Proposed 2 pump stations: 2 total, 1 operational, 1 standby
- 3. Each pump will be equipped w/ VFDS

# Lift Station Discharge Flows (GPM) - VFD

Frequency (Hz)					
Pump #	60	50	40	30	Pump Type
1	95	80	65	50	Variable Speed Centrifugal
2	95	80	65	50	Variable Speed Centrifugal

### Pump Run Sequencing

	0.5Q	1Q	2Q	3Q	
	17	34	68	95	GPM
Phase 1	P1 or P2	P1 or P2	P1 or P2	P1 or P2	

### Wet Well Level Control System

Pumps 1 and 2 start in alternating sequences.

Level	Distance from WW Bottom	Pump 1	Pump 2	
1	<=0.5	OFF	OFF	
2	<=0.5 AND >3	ON	OFF	
3	>3	ON	ON	ALARM

Note: For pumps 1 and 2 each pump starts at lowest frequency (30Hz) If level rises, the frequency will increase by 10 Hz for each 0.5 foot of rise in level.

# **Engineering Drawings Facility To Be Provided:**

- Existing Diesel powered emergency backup generator
- Generator will operate all critical components
- Fuel supply will run generator for 72 hours
- Generator will automatically start for a detected outage

# **Engineering Drawings Facility To Be Provided:**

- Two pump submersible pump station for 3Q peak flows
- Pumps will be variable speed (0.5Q to 3Q)
- Pumps will be on emergency generator (1 Operational)
- Wet well will have 1470 gallons of storage

Note: All pumps are submersible non-clog electric sewer service.

foot diameter wet well each foot of depth contains 587

Pump cycle times (Start to Start) will all exceed 20 minutes.

gallons.

10

Note: For

Page 10 of 10

# THE TONMENTAL OUR LEVEL OF THE PROPERTY OF THE

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

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

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

	1	IN		Y	IN
Administrative Report 1.0	$\boxtimes$		Original USGS Map		
Administrative Report 1.1	$\boxtimes$		Affected Landowners Map		
SPIF	$\boxtimes$		Landowner Disk or Labels		
Core Data Form	$\boxtimes$		Buffer Zone Map		
Public Involvement Plan Form	$\boxtimes$		Flow Diagram		
Technical Report 1.0	$\boxtimes$		Site Drawing		
Technical Report 1.1	$\boxtimes$		Original Photographs		
Worksheet 2.0	$\boxtimes$		Design Calculations		
Worksheet 2.1		$\boxtimes$	Solids Management Plan		$\boxtimes$
Worksheet 3.0		$\boxtimes$	Water Balance		$\boxtimes$
Worksheet 3.1		$\boxtimes$			
Worksheet 3.2		$\boxtimes$			
Worksheet 3.3		$\boxtimes$			
Worksheet 4.0		$\boxtimes$			
Worksheet 5.0		$\boxtimes$			
Worksheet 6.0		$\boxtimes$			
Worksheet 7.0		$\boxtimes$			

For TCEQ Use Only	
Segment Number	County
Expiration Date	Region
Permit Number	

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# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

# **Section 1.** Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00 □

<b>Payment</b>	Inform	ation
Pavmen	шиони	auon

Mailed Check/Money Order Number: 2675

Check/Money Order Amount: \$550.00

Name Printed on Check: TCEQ

EPAY Voucher Number: N/A

Copy of Payment Voucher enclosed? Yes  $\boxtimes$ 

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

a.	Check the box next to the appropriate authorization type.		
		Publicly-Owned Domestic Wastewater	
	$\boxtimes$	Privately-Owned Domestic Wastewater	
		Conventional Wastewater Treatment	

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

		<b>.</b>
$\boxtimes$	Active	Inactive

C.	Che	eck the box next to the appropriate permit typ	e.	
	$\boxtimes$	TPDES Permit		
		TLAP		
		TPDES Permit with TLAP component		
		Subsurface Area Drip Dispersal System (SAD	DS)	
d.	Che	eck the box next to the appropriate application	ı typ	e
		New		
	$\boxtimes$	Major Amendment with Renewal		Minor Amendment <u>with</u> Renewal
		Major Amendment <u>without</u> Renewal		Minor Amendment without Renewal
		Renewal without changes		Minor Modification of permit
e.	stat	amendments or modifications, describe the p ions and rebuild the other one to the appropriate d PD from 0.037 to 0.062		
f.	For	existing permits:		
	Peri	mit Number: WQ00 <u>15399001</u>		
	EPA	A I.D. (TPDES only): TX <u>0136531</u>		
	Exp	oiration Date: <u>February 11, 2025</u>		

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

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

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

# **Central States Water Resources**

(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 <a href="http://www15.tceq.texas.gov/crpub/">http://www15.tceq.texas.gov/crpub/</a>

CN: 600622823

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: M<u>r.</u> Last Name, First Name: <u>Stephens Karl</u>

Title: <u>Operations Manager</u> Credential: <u>N/A</u>

**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?

# Not Applicable

(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: <a href="http://www15.tceq.texas.gov/crpub/">http://www15.tceq.texas.gov/crpub/</a>

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: <u>N/A</u> Last Name, First Name: <u>N/A</u>

Title: <u>N/A</u> Credential: <u>N/A</u>

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. Attachment 1.0

# 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: Commander, Makayla

Title: <u>Project Manager</u> Credential: <u>N/A</u>

Organization Name: LightPoint Engineering

Mailing Address: 604 W. Worsham Suite 100 City, State, Zip Code: Willis, Texas 77378

Phone No.: <u>936-256-2626</u> E-mail Address: <u>Makayla@spetexas.com</u>

Check one or both:

B. Prefix: Mr. Last Name, First Name: Stephens Karl

Title: <u>Operations Manager</u> Credential: <u>N/A</u>

Organization Name: Central States Water Resources

Mailing Address: 1650 Des Peres Rd Ste 303 City, State, Zip Code: Saint Louis, MO 63131

Phone No.: 832-431-2372 E-mail Address: Karl@CSWRGroup.com

Check one or both:  $\square$  Administrative Contact  $\square$  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: Commander, Makayla

Title: Project Manager Credential: N/A

Organization Name: LightPoint Engineering

Mailing Address: 604 W. Worsham Suite 100 City, State, Zip Code: Willis, Texas, 77378

Phone No.: <u>936-256-2626</u> E-mail Address: <u>Makayla@spetexas.com</u>

B. Prefix: Mr. Last Name, First Name: Stephens Karl

Title: <u>Operations Manager</u> Credential: <u>N/A</u>
Organization Name: <u>Central States Water Resources</u>

Mailing Address: 14 County Road 480 City, State, Zip Code: Palacios, Tx 77465-1642

Phone No.: <u>832-431-2372</u> E-mail Address: <u>**N/A**</u>

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

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

Prefix: Mr. Last Name, First Name: Stephens, Karl

Title: <u>Administrative Contact</u> Credential: Click to enter text.

Organization Name: Central States Water Resources

Mailing Address: 1630 Des Peres Rd STE 140 City, State, Zip Code: Des Peres, Mo 63131-1871

Phone No.: <u>832-626-3570</u> E-mail Address: <u>Karl@CSWRGroup.com</u>

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

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

Prefix: Mr. Last Name, First Name: Stephens, Karl

Title: Administrative Contact Credential: Click to enter text.

Organization Name: Central States Water Resources

Mailing Address: 1630 Des Peres Rd STE 140 City, State, Zip Code: Des Peres, Mo 63131-1871

Phone No.: <u>832-626-3570</u> E-mail Address: <u>Karl@CSWRGroup.com</u>

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

# A. Individual Publishing the Notices

Prefix: Mrs. Last Name, First Name: Commander, Makayla

Title: <u>Project Manager</u> Credential: <u>N/A</u>

Organization Name: LightPoint Engineering

Mailing Address: 604 W. Worsham Suite 100 City, State, Zip Code: Willis, Texas, 77378

Phone No.: 936-256-2626 E-mail Address: Makayla@spetexas.com

В.	Method for Receiving Notice of Receipt and Intent to Obtain a Water Quality Permit Package				
	Indicate by a check mark the preferred method for receiving the first notice and instructions:				
	⊠ E-mail Address				
	□ Fax				
	□ Regular Mail				
C.	Contact permit to be listed in the Notices				
	Prefix: Mr. Last Name, First Name: Stephens, Karl				
	Title: <u>Administrative Contact</u> Credential: <u>N/A</u>				
	Organization Name: Central States Water Resources				
	Mailing Address: 1630 Des Peres Rd STE 140 City, State, Zip Code: Des Peres, Mo 63131-1871				
	Phone No.: 832-626-3570 E-mail Address: Karl@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: <u>Palacios Library Inc.</u>				
	Location within the building: Near the middle of the library on a countertop				
	Physical Address of Building: 326 Main St, Palacios, TX 77465				
	City: <u>Palacios</u> County: <u>Jackson</u>				
	Contact (Last Name, First Name): <u>Mosier Vikijane</u>				
	Phone No.: <u>361-972-3234</u> Ext.: <u>N/A</u>				
E.	Bilingual Notice Requirements				
	This information <b>is required</b> for <b>new, major amendment, minor amendment or minor modification, and renewal</b> 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.		0	program required by the Texas Education Code at the elementary to the facility or proposed facility?
	$\boxtimes$	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?

$\bowtie$	Yes	No
	1 0	110

	3.	Do the location	students a n?	t these	e schools at	ttend a	bilingua	l educa	tion pro	gram a	t another
			Yes	$\boxtimes$	No						
	4.		the school out of this							ogram l	out the school has
			Yes	$\boxtimes$	No						
	5.		nswer is <b>y</b> e ed. Which la	-							tive language are
F.	Pla	in Lang	guage Sumi	mary 7	Гemplate						
	Co	mplete	the Plain La	anguag	ge Summar	у (ТСЕ	Q Form 2	0972) a	nd inclu	ide as a	ın attachment.
	At	tachme	<b>n</b> t: <u>Admin F</u>	i							
G.	Pu	blic Inv	olvement 1	Plan F	orm						
	Co	mplete	the Public	Involve	ement Plan	Form	(TCEQ Fo	rm 209	60) for e	each ap	plication for a
	ne	w perm	it or majoi	r amen	dment to	a pern	it and in	clude a	s an atta	chmen	t.
	At	tachme	<b>nt:</b> <u>Admin C</u>	7							
•			D 1	. 1.	7 1 -	1.5			. C		/T
Se	Cti	on 9.	Regula Page 2		entity an	ia Pe	rmittea	Site	lntorm	iation	(Instructions
Α.				/ regul	ated by TC	EQ, pr	ovide the	Regula	ted Enti	ty Num	ber (RN) issued to
			e TCEQ's Ce currently r				<u>/www15.t</u>	ceq.tex	as.gov/c	<u>rpub/</u> 1	to determine if
B.	Na	me of p	roject or si	ite (the	name kno	wn by	the comm	nunity	where lo	cated):	
	<u>Tri</u>	County	<u>Point</u>								
C.	Ov	vner of	treatment f	acility	: <u>Central Sta</u>	ates Wa	ter Resou	rces			
	Ow	vnership	of Facility	7 <b>:</b>	Public	$\boxtimes$	Private		Both		Federal
D.	Ow	vner of l	land where	treatn	nent facility	y is or	will be:				
	Pre	efix: <u>N/</u>	<u>1</u>		Last	Name	First Naı	me: <b>N</b> /A	<u>1</u>		
	Tit	le: <u><b>N/A</b></u>			Cred	lential:	<u>N/A</u>				
	Or	ganizati	ion Name: <u>(</u>	<u>Central</u>	States Wate	er Reso	urces				
	Ma	iling Ac	ddress: <u>1630</u>	Des P	eres Rd STE	E 140	City, State	e, Zip Co	ode: <u>Des</u>	Peres, I	<u>Mo 63131-1871</u>
	Ph	one No.	: <u>832-626-3</u>	<u>570</u>	E-m	ail Ad	dress: <u>mf</u> i	ranklin@	©CSWRg	roup.co	<u>m</u>
			lowner is no t or deed re						or co-a <sub>l</sub>	pplican	t, attach a lease
		Attach	ment: <u>Not</u>	Applic	<u>cable</u>						

F.

	Prefix: Click to enter text.	Last Name, First Name: Click to enter text.				
	Title: Click to enter text.	Credential: Click to enter text.				
	Organization Name: Central State	s Water Resources				
	Mailing Address: 1630 Des Peres Rd STE 140 City, State, Zip Code: Des Peres, Mo 63131-1871					
	Phone No.: <u>832-626-3570</u>	E-mail Address: <u>mfranklin@CSWRgroup.com</u>				
	If the landowner is not the same agreement or deed recorded eas	person as the facility owner or co-applicant, attach a lease ement. See instructions.				
	Attachment: Not Applicable					
F.	Owner sewage sludge disposal sproperty owned or controlled by	ite (if authorization is requested for sludge disposal on the applicant)::				
	Prefix: <u>Not Applicable</u>	Last Name, First Name: <u>Not Applicable</u>				
	Title: <u>Not Applicable</u>	Credential: <u>Not Applicable</u>				
	Organization Name: Not Applicab	<u>lle</u>				
	Mailing Address: <u>Not Applicable</u>	City, State, Zip Code: Not Applicable				
	Phone No.: <u>Not Applicable</u>	E-mail Address: <u>Not Applicable</u>				
	If the landowner is not the same agreement or deed recorded eas	person as the facility owner or co-applicant, attach a lease ement. See instructions.				
	Attachment: Not Applicable					
_	. 10 EDDEC D. 1					
		ge Information (Instructions Page 31)				
	Is the wastewater treatment faci	ge Information (Instructions Page 31) lity location in the existing permit accurate?				
	Is the wastewater treatment faci	lity location in the existing permit accurate?				
	Is the wastewater treatment faci					
	Is the wastewater treatment faci	lity location in the existing permit accurate?				
A.	Is the wastewater treatment faci  Yes No  If no, or a new permit application of the content of t	lity location in the existing permit accurate?  on, please give an accurate description:				
A.	Is the wastewater treatment facions and the second	lity location in the existing permit accurate?				
A.	Is the wastewater treatment facion  ✓ Yes □ No  If no, or a new permit application  Click to enter text.  Are the point(s) of discharge and  ✓ Yes □ No	lity location in the existing permit accurate?  on, please give an accurate description:  d the discharge route(s) in the existing permit correct?				
A.	Is the wastewater treatment facions Yes □ No  If no, or a new permit application Click to enter text.  Are the point(s) of discharge and Service No  If no, or a new or amendment propoint of discharge and the discharge TAC Chapter 307:	lity location in the existing permit accurate?  on, please give an accurate description:				
A.	Is the wastewater treatment facions    ✓ Yes	lity location in the existing permit accurate?  on, please give an accurate description:  d the discharge route(s) in the existing permit correct?  permit application, provide an accurate description of the				
A.	Is the wastewater treatment facions Yes □ No  If no, or a new permit application Click to enter text.  Are the point(s) of discharge and Service No  If no, or a new or amendment propoint of discharge and the discharge TAC Chapter 307:	lity location in the existing permit accurate?  on, please give an accurate description:  d the discharge route(s) in the existing permit correct?  permit application, provide an accurate description of the				
A.	Is the wastewater treatment facions Yes □ No  If no, or a new permit application Click to enter text.  Are the point(s) of discharge and Service No  If no, or a new or amendment propoint of discharge and the discharge TAC Chapter 307:	lity location in the existing permit accurate?  on, please give an accurate description:  If the discharge route(s) in the existing permit correct?  Dermit application, provide an accurate description of the arge route to the nearest classified segment as defined in 30				
A.	Is the wastewater treatment facions Yes □ No  If no, or a new permit application Click to enter text.  Are the point(s) of discharge and Service No  If no, or a new or amendment property of discharge and the discharge TAC Chapter 307:  Click to enter text.	on, please give an accurate description:  If the discharge route(s) in the existing permit correct?  Dermit application, provide an accurate description of the arge route to the nearest classified segment as defined in 30				
А.	Is the wastewater treatment facion Yes □ No  If no, or a new permit application Click to enter text.  Are the point(s) of discharge and Yes □ No  If no, or a new or amendment proport of discharge and the discharge and the discharge and the discharge to the click to enter text.  City nearest the outfall(s): Palacie County in which the outfalls(s) is	lity location in the existing permit accurate?  on, please give an accurate description:  If the discharge route(s) in the existing permit correct?  permit application, provide an accurate description of the arge route to the nearest classified segment as defined in 30  os  s/are located: Jackson  discharge to a city, county, or state highway right-of-way, or				

**E.** Owner of effluent disposal site:

	If <b>yes</b> , indicate by a check mark if:
	$\square$ Authorization granted $\square$ Authorization pending
	For <b>new and amendment</b> applications, provide copies of letters that show proof of contact and the approval letter upon receipt.
	Attachment: Not Applicable
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: <b>Not Applicable</b>
Se	ection 11. TLAP Disposal Information (Instructions Page 32)
Α.	For TLAPs, is the location of the effluent disposal site in the existing permit accurate?
	⊠ Yes □ No
	If <b>no, or a new or amendment permit application</b> , provide an accurate description of the disposal site location:
	Click to enter text.
B.	City nearest the disposal site: Click to enter text.
C.	County in which the disposal site is located: Click to enter text.
D.	For <b>TLAPs</b> , describe the routing of effluent from the treatment facility to the disposal site:
	Click to enter text.
E.	For <b>TLAPs</b> , please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: Click to enter text.
C a	
	ection 12. Miscellaneous Information (Instructions Page 32)
Α.	Is the facility located on or does the treated effluent cross American Indian Land?
	□ Yes ⊠ No
B.	If the existing permit contains an onsite sludge disposal authorization, is the location of the sewage sludge disposal site in the existing permit accurate?
	□ Yes □ No ⊠ Not Applicable
	If No, or if a new onsite sludge disposal authorization is being requested in this permit application, provide an accurate location description of the sewage sludge disposal site.
	Click to enter text.

C.	Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?				
	□ Yes ⊠ No				
	If yes, list each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application: Click to enter text.				
D.	Do you owe any fees to the TCEQ?				
	□ Yes ⊠ No				
	If <b>yes</b> , provide the following information:				
	Account number: Click to enter text.				
	Amount past due: Click to enter text.				
E.	Do you owe any penalties to the TCEQ?				
	□ Yes ⊠ No				
	If <b>yes</b> , please provide the following information:				
	Enforcement order number: Click to enter text.				
	Amount past due: Click to enter text.				
Se	ection 13. Attachments (Instructions Page 33)				
	ection 13. Attachments (Instructions Page 33) dicate which attachments are included with the Administrative Report. Check all that apply:				
Inc	licate 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				
Ind	licate 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.				
Ind	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)				

Section 14. Signature Page (Instructions Page 34) If co-applicants are necessary, each entity must submit an original, separate signature page. Permit Number: \_WQ 0015 399001 Applicant: Central States Water Resources 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 Cok Signatory title: \_\_\_\_ Signature:\_ (Use blue ink) Subscribed and Sworn to before me by the said Josiah (ox on this 17th day of September , 2024 My commission expires on the 4th day of May , 2028 [SEAL] DANIEL RYAN JANOWIAK Notary Public, Notary Seal

State of Missouri St. Louis County Commission # 20374795 My Commission Expires 05-04-2028

# DOMESTIC WASTEWATER PERMIT APPLICATION **ADMINISTRATIVE REPORT 1.0**

The following information is required for new and amendment applications.

Se	ctio	on 1. Affected Landowner Information (Instructions Page 36)				
Α.	Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:					
	☑ The applicant's property boundaries					
	$\boxtimes$	The facility site boundaries within the applicant's property boundaries				
	$\boxtimes$	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				
	$\boxtimes$	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				
	$\boxtimes$	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				
В.	⊠ addı	☑ 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.	Indi	cate by a check mark in which format the landowners list is submitted:				
		oxtimes USB Drive $oxtimes$ Four sets of labels				
D.	Prov	vide the source of the landowners' names and mailing addresses: Attachment 1.1				
E.		required by $Texas\ Water\ Code\ \S\ 5.115$ , is any permanent school fund land affected by application?				

 $\boxtimes$ 

No

□ Yes

if

	land(s	
	Click	x to enter text.
C <sub>0</sub>	ation	2 Original Dhotographs (Instructions Dags 29)
	ction	
		original ground level photographs. Indicate with checkmarks that the following ion is provided.
	$\boxtimes$	At least one original photograph of the new or expanded treatment unit location
	6	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.
	$\boxtimes$	At least one photograph of the existing/proposed effluent disposal site
		A plot plan or map showing the location and direction of each photograph
Se	ction	a 3. Buffer Zone Map (Instructions Page 38)
	Buffe infori	r zone map. Provide a buffer zone map on $8.5 \times 11$ -inch paper with all of the following nation. The applicant's property line and the buffer zone line may be distinguished by 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.
В.		r zone compliance method. Indicate how the buffer zone requirements will be met. c all that apply.
	$\boxtimes$	Ownership
	$\boxtimes$	Restrictive easement
	$\boxtimes$	Nuisance odor control
	$\boxtimes$	Variance
C.		itable site characteristics. Does the facility comply with the requirements regarding table 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: Admin 1.0

# 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.	11111	IIC .			
Core Data Form (TCEQ Form No. 10400) (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 (TCEQ Form Nos. 10053 and 10054. Version dated 6/25/2018 or later.)					
Water Quality Permit Payment Submittal Form (Page 19) (Original payment sent to TCEQ Revenue Section. See instructions for mailing addi					
7.5 Minute USGS Quadrangle Topographic Map Attached (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 (See instructions for landowner requirements)					
<ul> <li>Things to Know:</li> <li>All the items shown on the map must be labeled.</li> <li>The applicant's complete property boundaries must be delineated wh boundaries of contiguous property owned by the applicant.</li> <li>The applicant cannot be its own adjacent landowner. You must identified landowners immediately adjacent to their property, regardless of how</li> </ul>	fy th	e			

- es
- aujacent 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 (See instructions for landowner requirements)		N/A	$\boxtimes$	Yes
Landowners Labels or USB Drive attached (See instructions for landowner requirements)		N/A	$\boxtimes$	Yes
Original signature per 30 TAC § 305.44 - Blue Ink Preferred (If signature page is not signed by an elected official or principle executed a copy of signature authority/delegation letter must be attached)	cutive	e office	r,	Yes
Plain Language Summary			$\boxtimes$	Yes



# **TCEQ Core Data Form**

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

# **SECTION I: General Information**

**1. Reason for Submission** (If other is checked please describe in space provided.)

☐ New Perr	nit, Registra	ation or A	Authorization	(Core Data Forn	n should be	submitted	d with the prog	gram application.)			
□ Renewal	Renewal (Core Data Form should be submitted with the renewal form)										
2. Customer Reference Number (if issued)  Follow this link to for CN or RN num  Central Registre						N number:	s in	gulated Entity Re 490049	ference	Number (if	issued)
SECTIO											
4. General Cu	ıstomer Ir	nformat	ion	5. Effective I	Date for Cu	ustomer	Information	<b>Updates</b> (mm/dd,	/уууу)		
New Custon				pdate to Custor			_	nge in Regulated En	tity Own	ership	
Change in L	egal Name	(Verifiab	le with the Te	xas Secretary of	State or Te	xas Comp	troller of Publ	ic Accounts)			
The Custome (SOS) or Texa			-	-	ıtomatical	lly based	on what is c	urrent and active	with ti	he Texas Se	cretary of State
6. Customer	Legal Nam	ne (If an	individual, pri	nt last name firs	t: eg: Doe, J	John)		<u>If new Customer,</u>	enter pr	evious Custor	ner below:
Central States	Water Resc	urces									
7. TX SOS/CP	A Filing N	umber		8. TX State T	<b>ax ID</b> (11 d	digits)		9. Federal Tax ID 10. DUNS Number			
0804348462 32082277792								(9 digits)		applicable)	
11. Type of C	ustomer:		☐ Corporat	tion			☐ Individ	dual	Partne	ership: 🔲 Ge	neral  Limited
Government: [	City 🔲 (	County [	Federal 🗌	Local   State	Other		☐ Sole P	roprietorship	⊠ Ot	her:	
12. Number	of Employ	ees						13. Independer	ntly Ow	ned and Op	erated?
<b>⊠</b> 0-20 □ 3	21-100 [	101-2	50 🗌 251-	500 🗌 501 a	ind higher			X Yes	☐ No		
14. Customer	<b>r Role</b> (Pro	posed or	Actual) – as i	t relates to the I	Regulated E	ntity liste	d on this form.	Please check one o	f the foll	owing	
Owner Operator Overator Other:											
15. Mailing	1999 BRYAN ST STE 900										
Address:	City	DALLA	S		State	TX	ZIP	75201		ZIP + 4	3140
16. Country I		formati	on (if outside	USA)			17. E-Mail A	ddress (if applicabl	le)		
•											

TCEQ-10400 (11/22) Page 1 of 3

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. ☐ Dam Safety Districts ☐ Edwards Aquifer ☐ Emissions Inventory Air ☐ Industrial Hazardous Waste ☐ New Source Municipal Solid Waste OSSF Petroleum Storage Tank ☐ PWS Review Air Sludge Storm Water ☐ Title V Air ☐ Tires Used Oil ☐ Voluntary Cleanup Wastewater ■ Wastewater Agriculture ■ Water Rights Other: **SECTION IV: Preparer Information** 40. Name: MaKayla Commander 41. Title: PM 42. Telephone Number 43. Ext./Code 44. Fax Number 45. E-Mail Address (936) 256-2626 ) MaKayla@spetexas.com **SECTION V: Authorized Signature** 46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39. Company: Job Title: Light Point Engineering Project Manager Name (In Print): MaKayla Commander Phone: (936) 256-2626 Signature: Date: MaKayla Commander 1/8/2025

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GARCIA, ALBERT & NATIVIDAD 5112 PARKVIEW HILLS LN FORT WORTH, TX 76179-4265	DIKE, PAMELA PO BOX 367 PALACIOS, TX 77465	BESEDA, KERMIT & TAMMY P O BOX 104 FAYETTEVILLE, TX 78940
NARVAEZ, MERCEDES MARIA 758 MEMORIAL MEWS ST HOUSTON, TX 77079	HAHN, CORBIN MITCHELL 1830 ROZNOV RD FAYETTEVILLE, TX 78940	SMITH, KENNETH & AMANDA P O BOX 2292 BAY CITY, TX 77404
UTLEY, GREGORY 3110 CROSSFELL RD SPRING, TX 77388	BOUTTE, NATASHA P O BOX 31 ALIEF, TX 77411	MORGAN, RONDA 293 HADDOCK PALACIOS, TX 77465-2116
CANADILLA, JOSE ENRIQUE 12602 BJ DUSEK RD WALLIS, TX 77485	LOPEZ, EDDY G & ALFREDO COSTA SANCHEZ 2927 HIGH PLAINS DR KATY, TX 77449	COSTA, ALFREDO & YUSLENYA GONZALEZ 20626 CHESTNUT HILLS DR KATY, TX 77450
KING, ALLEN SHANE & MARY M 15194 MILLER RD SAINT HEDWIG, TX 78152	KING, ALLEN SHANE & MARY M 15193 MILLER RD SAINT HEDWIG, TX 78152	MEARS, ZACHARY & JAYMI P O BOX 448 KARNES CITY, TX 78118
MEARS, BARRY & ANGELA 97 OAK FIELDS DR FLORESVILLE, TX 78114	HERNANDEZ, MIGUEL ANGEL JR 2361 RATUS AVE STAFFORD, TX 77477	GONZALEZ, JESUS 85 ROBBIE DR HEBBRONVILLE, TX 78361
BARTON, ERIK RELSTER 248 SHADY MEADOWS LN CIBOLO, TX 78108	GARCIA-ALEMAN, JUAN CARLOS & JANETH CARBAJAL 13021 DESSAU RD #LOT 482 AUSTIN, TX 78754	URESTI, RICHARD A & THERESA A 181 URESTI LN VICTORIA, TX 77905
HOLLIDAY, DAWN R 422 LUNA VISTA DR HUTTO, TX 78634	ESQUIVEL, ROBERT ETAL 6614 SNOW MEADOW DR CONVERSE, TX 78109	MOONEY, WILLIAM E & MARIA HAYDEE REVOCABLE TRUST 402 ZAPATA AVE RANCHO VIEJO, TX 78575
WHALEN, RANDY & NORMA 13 PIZARRO AVE RANCHO VIEJO, TX 78575-9633	ALEXANDER, MARTHA 7924 MERCHANT DR NEEDVILLE, TX 77461	WHALEN, RANDY & NORMA 13 PIZARRO AVE RANCHO VIEJO, TX 78575-9633
HUGHES, ALBERT JR & WYVETTE	BANAH INVESTMENT & SERVICES	RODRIGUEZ, PAULETTE ANN

809 CO RD 477

PALACIOS, TX 77465

1011 MOORE ST

PALACIOS, TX 77465

2311 HAMMERWOOD DR

MISSOURI CITY, TX 77489-4138

LEAL, ILENE & EDY A 6506 FAIRBROOK PARK LN SPRING, TX 77379

NEWBOULD, ROBERT 2949 PARK ST MARIANNA, FL 32446 BANAH INVESTMENT & SERVICES 810 CO RD 477 PALACIOS, TX 77465

GONZALEZ, JUAN & ROXANNA MURO PO BOX 7651 EAGLE PASS, TX 78853 CANO, JAOQUIN JR & HERMELINDA MARROQUIN 7527 MAGNOLIA ST HOUSTON, TX 77023

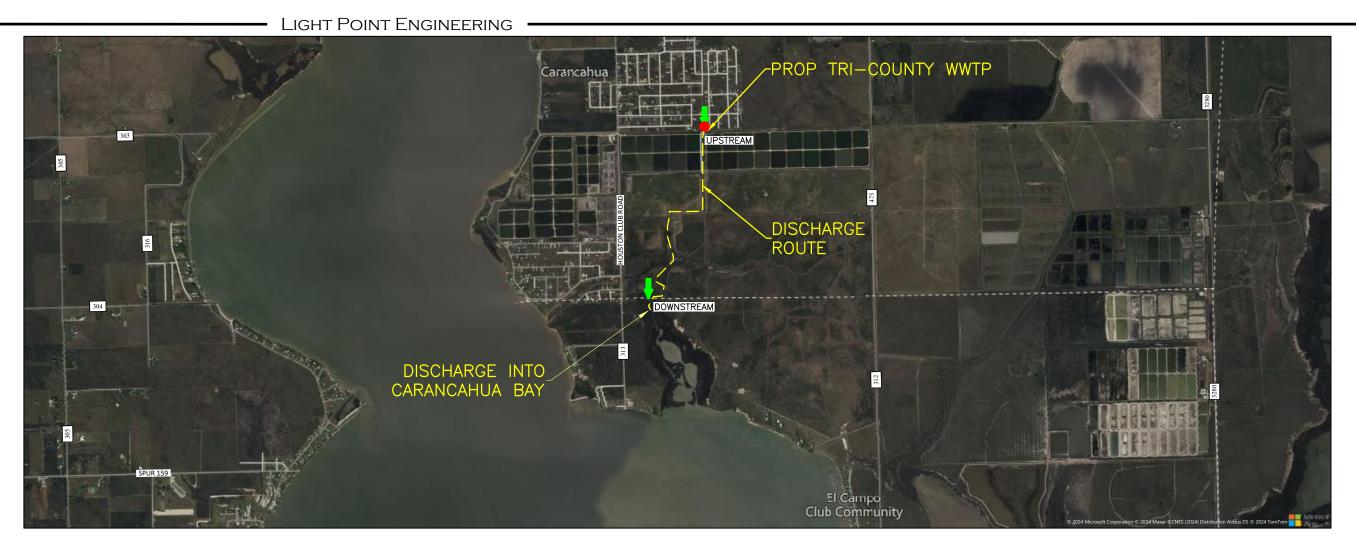
MONTROY, NICHOLE P O BOX 111 WOLFE CITY, TX 75496

HERRICK, VELONI & CALVIN 16930 CLAN MACINTOSH HOUSTON, TX 77084 HERRICK, VELONI & CALVIN 16930 CLAN MACINTOSH HOUSTON, TX 77084 GUTIERREZ, ROBERTO & VIOLA P O BOX 2542 KYLE, TX 78640

#		Property ID	OWNER NAME	MAILING ADDRESS
1	R	11790	GARCIA, ALBERT & NATIVIDAD	5112 PARKVIEW HILLS LN FORT WORTH, TX 76179-4265
2	R	11786	DIKE, PAMELA	PO BOX 367 PALACIOS, TX 77465
3	R	11768	BESEDA, KERMIT & TAMMY	P O BOX 104 FAYETTEVILLE, TX 78940
4	R	12820	NARVAEZ, MERCEDES MARIA	758 MEMORIAL MEWS ST HOUSTON, TX 77079
5	R	12819	HAHN, CORBIN MITCHELL	1830 ROZNOV RD FAYETTEVILLE, TX 78940
5	R	12818	HAHN, CORBIN MITCHELL	1830 ROZNOV RD FAYETTEVILLE, TX 78940
5	R	12817	HAHN, CORBIN MITCHELL	1830 ROZNOV RD FAYETTEVILLE, TX 78940
6	R	12814	SMITH, KENNETH & AMANDA	P O BOX 2292 BAY CITY, TX 77404
7	R	12812	UTLEY, GREGORY	3109 CROSSFELL RD SPRING, TX 77388
7	R	12812	UTLEY, GREGORY	3110 CROSSFELL RD SPRING, TX 77388
8	R	12811	BOUTTE, NATASHA	P O BOX 31 ALIEF, TX 77411
8	R	12810	BOUTTE, NATASHA	P O BOX 31 ALIEF, TX 77412
9	R	12809	MORGAN, RONDA	293 HADDOCK PALACIOS, TX 77465-2116
10	R	12808	CANADILLA, JOSE ENRIQUE	12601 BJ DUSEK RD WALLIS, TX 77485
10	R	12807	CANADILLA, JOSE ENRIQUE	12602 BJ DUSEK RD WALLIS, TX 77485
11	R	12806	LOPEZ, EDDY G & ALFREDO COSTA SANCHEZ	2927 HIGH PLAINS DR KATY, TX 77449
12	R	12805	COSTA, ALFREDO & YUSLENYA GONZALEZ	20626 CHESTNUT HILLS DR KATY, TX 77450
13	R	12804	LOPEZ, EDDY & RAQUEL COSTA	2927 HIGH PLAINS DR KATY, TX 77449
14	R	12968	KING, ALLEN SHANE & MARY M	15193 MILLER RD SAINT HEDWIG, TX 78152
14	R	12967	KING, ALLEN SHANE & MARY M	15194 MILLER RD SAINT HEDWIG, TX 78152
15	R	12966	MEARS, ZACHARY & JAYMI	P O BOX 448 KARNES CITY, TX 78118
15	R	12965	MEARS, ZACHARY & JAYMI	P O BOX 448 KARNES CITY, TX 78119
16	R	12964	HERNANDEZ, MIGUEL ANGEL JR	2362 RATUS AVE STAFFORD, TX 77477
17	R	12963	GONZALEZ, JESUS	85 ROBBIE DR HEBBRONVILLE, TX 78361

18	R	12700	BARTON, ERIK RELSTER	248 SHADY MEADOWS LN CIBOLO, TX 78108
18	R	12701	BARTON, ERIK RELSTER	249 SHADY MEADOWS LN CIBOLO, TX 78108
19	R	12702	GARCIA-ALEMAN, JUAN CARLOS & JANETH CARBAJAL	13021 DESSAU RD #LOT 482 AUSTIN, TX 78754
20	R	12703	URESTI, RICHARD A & THERESA A	181 URESTI LN VICTORIA, TX 77905
21	R	12704	HOLLIDAY, DAWN R	422 LUNA VISTA DR HUTTO, TX 78634
22	R	12705	JORDON, JOHN A & GUERRY	1126 WENTWORTH DR PEARLAND, TX 77584-2361
23	R	12706	ESQUIVEL, ROBERT ETAL	6614 SNOW MEADOW DR CONVERSE, TX 78109
24	R	12707	MOONEY, WILLIAM E & MARIA HAYDEE REVOCABLE TRUST	402 ZAPATA AVE RANCHO VIEJO, TX 78575
24	R	12708	MOONEY, WILLIAM E & MARIA HAYDEE REVOCABLE TRUST	403 ZAPATA AVE RANCHO VIEJO, TX 78575
25	R	12709	ALEXANDER, MARTHA	RICKY ALEXANDER 7924 MERCHANT DR NEEDVILLE, TX 77461
26	R	12710	WHALEN, RANDY & NORMA	13 PIZARRO AVE RANCHO VIEJO, TX 78575-9633
27	R	12711	HUGHES, ALBERT JR & WYVETTE	2311 HAMMERWOOD DR MISSOURI CITY, TX 77489-4138
28	R	12712	LEAL, ILENE & EDY A	6506 FAIRBROOK PARK LN SPRING, TX 77379
29	R	12713	RODRIGUEZ, PAULETTE ANN	1011 MOORE ST PALACIOS, TX 77465
30	R	12714	BANAH INVESTMENT & SERVICES	809 CO RD 477 PALACIOS, TX 77465
30	R	12715	BANAH INVESTMENT & SERVICES	810 CO RD 477 PALACIOS, TX 77465
31	R	12532	NEWBOULD, ROBERT	2949 PARK ST MARIANNA, FL 32446
32	R	12531	CANO, JAOQUIN JR & HERMELINDA MARROQUIN	7527 MAGNOLIA ST HOUSTON, TX 77023
33	R	11767	GONZALEZ, JUAN & ROXANNA MURO	P O BOX 7651 EAGLE PASS, TX 78853
34	R	11766	MONTROY, NICHOLE	P O BOX 111 WOLFE CITY, TX 75496
35	R	11787	HERRICK, VELONI & CALVIN	16930 CLAN MACINTOSH HOUSTON, TX 77084
35	R	11788	HERRICK, VELONI & CALVIN	16931 CLAN MACINTOSH HOUSTON, TX 77084
35 36	R R	11788 11789	HERRICK, VELONI & CALVIN WHITBECK, TRAVIS	16931 CLAN MACINTOSH
				16931 CLAN MACINTOSH HOUSTON, TX 77084 2410 EULESS CT WEATHERFORD,



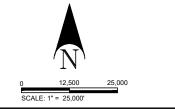








WWTP DISCHARGE UPSTREAM WWTP LOCATION WWTP DISCHARGE DOWNSTREAM



PROJECT NAME:	TPDES PERMIT
PROJECT NUMBER:	GCL706-111
PREPARED FOR:	TRI-COUNTY WWTP
DATE:	August 6, 2024

TRI-COUNTY WWTP
DISCHARGE LOCATION PHOTOS

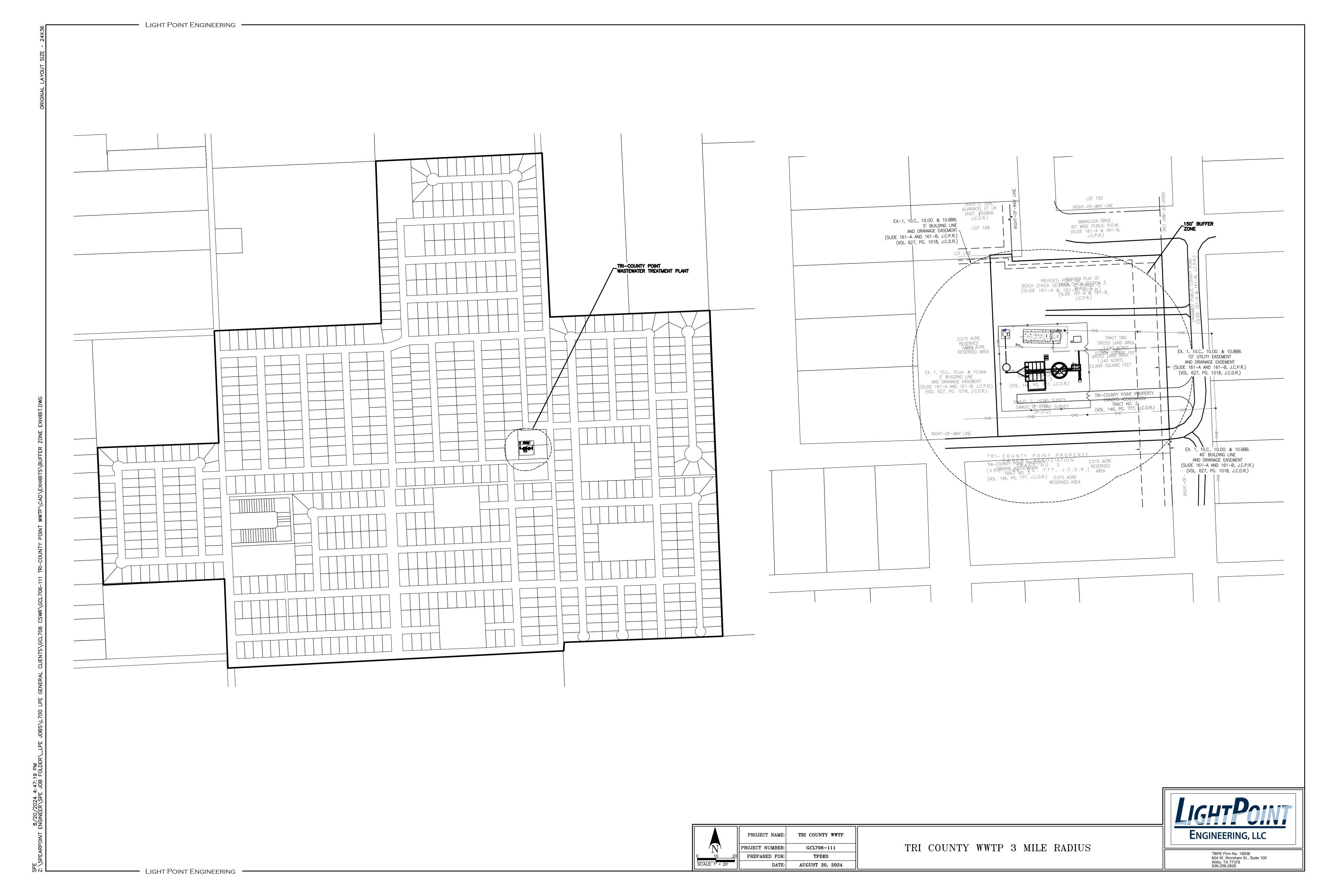


LEGEND:

LOCATION OF PHOTO

DIRECTION PHOTO WAS TAKEN

TBPE Firm No. 18938 604 W. Worsham St., Suite 100 Willis, TX 77378 936-256-2626



TRI-COUNTY POINT WWTP PROJECT NAME: TRI-COUNTY POINT WWTP PROJECT NUMBER: GCL706-111 QUAD MAP PREPARED FOR: **E**NGINEERING, LLC DATE: 8/1/2024 OLIVIA QUADRANGLE TEXAS 7.5-MINUTE SERIES U.S. DEPARTMENT OF THE INTERIOR U.S. GEOLOGICAL SURVEY The National Map
US Topo 28.7500° 28.7500° Shank

N Bank

Airport  $^{31}82^{000m}N$ Weedhaven CO RD 471 SUNRISE BAY DR JACKSON CO CALHOUN CO Carancahua Santo Domingo Springs CO RD 309 JACKSON CO CALHOUN CO CO RD 315 DOWNSTREAM DISCHARGE ROUTE 73 Port Alto Olivia Cem\_ CO RD 314 Keller Bay 70 3170<sup>000m</sup>N <sup>7</sup>56<sup>000m</sup>E 45 47 48 49 50 51 52 53 54 55 28.6250° -96.3750° <sup>28.6250°</sup> -96.5000°

SCALE 1:24 000

MILES

FEET

CONTOUR INTERVAL 5 FEET NORTH AMERICAN VERTICAL DATUM OF 1988

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

3°0′ 53 MILS

1°14′ 22 MILS

UTM GRID AND 2019 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

QS

ROAD CLASSIFICATION

Interstate Route US Route State Route

OLIVIA, TX

2022

2 3 1 Lolita
2 La Ward
3 Francitas
4 Point Comfort
5 Turtle Bay
6 Port Lavaca East
7 Keller Bay
8 Carancahua Page

ADJOINING QUADRANGLES

4WD

Produced by the United States Geological Survey
North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and
1 000-meter grid:Universal Transverse Mercator, Zone 14R

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

Names..... Hydrography...

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

TRI-COUNTY POINT WWTP PROJECT NAME: TRI-COUNTY POINT WWTP PROJECT NUMBER: GCL706-111 QUAD MAP PREPARED FOR: **E**NGINEERING, LLC DATE: 8/1/2024 TURTLE BAY QUADRANGLE
TEXAS
7.5-MINUTE SERIES U.S. DEPARTMENT OF THE INTERIOR U.S. GEOLOGICAL SURVEY The National Map
US Topo -96.3750° <sup>7</sup>57<sup>000m</sup>E 28.7500° 28.7500° 3183000mN CO RD 322 BUFFALOE RD Palacios Municipal Airport Palacios TRI-COUNTY POINT WWTP TRI-COUNTY POINT
WWTP DISCHARGE POINT DOWNSTREAM DISCHARGE ROUTE FROM TRI-COUNTY POINT WWTP Turtle Bay JACKSON CO DOWNSTREAM DISCHARGE ROUTE FROM TRI-COUNTY POINT WWTP Tres Palacios El Campo Club Community RADIUS Carancahua 72 Bay Well Point Schicke Point Community SEAHORSE DR CEDAR LN Matagorda Bay 70 Schicke Point 3170<sup>000m</sup>N Carancahua Pass <sup>7</sup>68<sup>000m</sup>E -96.2500° <sup>28.6250°</sup> 28.6250° -96.3750°

SCALE 1:24 000

2°56′ 52 MILS

1°17′ 23 MILS

UTM GRID AND 2019 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

QS

METERS

MILES

FEET

CONTOUR INTERVAL 5 FEET NORTH AMERICAN VERTICAL DATUM OF 1988

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

ROAD CLASSIFICATION

TURTLE BAY, TX

Interstate Route

QUADRANGLE LOCATION

ADJOINING QUADRANGLES

1 La Ward 2 Francitas 3 Blessing 4 Olivia 5 Palacios

6 Keller Bay

7 Carancahua Pass 8 Palacios Point Local Road

US Route State Route

Produced by the United States Geological Survey
North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and
1 000-meter grid:Universal Transverse Mercator, Zone 14R

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

entering private lands.

Names....

# THE TONMENTAL OUR LEVEL OF THE TONE OF THE

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

# Section 1. Permitted or Proposed Flows (Instructions Page 43)

# A. Existing/Interim I Phase

Design Flow (MGD): <u>0.025</u> 2-Hr Peak Flow (MGD): 0.075

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

# **B.** Interim II Phase

Design Flow (MGD): <u>0.045</u> 2-Hr Peak Flow (MGD): 0.135

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

# C. Final Phase

Design Flow (MGD): <u>0.070</u> 2-Hr Peak Flow (MGD): <u>0.210</u>

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

# D. Current Operating Phase

Provide the startup date of the facility: 08 – 01 - 2014

# Section 2. Treatment Process (Instructions Page 43)

# A. Current Operating Phase

Provide a detailed description of the treatment process. **Include the type of treatment plant, mode of operation, and all treatment units.** Start with the plant's head works and

finish with the point of discharge. Include all sludge processing and drying units. **If more than one phase exists or is proposed, a description of** *each phase* **must be provided**.

The phase II plant is designed for 45,000 GPD. The aeration basins are planned to be equipped with fine bubble diffusers with a submergence of 10 feet. A chlorine contact tank is added and the final plant will be an extended aeration wastewater treatment plant with 2 aeration basins  $25 \times 12 \times 12$  ft. 1 20-foot diameter clarifier x 10 ft high. 1 chlorine contact basin  $12 \times 10 \times 11$  ft., and 1 wasting tank,  $25 \times 12 \times 12$  ft.

# **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)
Aeration Basin	2	25 ft X 12 ft X 12 ft
Clarifier	1	20 ft X 10 ft
<b>Chlorine Contact Basin</b>	1	12 ft X 10 ft X 11 ft
Wasting Tank	1	25 ft X 12 ft x 12 ft

# C. Process Flow Diagram

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

**Attachment**: 2.1- FLOW PID

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

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

• Latitude: <u>28.688890</u>

• Longitude: -96.373427

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

Latitude: N/ALongitude: N/A

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

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

Attachment: 1.4 Buffer Zone Exhibit

Provide the name <b>and</b> a des	cription of the area	a served by the treatment	facility.
TriCounty WWTP serves resi Bay.	idential single-fami	ly manufactured homes no	ear Carancahua
Collection System Informati each <b>uniquely owned</b> collection systems. <b>examples</b> .	ction system, existi	ng and new, served by th	is facility, including
Collection System Informatio	n		
Collection System Name	Owner Name	Owner Type	Population Served
TriCounty Sanitary Sewer	CSWR	Privately Owned	960
		Choose an item.	
		Choose an item.	
		Choose an item.	
☐ Yes ⊠ No  If yes, provide a detailed di  Failure to provide sufficier	nt justification may	y result in the Executive	-
recommending denial of th	ne unbuilt phase or	r phases.	
Not Applicable			
Section 5. Closure I	Plans (Instructi	ons Page 45)	
Have any treatment units be out of service in the next fiv		rvice permanently, or wil	l any units be taken
⊠ Yes □ No			

TCEQ-10054 (04/02/2024) Domestic Wastewater Permit Application Technical Report

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

	□ Yes ⊠ No
If y	yes, provide a brief description of the closure and the date of plan approval.
	ection 6. Permit Specific Requirements (Instructions Page 45)
	r applicants with an existing permit, check the Other Requirements or Special ovisions 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: Not Applicable
	Provide information, including dates, on any actions taken to meet a <i>requirement or provision</i> pertaining to the submission of a summary transmittal letter. <b>Provide a copy of</b> an approval letter from the TCEQ, if applicable.
	Not 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.
	Not Applicable

C.	Otl	her actions required by the current permit						
	sul	es the <i>Other Requirements</i> or <i>Special Provisions</i> section in the existing permit require omission of any other information or other required actions? Examples include tification 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 <i>Other Requirement</i> or <i>Special Provision</i> .							
	N	ot Applicable						
D.	Gri	it and grease treatment						
	1.	Acceptance of grit and grease waste						
		Does the facility have a grit and/or grease processing facility onsite that treats and decants or accepts transported loads of grit and grease waste that are discharged directly to the wastewater treatment plant prior to any treatment?						
		□ Yes ⊠ No						
		If No, stop here and continue with Subsection E. Stormwater Management.						
	2.	Grit and grease processing						
		Describe below how the grit and grease waste is treated at the facility. In your description, include how and where the grit and grease is introduced to the treatment works and how it is separated or processed. Provide a flow diagram showing how grit and grease is processed at the facility.						
		Not Applicable						
	3.	Grit disposal						
		Does the facility have a Municipal Solid Waste (MSW) registration or permit for grit						
		disposal?						

disposai?

☐ Yes ⊠ No

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

		Describe the method of grit disposal.
		Not Applicable
	4.	Grease and decanted liquid disposal
		Note: A registration or permit is required for grease disposal. Grease shall not be combined with treatment plant sludge. For more information, contact the TCEQ Municipal Solid Waste team at 512-239-2335.
		Describe how the decant and grease are treated and disposed of after grit separation.
		Not Applicable
E.	Sto	ormwater 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
		<b>If yes</b> , please provide MSGP Authorization Number and skip to Subsection F, Other Wastes Received:
		TXR05 <u>Not Applicable</u> or TXRNE <u>Not Applicable</u>
		If no, do you intend to seek coverage under TXR050000?
		□ Yes ⊠ No
	3.	Conditional exclusion
		Alternatively, do you intend to apply for a conditional exclusion from permitting based TXR050000 (Multi Sector General Permit) Part II B.2 or TXR050000 (Multi Sector General Permit) Part V, Sector T 3(b)?
		□ Yes ⊠ No

	If yes, please explain below then proceed to Subsection F, Other Wastes Received:
	Not Applicable
4.	Existing coverage in individual permit
	Is your stormwater discharge currently permitted through this individual TPDES or TLAP permit?
	□ Yes ⊠ No
	<b>If yes</b> , 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.
	Not Applicable
5 <b>.</b>	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.
	Not Applicable
	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
	<b>If yes</b> , 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.
		Not Applicable
		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.	Dis	scharges to the Lake Houston Watershed
	Do	es the facility discharge in the Lake Houston watershed?
		□ Yes ⊠ No
	-	ves, attach a Sewage Sludge Solids Management Plan. See Example 5 in the instructions. t <u>Applicable</u>
G.	Otl	her wastes received including sludge from other WWTPs and septic waste
	1.	Acceptance of sludge from other WWTPs
		Does or will the facility accept sludge from other treatment plants at the facility site?
		□ Yes ⊠ No
		If yes, attach sewage sludge solids management plan. See Example 5 of instructions.
		In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an
		estimate of the BOD <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.
		Not Applicable
		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 ves does the unit have a Municipal Solid Waste nermit?

	□ Yes ⊠ No
	<b>If yes to any of the above</b> , provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the $BOD_5$ concentration of the septic waste, and the
	design $BOD_5$ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.
	Not Applicable
	Note: Permits that accept sludge from other wastewater treatment plants may be required to have influent flow and organic loading monitoring.
3.	Acceptance of other wastes (not including septic, grease, grit, or RCRA, CERCLA or as discharged by IUs listed in Worksheet 6)
	Is or will the facility accept wastes that are not domestic in nature excluding the categories listed above?
	□ Yes ⊠ No
	If yes, provide the date that the plant started accepting the waste, an estimate how much waste is accepted on a monthly basis (gallons or millions of gallons), a description of the entities generating the waste, and any distinguishing chemical or other physical characteristic of the waste. Also note if this information has or has not changed since the last permit action.
	Not Applicable
Secti	ion 7. Pollutant Analysis of Treated Effluent (Instructions Page
	50)
Is the	facility in operation?
$\boxtimes$	Yes □ No
If no.	this section is not applicable. Proceed to Section 8.

If yes, provide effluent analysis data for the listed pollutants. *Wastewater treatment facilities* complete Table 1.0(2). *Water treatment facilities* discharging filter backwash water, complete Table 1.0(3). Provide copies of the laboratory results sheets. **These tables are not** 

complete Table 1.0(2). Water treatment facilities discharging interbackwash water complete Table 1.0(3). Provide copies of the laboratory results sheets. **These tables are not applicable for a minor amendment without renewal.** See the instructions for guidance.

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l	SEE ATTACH ED			Grab	
Total Suspended Solids, mg/l				Grab	
Ammonia Nitrogen, mg/l				Grab	
Nitrate Nitrogen, mg/l				Grab	
Total Kjeldahl Nitrogen, mg/l				Grab	
Sulfate, mg/l				Grab	
Chloride, mg/l				Grab	
Total Phosphorus, mg/l				Grab	
pH, standard units				Grab	
Dissolved Oxygen*, mg/l				Grab	
Chlorine Residual, mg/l				Grab	
E.coli (CFU/100ml) freshwater				Grab	
Entercocci (CFU/100ml) saltwater				Grab	
Total Dissolved Solids, mg/l				Grab	
Electrical Conductivity, µmohs/cm, †				Grab	
Oil & Grease, mg/l				Grab	
Alkalinity (CaCO <sub>3</sub> )*, mg/l				Grab	

<sup>\*</sup>TPDES permits only

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

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

# Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: Vavra, Dwight G.

Facility Operator's License Classification and Level: <u>Class B – Ground Water Treatment Operator</u>

Facility Operator's License Number: WG0008137

<sup>†</sup>TLAP permits only

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

A.	WW	TP's Biosolids Management Facility Type
	Che	ck all that apply. See instructions for guidance
		Design flow>= 1 MGD
		Serves >= 10,000 people
		Class I Sludge Management Facility (per 40 CFR § 503.9)
		Biosolids generator
		Biosolids end user – land application (onsite)
		Biosolids end user – surface disposal (onsite)
		Biosolids end user – incinerator (onsite)
B.	ww	TP's Biosolids Treatment Process
	Che	ck all that apply. See instructions for guidance.
	$\boxtimes$	Aerobic Digestion
		Air Drying (or sludge drying beds)
		Lower Temperature Composting
		Lime Stabilization
		Higher Temperature Composting
		Heat Drying
		Thermophilic Aerobic Digestion
		Beta Ray Irradiation
		Gamma Ray Irradiation
		Pasteurization
		Preliminary Operation (e.g. grinding, de-gritting, blending)
		Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)
		Sludge Lagoon
		Temporary Storage (< 2 years)
		Long Term Storage (>= 2 years)
		Methane or Biogas Recovery
		Other Treatment Process: Click to enter text.

## C. Biosolids Management

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

#### **Biosolids Management**

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Other	Off-site Third-Party Handler or Preparer	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

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

#### D. Disposal site

Disposal site name: Oak Hollow Sewer

TCEQ permit or registration number: <u>WQoo11768001</u> County where disposal site is located: Matagorda

#### E. Transportation method

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

Name of the hauler: Aqua Zyme Services

Hauler registration number: 21480

Sludge is transported as a:

	Liquid □	semi-liquid 🗵	semi-solid $\square$	solid $\square$
--	----------	---------------	----------------------	-----------------

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

#### A. Beneficial use authorization

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

□ Yes ⊠ No

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

□ Yes □ No

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

	Yes □ No						
B. Sludge	e processing authorization						
	Does the existing permit include authorization for any of the following sludge processing, storage or disposal options?						
Slu	Sludge Composting $\square$ Yes $\boxtimes$ No						
Ma	Marketing and Distribution of sludge $\ \square$ Yes $\ \boxtimes$ No						
Sludge Surface Disposal or Sludge Monofill $\square$ Yes $\boxtimes$ No							
Temporary storage in sludge lagoons $\qed$ Yes $\qed$ No							
autho	to any of the above sludge options and the rization, is the completed <b>Domestic Wastevical Report (TCEQ Form No. 10056)</b> attach	vate	r Permit	Appl	ication: Sewage Sludge		
	Yes 🗆 No						
Section	11. Sewage Sludge Lagoons (Ins	frm	ctions l	Ρασι	53)		
	facility include sewage sludge lagoons?	cr a	ctions i	ι αρι	2 33)		
	es 🗵 No						
	nplete the remainder of this section. If no,	proc	eed to Se	ction	12.		
•					. <del></del> -		
	on information	20 1	art of the	a ann	lication For each man		
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: Attachment 2.0 - A						
•	USDA Natural Resources Conservation Serv	vice	Soil Map:				
	Attachment: Attachment 2.0 - B						
•	Federal Emergency Management Map:						
	Attachment: Attachment 2.0 - C						
•	Site map:						
	Attachment: Attachment 2.0 - D						
Discus apply.	ss in a description if any of the following ex	ist v	vithin the	lago	on area. Check all that		
	Overlap a designated 100-year frequency flood plain						
	□ Soils with flooding classification						
	Overlap an unstable area						
	Wetlands						
	Located less than 60 meters from a fault						
	None of the above						

Attachment: Click to enter text.

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

Not Applicable	

#### **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: N/A

Total Kjeldahl Nitrogen, mg/kg: N/A

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

Phosphorus, mg/kg: <u>N/A</u>
Potassium, mg/kg: <u>N/A</u>
pH, standard units: <u>N/A</u>

Ammonia Nitrogen mg/kg: N/A

Arsenic: <u>N/A</u>
Cadmium: <u>N/A</u>
Chromium: <u>N/A</u>
Copper: <u>N/A</u>

Lead: <u>N/A</u>

Mercury: <u>N/A</u>

Molybdenum: N/A

Nickel: <u>N/A</u> Selenium: <u>N/A</u>

Zinc: N/A

Total PCBs: N/A

Provide the following information:

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

Total dry tons stored in the lagoons(s) per 365-day period: N/A

Total dry tons stored in the lagoons(s) over the life of the unit:  $\underline{N/A}$ 

#### C. Liner information

Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity of  $1x10^{-7}$  cm/sec?

□ Yes ⊠ No

	if yes, describe the liner below. Please note that a liner is required.						
	Not Applicable						
D	Site d	evelopment plan					
υ.							
	Provide a detailed description of the methods used to deposit sludge in the lagoon(s):						
	NOT A	<u>Applicable</u>					
	Attac	h the following documents to the application.					
	•	Plan view and cross-section of the sludge lagoon(s)					
		Attachment: N/A					
	•	Copy of the closure plan					
		Attachment: N/A					
	•	Copy of deed recordation for the site					
		Attachment: N/A					
	• Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gal						
Attachment: N/A							
	•	Description of the method of controlling infiltration of groundwater and surface water from entering the site					
		Attachment: N/A					
	•	Procedures to prevent the occurrence of nuisance conditions					
		Attachment: N/A					
E.	Grou	ndwater monitoring					
	Is groundwater monitoring currently conducted at this site, or are any wells available for groundwater monitoring, or are groundwater monitoring data otherwise available for the sludge lagoon(s)?						
		Yes 🗵 No					
	If groundwater monitoring data are available, provide a copy. Provide a profile of soil types encountered down to the groundwater table and the depth to the shallowest groundwater as a separate attachment.						

Attachment: N/A

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

A. Additional authorizations
Does the permittee have additional authorizations for this facility, such as reuse authorization, sludge permit, etc?
□ Yes ⊠ No
If yes, provide the TCEQ authorization number and description of the authorization:
Not Applicable
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
<b>If yes</b> to either question, provide a brief summary of the enforcement, the implementatio schedule, and the current status:
Not Applicable

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

#### A. RCRA hazardous wastes

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

Yes	$\boxtimes$	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: Not Applicable

# Section 14. Laboratory Accreditation (Instructions Page 56)

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

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

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

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

# CERTIFICATION: I certify that all laboratory tests submitted with this application meet the requirements of 30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification. Printed Name: MaKayla Commander Title: Project Manager Signature: \_\_\_\_\_\_\_

# DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.1

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

# Section 1. Justification for Permit (Instructions Page 57)

#### A. Justification of permit need

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

This expansion can be achieved constructing a new 40,000 GPD extended aeration treatment
plant. It is expected to be completed within the facility's current 5-year permit. Due to the
facility's location, there are no alternative sites for treatment.

#### B. Regionalization of facilities

For additional guidance, please review <u>TCEQ's Regionalization Policy for Wastewater Treatment</u><sup>1</sup>.

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

#### 1. Municipally incorporated areas

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

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

□ Yes ⊠ No □ Not Applicable

If yes, within the city limits of:  $\underline{N/A}$ 

If yes, attach correspondence from the city.

Attachment: N/A

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

Attachment: N/A

#### 2. Utility CCN areas

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

□ Yes ⊠ No

<sup>&</sup>lt;sup>1</sup> https://www.tceq.texas.gov/permitting/wastewater/tceq-regionalization-for-wastewater

If yes, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the CCN facilities versus the cost of the proposed facility or expansion. **Attachment**: Click to enter text. 3. Nearby WWTPs or collection systems Are there any domestic permitted wastewater treatment facilities or collection systems located within a three-mile radius of the proposed facility?  $\boxtimes$ Yes No If ves, attach a list of these facilities and collection systems that includes each permittee's name and permit number, and an area map showing the location of these facilities and collection systems. Attachment: 2.2 LOCATION EXHIBIT If yes, attach proof of mailing a request for service to each facility and collection system, the letters requesting service, and correspondence from each facility and collection system. Attachment: 2.2 - A If the facility or collection system agrees to provide service, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the facility or collection system versus the cost of the proposed facility or expansion. Attachment: Click to enter text. Section 2. Proposed Organic Loading (Instructions Page 59) Is this facility in operation? Yes □ No **If no**, proceed to Item B, Proposed Organic Loading. If ves, provide organic loading information in Item A, Current Organic Loading A. Current organic loading Facility Design Flow (flow being requested in application): Click to enter text. Average Influent Organic Strength or BOD<sub>5</sub> Concentration in mg/l: Average Influent Loading (lbs/day = total average flow X average BOD<sub>5</sub> conc. X 8.34): Click to enter text. Provide the source of the average organic strength or BOD<sub>5</sub> concentration.

Click to enter text.

#### B. Proposed organic loading

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

Table 1.1(1) - Design Organic Loading

Source	Total Average Flow (MGD)	Influent BOD5 Concentration (mg/l)
Municipality		
Subdivision	.040	20 MG/L
Trailer park - transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources		
AVERAGE BOD₅ from all sources		

# Section 3. Proposed Effluent Quality and Disinfection (Instructions Page 59)

# A. Existing/Interim I Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: 20

Total Suspended Solids, mg/l: 20

Ammonia Nitrogen, mg/l: N/A

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: 4

Other: E. COLI 126 MPN /100 ML

B. Interim II Phase Design Effluent Quality	
Biochemical Oxygen Demand (5-day), mg/l: <u>N/A</u>	
Total Suspended Solids, mg/l: <u><b>N/A</b></u>	
Ammonia Nitrogen, mg/l: <u><b>N/A</b></u>	
Total Phosphorus, mg/l: <u><b>N/A</b></u>	
Dissolved Oxygen, mg/l: <u><b>N/A</b></u>	
Other: <u>N/A</u>	
C. Final Phase Design Effluent Quality	
Biochemical Oxygen Demand (5-day), mg/l: <u>20</u>	
Total Suspended Solids, mg/l: <u>20</u>	
Ammonia Nitrogen, mg/l: <u><b>N/A</b></u>	
Total Phosphorus, mg/l: <u><b>N/A</b></u>	
Dissolved Oxygen, mg/l: <u>4</u>	
Other: <u>E. COLI 126 MPN /100 ML</u>	
D. Disinfection Method	
Identify the proposed method of disinfection.	
$oxed{\boxtimes}$ Chlorine: 4 mg/l after 20 minutes detention time at peak flow	
Dechlorination process: <u>N/A</u>	
$\square$ Ultraviolet Light: <u>N/A</u> seconds contact time at peak flow	
□ Other: <u>N/A</u>	
Section 4. Design Calculations (Instructions Page 59)	
Attach design calculations and plant features for each proposed phase. Example 4 of the instructions includes sample design calculations and plant features.	
Attachment: 2.6 Design Calculations	
Section 5. Facility Site (Instructions Page 60)	
, and the second	
A. 100-year floodplain	
Will the proposed facilities be located <u>above</u> the 100-year frequency flood level?	
⊠ Yes □ No	
If no, describe measures used to protect the facility during a flood event. Include a site map showing the location of the treatment plant within the 100-year frequency flood level. If applicable, provide the size and types of protective structures.	
Not Applicable	

Provide the source(s) used to determine 100-year frequency flood plain. FEMA Map 48239C0600D For a new or expansion of a facility, will a wetland or part of a wetland be filled? Yes 🖂 **If yes**, has the applicant applied for a US Corps of Engineers 404 Dredge and Fill Permit? Yes □ No If yes, provide the permit number: Not Applicable If no, provide the approximate date you anticipate submitting your application to the Corps: N/A B. Wind rose Attach a wind rose: 2.4 Windrose Map Permit Authorization for Sewage Sludge Disposal Section 6. (Instructions Page 60) A. Beneficial use authorization

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

Yes  $\boxtimes$ 

If yes, attach the completed Application for Permit for Beneficial Land Use of Sewage Sludge (TCEQ Form No. 10451): Not Applicable

#### B. Sludge processing authorization

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

- Sludge Composting
- Marketing and Distribution of sludge
- Sludge Surface Disposal or Sludge Monofill

If any of the above, sludge options are selected, attach the completed **Domestic** Wastewater Permit Application: Sewage Sludge Technical Report (TCEQ Form No. 10056): Not Applicable

#### Section 7. Sewage Sludge Solids Management Plan (Instructions Page 61)

Attach a solids management plan to the application.

Attachment: 2.5 Sludge Management Plan

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

Treatment units and processes dimensions and capacities

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

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

# DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

Section 1. Domestic Drinking Water Supply (Instructions Page 64)
Is there a surface water intake for domestic drinking water supply located within 5 miles downstream from the point or proposed point of discharge?
□ Yes ⊠ No
If <b>no</b> , proceed it Section 2. <b>If yes</b> , provide the following:
Owner of the drinking water supply: Not Applicable
Distance and direction to the intake: Not Applicable
Attach a USGS map that identifies the location of the intake.
Attachment: Not Applicable
Section 2. Discharge into Tidally Affected Waters (Instructions Page 64)
Does the facility discharge into tidally affected waters?
□ Yes ⊠ No
If <b>no</b> , proceed to Section 3. <b>If yes</b> , complete the remainder of this section. If no, proceed to Section 3.
A. Receiving water outfall
Width of the receiving water at the outfall, in feet: Not Applicable
B. Oyster waters
Are there oyster waters in the vicinity of the discharge?
□ Yes ⊠ No
If yes, provide the distance and direction from outfall(s).
Not Applicable
C. Sea grasses
Are there any sea grasses within the vicinity of the point of discharge?
□ Yes ⊠ No
If yes, provide the distance and direction from the outfall(s).
Not Applicable

# Section 3. **Classified Segments (Instructions Page 64)** Is the discharge directly into (or within 300 feet of) a classified segment? Yes ⊠ No **If ves**, this Worksheet is complete. **If no**, complete Sections 4 and 5 of this Worksheet. **Description of Immediate Receiving Waters (Instructions** Section 4. **Page 65)** Name of the immediate receiving waters: Not Applicable A. Receiving water type Identify the appropriate description of the receiving waters. Stream Freshwater Swamp or Marsh Lake or Pond Surface area, in acres: Not Applicable Average depth of the entire water body, in feet: Not Applicable Average depth of water body within a 500-foot radius of discharge point, in feet: Not Applicable Man-made Channel or Ditch Open Bay Tidal Stream, Bayou, or Marsh Other, specify: Not Applicable **B.** Flow characteristics If a stream, man-made channel or ditch was checked above, provide the following. For existing discharges, check one of the following that best characterizes the area upstream of the discharge. For new discharges, characterize the area *downstream* of the discharge (check one). Intermittent - dry for at least one week during most years Intermittent with Perennial Pools - enduring pools with sufficient habitat to maintain significant aquatic life uses Perennial - normally flowing Check the method used to characterize the area upstream (or downstream for new dischargers). USGS flow records Historical observation by adjacent landowners $\boxtimes$ Personal observation Other, specify: Not Applicable

		e names of all perennial stre tream of the discharge poin		the receiving water within three miles
	Not A	<u>oplicable</u>		
D.	Downs	tream characteristics		
		receiving water characteris rge (e.g., natural or man-ma		ithin three miles downstream of the ds, reservoirs, etc.)?
	$\boxtimes$	Yes □ No		
	If yes,	discuss how.		
	ROAD	SIDE DITCHES FLOW TO CA	RANCAHUA I	BAY (SEG 2456A)
E.	Provide COAS		e water body	during normal dry weather conditions.  L AND WET WEATHER RUN OFF
	Date a	nd time of observation: MAY	Y 2024	
	Was th	e water body influenced by	stormwater r	unoff during observations?
		Yes 🗵 No		
Se	ction	5. General Characte Page 66)	eristics of	the Waterbody (Instructions
A.	Upstre	am influences		
		mmediate receiving water u ced by any of the following		ne discharge or proposed discharge site at apply.
		Oil field activities		Urban runoff
		Upstream discharges		Agricultural runoff
		Septic tanks		Other(s), specify: Not Applicable

C. Downstream perennial confluences

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

dumping areas; water discolored



Client:

Clear Water Solutions - Tri County POA

Project:

Tri county Point PoA-Permit Renewal

Work Order: 24E1789

Reported: 07-Jun-24 14:19

## Effluent 24E1789-01 (Water) Sampled: 14-May-24 11:46

Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Analyst	Notes
		Envirody	ne Labo	ratories, I	nc.				
2.30	0.01	mg/L	1	B4E5061	14-May-24	14-May-24 14:30	SM 4500-Cl C	i AS	a
6.87		mg/L	1	B4E5061	14-May-24	14-May-24 14:30	SM4500-O C	AS	a
7.64		SU	1	B4E5061	14-May-24	14-May-24 14:30	SM4500H+ B	AS	a
				con control transfer		HOUSE THAT I WAS A SERVICE	1774 An (Antigoria)		
<1	1 !	MPN/100 mL	. 1	B4E5130	14-May-24	14-May-24 18:00	SM9223 B	LTB	Н
323	20.0	mg/L	1	B4E5288	21-May-24	21-May-24 11:10	EPA 310.2		
5.18	1.00	mg/L	5	B4E5801	24-May-24	24-May-24 13:50	EPA 350.1	SSJ	P
6.2	2.0	mg/L	1	B4E5412	15-May-24	15-May-24 18:20	SM5210 B	JLH	I
55.0	15.0	mg/L	5	B4E5653	05-Jun-24	05-Jun-24 14:51	SM4500 CI-B	DRJ	
< 0.50	0.50	mg/L	1	B4E4488	14-May-24	14-May-24 15:30	EPA 353.1	SSJ	
1.38	0.20	mg/L	2	B4E5657	21-May-24	21-May-24 16:00	SM4500-P E	JMM	
18.8	2.00	mg/L	1	B4E5628	23-May-24	23-May-24 09:10	EPA 375.4	SSJ	
434	50.0	mg/L	1	B4E5437	21-May-24	21-May-24 15:11	SM2540 C	SKP	
5.89	0.50	mg/L	1	B4F2916	24-May-24	24-May-24 13:50	SM 4500-NH3	D SSJ	
13.0	2.0	mg/L	1	B4E5223	21-May-24	21-May-24 14:42	SM2540 D	TB/JH	Q
	2.30 6.87 7.64 <1 323 5.18 6.2 55.0 <0.50 1.38 18.8 434 5.89	2.30 0.01 6.87 7.64  <1 1  323 20.0 5.18 1.00 6.2 2.0 55.0 15.0 <0.50 0.50 1.38 0.20 18.8 2.00 434 50.0 5.89 0.50	2.30 0.01 mg/L 6.87 mg/L 7.64 SU  1 MPN/100 mL  323 20.0 mg/L 5.18 1.00 mg/L 6.2 2.0 mg/L 55.0 15.0 mg/L <0.50 0.50 mg/L 1.38 0.20 mg/L 18.8 2.00 mg/L 434 50.0 mg/L 5.89 0.50 mg/L	Result   Limit   Units   Dilution	Result   Limit   Units   Dilution   Batch	Envirodyne Laboratories, Inc.	Envirodyne Laboratories, Inc.	Result   Limit   Units   Dilution   Batch   Prepared   Analyzed   Method	Envirodyne Laboratories, Inc.

Envirodyne Laboratories, Inc.

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.



Client: Clear Water Solutions - Tri County POA

Project: Tri county Point PoA-Permit Renewal

Work Order: 24E1789

Reported: 07-Jun-24 14:19

## Microbiology - Quality Control Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch B4E5130 - Microbiology										
Blank (B4E5130-BLK1)				Prepared &	Analyzed:	15-May-24	1			
E.coli	<1	1 N	1PN/100 mL							
Duplicate (B4E5130-DUP1)	Source: 24E1611-02 Prepared & Analyzed: 15-May-24						ł .			
E.coli	<2	2 N	4PN/100 mL		<2			0	0.402	

Envirodyne Laboratories, Inc.

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.



Client: Clear Water Solutions - Tri County POA

Project: Tri county Point PoA-Permit Renewal

Work Order: 24E1789

Reported: 07-Jun-24 14:19

# Wet Chemistry - Quality Control Envirodyne Laboratories, Inc.

		Reporting		Spike	Source		%REC		RPD	
Analyte	Result	Limit	Units	Level	Result	%REC	Limits	RPD	Limit	Notes
Batch B4E4488 - Inorganics										
Blank (B4E4488-BLK1)				Prepared 8	Analyzed:	14-May-24				
Nitrate-N	< 0.50	0.50	mg/L							
LCS (B4E4488-BS1)				Prepared &	k Analyzed:	14-May-24	1			
Nitrate-N	2.94		mg/L	3.00		98.0	90-110			
Matrix Spike (B4E4488-MS1)	Sou	rce: 24E1602-	01	Prepared &	& Analyzed:	14-May-24	1			
Nitrate-N	86.6	10.0	mg/L	60.0	20.0	111	80-120			
Matrix Spike Dup (B4E4488-MSD1)	Sou	rce: 24E1602-	01	Prepared &	& Analyzed:	14-May-24	1			
Nitrate-N	86.6	10.0	mg/L	60.0	20.0	111	80-120	0.00	20	
Batch B4E5223 - Inorganics										
Blank (B4E5223-BLK1)				Prepared &	& Analyzed:	21-May-24	E.			
TSS	<2.0	2.0	mg/L							
LCS (B4E5223-BS1)				Prepared &	& Analyzed:	21-May-24	l.			
TSS	81.0		mg/L	100		81.0	80-120			
Duplicate (B4E5223-DUP1)	Sou	rce: 24E1610-	-01	Prepared &	& Analyzed:	21-May-24	E)			
TSS	3.6	2.0	mg/L		5.8			46.8	20	
Batch B4E5288 - Inorganics										
Blank (B4E5288-BLK1)				Prepared &	& Analyzed:	21-May-24	l d			
Alkalinity (Total) as CaCO3	<20.0	20.0	mg/L							

Envirodyne Laboratories, Inc.

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.

Laura Bonjonia For Sherry Walker, Customer Service Representativ



Client: Clear Water Solutions - Tri County POA

Project: Tri county Point PoA-Permit Renewal

Work Order: 24E1789

Reported: 07-Jun-24 14:19

# Wet Chemistry - Quality Control Envirodyne Laboratories, Inc.

		Reporting		Spike	Source		%REC		RPD	
Analyte	Result	Limit	Units	Level	Result	%REC	Limits	RPD	Limit	Notes
Batch B4E5288 - Inorganics										
LCS (B4E5288-BS1)				Prepared &	Analyzed:	21-May-24	1			
Alkalinity (Total) as CaCO3	101		mg/L	100		101	90-110			
Duplicate (B4E5288-DUP1)	Sou	rce: 24E1077-	01	Prepared &		21-May-24	1			
Alkalinity (Total) as CaCO3	185	20.0	mg/L		186			0.129	20	
Batch B4E5412 - Inorganics										
Blank (B4E5412-BLK1)				Prepared &	Analyzed:	15-May-24	1			
CBOD-5	<2.0	2.0	mg/L							
LCS (B4E5412-BS1)				Prepared &	Analyzed:	15-May-24	1			
CBOD-5	203		mg/L	198		102	84.6-115.4			
Duplicate (B4E5412-DUP1)	Sou	rce: 24E1789-	01	Prepared & Analyzed: 15-May-24						
CBOD-5	6.10	2.0	mg/L		6.20			1.63	20	
Batch B4E5437 - Inorganics										
Blank (B4E5437-BLK1)				Prepared &	Analyzed:	21-May-24	1			
TDS	<50.0	50.0	mg/L							
LCS (B4E5437-BS1)				Prepared &	k Analyzed	21-May-24				
TDS	530		mg/L	500		106	0-200			
Duplicate (B4E5437-DUP1)	Sou	rce: 24E1065-	01	Prepared &	k Analyzed	21-May-24	4			
TDS	486	50.0	mg/L		488			0.411	20	

Envirodyne Laboratories, Inc.

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.



Client:

Clear Water Solutions - Tri County POA

Project:

Tri county Point PoA-Permit Renewal

Work Order:

24E1789

Reported:

07-Jun-24 14:19

# Wet Chemistry - Quality Control

#### Envirodyne Laboratories, Inc.

		Reporting	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Analyte	Result	Limit	Units	Level	Result	701100	2111110			
Batch B4E5628 - Inorganics										
Blank (B4E5628-BLK1)	25			Prepared &	& Analyzed:	23-May-24				
Sulfate	<2.00	2.00	mg/L							
LCS (B4E5628-BS1)				Prepared &	& Analyzed:	23-May-24				
Sulfate	19.2		mg/L	20.0		95.8	90-110			
Matrix Spike (B4E5628-MS1)	Sour	ce: 24E2008-	-03	Prepared &	& Analyzed:	23-May-24				
Sulfate	229	20.0	mg/L	200	28.9	99.9	80-120			
Matrix Spike Dup (B4E5628-MSD1)	Sour	ce: 24E2008-	-03	Prepared &	& Analyzed:	23-May-24	L.			
Sulfate	232	20.0	mg/L	200	28.9	102	80-120	1.43	20	
Batch B4E5653 - Inorganics										
Blank (B4E5653-BLK1)				Prepared &	& Analyzed:	05-Jun-24				
Chloride	<3.0	3.0	mg/L							
Y CO (D.405/52 DC1)				Prepared &	& Analyzed:	05-Jun-24				
LCS (B4E5653-BS1) Chloride	98.0		mg/L	100		98.0	90-110			
Chloride				D	P. A I I.	05 Iun 24				
Matrix Spike (B4E5653-MS1)	1.70	rce: 24E0492-			& Analyzed: 160	100	80-120			
Chloride	180	12.0	mg/L	20,0	100	100	80-120			
Matrix Spike Dup (B4E5653-MSD1)	Sour	rce: 24E0492	-01	Prepared a	& Analyzed:	05-Jun-24				
Chloride	178	12.0	mg/L	20.0	160	90.0	80-120	1.12	20	
Batch B4E5657 - Inorganics										
Blank (B4E5657-BLK1)				Prepared a	& Analyzed:	21-May-24	4			
Phosphorus, Total	< 0.10	0.10	mg/L							

Envirodyne Laboratories, Inc.

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.

Laura Bonjonia For Sherry Walker, Customer Service Representativ



Client:

Clear Water Solutions - Tri County POA

Project:

Tri county Point PoA-Permit Renewal

Work Order: 24E1789

Reported:

07-Jun-24 14:19

# Wet Chemistry - Quality Control Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch B4E5657 - Inorganics										
Satch B4E3037 - Thorganies				Dropared &	Analyzed:	21-May-24	1			
LCS (B4E5657-BS1)	700				7 that y Loan	102	80-120			
Phosphorus, Total	1.02		mg/L	1.00		102	170-120			
Matrix Spike (B4E5657-MS1)	Source: 24E1179-01 Prepared & Analyzed: 21-May-2		1							
Phosphorus, Total	4.10	0.20	mg/L	2.00	2.30	90.0	80-120			
	Sou	rce: 24E1179-	01	Prepared & Analyzed: 21-May-24			1			
Matrix Spike Dup (B4E5657-MSD1) Phosphorus, Total	4.10	0.20	mg/L	2.00	2.30	90.0	80-120	0.00	20	
Batch B4E5801 - Inorganics										
Blank (B4E5801-BLK1)				Prepared &	& Analyzed	24-May-2	4			
Ammonia-N (NH3-N)	< 0.20	0.20	mg/L							
LCS (B4E5801-BS1)				Prepared &	& Analyzed	7,550,000	1/01/r45/st (1 in 1/2)an			
Ammonia-N (NH3-N)	0.94		mg/L	1.00		94.0	90-110			
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			
Matrix Spike Dup (B4E5801-MSD1)	Source: 24E1288-02		Prepared & Analyzed: 24-May-24			4				
Ammonia-N (NH3-N)	1.65	0.20	mg/L	1.00	0.74	91.0	90-110	1.20	20	

Envirodyne Laboratories, Inc.

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.



Client:

n

Clear Water Solutions - Tri County POA

Project:

Tri county Point PoA-Permit Renewal

Work Order:

24E1789

Not accredited

Reported:

07-Jun-24 14:19

#### **Notes and Definitions**

Q	QC did not meet ELI acceptance criteria
P	Sample preserved at bench
1	Greater than 30% difference between highest and lowest values
Н	Hold time exceeded
ND	Analyte NOT DETECTED at or above the reporting limit
<	Result is less than the RL
а	Analyte not available for TNI/NELAP accreditation

Envirodyne Laboratories, Inc.

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.

5

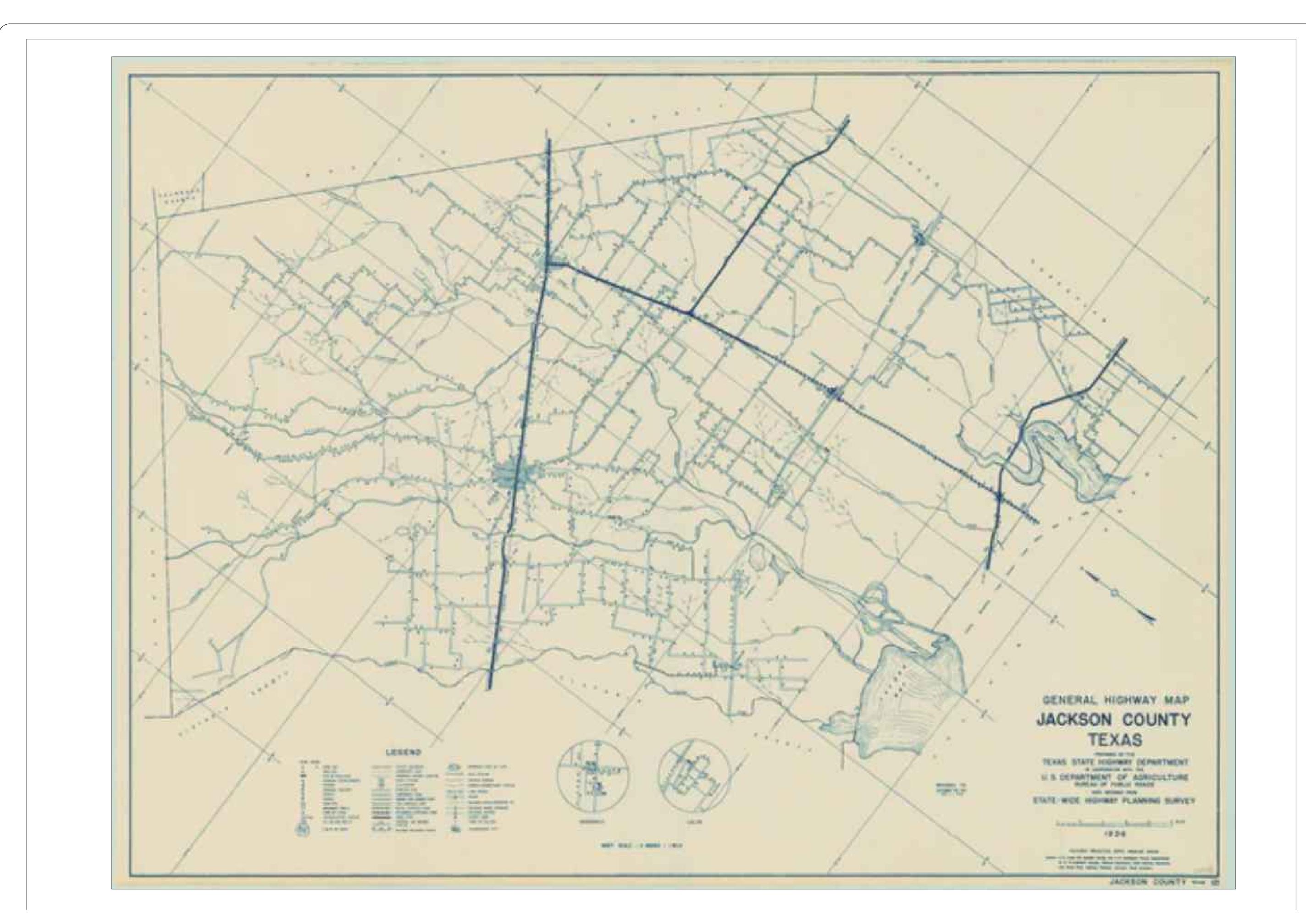
24 61789

CEQ Certification # T104704265

Envirodyne Laboratories, Inc. Houston, Texas 77099-3543 11011 Brooklet, Ste. 230

Page Phone (281)568-7880 - Fax (281)568-8004

1,646.87 1.3 1148 TIME Analysis aboratory No. Analysis Request and Chain of Custody Record USeal Intact? Seal Intact? Seal Intact? Temp. COD, TSS, pH, DO, C12, SO4, C1, TDS, Cond, A1K, N13-N D.O. Hd Date:5 Time: Date: Time: Date: Time: Date: ANALYSIS REQUESTED NH3-N, TKN-N, T. PO4 E.coli, Enterococci Oil & Grease Tri County WWTP Permit Email: Site Representative: Arrival Temp. Data Results To: Received by Lab: Received by: Received by: (Signature) (Signature) (Signature) 225.276.0009 Ice, HCL Ice, Sod Thio Preservative Ice, H2SO4 lce ime: (476 Dates 4.0 Time: Date: Date: Sample Container Sample Type (Liquid, (SizeMart) Sludge, etc.) Liquid Liquid Liquid Liquid Liquid Phone: Client/Project 500 ml P (2) 120 ml P 1 gal P 1 L G FLOW: 1 0 0 Meter Reading: 1.3 Comp Clearwater Solutions - Texas 1630 Desperes Rd STE. 140 Relinquished by: Relinquished by: Relinquished by: Grab (Signature) Mn Correction: (Signature) (Signature) Cil. Residual: Cl. Corrected Date & Time Desperes, MO 63131 Andrea Cloy Field Sample No./ Indentification Effluent Effluent Effluent Effluent Effluent Samplers: (Signature) Affiliation Project No. Address: Remarks: Contact Name: City: Lab ID No.



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#	
	# TRI COUNTY LIFT STATION 1 & 2 TEL (936) 256-2626 TBPE Firm No. 18938

SHEET:

of: XX



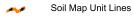
#### MAP LEGEND

#### Area of Interest (AOI)

Area of Interest (AOI)

#### Soils

Soil Map Unit Polygons



Soil Map Unit Points

#### **Special Point Features**

Blowout

Borrow Pit

Clay Spot

Closed Depression

Gravel Pit

Gravelly Spot

Landfill

Lava Flow

Marsh or swamp

Mine or Quarry

Miscellaneous Water

Perennial Water

Rock Outcrop

Saline Spot

Sandy Spot

Severely Eroded Spot

Sinkhole

Slide or Slip

Sodic Spot

#### LOLIND

Spoil Area

Stony Spot

Very Stony Spot

y Wet Spot

△ Other

Special Line Features

#### **Water Features**

Streams and Canals

#### Transportation

+++ Rails

Interstate Highways

US Routes

Major Roads

Local Roads

#### Background

Aerial Photography

#### MAP INFORMATION

The soil surveys that comprise your AOI were mapped at 1:24,000.

Warning: Soil Map may not be valid at this scale.

Enlargement of maps beyond the scale of mapping can cause misunderstanding of the detail of mapping and accuracy of soil line placement. The maps do not show the small areas of contrasting soils that could have been shown at a more detailed scale

Please rely on the bar scale on each map sheet for map measurements.

Source of Map: Natural Resources Conservation Service Web Soil Survey URL:

Coordinate System: Web Mercator (EPSG:3857)

Maps from the Web Soil Survey are based on the Web Mercator projection, which preserves direction and shape but distorts distance and area. A projection that preserves area, such as the Albers equal-area conic projection, should be used if more accurate calculations of distance or area are required.

This product is generated from the USDA-NRCS certified data as of the version date(s) listed below.

Soil Survey Area: Jackson County, Texas Survey Area Data: Version 20, Sep 5, 2023

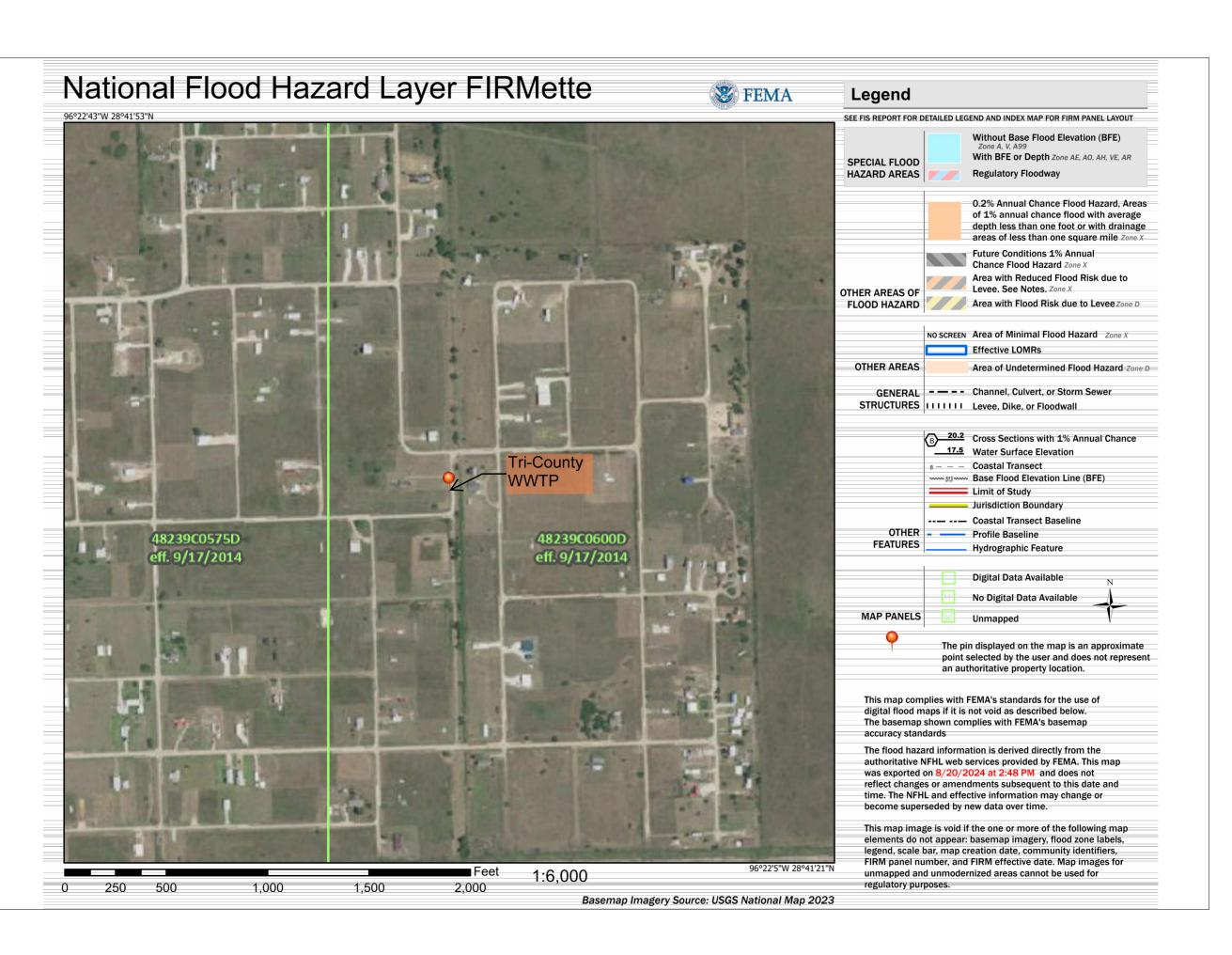
Soil map units are labeled (as space allows) for map scales 1:50,000 or larger.

Date(s) aerial images were photographed: Mar 16, 2022—Mar 25, 2022

The orthophoto or other base map on which the soil lines were compiled and digitized probably differs from the background imagery displayed on these maps. As a result, some minor shifting of map unit boundaries may be evident.

# **Map Unit Legend**

Map Unit Symbol	Map Unit Name		Percent of AOI				
FcA	Francitas clay loam, 0 to 1 percent slopes, rarely flooded	38.2	100.0%				
Totals for Area of Interest		38.2	100.0%				



COMMENT

REV DATE

COMMENT

NGINEERING, LLC

LIGHTPOINT NG NG W. WORSHAM ST. NLLIS, TEXAS 77378 NLLIS, 256-2626 SPF Firm No. 18938

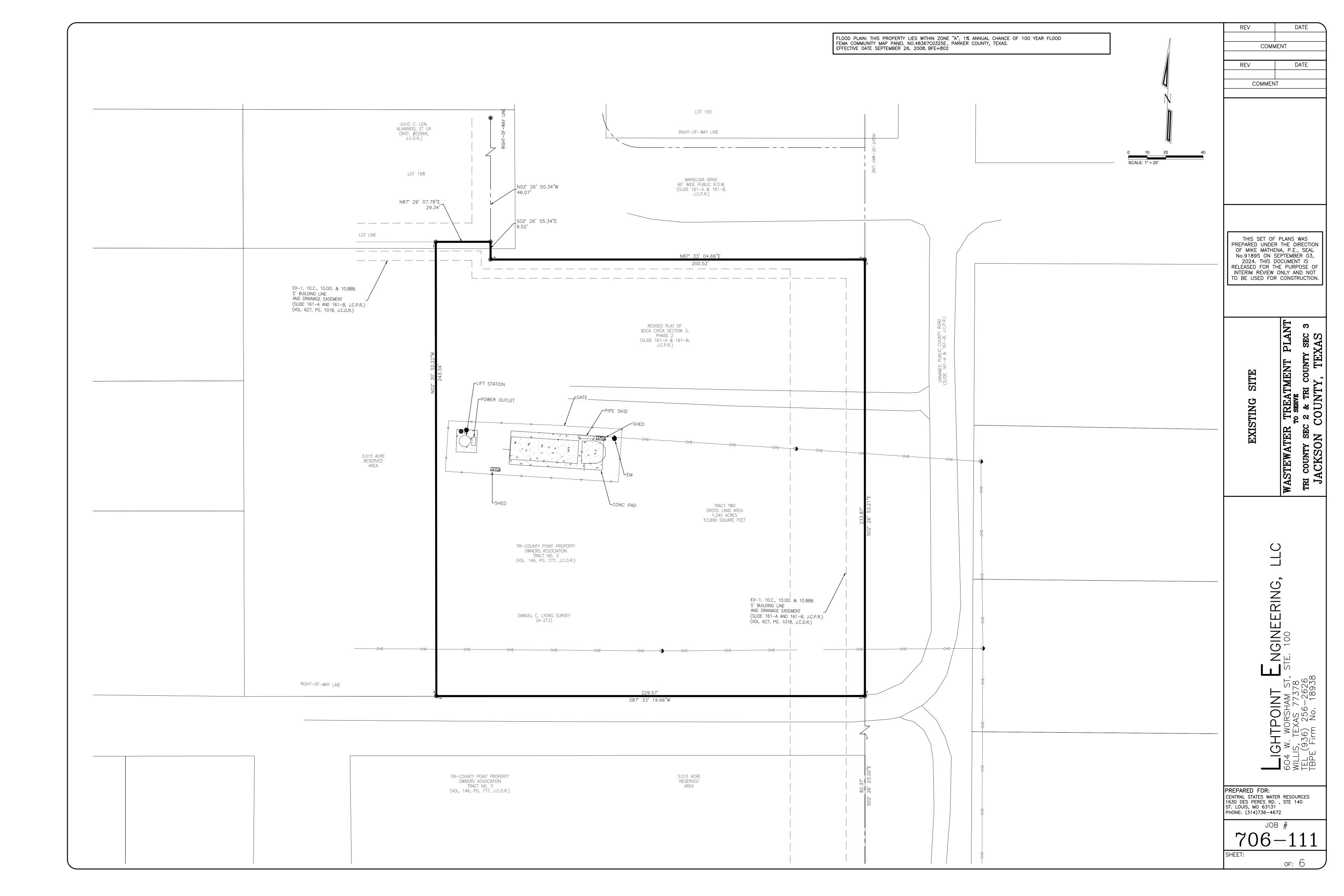
PREPARED FOR: CLIENT INFORMATION

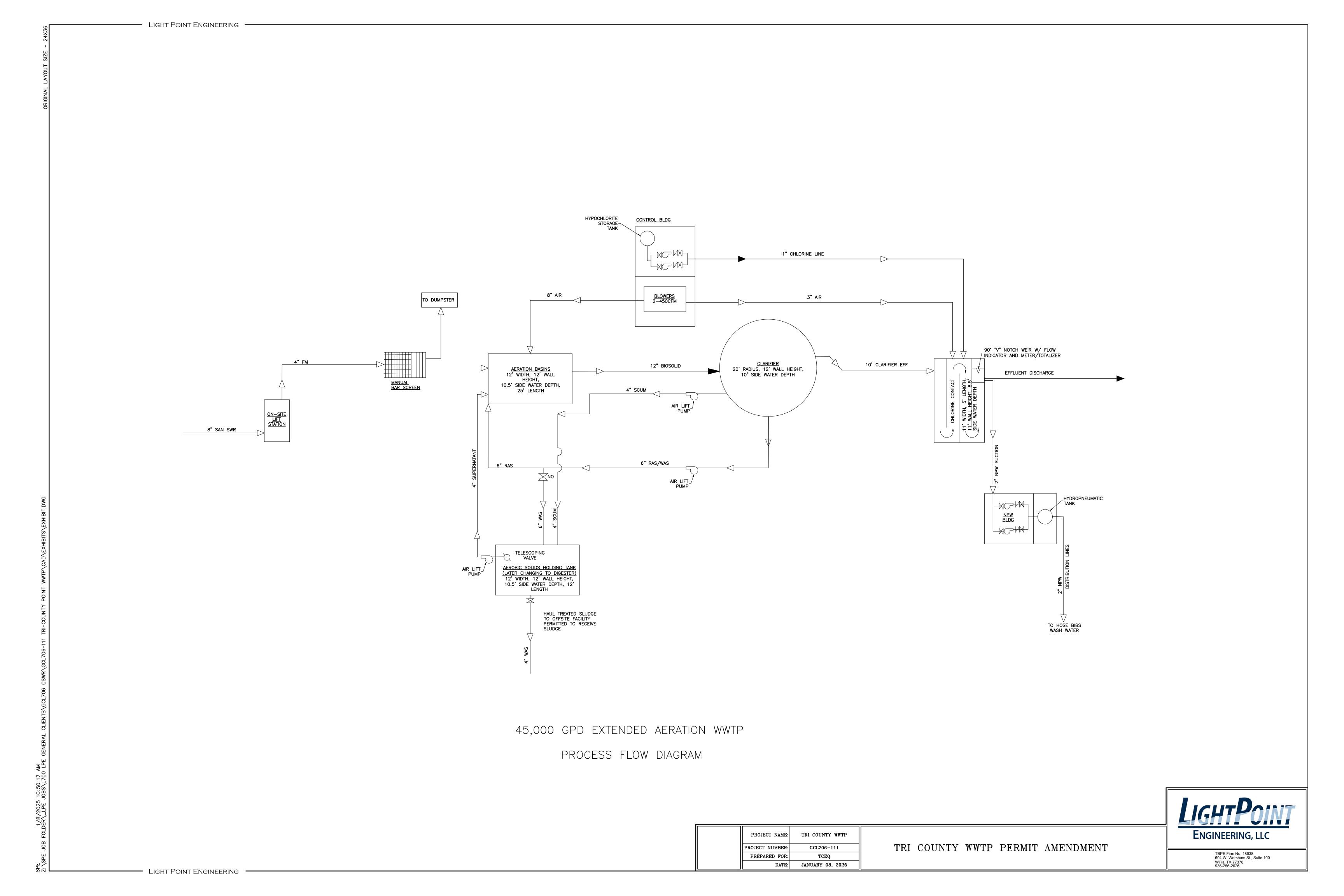
JOB #

GCL706-48

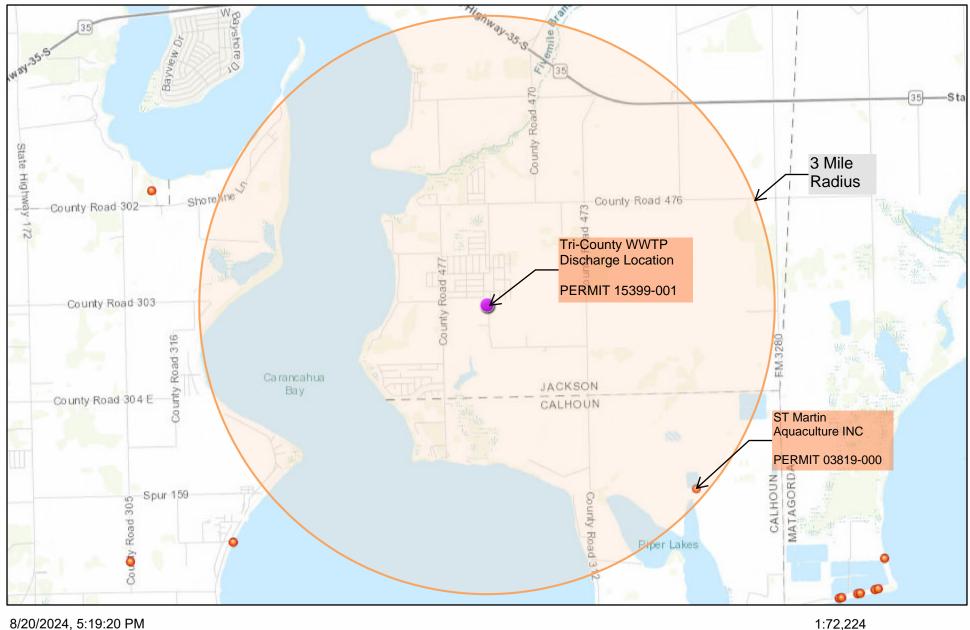
SHEET:

of: XX





# Wastewater Outfalls in Texas (TCEQ) Custom Print



Wastewater Outfalls

1:72,224 0.5 2 mi 0.75 1.5 3 km

Texas Parks & Wildlife, Esri, HERE, Garmin, INCREMENT P, USGS, METI/ NASA, NGA, EPA, USDA, TCEQ



**ENTITY: Texas Commission on Environmental Quality (TCEQ)** 

**RE: Contact Proof** 

LightPoint Engineering has made several attempts to establish contact with ST Martin Aquaculture INC. These efforts have been thorough and persistent, including the utilization of the TCEQ Central Registry Query to ensure all possible avenues of communication were explored.

Below, you will find detailed documentation of the letter sent and the various attempts made to reach out to ST Martin Aquaculture INC. This documentation serves to provide a record of our efforts and the steps taken in this process.



# **ENTITY: ST Martin Aquaculture INC**

# RE: Request for Service - Tri-County Wastewater Treatment Plant System

The Tri-County Wastewater Treatment Plant is applying to the Texas Commission on Environmental Quality (TCEQ) for a permit to allow an expansion in 2 phases from 0.045 MGD to 0.070 MGD to be constructed to be able to facilitate future connections.

As part of the application, TCEQ has requested that the Tri-County Wastewater Treatment Plant contact existing Wastewater treatment plants within a 3-mile radius of the proposed system and request to provide service from each of those systems. The TCEQ requires a letter on Denial of Service if your system cannot service the new development.

The wording from the TCEQ request is as follows:

3. If there are any permitted domestic wastewater treatment facilities or sanitary sewer collection systems located within a three-mile radius of the proposed wastewater treatment facility, provide a list of all of these facilities, including the permittee's name and wastewater permit number. Identify and indicate these facilities on an area map. To obtain a map with the location of domestic wastewater permits located within a three-mile radius of the proposed facility, contact the TCEQ Information Services staff at 512/239-DATA. Provide copies of your certified letters to these facilities and response letters from these facilities concerning wastewater service for the proposed service area. If any of these facilities agree to provide service, provide justification for the proposed facility and a cost analysis of expenditures that shows the cost of connecting to these facilities versus the cost of the proposed facility or expansion.



Please review the attached map of the proposed development and if you cannot or will not provide service, please send a letter of "Denial of Service" to the following address:

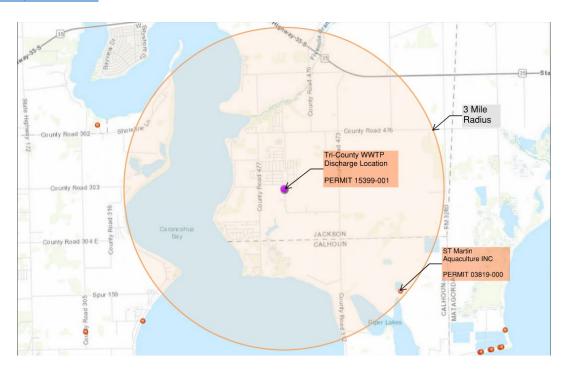
Mr. Michael Mathena, P.E. LightPoint Engineering, LLC. 604 W. Worsham Street Willis, Texas 77378 Re: Tri-County WWTP

If you need additional information on this request for a letter of "Denial of Service", please call or email: Jason Thompson 936-256-2626 jason@spetexas.com

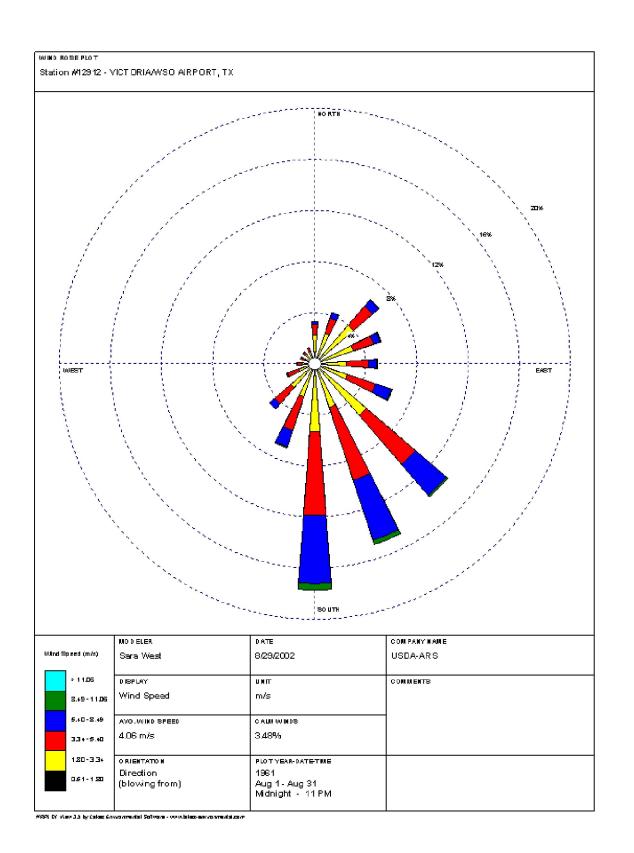
Your attention to this request is appreciated.

Thank you,

David W. Peters, P.E. 504-710-1082 david@spetexas.com



3-Mile Radius from Proposed Tri-County Wastewater Treatment Plant System



COMMENT DATE REV COMMENT TRI COUNTY LIFT STATION 1 & 2 **E**ngineering,

DATE

REV

PREPARED FOR: CLIENT INFORMATION

GCL706-48

of: XX

# **Tri-County Point Wastewater Treatment Plant**

45,000 Gallons per Day with 3Q Peak Capacity (Interim)

Jackson County, Texas

# **Process Unit Calculations**

Orig. Date: 8/23/2024 Updated: 1/7/2025



604 W. WORSHAM ST., WILLIS, TEXAS 77378 TEL (936) 256-2626 TBPE Firm No. 18936

General Notes:

The following design calculations are based on the TCEQ requirements as found in **Texas Administrative Code, Title 30, Part 1, Chapter 217, Subchapters A through M.**For each process unit the TCEQ criteria is stated, the process design for this facility is discussed and the final design unit sizing is calculated to show compliance with the TCEQ criteria.

Key to Cells:

Input Value
Calculated Value

# **General Criteria**

## Capacity:

45,000	gpd	32	gpm	Average Daily flow
,	gpd		gpm	Peak 2-hour flow
Permit Requir	ed Peaking Fac	ctor (2-Hour)	3.0	

Influent: 30 TAC §217.32(a)(3)

250	mg/l	Organic Loading (CBOD <sub>5</sub> )
250	mg/l	Suspended Solids Loading (TSS)

0.07	cfs
0.21	cfs

94	Pounds / day
94	Pounds / day

## Prop. Effluent:

20	mg/l	Organic Loading (CBOD <sub>5</sub> )
20	mg/l	Suspended Solids Loading (TSS)
N/A	mg/l	Ammonia (NH4)
126	MPN	E.coli
2	mg/l	Dissolved Oxygen (DO)
1 - 4	mg/l	Cl Residual after 20 minutes

Treatment Process will be Extended Aeration with RAS capability to 100 percent of average daily flow.

Process loading criteria will not require nitrification.

Wasted Solids will be processed using an aerobic sludge holding tank with decant capability.

Solids disposal will be in a slurry state by a licensed contract hauler.

## Bar Screen

#### TCEQ Design Criteria:

- 1. Manually Cleaned Coarse Screen required
- 2. Screen bypass overflow must handle peak plant flows
- 3. Bar spacing provides clear space for a course screen between 0.5 and 1 inch
- 4. Screen slope is between 30 degrees and 60 degrees
- 5. Screen must have temporary cleaning storage at top of screen
- 6. Velocity through screen must be between 1 and 3 feet per second

#### **Process Design:**

- 1. Screenings will be washed and disposed to a land fill after draining and drying.
- 2. Screenings wash water will be returned to influent lift station for return to treatment facility
- 3. Provide an 18-inch manual bar screen with 1/4 inch bars and both 1/2 inch spacing between bars Stage 1 and 1/4 inch spacing between bars Stage 2.

#### Manual Screen:

Design Velocity: Required Opening Area: Screen width:

0.10 sq ft **1.5** ft

Water depth through Screen:

1.6 inches

#### Aeration Basin

## **TCEQ Design Criteria:**

- 1. Aeration basin must maintain minimum dissolved oxygen of 2.0 mg/l.
- 2. Organic Loading rate with no nitrification limit is 15 lbs./day/1000 cu.ft.
- 3. Air diffuser depth for a 1.00 correction factor is 12 feet
- 4. Minimum freeboard is 1.5 feet at peak flow
- 5. Air supply requirement is 3,200 cu.ft./day/pound BOD5 (Limited Nitrification)
- 6. Minimum air diffuser submergence depth is 10 feet

#### **Process Design:**

**Design Loading:** BOD<sub>5</sub>

TSS

Tank Volume Loading

<b>94</b> lb./day		
94	lb./day	(Post Screening)
15	lb/day/1000 cu ft	

## Sizing Design:

Aeration Basin Volume: (Minimum)

Basin Depth: Water Depth: Basin Area:

Tank Width:

Tank Length: (minimum)

6255 cu.ft. **12** ft. 10.5 **596** sq.ft.. **12** ft. **49.6** ft.

[See Air Supply Requirements Section for Air Calculations]

# Engineering Drawings Facility To Be Provided:

- 2 Stage course screen with 1/2 inch and 1/4 inch openings. [Primary]
- Disposal of washed screenings by dumpster.
- Screenings wash down water uses NPW and return to lift station.

# **Engineering Drawings Facility To Be Provided:**

- Concrete tanks with 12 foot sides and 10.5 SWD.
- Tank dimensions are 12 feet wide and 25 feet long.
- Total Tank volume is 6,300 cu.ft. for both tanks.
- Organic loading as designed 15 lb./day/1000 cu ft.

15 lb./day/1000 cu ft Design Organic Loading

Total Volume (2 Tanks)

6300 cu.ft.

25 ft.

Use:

Engineering Drawings Facility To Be Provided:
Concrete tank with 12-foot sides and 10 SWD.

Tank area is 314 sq ft.

Tank diameter is 20-feet. Stilling Well is 2-foot dia.

Peak Surface loading is 430 gallons per sq ft per day.

• Peak weir loading is 2387 gallons per ft per day.

• Detention time at peak loading rate is 3.28 hours.

# Clarifier

## **TCEQ Design Criteria:**

- 1. Clarifier must have an inlet valve or gate
- 2. Vertical flow velocity through inlet stilling well must not exceed 0.15 feet per second at peak flow.
- 3. Clarifier must have a mechanical skimmer
- 4. Scum must be discharged to aeration basin or digester
- 5. Clarifier effluent weir must be level and adjustable
- 6. Weir loading must not exceed 20,000 gallons per day per linear foot of weir at peak flows
- 7. The velocity in the clarifier sludge removal pipe must be greater than 0.5 feet per second
- 8. Clarifier must have mechanical sludge collecting equipment
- 9. Surface Loading rate must not exceed 800 gallons per day at the peak 2-hour flow rate
- 10. Return sludge pumping shall be between 200 and 400 gallons per day per square foot
- 11. Minimum freeboard at peak flow rate is 12 inches
- 12. Minimum detention time at peak flow is 2.0 hours (120 min.)

Peak Flow		94	gpm	0.21	cfs				
Stilling Well required area:		1.39	sq.ft	Stilling well dia	ameter is:	2	feet		
				Stilling well ar	ea	3.14	sq. ft.		
Clarifier Area Required: (Mi	nimum)	113	sq. ft.	1				(Note: Clar	ifier extra diameter will accommodate a
Clarifier Diameter (Recomm	ended):	20	ft.		Clarifier area:	314	sq. ft.	future expa	nsion to 210,000 gpd @ 2 HR Peak)
Return Sludge Flow Rates:		100	gpd/sq.ft	31,416	gpd	0.05	cfs		
		150	gpd/sq.ft	47,124	gpd	0.07	cfs		
		200	gpd/sq.ft	62,832	gpd	0.10	cfs		_
Single return pipe velocities:		gpd/sq.ft	4	6	8	10	inch pipe	Return %	
		100	0.56	0.25	0.14	0.09		70	
		150	0.84	0.37	0.21	0.13		105	
		200	1.11	0.50	0.28	0.18		140	
		_	•		Indicates does	s not meet v	elocity requi	rement	
		Use 6 inch ret	curn activated sludg	ge line to meet	all velocity cor	nditions.	(Including e	xpansion to	70,000 gpd)
Detention Time Check:		Side Water D	epth =	10	feet				
		Volume =		3,142	cu. Ft.				,
		Detention at	peak flow=		15,027	sec.	4.17	hr.	
Weir Overflow Rate:	Assume circular	weir 1 foot insi	d <u>e of clarifier wall.</u>		_				
	Weir length:		56.5	ft.		Peak Weir L	oading.	2387	gpd/ft
	Weir Loading:		2387	gpd/ft.					

## Chlorine Contact Chamber

## **TCEQ Design Criteria:**

- 1. At least two (2) chemical solution pumps are required.
- 2. Pump capacity must deliver sufficient chlorine to supply 8 mg/l at peak flow.
- 3. Pump flow rate must be flow proportioned.
- 4. Either mixing zone or 40:1 serpentine flow must assure complete mixing of chlorine and wastewater
- 5. Minimum chlorine contact time is 20 minutes at peak flow

#### **Process Design:**

NOTE: Chlorine contact tank is designed to add an additional activated sludge basin to increase total plant capacity to 70,000 gpd (Peak of 210,000 gpd)

Assumed NaOCI concentration
Design Peak Flow
Required Chlorine Dosage Rate
Pounds of chlorine per minute required
Gallons per minute for NaOCI feed pump
Chlorine Required Detention time
Chlorine tank minimum volume

	iiiie	Laiik	1111111	IIIIui	II V	Oluli
Daily	y Red	quire	men <sup>.</sup>	t for	Na	OCI

# Sizing Design:

Chlorine Contact Basin volume: (Minimum)

Basin depth: Water Depth:

Basin area required:

Tank width:

Tank Length: (Minimum)

iai activatea siaag	detivated stade basin to increase total plant capacity to					
12.	Percent					
14	<mark>5</mark> gpm					
	<mark>3</mark> mg/l					
0.01	pounds/min					
0.00	gpm	<b>35.37</b> ml/min				
2	<mark>)</mark> min					
2,92	gallons	<b>390</b> cu ft				
2.	gallons					
		•				

390	cu.ft.
11	ft.
8.5	ft.
46	sq.ft.
11	ft.
4.2	ft.

Use 5 feet with 2 foot wide flow baffles for serpentine flow.

[See Air Supply Requirements Section for Air Calculations]

**Total Volume:** 

**467.5** cu ft

Engineering Drawings Facility To Be Provided:

• Concrete tank with 11-foot sides and 8.5 foot SWD.

Detention time at peak flow is 37 minutes. (23 @ 70,000 gpd)

Tank is 11 feet wide and 5 feet long.

• Tank volume is 467.5 cu ft.

## Aerobic Solids Holding Tank

## **TCEQ Design Criteria:**

- 1. Holding tank is temporary with future aerobic digester in Phase 2
- 2. Freeboard Requirement of 1.5 ft or more.
- 3. Air requirement for mixing is 20 SCFM per 1000 cubic feet of digester volume.
- 4. Dissolved oxygen must be maintained at 0.5 mg per liter or higher

## **Engineering Drawings Facility To Be Provided:**

- Steel tank with 12 foot sides and 10.5 SWD.
- Tank is 12 feet wide and 12 feet long.
- Tank volume is 3150 cu ft.
- Solids detention time at 2% solids is 36.1 days.

#### **Process Design:**

NOTE: Holding Tank is temporary for Phase I.

Solids wasting for design flows

Net wasted influent suspended solids (SS)

Net generated mixed liquor SS

Total daily wasting

Total gallons per day wasting

MLSS Concentration

[Assume 0.35 lb. gen./ lb. of BOD and 50% red. In extended aeration digestion]

109 pounds per day

2,612 gallons

5,000 mg/l

94 pounds per day

15.11 pounds per day

#### Holding Tank Volume

Holding Tank solids concentration maximum
Minimum required Holding Tank detention time
Minimum required Holding Tank volume

[See Air Supply Requirements Section for Air Calculations]

[See Air Supply Requirements Section for Air Calculations]

#### Sizing Design:

Holding Tank volume: (Minimum)

Basin depth:

Water Depth:

Basin area:

Tank width:

Tank Length: (Minimum)

873	cu.ft.
12	ft.
10.5	ft.
83	sq.ft
12	ft.
6.9	ft.

2	percent	
10	days	
6,531	gallons	<b>873</b> cu.ft.

Actual Volume: Solids Storage Time: **1512** cu. Ft. days

Tank set for hauling 2 percent decanted sludge weekly.

Volume for hauling 2 percent sludge weekly is 4,500 gallons.

Standard medium duty tanker trucks are 4,000 gallons. This equates to 2.3 percent solids.

Use **12** feet.

# Flow Metering

## **TCEQ Design Criteria:**

- 1. Must have primary and secondary flow devices
- 2, Primary device must include a weir or flume
- 3. Primary device must have a readable scale in 1/4 inch increments
- 4. Straight approach for 20 lengths of maximum weir height
- 5. Secondary device must have a totalizing meter

#### **Process Design:**

NOTE: Flow meter is designed to add a second activated sludge basin to increase total plant capacity to 135,000 gpd (Peak of 405,000 gpd)

- 1. Utilize 90 degree v-notch weir calibrated to maximum flow of 300 GPM
- 2. Flow calibration for 90 degree v-notch is as follows:

Total Weir Height 12 inches

0.003

4.28

**Engineering Drawings Facility To Be Provided:** 

• 12 inch high 90 degree steel or fiberglass V-notch weir

• 12 inch staff gauge calibrated in 0.25 inch increments

Ultrasonic flow meter (stilling well with 0.02 foot accuracy)

3. 90 degree V-notch Weir Flow Formula.

 $Q = 4.28 * C * (h + k)^2.5$ 

Where: Q = flow in cfs, h = water head in feet, C = 0.58 @ 90 deg, k = .003 @ 90 deg0.58

# 90 Degree V-notch Weir Calibration Chart

Depth (inches)	Flow (GPM)	Depth (inches)	Flow (GPM)	Depth (inches)	Flow (GPM)
0.25	0.1	2.25	17.6	4.25	84.9
0.50	0.5	2.50	22.9	4.50	97.9
0.75	1.2	2.75	28.9	4.75	111.9
1.00	2.4	3.00	35.9	5.00	127.1
1.25	4.2	3.25	43.7	5.25	143.5
1.50	6.5	3.50	52.5	5.50	161.1
1.75	9.5	3.75	62.3	5.75	179.9
2.00	13.2	4.00	73.1	6.00	199.9

Average Daily Flow (1Q) Phase 1 Phase 1 Peak 2-hour Flow (3Q)

20 SCFM/ 1000 cu.ft.

Air Supply Requirements

**Aeration tanks** 

1. For extended aeration provide 3,200 scf/day/pound BOD<sub>5</sub> TCEQ Design Criteria:

300,240 scf/day **Process Design:** Air Requirement:

> Course Bubble Total: SCFM

> > 344

**Sludge Holding Tank:** 

1. For mixing supply 20 scfm per 1000 cubic feet TCEQ Design Criteria:

**Process Design:** Air Requirement:

> 30 SCFM Total:

**Chlorine Contact Tank** 

1. For mixing supply 20 scfm per 1000 cubic feet TCEQ Design Criteria:

**Process Design:** Air Requirement:

20 SCFM/ 1000 cu.ft. 9 SCFM Total:

# Engineering Drawings Facility To Be Provided:

Two centrifugal blowers

• Each blower produces at minimum the 403 CFM air requirement.

Blower pressure will be minimum of 6.5 PSI

#### **DRAFT FOR PERMIT REVIEW** Air lift Pumps TCEQ Design Criteria: 1. Two pumps need to be used with each capable of 100% of design flow 2. Air lift must be at least 3 inch diameter **Process Design:** RAS Pump Sizing Required return flow rate (100% ADF) 32 gpm Design Velocity 2 fps 5.174 sq. in. Pipe Size Area: 2.6 in. Diameter: Use: 4 in. Lift 5 ft. Submergence: 0.6 245 **Pump Constant** Air Requirement Assume lift is 5 feet. Submergence is 0.6. Pump constant is 245. Va = 0.8 \* LI / (C log 10 ((Ls + 34)/34)**14.3** CFM WAS Assume pumping rate to remove 5,000 mg/l solids from clarifier return once each hour for 5 minutes Required Daily Solids Wasting 109 pounds per day 5000 mg/l Volume wasting concentration (NOTE: At 100% recycle and MLSS = 2,500 mg/l Return = 5,000 mg/l) 2,612 gallons/day Required waste volume 11 gallons/minute for 5 min per hour Design Velocity 2 fps Pipe Size Area: 1.75 sq. in. Diameter: 1.49 in. Use: 3 in. Lift 5 ft. Submergence: 0.6

**Pump Constant** 

Va = 0.8 \* LI / (C log 10 ((Ls + 34)/34)

Assume lift is 5 feet. Submergence is 0.6. Pump constant is 245.

Air Requirement

245

**4.8** CFM

## Centrifugal Air blowers

# TCEQ Design Criteria:

- 1. Supply air blowers so that all air requirements are met with the largest unit out of service
- 2. Air compressors must deliver design air flow at inlet temperatures exceeding 100 degrees Fahrenheit
- 3. Air compressors must deliver design air flow at inlet pressures less than standard (14.7 PSI absolute)
- 4. Air compressors must automatically restart after a power outage.

#### Process Design:

#### **Total Air Requirement:**

Aeration	

- 2. Digester
- 3. RAS Air lift pump
- 4. WAS airlift pump
- 5. Chlorine Contact Tank

**Plant Total** 

344	CFM
30	CFM
14.3	CFM
4.8	CFM
9.4	CFM
403	CFM

Use 450 CFM Blowers. (2 total, 1 operating, 1 standby)

# Reclaimed Water System (NPW)

#### TCEQ Design Criteria:

1. Recycle water must be used for wash down water and site irrigation

## Process Design:

- 1. Include 20 GPM recycle pump capable of providing pressure of 80 PSI.
- 2. Hydro pressure tank for pressure maintenance.
- 3. Provide cartridge filtration system on effluent side of NPW system.
- 4. All reuse piping shall be color coded in purple.

# Site and Flood Plain

## TCEQ Design Criteria:

1. Show flood plain within 1000 feet of treatment plant site.

#### Process Design:

- 1. Facility will be located outside of the Zone A flood classification area.
- 2. Zone A does not have defined flood elevations, and is generally shown on the FIRM map as a cautionary area.
- 3. Site access shall be by an all weather road not located in the flood zone.

## Emergency Power Requirements

## TCEQ Design Criteria:

- 1. Must have alarm for power outage.
- 2. Plant must operate for 20 minutes with power out
- 3. Emergency power must operate: Primary Treatment, disinfection and RAS pumps.

#### Process Design:

- 1. Existing Diesel generator will be utilized with ATS and sufficient fuel to operate for 72 hours.
- 2. Generator will operate two (2) pumps at the lift station, site lighting, disinfection system, air blower for RAS and clarifier drive motor.

## Lift Station

- 1. Lift station to pump peak flows with largest pump out of service
- 2. Proposed 2 pump stations: 2 total, 1 operational, 1 standby
- 3. Each pump will be equipped w/ VFDS

# Lift Station Discharge Flows (GPM) - VFD

		Frequ			
Pump #	60	50	40	30	Pump Type
1	95	80	65	50	Variable Speed Centrifugal
2	95	80	65	50	Variable Speed Centrifugal

#### Pump Run Sequencing

	0.5Q	1Q	2Q	3Q	
	17	34	68	95	GPM
Phase 1	P1 or P2	P1 or P2	P1 or P2	P1 or P2	

#### Wet Well Level Control System

Pumps 1 and 2 start in alternating sequences.

Level	Distance from WW Bottom	Pump 1	Pump 2	
1	<=0.5	OFF	OFF	
2	<=0.5 AND >3	ON	OFF	
3	>3	ON	ON	ALARM

Note: For pumps 1 and 2 each pump starts at lowest frequency (30Hz) If level rises, the frequency will increase by 10 Hz for each 0.5 foot of rise in level.

## **Engineering Drawings Facility To Be Provided:**

- Existing Diesel powered emergency backup generator
- Generator will operate all critical components
- Fuel supply will run generator for 72 hours
- Generator will automatically start for a detected outage

## **Engineering Drawings Facility To Be Provided:**

- Two pump submersible pump station for 3Q peak flows
- Pumps will be variable speed (0.5Q to 3Q)
- Pumps will be on emergency generator (1 Operational)
- Wet well will have 1470 gallons of storage

Note: All pumps are submersible non-clog electric sewer service.

foot diameter wet well each foot of depth contains

Note: For 10

gallons.

Pump cycle times (Start to Start) will all exceed 20 minutes.

587