



Administrative Package Cover Page

This file contains the following documents:

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



Portada de Paquete Administrativo

Este archivo contiene los siguientes documentos:

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



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**

DOMESTIC 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.

The Town of Anthony (CN600915573) operates the Anthony Sewage Treatment Plant (RN102805603), a domestic wastewater treatment plant, an activated sludge process plant operated in the extended aeration mode. The facility is located at 1010 S. Main St., in Anthony, El Paso County, Texas 79821. This application is for a renewal to discharge 565,000 gallons per day of treated domestic wastewater water to the La Tuna Agricultural Drain.

Discharges from the facility are expected to contain five-day carbonaceous biochemical demand (CBOD₅), total suspended solids (TSS), ammonia-nitrogen (NH₃-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include mechanical and manual bar screens, grit chamber, oxidation ditch, final clarifiers, chlorine contact chamber, and sludge drying beds.

AGUAS RESIDUALES DOMESTICAS 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.

El Municipio de Anthony ((CN600915573)) opera la Planta de Tratamiento de Aguas Residuales (RN102805603), una planta de tratamiento de aguas residuales domésticas y de procesamiento de lodos activados que opera en modo de aireación extendida. La instalación está ubicada en 1010 S. Main St., en Anthony, Condado de El Paso, Texas 79281. Esta solicitud de renovación es para el vertido de 565,000 galones diarios de aguas residuales domésticas tratadas al Drenaje Agrícola La Tuna.

Se espera que las descargas de la instalación contengan la demanda bioquímica carbonosa de cinco días (DBO₅), sólidos suspendidos totales (SST), nitrógeno amoniacal (NH₃-N) y Escherichia coli. Se incluyen otros contaminantes potenciales en el Informe Técnico Doméstico 1.0, Sección 7. "Análisis de Contaminantes del Efluente Tratado", incluido en la solicitud de permiso. Los tipos de aguas residuales descargadas son domesticas. están tratado por una planta de proceso de lodos activados y las unidades de tratamiento incluyen rejas mecánicas y manuales, cámara de arena, zanja de oxidación, clarificadores finales, cámara de contacto con cloro y lechos de secado de lodos.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0015414001

APPLICATION. Town of Anthony, 401 Wildcat Drive, Anthony, Texas 79821, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0015414001 (EPA I.D. No. TX0136662) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 565,000 gallons per day. The domestic wastewater treatment facility is located at 1010 Main Street, in the city of Anthony, in El Paso County, Texas 79821. The discharge route is from the plant site to Luna Tuna Agricultural Drain; thence to East Agricultural Drain; thence to Rio Grande Above International Dam. TCEQ received this application on July 7, 2025. The permit application will be available for viewing and copying at Anthony Town Hall, 401 Wildcat Drive, Anthony, in El Paso 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=-106.610833,31.99&level=18>

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

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

El aviso de idioma alternativo en español está disponible en

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

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

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

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

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

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

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

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

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

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

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

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

Further information may also be obtained from Town of Anthony at the address stated above or by calling Ms. Angela Vaughn, Regulatory & Compliance Specialist, at 915-332-3741.

Issuance Date: August 5, 2025

Comisión de Calidad Ambiental del Estado de Texas



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

PERMISO NO. WQ001514001

SOLICITUD. Town of Anthony, 401 Wildcat Drive, Anthony, Texas 79821, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ00015414001 (EPA I.D. No. TX 0136662) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 565,000 galones por día. La planta está ubicada 1010 Main Street, Anthony, Texas en el Condado de El Paso, Texas 79821. La ruta de descarga es del sitio de la planta a El efluente se descarga en el Drenaje Agrícola La Tuna; de allí al Río Grande por encima de la Presa Internacional de la Cuenca del Río Grande. TCEQ recibió esta solicitud el 7 de julio de 2025. La solicitud para el permiso estará disponible para leerla y copiarla en el Ayuntamiento de Anthony, 401 Wildcat Drive, Anthony, Texas, 79821 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=-106.610833,31.99&level=18>

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

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

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar comentarios públicos

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

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

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

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

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

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

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

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

También se puede obtener información adicional del Town of Anthony a la dirección indicada arriba o llamando a Angela Vaughn, Especialidad en Regulación y Cumplimiento al 915-332-3741.

Fecha de emisión: 5 de agosto de 2025



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
**DOMESTIC WASTEWATER PERMIT APPLICATION
 CHECKLIST**

Complete and submit this checklist with the application.

APPLICANT NAME: Click to enter text.

PERMIT NUMBER (If new, leave blank): WQ00015414001

WQ0015414001

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

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



For TCEQ Use Only

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00

Payment Information:

Mailed Check/Money Order Number: Click to enter text.
 Check/Money Order Amount: Click to enter text.
 Name Printed on Check: Click to enter text.

EPAY Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed? Yes

Section 2. Type of Application (Instructions Page 26)

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

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

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

- Active Inactive

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

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

d. Check the box next to the appropriate application type

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

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

f. **For existing permits:**

Permit Number: WQ00 15414001

EPA I.D. (TPDES only): TX 0136662

Expiration Date: December 2025

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

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

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

Town of Anthony

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

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

CN: 600915573

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

Prefix: Mr.

Last Name, First Name: Lerma, Martin

Title: Mayor

Credential: Click to enter text.

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

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

Click to enter text.

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

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

CN: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

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

C. Core Data Form

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

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: Vaughn, Angela
Title: Regulatory & Compliance Specialist Credential: Click to enter text.
Organization Name: Town of Anthony
Mailing Address: PO Box 1269 City, State, Zip Code: Anthony, Texas 79821
Phone No.: 915-332-3741 E-mail Address: avaughn@townofanthony.org
Check one or both: Administrative Contact Technical Contact

B. Prefix: Mr. Last Name, First Name: Lerma, Martin
Title: Mayor Credential: Click to enter text.
Organization Name: Town of Anthony
Mailing Address: PO Box 1269 City, State, Zip Code: Anthony, Texas 79821
Phone No.: 915-241-7285 E-mail Address: mayor@townofanthony.org
Check one or both: Administrative Contact Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Ms. Last Name, First Name: Angela Vaughn
Title: Regulatory and Compliance Specialist Credential: Click to enter text.
Organization Name: Town of Anthony
Mailing Address: PO Box 1269 City, State, Zip Code: Anthony, Texas, 79821
Phone No.: 915-332-3741 E-mail Address: avaughn@townofanthony.org

B. Prefix: Mr. Last Name, First Name: Aguilar, Cruz
Title: Chief Plant Operator Credential: Click to enter text.
Organization Name: Town of Anthony
Mailing Address: PO Box 1269 City, State, Zip Code: Anthony, Texas 79821
Phone No.: 915-726-6121 E-mail Address: caguilar@townofanthony.org

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: Lerma, Martin
Title: Mayor Credential: Click to enter text.
Organization Name: Town of Anthony
Mailing Address: PO Box 1269 City, State, Zip Code: Anthony, Texas 79821
Phone No.: 915-241-7285 E-mail Address: mayor@townofanthony.org

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

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

Prefix: Mr. Last Name, First Name: Aguilar, Cruz
Title: Chief Plant Operator Credential: Click to enter text.
Organization Name: Town of Anthony
Mailing Address: PO Box 1269 City, State, Zip Code: Anthony, Texas 79821
Phone No.: 915-726-6121 E-mail Address: caguilar@townofanthony.org

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Ms. Last Name, First Name: Vaughn, Angela
Title: Regulatory & Compliance Specialist Credential: Click to enter text.
Organization Name: Town of Anthony
Mailing Address: PO Box 1269 City, State, Zip Code: Anthony, Texas 79821
Phone No.: 915-332-3741 E-mail Address: avaughn@townofanthony.org

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

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

- E-mail Address
- Fax
- Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Ms. Last Name, First Name: Vaughn, Angela
Title: Regulatory & Compliance Specialist Credential: Click to enter text.
Organization Name: Town of Anthony
Mailing Address: PO Box 1269 City, State, Zip Code: Anthony, Texas 79821
Phone No.: 915-332-3741 E-mail Address: avaughn@townofanthony.org

D. Public Viewing Information

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

Public building name: Anthony Town Hall
Location within the building: Click to enter text.
Physical Address of Building: 401 Wildcat Drive
City: Anthony County: El Paso
Contact (Last Name, First Name): Vaughn, Angela
Phone No.: 915-332-3741 Ext.: Click to enter text.

E. Bilingual Notice Requirements

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

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

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

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

Yes No

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

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

Yes No

3. Do the students at these schools attend a bilingual education program at another location?
- Yes No
4. Would the school be required to provide a bilingual education program but the school has waived out of this requirement under 19 TAC §89.1205(g)?
- Yes No
5. If the answer is **yes** to **question 1, 2, 3, or 4**, public notices in an alternative language are required. Which language is required by the bilingual program? Spanish

F. Summary of Application in Plain Language Template

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

Attachment: 20972 PLS

G. Public Involvement Plan Form

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

Attachment: Click to enter text.

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

- A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 102805603

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

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

Town of Anthony Wastewater Treatment Facility

- C. Owner of treatment facility: Click to enter text.

Ownership of Facility: Public Private Both Federal

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

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

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

Organization Name: Town of Anthony

Mailing Address: PO Box 1269 City, State, Zip Code: Anthony, Texas 79821

Phone No.: 915-241-7285 E-mail Address: mayor@townofanthony.org

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

Attachment: Click to enter text.

E. Owner of effluent disposal site:

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

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

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City, State, Zip Code: Click to enter text.

Phone No.: Click to enter text. E-mail Address: Click to enter text.

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

Attachment: Click to enter text.

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

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

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

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City, State, Zip Code: Click to enter text.

Phone No.: Click to enter text. E-mail Address: Click to enter text.

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

Attachment: Click to enter text.

Section 10. TPDES Discharge Information (Instructions Page 31)

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

Yes No

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

1010 S. Main St., Anthony, Texas 79821; Approximately 2,000 feet west of State HWY 20 & 4,000 feet south of Farm to Market Roda 1950 El Paso County, Texas.

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

Yes No

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

Click to enter text.

City nearest the outfall(s): Anthony

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

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

Yes No

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

- Authorization granted Authorization pending

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

Attachment: Click to enter text.

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

- Yes No

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

Click to enter text.

- B. City nearest the disposal site: Click to enter text.

- C. County in which the disposal site is located: Click to enter text.

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

Click to enter text.

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

- Yes No

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

- Yes No Not Applicable

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

Click to enter text.

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

Yes No

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

D. Do you owe any fees to the TCEQ?

Yes No

If yes, provide the following information:

Account number: Click to enter text.

Amount past due: Click to enter text.

E. Do you owe any penalties to the TCEQ?

Yes No

If yes, please provide the following information:

Enforcement order number: Click to enter text.

Amount past due: Click to enter text.

Section 13. Attachments (Instructions Page 33)

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

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

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

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

Attachment 1 for Individuals as co-applicants

Other Attachments. Please specify: Click to enter text.

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ 0015414001

Applicant: Town of Anthony

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.

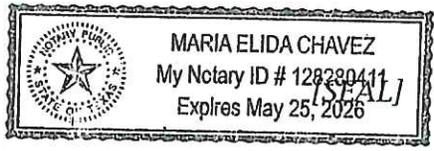
Signatory name (typed or printed): Martin Lerma

Signatory title: Mayor

Signature: *Martin Lerma* Date: 6-27-25
(Use blue ink)

Subscribed and Sworn to before me by the said _____
on this 21 day of June, 2025.
My commission expires on the 25 day of May, 2024

[Signature]
Notary Public
El Paso
County, Texas



DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

Section 1. Affected Landowner Information (Instructions Page 36)

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

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

Click to enter text.

Section 2. Original Photographs (Instructions Page 38)

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

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

Section 3. Buffer Zone Map (Instructions Page 38)

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

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

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

- Ownership
- Restrictive easement
- Nuisance odor control
- Variance

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

- Yes No

DOMESTIC WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

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

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

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

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

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

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

BY OVERNIGHT/EXPRESS MAIL

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

Fee Code: WQP **Waste Permit No:** [Click to enter text](#)

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

5. APPLICATION INFORMATION

Name of Project or Site: [Click to enter text](#).

Physical Address of Project or Site: [Click to enter text](#).

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

Staple Check or Money Order in This Space

ATTACHMENT 1

INDIVIDUAL INFORMATION

Section 1. Individual Information (Instructions Page 41)

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

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

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

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

Date of Birth: Click to enter text.

Mailing Address: Click to enter text.

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

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

E-mail Address: Click to enter text.

CN: Click to enter text.

For Commission Use Only:

Customer Number:

Regulated Entity Number:

Permit Number:

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

Things to Know:

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

Landowners Labels and Cross Reference List N/A Yes
(See instructions for landowner requirements)

Electronic Application Submittal Yes
(See application submittal requirements on page 23 of the instructions.)

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

Summary of Application (in Plain Language) Yes



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
**DOMESTIC WASTEWATER PERMIT APPLICATION
TECHNICAL REPORT 1.0**

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 0.565

2-Hr Peak Flow (MGD): 1.4125

Estimated construction start date: Completed

Estimated waste disposal start date: Completed

B. Interim II Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

C. Final Phase

Design Flow (MGD): 0.565

2-Hr Peak Flow (MGD): 1.4125

Estimated construction start date: Completed

Estimated waste disposal start date: Completed

D. Current Operating Phase

Provide the startup date of the facility: 1974

Section 2. Treatment Process (Instructions Page 42)

A. Current Operating Phase

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

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

The Wastewater Treatment Plant is an activated sludge process plant, operated in the extended aeration mode. Treatment units include mechanical and manual bar screens, grit chamber, lift station, oxidation ditch, secondary clarifiers, and chlorine contact basins. Wastewater Sludge is dried on-site, on sludge drying beds, and hauled to landfill for final disposition.

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) |
|-----------------------------------|-----------------|--|
| Mechanical Screen and Bar Screens | 1 each | |
| Lift Station | 3 pumps | 900 gpm, 3,072 gal (8'x8' dia.) liquid volume. |
| Oxidation Ditch | 1 | 618,970 Gal (25'x39" diameter) |
| Secondary Clarifiers | 3 | 30' diameter x 10' deep |
| Chlorine Contact Basins | 2 | 3,288 ft ² total, 80'x11.4'x7' each operated in parallel or series. |
| Sludge Drying Beds | 2 | 2,769 ft ² , 174 ft ² |

C. Process Flow Diagram

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

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

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

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

- Latitude: 31.990401 deg
- Longitude: -106.610994 deg

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

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

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

- The boundaries of the treatment facility;
- The boundaries of the area served by the treatment facility;
- If land disposal of effluent, the boundaries of the disposal site and all storage/holding

ponds; and

- If sludge disposal is authorized in the permit, the boundaries of the land application or disposal site.

Attachment: [Anthony Sewer System.doc](#), [WWTP Limits.doc](#)

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

The Town of Anthony (population 3,800) owns and operates one wastewater treatment facility. The Anthony Sewage Treatment Plant treats wastewater from the collection system that is also owned and operated by the Town of Anthony.

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

Collection System Information

| Collection System Name | Owner Name | Owner Type | Population Served |
|---|-----------------|-----------------|-------------------|
| Town of Anthony Sewer Collection System | Town of Anthony | Publicly Owned | 3,800 |
| | | Choose an item. | |
| | | Choose an item. | |
| | | Choose an item. | |

Section 4. Unbuilt Phases (Instructions Page 44)

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

- Yes No

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

- Yes No

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

Click to enter text.

Section 5. Closure Plans (Instructions Page 44)

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

Yes No

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

Yes No

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

Click to enter text.

Section 6. Permit Specific Requirements (Instructions Page 44)

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

A. Summary transmittal

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

Yes No

If yes, provide the date(s) of approval for each phase: [Click to enter text.](#)

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

N/A

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.

A Buffer Zone map is provided as an attachment to the application.

C. Other actions required by the current permit

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

Yes No

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

Click to enter text.

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

Yes No

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

2. Grit and grease processing

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

Click to enter text.

3. Grit disposal

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

Yes No

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

Describe the method of grit disposal.

Click to enter text.

4. Grease and decanted liquid disposal

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

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

Click to enter text.

E. Stormwater management

1. Applicability

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

Yes No

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

Yes No

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

2. MSGP coverage

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

Yes No

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

TXR05 Click to enter text. or TXRNE Click to enter text.

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

Yes No

3. Conditional exclusion

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

Yes No

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

Click to enter text.

4. Existing coverage in individual permit

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

Yes No

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

Click to enter text.

5. Zero stormwater discharge

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

Yes No

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

Click to enter text.

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

6. Request for coverage in individual permit

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

Yes No

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

Click to enter text.

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

Yes No

If yes, attach a Sewage Sludge Solids Management Plan. See Example 5 in the instructions.
[Click to enter text.](#)

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

1. Acceptance of sludge from other WWTPs

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

Yes No

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

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

Click to enter text.

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

Yes No

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

Yes No

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

Yes No

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

Click to enter text.

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

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

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

Yes No

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

Click to enter text.

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

Is the facility in operation?

Yes No

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

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

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

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

| Pollutant | Average Conc. | Max Conc. | No. of Samples | Sample Type | Sample Date/Time |
|---|---------------|-----------|----------------|-------------|-------------------|
| CBOD ₅ , mg/l | 2.04 | 2.14 | 4 | Comp. | 11/01/24-11/30/24 |
| Total Suspended Solids, mg/l | 4.0 | 4.0 | 4 | Comp. | 11/01/24-11/30/24 |
| Ammonia Nitrogen, mg/l | | | | | |
| Nitrate Nitrogen, mg/l | | | | | |
| Total Kjeldahl Nitrogen, mg/l | | | | | |
| Sulfate, mg/l | | | | | |
| Chloride, mg/l | | | | | |
| Total Phosphorus, mg/l | | | | | |
| pH, standard units | 7.1 | 7.5 | 2 | Grab | 11/01/24-11/30/24 |
| Dissolved Oxygen*, mg/l | 3.4 | 3.4 | 4 | Grab | 11/01/24-11/30/24 |
| Chlorine Residual, mg/l | 1.01 | 1.01 | 30 | Grab | 11/01/24-11/30/24 |
| <i>E.coli</i> (CFU/100ml) freshwater | 1 | 1 | 2 | Grab | 11/01/24-11/30/24 |
| Enterococci (CFU/100ml) saltwater | | | | | |
| Total Dissolved Solids, mg/l | | | | | |
| Electrical Conductivity, μ mohs/cm, † | | | | | |
| Oil & Grease, mg/l | | | | | |
| Alkalinity (CaCO ₃)*, mg/l | | | | | |

*TPDES permits only

†TLAP permits only

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 | | | | | |
| Total Dissolved Solids, mg/l | | | | | |
| pH, standard units | | | | | |
| Fluoride, mg/l | | | | | |

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

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Cruz Aguilar

Facility Operator's License Classification and Level: B

Facility Operator's License Number: WW0072760

Section 9. Sludge and Biosolids Management and Disposal (Instructions Page 50)

A. WWTP's Sewage Sludge or Biosolids Management Facility Type

Check all that apply. See instructions for guidance

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

B. WWTP's Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

- Aerobic Digestion
- Air Drying (or sludge drying beds)
- Lower Temperature Composting
- Lime Stabilization
- Higher Temperature Composting
- Heat Drying
- Thermophilic Aerobic Digestion
- Beta Ray Irradiation
- Gamma Ray Irradiation
- Pasteurization
- Preliminary Operation (e.g. grinding, de-gritting, blending)
- Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)

- Sludge Lagoon
- Temporary Storage (< 2 years)
- Long Term Storage (>= 2 years)
- Methane or Biogas Recovery
- Other Treatment Process: [Click to enter text.](#)

C. Sewage Sludge or Biosolids Management

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

Biosolids Management

| Management Practice | Handler or Preparer Type | Bulk or Bag Container | Amount (dry metric tons) | Pathogen Reduction Options | Vector Attraction Reduction Option |
|----------------------|--|-----------------------|--------------------------|----------------------------|--|
| Disposal in Landfill | Off-site Third-Party Handler or Preparer | Bulk | 31.3 | Class B: PSRP Air Drying | Option 1: Volatile solids reduced by 38% |
| Choose an item. | Choose an item. | Choose an item. | | | |
| Choose an item. | Choose an item. | Choose an item. | | | |

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

D. Disposal site

Disposal site name: [Camino Real Landfill](#)
 TCEQ permit or registration number: [21877](#)
 County where disposal site is located: [Dona Ana](#)

E. Transportation method

Method of transportation (truck, train, pipe, other): [Truck](#)
 Name of the hauler: [El Paso Disposal](#)
 Hauler registration number: [USDOT 427913](#)
 Sludge is transported as a:

- Liquid semi-liquid semi-solid solid

Section 10. Permit Authorization for Sewage Sludge Disposal

(Instructions Page 52)

A. Beneficial use authorization

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

Yes No

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

Yes No

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

Yes No

B. Sludge processing authorization

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

Sludge Composting Yes No

Marketing and Distribution of Biosolids Yes No

Sludge Surface Disposal or Sludge Monofill Yes No

Temporary storage in sludge lagoons Yes No

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

Yes No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

Yes No

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

A. Location information

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

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

- Site map:

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

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

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

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

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

[Click to enter text.](#)

B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

C. Liner information

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

Yes No

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

[Click to enter text.](#)

D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

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

E. Groundwater monitoring

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

- Yes No

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

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

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

A. Additional authorizations

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

- Yes No

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

Click to enter text.

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

- Yes No

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

- Yes No

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

Click to enter text.

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

A. RCRA hazardous wastes

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

Yes No

B. Remediation activity wastewater

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

Yes No

C. Details about wastes received

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

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

Section 14. Laboratory Accreditation (Instructions Page 55)

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

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

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

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

CERTIFICATION:

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

Printed Name: Martin Lerma

Title: Mayor

Signature: 

Date: 6-27-25

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.1

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

Section 1. Justification for Permit (Instructions Page 56)

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.

Click to enter text.

B. Regionalization of facilities

For additional guidance, please review TCEQ's Regionalization Policy for Wastewater Treatment¹.

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: Click to enter text.

If yes, attach correspondence from the city.

Attachment: Click to enter text.

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

Attachment: Click to enter text.

2. Utility CCN areas

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

Yes No

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

If **yes**, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the CCN facilities versus the cost of the proposed facility or expansion.

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

3. *Nearby WWTPs or collection systems*

Are there any domestic permitted wastewater treatment facilities or collection systems located within a three-mile radius of the proposed facility?

Yes No

If **yes**, attach a list of these facilities and collection systems that includes each permittee's name and permit number, and an area map showing the location of these facilities and collection systems.

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

If **yes**, attach proof of mailing a request for service to each facility and collection system, the letters requesting service, and correspondence from each facility and collection system.

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

If the facility or collection system agrees to provide service, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the facility or collection system versus the cost of the proposed facility or expansion.

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

Section 2. Proposed Organic Loading (Instructions Page 58)

Is this facility in operation?

Yes No

If **no**, proceed to Item B, Proposed Organic Loading.

If **yes**, provide organic loading information in Item A, Current Organic Loading

A. Current organic loading

Facility Design Flow (flow being requested in application): [Click to enter text.](#)

Average Influent Organic Strength or BOD₅ Concentration in mg/l: [Click to enter text.](#)

Average Influent Loading (lbs/day = total average flow X average BOD₅ conc. X 8.34): [Click to enter text.](#)

Provide the source of the average organic strength or BOD₅ concentration.

[Click to enter text.](#)

B. Proposed organic loading

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

Table 1.1(1) – Design Organic Loading

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

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

A. Existing/Interim I Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: [Click to enter text.](#)

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

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

Dissolved Oxygen, mg/l: [Click to enter text.](#)

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

B. Interim II Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: [Click to enter text.](#)

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

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

Dissolved Oxygen, mg/l: [Click to enter text.](#)

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

C. Final Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: [Click to enter text.](#)

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

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

Dissolved Oxygen, mg/l: [Click to enter text.](#)

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

D. Disinfection Method

Identify the proposed method of disinfection.

- Chlorine: [Click to enter text.](#) mg/l after [Click to enter text.](#) minutes detention time at peak flow

Dechlorination process: [Click to enter text.](#)

- Ultraviolet Light: [Click to enter text.](#) seconds contact time at peak flow
- Other: [Click to enter text.](#)

Section 4. Design Calculations (Instructions Page 58)

Attach design calculations and plant features for each proposed phase. Example 4 of the instructions includes sample design calculations and plant features.

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

Section 5. Facility Site (Instructions Page 59)

A. 100-year floodplain

Will the proposed facilities be located above the 100-year frequency flood level?

- Yes No

If no, describe measures used to protect the facility during a flood event. Include a site map showing the location of the treatment plant within the 100-year frequency flood level. If applicable, provide the size and types of protective structures.

[Click to enter text.](#)

Provide the source(s) used to determine 100-year frequency flood plain.

Click to enter text.

For a new or expansion of a facility, will a wetland or part of a wetland be filled?

Yes No

If yes, has the applicant applied for a US Corps of Engineers 404 Dredge and Fill Permit?

Yes No

If yes, provide the permit number: [Click to enter text.](#)

If no, provide the approximate date you anticipate submitting your application to the Corps: [Click to enter text.](#)

B. Wind rose

Attach a wind rose: [Click to enter text.](#)

Section 6. Permit Authorization for Sewage Sludge Disposal (Instructions Page 59)

A. Beneficial use authorization

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

Yes No

If yes, attach the completed **Application for Permit for Beneficial Land Use of Sewage Sludge (TCEQ Form No. 10451)**: [Click to enter text.](#)

B. Sludge processing authorization

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

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

If any of the above, sludge options are selected, attach the completed **Domestic Wastewater Permit Application: Sewage Sludge Technical Report (TCEQ Form No. 10056)**: [Click to enter text.](#)

Section 7. Sewage Sludge Solids Management Plan (Instructions Page 60)

Attach a solids management plan to the application.

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

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

- Treatment units and processes dimensions and capacities

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

Yes No

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

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

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

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

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

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

Does the facility discharge into tidally affected waters?

Yes No

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

A. Receiving water outfall

Width of the receiving water at the outfall, in feet: [Click to enter text.](#)

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

Yes No

If **yes**, provide the distance and direction from outfall(s).

[Click to enter text.](#)

C. Sea grasses

Are there any sea grasses within the vicinity of the point of discharge?

Yes No

If **yes**, provide the distance and direction from the outfall(s).

[Click to enter text.](#)

Section 3. Classified Segments (Instructions Page 63)

Is the discharge directly into (or within 300 feet of) a classified segment?

- Yes No

If **yes**, this Worksheet is complete.

If **no**, complete Sections 4 and 5 of this Worksheet.

Section 4. Description of Immediate Receiving Waters (Instructions Page 63)

Name of the immediate receiving waters: [Click to enter text.](#)

A. Receiving water type

Identify the appropriate description of the receiving waters.

- Stream
 Freshwater Swamp or Marsh
 Lake or Pond

Surface area, in acres: [Click to enter text.](#)

Average depth of the entire water body, in feet: [Click to enter text.](#)

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

- Man-made Channel or Ditch
 Open Bay
 Tidal Stream, Bayou, or Marsh
 Other, specify: [Click to enter text.](#)

B. Flow characteristics

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

- Intermittent - dry for at least one week during most years
 Intermittent with Perennial Pools - enduring pools with sufficient habitat to maintain significant aquatic life uses
 Perennial - normally flowing

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

- USGS flow records
 Historical observation by adjacent landowners
 Personal observation
 Other, specify: [Click to enter text.](#)

C. Downstream perennial confluences

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

East Drain and Rio Grande River

D. Downstream characteristics

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

Yes No

If yes, discuss how.

The La Tuna Arroyo is typically dry. The East Drain is drying during non-irrigation season (approximately October to February). The Rio Grande River is perennial.

E. Normal dry weather characteristics

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

Click to enter text.

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

Was the water body influenced by stormwater runoff during observations?

Yes No

Section 5. General Characteristics of the Waterbody (Instructions Page 65)

A. Upstream influences

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

- Oil field activities
- Upstream discharges
- Septic tanks
- Urban runoff
- Agricultural runoff
- Other(s), specify: [Click to enter text.](#)

B. Waterbody uses

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

- Livestock watering
- Irrigation withdrawal
- Fishing
- Domestic water supply
- Park activities
- Contact recreation
- Non-contact recreation
- Navigation
- Industrial water supply
- Other(s), specify: The La Tuna Arroyo is a natural arroyo used to collect agricultural runoff.

C. Waterbody aesthetics

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

- Wilderness: outstanding natural beauty; usually wooded or unpastured area; water clarity exceptional
- Natural Area: trees and/or native vegetation; some development evident (from fields, pastures, dwellings); water clarity discolored
- Common Setting: not offensive; developed but uncluttered; water may be colored or turbid
- Offensive: stream does not enhance aesthetics; cluttered; highly developed; dumping areas; water discolored

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 2.1: STREAM PHYSICAL CHARACTERISTICS

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

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

Section 1. General Information (Instructions Page 65)

Date of study: [Click to enter text.](#) Time of study: [Click to enter text.](#)

Stream name: [Click to enter text.](#)

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

Type of stream upstream of existing discharge or downstream of proposed discharge (check one).

- Perennial Intermittent with perennial pools

Section 2. Data Collection (Instructions Page 65)

Number of stream bends that are well defined: [Click to enter text.](#)

Number of stream bends that are moderately defined: [Click to enter text.](#)

Number of stream bends that are poorly defined: [Click to enter text.](#)

Number of riffles: [Click to enter text.](#)

Evidence of flow fluctuations (check one):

- Minor moderate severe

Indicate the observed stream uses and if there is evidence of flow fluctuations or channel obstruction/modification.

[Click to enter text.](#)

Stream transects

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

Table 2.1(1) - Stream Transect Records

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

Section 3. Summarize Measurements (Instructions Page 65)

Streambed slope of entire reach, from USGS map in feet/feet: [Click to enter text.](#)

Approximate drainage area above the most downstream transect (from USGS map or county highway map, in square miles): [Click to enter text.](#)

Length of stream evaluated, in feet: [Click to enter text.](#)

Number of lateral transects made: [Click to enter text.](#)

Average stream width, in feet: [Click to enter text.](#)

Average stream depth, in feet: [Click to enter text.](#)

Average stream velocity, in feet/second: [Click to enter text.](#)

Instantaneous stream flow, in cubic feet/second: [Click to enter text.](#)

Indicate flow measurement method (type of meter, floating chip timed over a fixed distance, etc.): [Click to enter text.](#)

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

Maximum pool depth, in feet: [Click to enter text.](#)

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND DISPOSAL OF EFFLUENT

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

Section 1. Type of Disposal System (Instructions Page 67)

Identify the method of land disposal:

- | | |
|---|--|
| <input type="checkbox"/> Surface application | <input type="checkbox"/> Subsurface application |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Subsurface soils absorption |
| <input type="checkbox"/> Drip irrigation system | <input type="checkbox"/> Subsurface area drip dispersal system |
| <input type="checkbox"/> Evaporation | <input type="checkbox"/> Evapotranspiration beds |
| <input type="checkbox"/> Other (describe in detail): Click to enter text. | |

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

For existing authorizations, provide Registration Number: [Click to enter text.](#)

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

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

Table 3.0(1) – Land Application Site Crops

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

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

Table 3.0(2) – Storage and Evaporation Ponds

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

Attach a copy of a liner certification that was prepared, signed, and sealed by a Texas licensed professional engineer for each pond.

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

Section 4. Flood and Runoff Protection (Instructions Page 67)

Is the land application site within the 100-year frequency flood level?

- Yes No

If **yes**, describe how the site will be protected from inundation.

[Click to enter text.](#)

Provide the source used to determine the 100-year frequency flood level:

[Click to enter text.](#)

Provide a description of tailwater controls and rainfall run-on controls used for the land application site.

[Click to enter text.](#)

Section 5. Annual Cropping Plan (Instructions Page 67)

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

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

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

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation indicating why. **Attachment:** [Click to enter text.](#)

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

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

Table 3.0(3) – Water Well Data

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

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

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

Section 7. Groundwater Quality (Instructions Page 68)

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

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

Are groundwater monitoring wells available onsite? Yes No

Do you plan to install ground water monitoring wells or lysimeters around the land application site? Yes No

If yes, provide the proposed location of the monitoring wells or lysimeters on a site map.

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

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

A. Soil map

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

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

B. Soil analyses

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

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

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

Table 3.0(4) – Soil Data

| Soil Series | Depth from Surface | Permeability | Available Water Capacity | Curve Number |
|-------------|--------------------|--------------|--------------------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Provide a discussion of all persistent excursions above the permitted limits and any corrective actions taken.

Click to enter text.

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 3.1: SURFACE LAND DISPOSAL OF EFFLUENT

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

Section 1. Surface Disposal (Instructions Page 71)

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

A. Irrigation

Area under irrigation, in acres: [Click to enter text.](#)

Design application frequency:

hours/day [Click to enter text.](#) **And** days/week [Click to enter text.](#)

Land grade (slope):

average percent (%): [Click to enter text.](#)

maximum percent (%): [Click to enter text.](#)

Design application rate in acre-feet/acre/year: [Click to enter text.](#)

Design total nitrogen loading rate, in lbs N/acre/year: [Click to enter text.](#)

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

Method of application: [Click to enter text.](#)

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

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

B. Evaporation ponds

Daily average effluent flow into ponds, in gallons per day: [Click to enter text.](#)

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

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

C. Evapotranspiration beds

Number of beds: [Click to enter text.](#)

Area of bed(s), in acres: [Click to enter text.](#)

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

Void ratio of soil in the beds: [Click to enter text.](#)

Storage volume within the beds, in acre-feet: [Click to enter text.](#)

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

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

D. Overland flow

Area used for application, in acres: [Click to enter text.](#)

Slopes for application area, percent (%): [Click to enter text.](#)

Design application rate, in gpm/foot of slope width: [Click to enter text.](#)

Slope length, in feet: [Click to enter text.](#)

Design BOD₅ loading rate, in lbs BOD₅/acre/day: [Click to enter text.](#)

Design application frequency:

hours/day: [Click to enter text.](#) **And** days/week: [Click to enter text.](#)

Attach a separate engineering report with the method of application and design requirements according to *30 TAC Chapter 217*.

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

Section 2. Edwards Aquifer (Instructions Page 72)

Is the facility subject to *30 TAC Chapter 213*, Edwards Aquifer Rules?

Yes No

If **yes**, is the facility located on the Edwards Aquifer Recharge Zone?

Yes No

If **yes**, attach a geological report addressing potential recharge features.

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

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 3.2: SURFACE LAND DISPOSAL OF EFFLUENT

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

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

Section 1. Subsurface Application (Instructions Page 73)

Identify the type of system:

- Conventional Gravity Drainfield, Beds, or Trenches (new systems must be less than 5,000 GPD)
- Low Pressure Dosing
- Other, specify: [Click to enter text.](#)

Application area, in acres: [Click to enter text.](#)

Area of drainfield, in square feet: [Click to enter text.](#)

Application rate, in gal/square foot/day: [Click to enter text.](#)

Depth to groundwater, in feet: [Click to enter text.](#)

Area of trench, in square feet: [Click to enter text.](#)

Dosing duration per area, in hours: [Click to enter text.](#)

Number of beds: [Click to enter text.](#)

Dosing amount per area, in inches/day: [Click to enter text.](#)

Infiltration rate, in inches/hour: [Click to enter text.](#)

Storage volume, in gallons: [Click to enter text.](#)

Area of bed(s), in square feet: [Click to enter text.](#)

Soil Classification: [Click to enter text.](#)

Attach a separate engineering report with the information required in 30 TAC § 309.20, excluding the requirements of § 309.20 b(3)(A) and (B) design analysis which may be asked for on a case by case basis. Include a description of the schedule of dosing basin rotation.

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

Section 2. Edwards Aquifer (Instructions Page 73)

Is the subsurface system over the Edwards Aquifer Recharge Zone as mapped by TCEQ?

- Yes No

Is the subsurface system over the Edwards Aquifer Transition Zone as mapped by TCEQ?

- Yes No

If yes to either question, the subsurface system may be prohibited by 30 TAC §213.8. Please call the Municipal Permits Team, at 512-239-4671, to schedule a pre-application meeting.

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

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

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

Section 1. Administrative Information (Instructions Page 74)

A. Provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the treatment facility:

B. Click to enter text. Is the owner of the land where the treatment facility is located the same as the owner of the treatment facility?

Yes No

If **no**, provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the land where the treatment facility is located.

Click to enter text.

C. Owner of the subsurface area drip dispersal system: Click to enter text.

D. Is the owner of the subsurface area drip dispersal system the same as the owner of the wastewater treatment facility or the site where the wastewater treatment facility is located?

Yes No

If **no**, identify the names of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in Item 1.C.

Click to enter text.

E. Owner of the land where the subsurface area drip dispersal system is located: Click to enter text.

F. Is the owner of the land where the subsurface area drip dispersal system is located the same as owner of the wastewater treatment facility, the site where the wastewater treatment facility is located, or the owner of the subsurface area drip dispersal system?

Yes No

If **no**, identify the name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in item 1.E.

Click to enter text.

Section 2. Subsurface Area Drip Dispersal System (Instructions Page 74)

A. Type of system

- Subsurface Drip Irrigation
- Surface Drip Irrigation
- Other, specify: [Click to enter text.](#)

B. Irrigation operations

Application area, in acres: [Click to enter text.](#)

Infiltration Rate, in inches/hour: [Click to enter text.](#)

Average slope of the application area, percent (%): [Click to enter text.](#)

Maximum slope of the application area, percent (%): [Click to enter text.](#)

Storage volume, in gallons: [Click to enter text.](#)

Major soil series: [Click to enter text.](#)

Depth to groundwater, in feet: [Click to enter text.](#)

C. Application rate

Is the facility located **west** of the boundary shown in *30 TAC § 222.83* **and** also using a vegetative cover of non-native grasses over seeded with cool season grasses during the winter months (October-March)?

- Yes No

If yes, then the facility may propose a hydraulic application rate not to exceed 0.1 gal/square foot/day.

Is the facility located **east** of the boundary shown in *30 TAC § 222.83* **or** in any part of the state when the vegetative cover is any crop other than non-native grasses?

- Yes No

If **yes**, the facility must use the formula in *30 TAC §222.83* to calculate the maximum hydraulic application rate.

Do you plan to submit an alternative method to calculate the hydraulic application rate for approval by the executive director?

- Yes No

Hydraulic application rate, in gal/square foot/day: [Click to enter text.](#)

Nitrogen application rate, in lbs/gal/day: [Click to enter text.](#)

D. Dosing information

Number of doses per day: [Click to enter text.](#)

Dosing duration per area, in hours: [Click to enter text.](#)

Rest period between doses, in hours: [Click to enter text.](#)

Dosing amount per area, in inches/day: [Click to enter text.](#)

Number of zones: [Click to enter text.](#)

Does the proposed subsurface drip irrigation system use tree vegetative cover as a crop?

Yes No

If **yes**, provide a vegetation survey by a certified arborist. Please call the Water Quality Assessment Team at (512) 239-4671 to schedule a pre-application meeting.

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

Section 3. Required Plans (Instructions Page 74)

A. Recharge feature plan

Attach a Recharge Feature Plan with all information required in *30 TAC §222.79*.

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

B. Soil evaluation

Attach a Soil Evaluation with all information required in *30 TAC §222.73*.

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

C. Site preparation plan

Attach a Site Preparation Plan with all information required in *30 TAC §222.75*.

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

D. Soil sampling/testing

Attach soil sampling and testing that includes all information required in *30 TAC §222.157*.

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

Section 4. Floodway Designation (Instructions Page 75)

A. Site location

Is the existing/proposed land application site within a designated floodway?

Yes No

B. Flood map

Attach either the FEMA flood map or alternate information used to determine the floodway.

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

Section 5. Surface Waters in the State (Instructions Page 75)

A. Buffer Map

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

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

B. Buffer variance request

Do you plan to request a buffer variance from water wells or waters in the state?

- Yes No

If yes, then attach the additional information required in *30 TAC § 222.81(c)*.

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

Section 6. Edwards Aquifer (Instructions Page 75)

A. Is the SADDs located over the Edwards Aquifer Recharge Zone as mapped by TCEQ?

- Yes No

B. Is the SADDs located over the Edwards Aquifer Transition Zone as mapped by TCEQ?

- Yes No

If yes to either question, then the SADDs may be prohibited by *30 TAC §213.8*. Please call the Municipal Permits Team at 512-239-4671 to schedule a pre-application meeting.

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 4.0: POLLUTANT ANALYSIS REQUIREMENTS

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

This worksheet is not required minor amendments without renewal.

Section 1. Toxic Pollutants (Instructions Page 76)

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

Grab Composite

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

Table 4.0(1) – Toxics Analysis

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

| Pollutant | AVG Effluent Conc. (µg/l) | MAX Effluent Conc. (µg/l) | Number of Samples | MAL (µg/l) |
|------------------------|---------------------------|---------------------------|-------------------|------------|
| Chloroform | | | | 10 |
| Chlorpyrifos | | | | 0.05 |
| Chromium (Total) | | | | 3 |
| Chromium (Tri) (*1) | | | | N/A |
| Chromium (Hex) | | | | 3 |
| Copper | | | | 2 |
| Chrysene | | | | 5 |
| p-Chloro-m-Cresol | | | | 10 |
| 4,6-Dinitro-o-Cresol | | | | 50 |
| p-Cresol | | | | 10 |
| Cyanide (*2) | | | | 10 |
| 4,4'- DDD | | | | 0.1 |
| 4,4'- DDE | | | | 0.1 |
| 4,4'- DDT | | | | 0.02 |
| 2,4-D | | | | 0.7 |
| Demeton (O and S) | | | | 0.20 |
| Diazinon | | | | 0.5/0.1 |
| 1,2-Dibromoethane | | | | 10 |
| m-Dichlorobenzene | | | | 10 |
| o-Dichlorobenzene | | | | 10 |
| p-Dichlorobenzene | | | | 10 |
| 3,3'-Dichlorobenzidine | | | | 5 |
| 1,2-Dichloroethane | | | | 10 |
| 1,1-Dichloroethylene | | | | 10 |
| Dichloromethane | | | | 20 |
| 1,2-Dichloropropane | | | | 10 |
| 1,3-Dichloropropene | | | | 10 |
| Dicofol | | | | 1 |
| Dieldrin | | | | 0.02 |
| 2,4-Dimethylphenol | | | | 10 |
| Di-n-Butyl Phthalate | | | | 10 |
| Diuron | | | | 0.09 |
| Endosulfan I (alpha) | | | | 0.01 |

| Pollutant | AVG Effluent Conc. (µg/l) | MAX Effluent Conc. (µg/l) | Number of Samples | MAL (µg/l) |
|---------------------------------------|---------------------------|---------------------------|-------------------|------------|
| Endosulfan II (beta) | | | | 0.02 |
| Endosulfan Sulfate | | | | 0.1 |
| Endrin | | | | 0.02 |
| Epichlorohydrin | | | | --- |
| Ethylbenzene | | | | 10 |
| Ethylene Glycol | | | | --- |
| Fluoride | | | | 500 |
| Guthion | | | | 0.1 |
| Heptachlor | | | | 0.01 |
| Heptachlor Epoxide | | | | 0.01 |
| Hexachlorobenzene | | | | 5 |
| Hexachlorobutadiene | | | | 10 |
| Hexachlorocyclohexane (alpha) | | | | 0.05 |
| Hexachlorocyclohexane (beta) | | | | 0.05 |
| gamma-Hexachlorocyclohexane (Lindane) | | | | 0.05 |
| Hexachlorocyclopentadiene | | | | 10 |
| Hexachloroethane | | | | 20 |
| Hexachlorophene | | | | 10 |
| 4,4'-Isopropylidenediphenol | | | | 1 |
| Lead | | | | 0.5 |
| Malathion | | | | 0.1 |
| Mercury | | | | 0.005 |
| Methoxychlor | | | | 2 |
| Methyl Ethyl Ketone | | | | 50 |
| Methyl tert-butyl ether | | | | --- |
| Mirex | | | | 0.02 |
| Nickel | | | | 2 |
| Nitrate-Nitrogen | | | | 100 |
| Nitrobenzene | | | | 10 |
| N-Nitrosodiethylamine | | | | 20 |
| N-Nitroso-di-n-Butylamine | | | | 20 |
| Nonylphenol | | | | 333 |

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

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

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

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

Section 2. Priority Pollutants

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

Grab Composite

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

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

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

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

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

Table 4.0(2)B – Volatile Compounds

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

Table 4.0(2)C – Acid Compounds

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

Table 4.0(2)D – Base/Neutral Compounds

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

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

Table 4.0(2)E - Pesticides

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

* For PCBs, if all are non-detects, enter the highest non-detect preceded by a "<".

Section 3. Dioxin/Furan Compounds

A. Indicate which of the following compounds from may be present in the influent from a contributing industrial user or significant industrial user. Check all that apply.

- 2,4,5-trichlorophenoxy acetic acid
Common Name 2,4,5-T, CASRN 93-76-5
- 2-(2,4,5-trichlorophenoxy) propanoic acid
Common Name Silvex or 2,4,5-TP, CASRN 93-72-1
- 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate
Common Name Erbon, CASRN 136-25-4
- 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate
Common Name Ronnel, CASRN 299-84-3
- 2,4,5-trichlorophenol
Common Name TCP, CASRN 95-95-4
- hexachlorophene
Common Name HCP, CASRN 70-30-4

For each compound identified, provide a brief description of the conditions of its/their presence at the facility.

Click to enter text

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

- Yes No

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

Click to enter text.

C. If any of the compounds in Subsection A or B are present, complete Table 4.0(2)F.

For pollutants identified in Table 4.0(2)F, indicate the type of sample.

Grab Composite

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

Table 4.0(2)F – Dioxin/Furan Compounds

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 5.0: TOXICITY TESTING REQUIREMENTS

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

This worksheet is not required minor amendments without renewal.

Section 1. Required Tests

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

7-day Chronic: [Click to enter text.](#)

48-hour Acute: [Click to enter text.](#)

Section 2. Toxicity Reduction Evaluations (TREs)

Has this facility completed a TRE in the past four and a half years? Or is the facility currently performing a TRE?

Yes No

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

[Click to enter text.](#)

Section 3. Summary of WET Tests

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

Table 5.0(1) Summary of WET Tests

| Test Date | Test Species | NOEC Survival | NOEC Sub-lethal |
|-----------|--------------|---------------|-----------------|
| | | | |
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DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

Section 1. All POTWs (Instructions Page 87)

A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs - non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

B. Treatment plant interference

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

Yes No

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

Click to enter text.

C. Treatment plant pass through

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

Yes No

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

Click to enter text.

D. Pretreatment program

Does your POTW have an approved pretreatment program?

Yes No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

Yes No

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

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

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

A. Substantial modifications

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

Yes No

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

Click to enter text.

B. Non-substantial modifications

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

- Yes No

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

Click to enter text.

C. Effluent parameters above the MAL

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

Table 6.0(1) – Parameters Above the MAL

| Pollutant | Concentration | MAL | Units | Date |
|-----------|---------------|-----|-------|------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

D. Industrial user interruptions

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

- Yes No

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

Click to enter text.

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

A. General information

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

SIC Code: [Click to enter text.](#)

Contact name: [Click to enter text.](#)

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

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

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

Email address: [Click to enter text.](#)

B. Process information

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

[Click to enter text.](#)

C. Product and service information

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

[Click to enter text.](#)

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: [Click to enter text.](#)

Discharge Type: Continuous Batch Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: [Click to enter text.](#)

Discharge Type: Continuous Batch Intermittent

E. Pretreatment standards

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

- Yes No

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

- Yes No

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

Category: Subcategories: Click to enter text.

Click or tap here to enter text. Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

F. Industrial user interruptions

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

- Yes No

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

Click to enter text.

WORKSHEET 7.0

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:

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

For TCEQ Use Only

Reg. No. _____

Date Received _____

Date Authorized _____

Section 1. General Information (Instructions Page 90)

1. TCEQ Program Area

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

Program ID: [Click to enter text.](#)

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

Phone Number: [Click to enter text.](#)

2. Agent/Consultant Contact Information

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

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

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

Phone Number: [Click to enter text.](#)

3. Owner/Operator Contact Information

Owner Operator

Owner/Operator Name: [Click to enter text.](#)

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

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

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

Phone Number: [Click to enter text.](#)

4. Facility Contact Information

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

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

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

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

Facility Contact Person: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

5. **Latitude and Longitude, in degrees-minutes-seconds**

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

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

Method of determination (GPS, TOPO, etc.): [Click to enter text.](#)

Attach topographic quadrangle map as attachment A.

6. **Well Information**

Type of Well Construction, select one:

- Vertical Injection
- Subsurface Fluid Distribution System
- Infiltration Gallery
- Temporary Injection Points
- Other, Specify: [Click to enter text.](#)

Number of Injection Wells: [Click to enter text.](#)

7. **Purpose**

Detailed Description regarding purpose of Injection System:

[Click to enter text.](#)

Attach a Site Map as Attachment B (Attach the Approved Remediation Plan, if appropriate.)

8. **Water Well Driller/Installer**

Water Well Driller/Installer Name: [Click to enter text.](#)

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

Phone Number: [Click to enter text.](#)

License Number: [Click to enter text.](#)

Section 2. Proposed Down Hole Design

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

Table 7.0(1) – Down Hole Design Table

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

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

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

System(s) Dimensions: [Click to enter text.](#)

System(s) Construction: [Click to enter text.](#)

Section 4. Site Hydrogeological and Injection Zone Data

1. Name of Contaminated Aquifer: [Click to enter text.](#)
2. Receiving Formation Name of Injection Zone: [Click to enter text.](#)
3. Well/Trench Total Depth: [Click to enter text.](#)
4. Surface Elevation: [Click to enter text.](#)
5. Depth to Ground Water: [Click to enter text.](#)
6. Injection Zone Depth: [Click to enter text.](#)
7. Injection Zone vertically isolated geologically? Yes No
Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:
Name: [Click to enter text.](#)
Thickness: [Click to enter text.](#)
8. Provide a list of contaminants and the levels (ppm) in contaminated aquifer
Attach as Attachment E.
9. Horizontal and Vertical extent of contamination and injection plume
Attach as Attachment F.
10. Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc.
Attach as Attachment G.
11. Injection Fluid Chemistry in PPM at point of injection
Attach as Attachment H.
12. Lowest Known Depth of Ground Water with < 10,000 PPM TDS: [Click to enter text.](#)
13. Maximum injection Rate/Volume/Pressure: [Click to enter text.](#)
14. Water wells within 1/4 mile radius (attach map as Attachment I): [Click to enter text.](#)
15. Injection wells within 1/4 mile radius (attach map as Attachment J): [Click to enter text.](#)
16. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K): [Click to enter text.](#)
17. Sampling frequency: [Click to enter text.](#)
18. Known hazardous components in injection fluid: [Click to enter text.](#)

Section 5. Site History

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

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

Class V Injection Well Designations

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

**FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL
TPDES WASTEWATER PERMIT APPLICATIONS**

TCEQ USE ONLY:

Application type: Renewal Major Amendment Minor Amendment New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

Texas Historical Commission U.S. Fish and Wildlife

Texas Parks and Wildlife Department U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: Town of Anthony

Permit No. WQ00 15414001

EPA ID No. TX 0136662

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

1010 S. Main, Anthony, Texas 79821 (Approximately 2,000 feet West of State Highway 20 and 4,000 feet South of Farm-to-Market Road 1905 in El Paso County, Texas.

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

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

First and Last Name: Martin Lerma

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

Title: Mayor

Mailing Address: P.O. Box 1369

City, State, Zip Code: Anthony, Texas, 79821

Phone No.: 915- Ext.: 241-7285 Fax No.:

E-mail Address: mayor@townofanthony.org

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

N/A

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

The effluent discharges to the La Tuna Agricultural Drain; thence to the Rio Grande Above International Dam in Segment No 2314 of the Rio Grande Basin

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

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

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

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

Disturbance of vegetation or wetlands

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

N/A

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

N/A

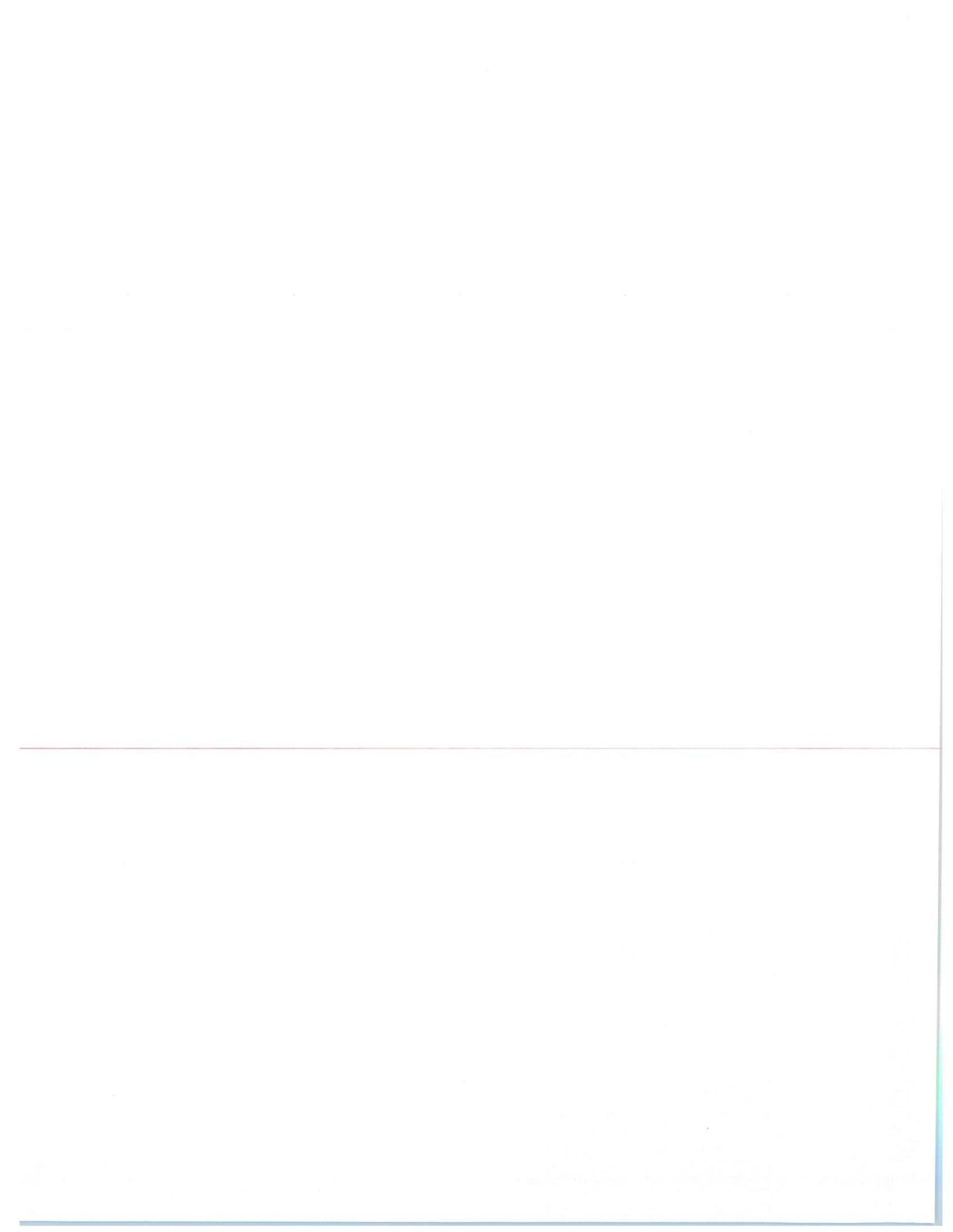
THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

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

N/A

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

N/A





TEXAS COMMISSION ON ENVIRONMENTAL
QUALITY

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

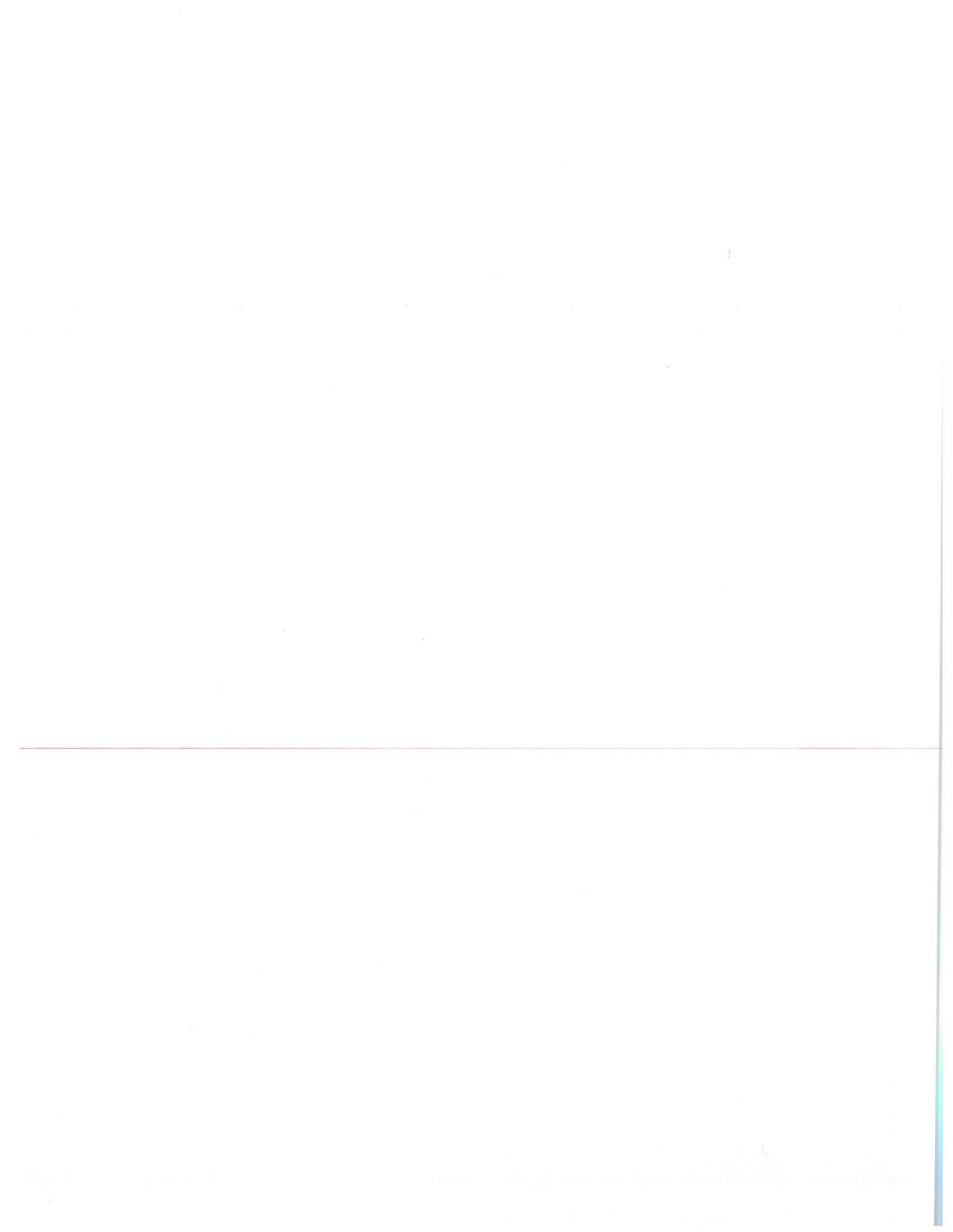
**Summary of Application (in plain language) Template and
Instructions for Texas Pollutant Discharge Elimination
System (TPDES) and Texas Land Application (TLAP) Permit
Applications**

DOMESTIC 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.

The Town of Anthony (CN600915573) operates the Anthony Sewage Treatment Plant (RN102805603), a domestic wastewater treatment plant, an activated sludge process plant operated in the extended aeration mode. The facility is located at 1010 S. Main St., in Anthony, El Paso County, Texas 79821. This application is for a renewal to discharge 565,000 gallons per day of treated domestic wastewater water to the La Tuna Agricultural Drain.

Discharges from the facility are expected to contain five-day carbonaceous biochemical demand (CBOD₅), total suspended solids (TSS), ammonia-nitrogen (NH₃-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include mechanical and manual bar screens, grit chamber, oxidation ditch, final clarifiers, chlorine contact chamber, and sludge drying beds.

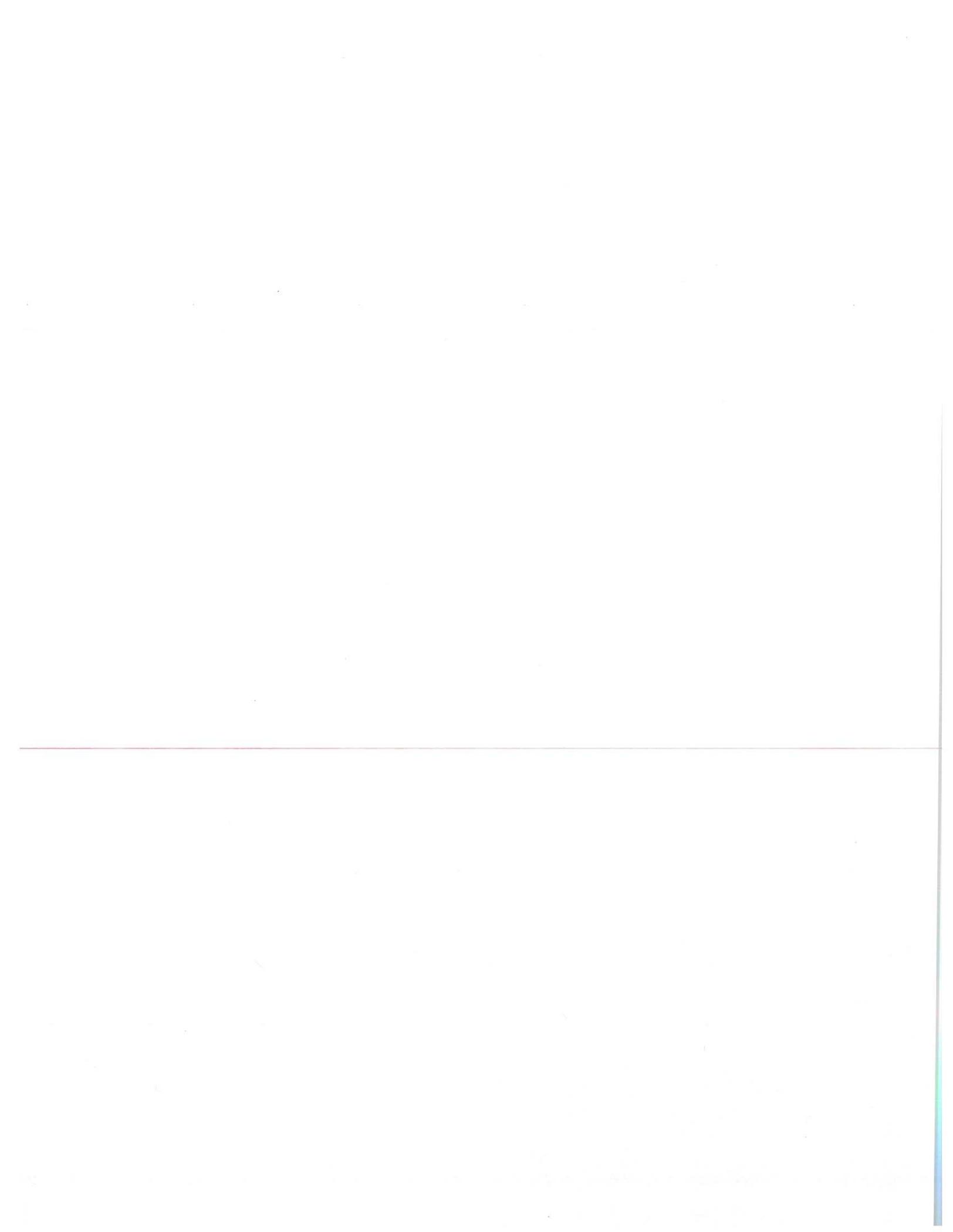


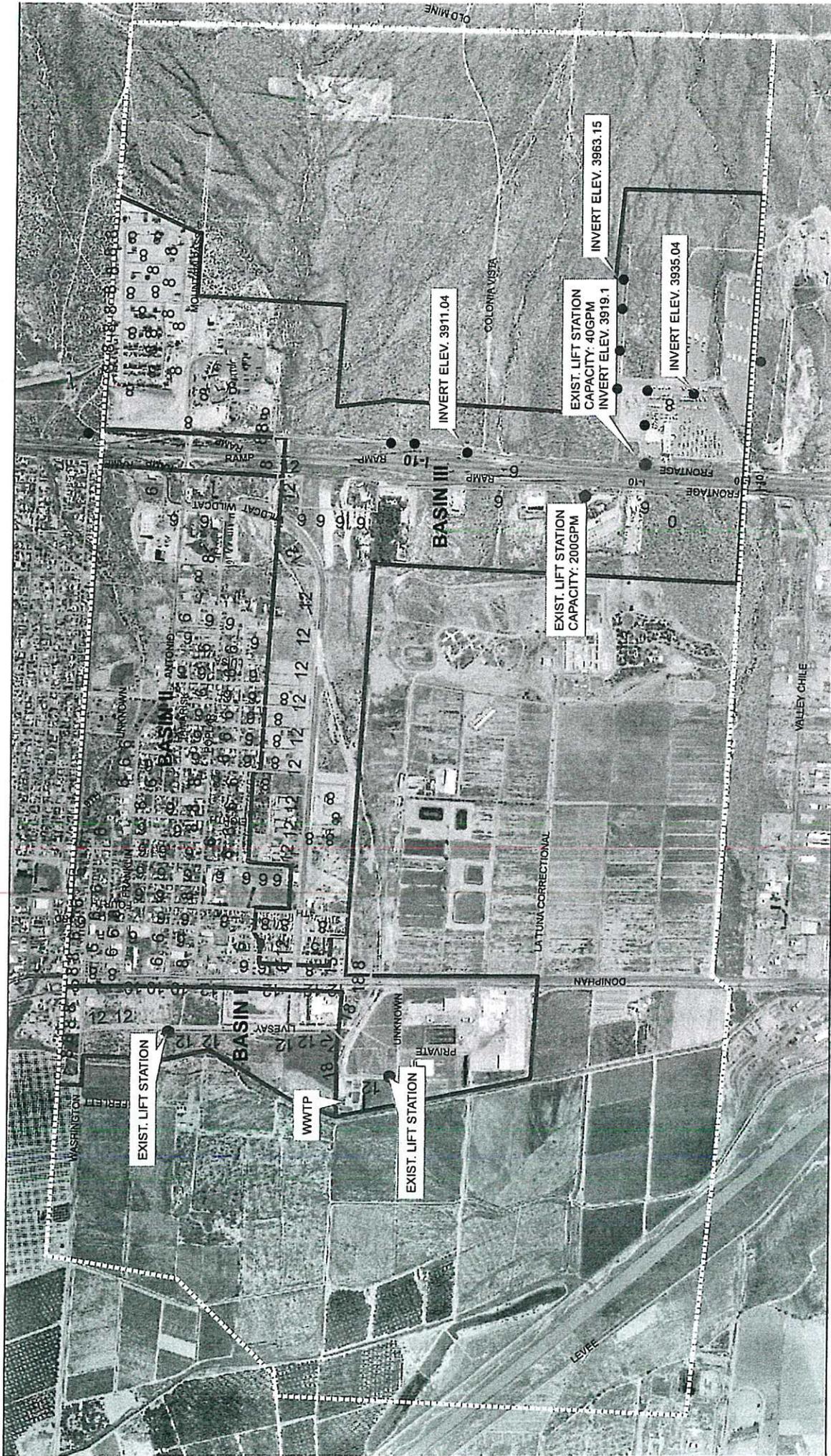
AGUAS RESIDUALES DOMESTICAS AGUAS PLUVIALES

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.

El Municipio de Anthony ((CN600915573)) opera la Planta de Tratamiento de Aguas Residuales (RN102805603), una planta de tratamiento de aguas residuales domésticas y de procesamiento de lodos activados que opera en modo de aireación extendida. La instalación está ubicada en 1010 S. Main St., en Anthony, Condado de El Paso, Texas 79281. Esta solicitud de renovación es para el vertido de 565,000 galones diarios de aguas residuales domésticas tratadas al Drenaje Agrícola La Tuna.

Se espera que las descargas de la instalación contengan la demanda bioquímica carbonosa de cinco días (DBO_5), sólidos suspendidos totales (SST), nitrógeno amoniacal (NH_3-N) y *Escherichia coli*. Se incluyen otros contaminantes potenciales en el Informe Técnico Doméstico 1.0, Sección 7. "Análisis de Contaminantes del Efluente Tratado", incluido en la solicitud de permiso. Los tipos de aguas residuales descargadas son domesticas. están tratado por una planta de proceso de lodos activados y las unidades de tratamiento incluyen rejas mecánicas y manuales, cámara de arena, zanja de oxidación, clarificadores finales, cámara de contacto con cloro y lechos de secado de lodos.



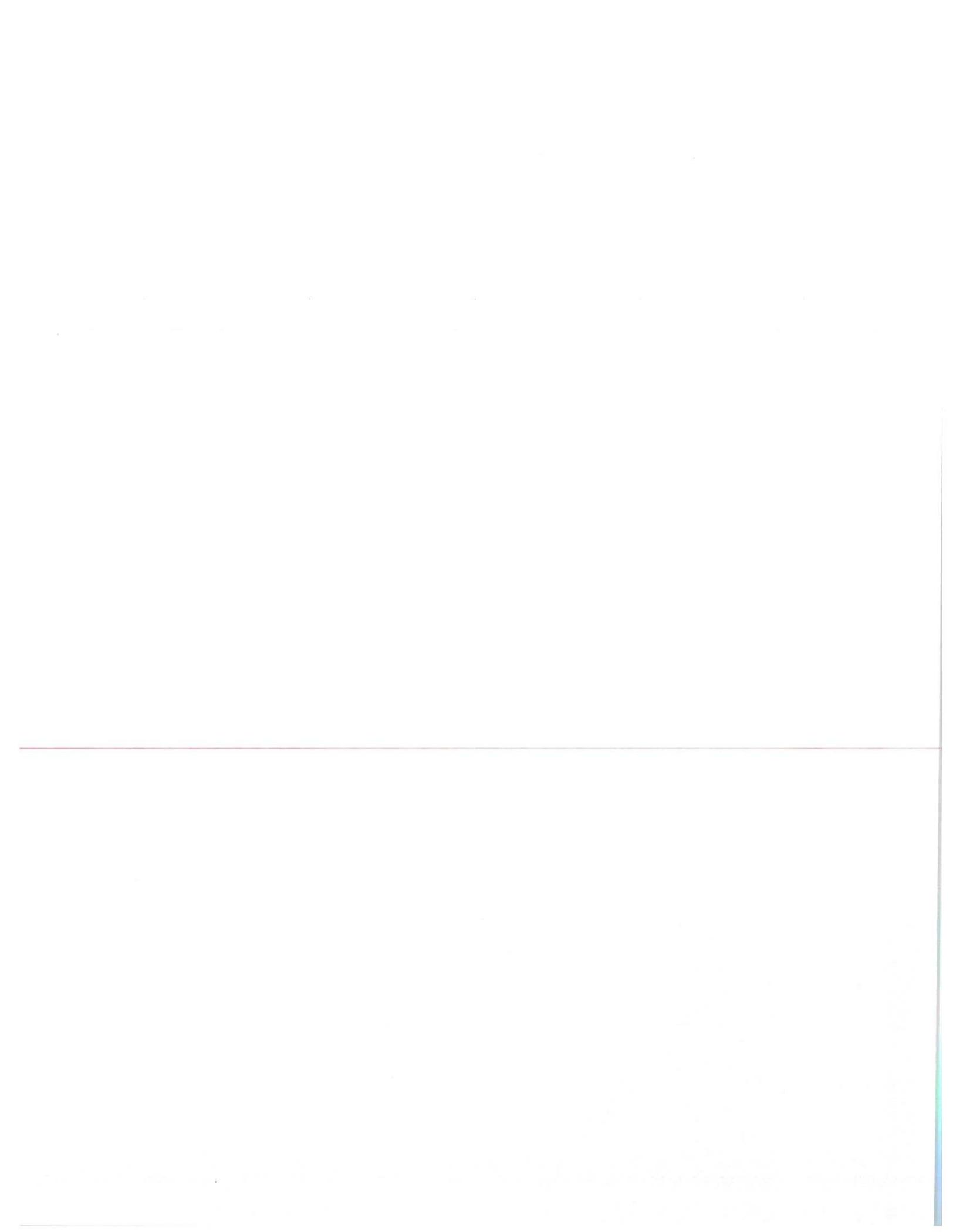


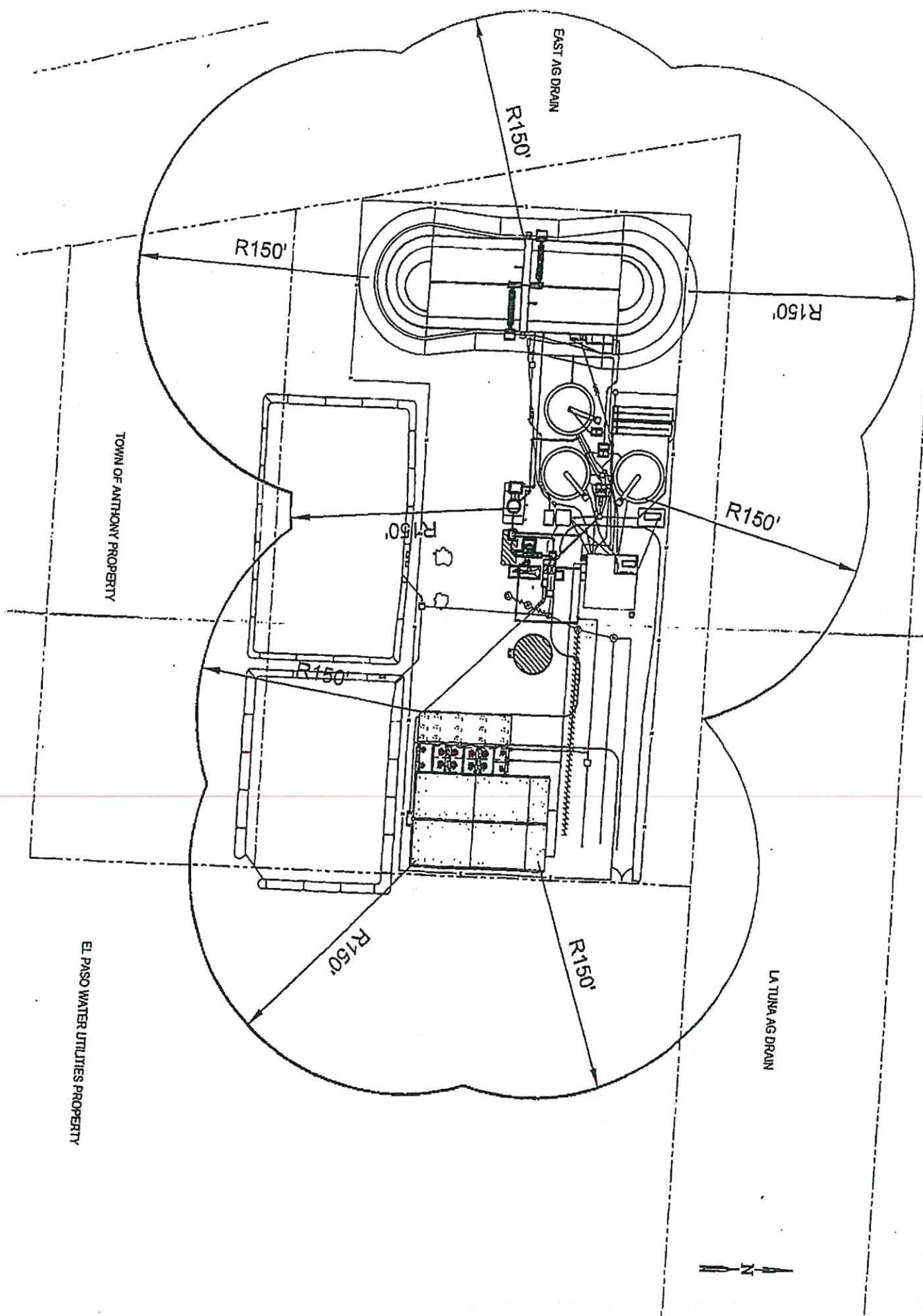
EXISTING SEWER BASINS

- SEWER LINES —
- MANHOLE ^
- TOWN LIMITS - - - -
- SEWER BASINS —
- WASTE WATER TREATMENT PLANT —
- LIFT STATIONS ●

You created this PDF from an application that is not licensed to print to novaPDF printer (<http://www.novapdf.com>)

FIGURE 2

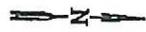


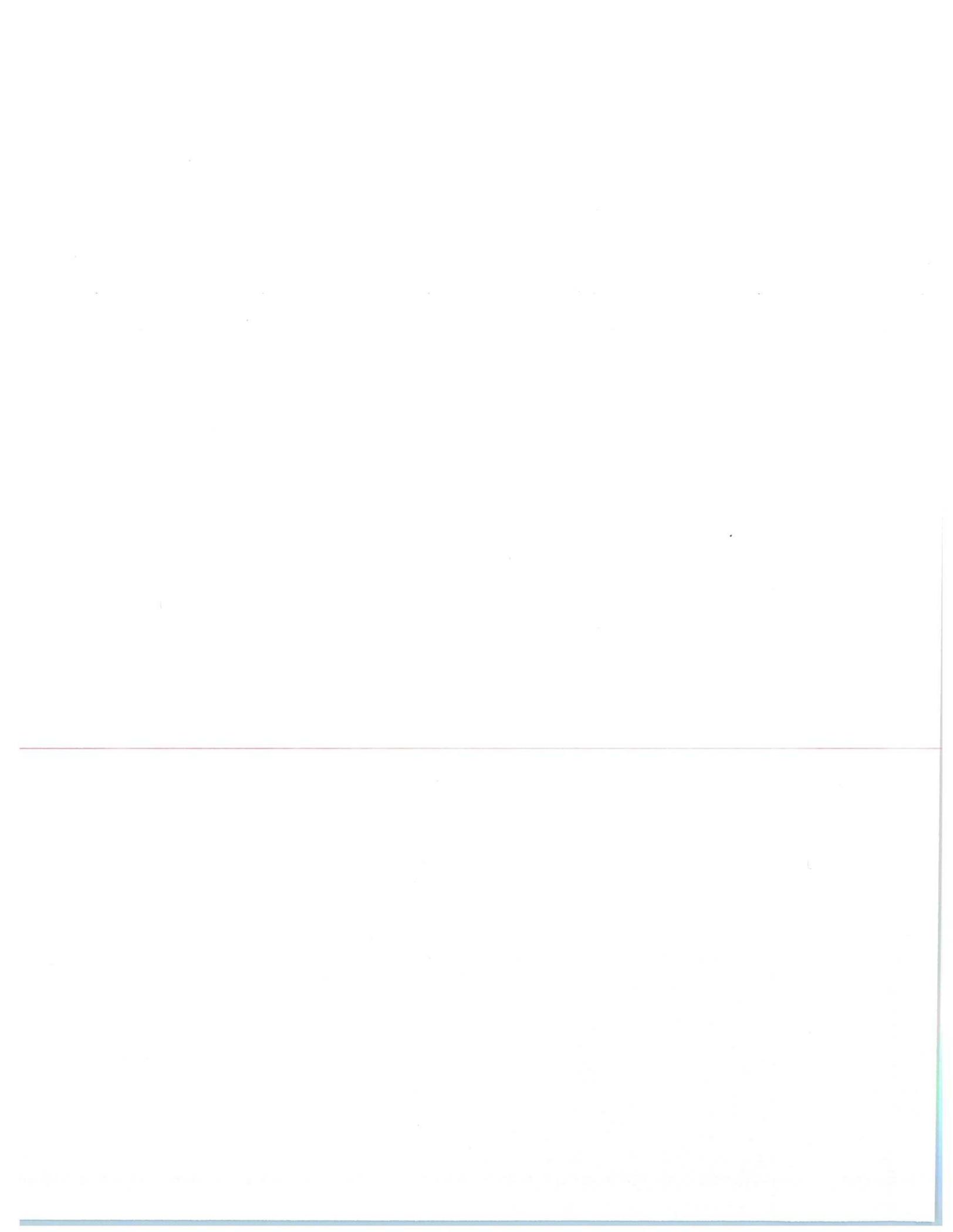


TOWN OF ANTHONY PROPERTY

EL PASO WATER UTILITIES PROPERTY

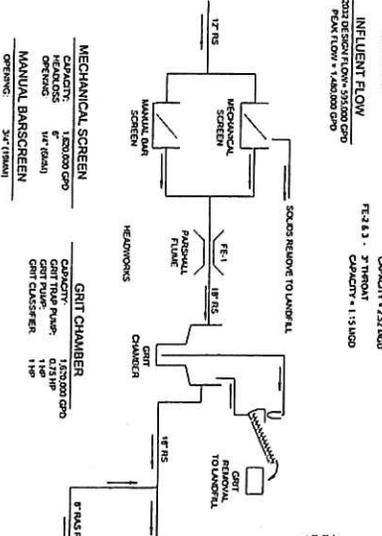
LA TUNA AG DRAIN





INFLUENT QUALITY
 BOD: 120 mg/L
 TSS: 271 mg/L

PARKHILL FLUME FE-1, 2 & 3
 FE-1 Capacity: 232,000 GPD
 FE-2 & 3 Capacity: 1,150,000 GPD



LEGEND

- RS - RAW WASTE
- WAS - WASTE ACTIVATED SLUDGE
- SO - SECONDARY OVERFLOW
- FE - FRESH EFFLUENT
- SE - STUDDO BOD EFFLUENT
- HE - HOLDING POND EFFLUENT
- MO - MIDDLE QUALITY PER DAY
- FE - FINISHED EFFLUENT

OXIDATION DITCH (2012-2032)

| | |
|-----------------------------|----------------|
| WAS APPLIED | 2300 |
| TSS APPLIED | 1200 |
| SO2 APPLIED | 2000 |
| DETENTION TIME | 20 DAYS |
| WAS (1000 FT ³) | 25% |
| BOD REMOVAL | 77% |
| FLOW VOLUME (GPM) | 234,541.11 |
| ROTATION RATE | 234,541.11 RPM |

SECONDARY CLARIFIERS

| | |
|----------------------|--------------------------|
| SIZE | 20' x 10' x 10' FT |
| Avg. Overflow Rate | 2.74 GPM/FT ² |
| Peak Overflow Rate | 7.46 GPM/FT ² |
| NUMBER OF CLARIFIERS | 3 |

CHLORINE CONTACT BASIN

| | |
|--------------------------|---------------------|
| VOLUME | 328 FT ³ |
| LINE & WAVE | 24 IN |
| PEAK OVERFLOW RATE | 21.8 GPM |
| CONTACT TIME @ PEAK FLOW | 5.67 MIN |
| FLOW LENGTH | 80 FT TOTAL |
| LENGTH TO WIDTH RATIO | 1:1 |

EFFLUENT QUALITY
 BOD: 5-20 mg/L
 TSS: 5-20 mg/L

MECHANICAL SCREEN
 CAPACITY: 150,000 GPD
 HEADRACE: 6" (10.50)
 OPERING: 14" (10.50)
 MANUAL BARS/SCREEN
 OPERING: 3" (10.50)

GRIT CHAMBER
 CAPACITY: 232,000 GPD
 GRIT FLOW PUMP: 0.75 HP
 GRIT CLASSIFIER: 1 1/2"

PLANT LIFT STATION
 NUMBER OF PUMPS: 3
 MOTOR POWER (EA): 7.5 HP
 PIPE DIA: 23" (23" DIA) @ 23' TDH

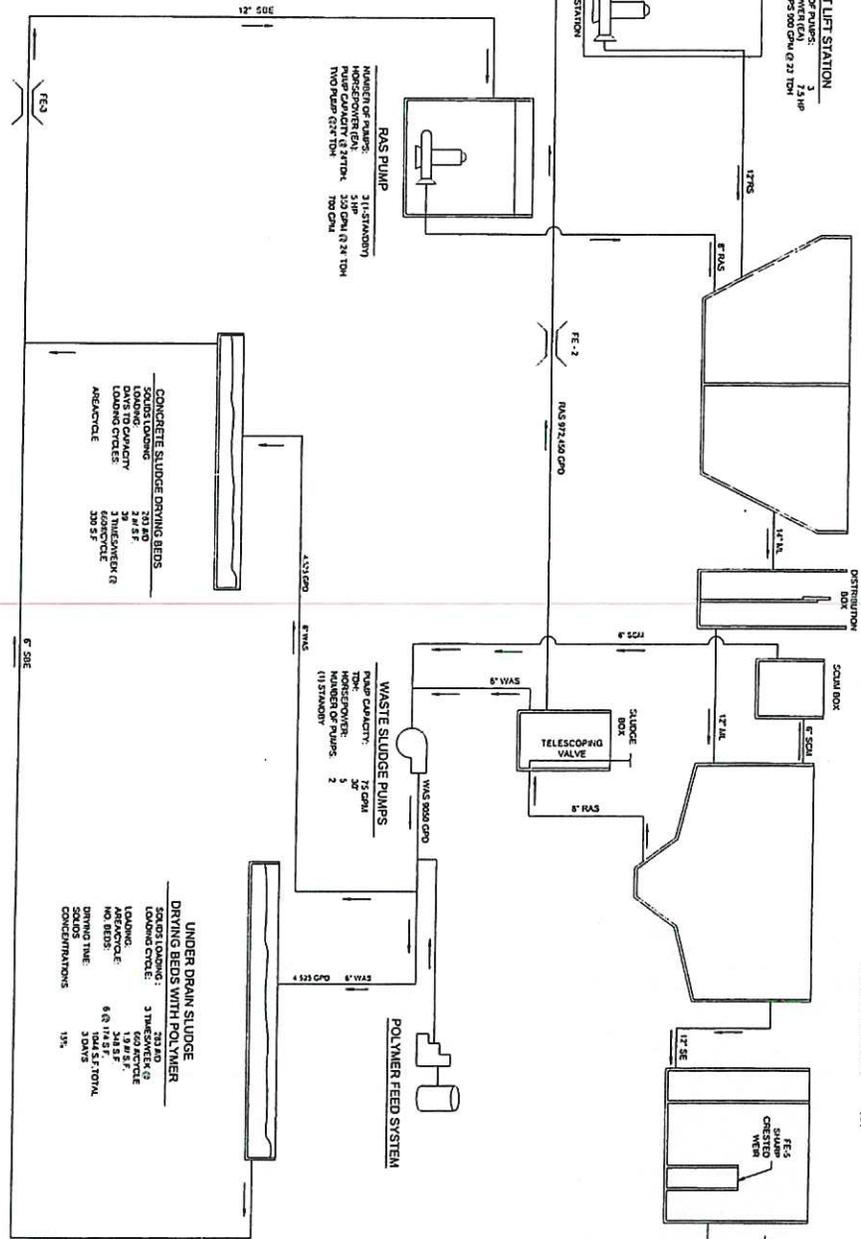
RAS PUMP
 NUMBER OF PUMPS: 3
 MOTOR POWER (EA): 3.1 HP
 PIPE DIA: 24" (24" DIA) @ 23' TDH

WASTE SLUDGE PUMPS
 PUMP CAPACITY: 75 GPM
 TORQUE POWER: 30"
 NUMBER OF PUMPS: 2
 (1) STANDBY

DESIGN FLOW CONDITIONS

- CONDITION OF FLOW BASED ON 2032 DESIGN
- CONCENTRATIONS: 250 mg/L BOD, 120 mg/L TSS, 2000 mg/L SO₂
- DESIGN FLOW: 1,150,000 GPD

NOTES:
 1. ALL STRUCTURES WITH THE EXCEPTION OF THE EXISTING STRUCTURES.



CONCRETE SLUDGE DRYING BEDS

| | |
|------------------|--------|
| SOILS LOADING | 200 LB |
| DAYS TO CAPACITY | 20 |
| LOADING CIRCLES | 3 |
| AREA/CYCLE | 300 SF |

UNDER DRAIN SLUDGE DRYING BEDS WITH POLYMER

| | |
|----------------|--------------|
| SOILS LOADING | 200 LB |
| LOADING CIRCLE | 3 |
| LOADING | 19,485 SF |
| AREA/CYCLE | 6,495 SF |
| LOADING CIRCLE | 6.49 |
| LOADING CIRCLE | 104.57 TOTAL |
| LOADING CIRCLE | 3 DAYS |
| CONCENTRATIONS | 15% |

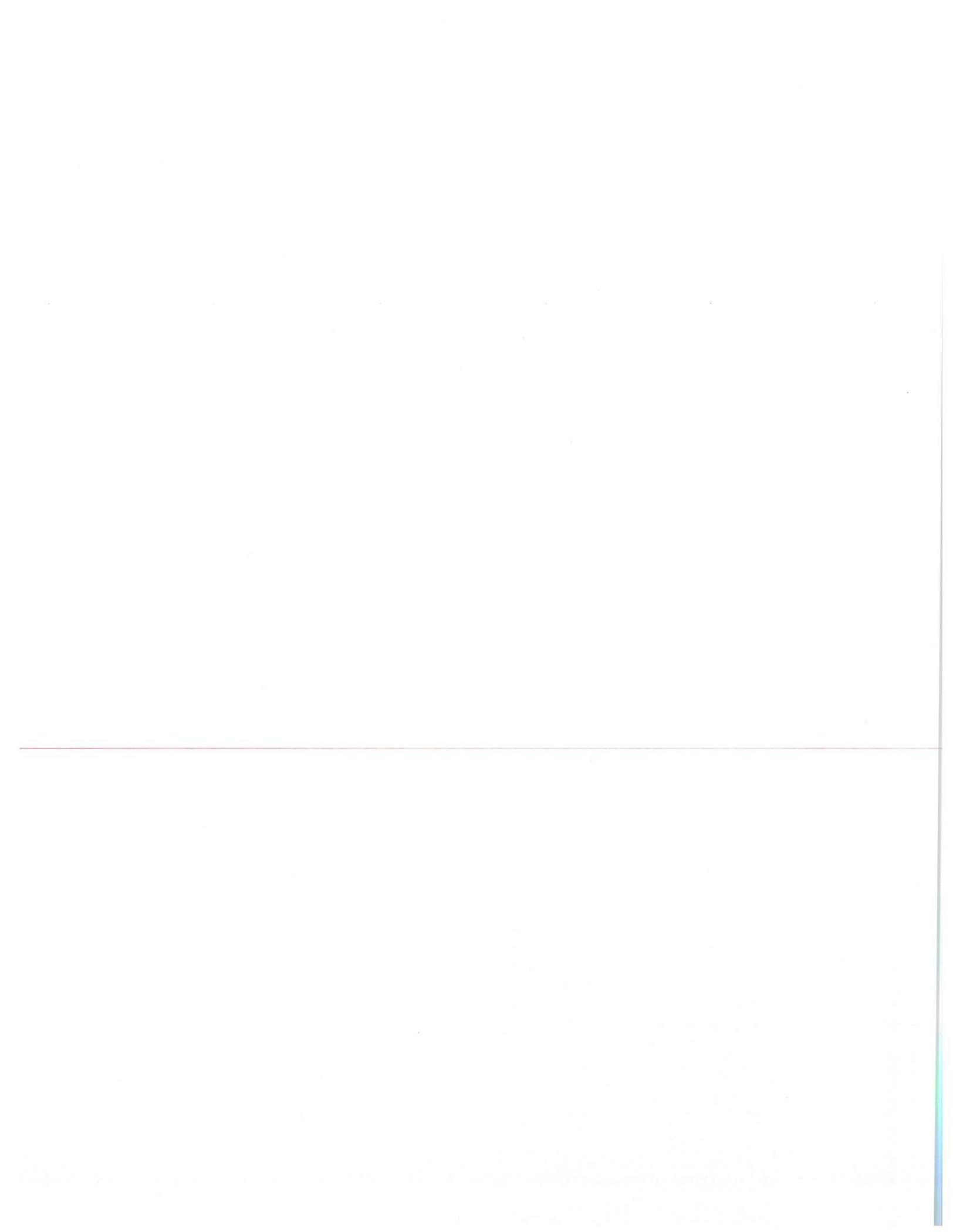
PARKHILL SMITH & COOPER

110 E. Young
 El Paso, TX 79901
 915.533.6911

REGISTERED ENGINEER
 STATE OF TEXAS
 ENGINEERING
 NO. 14788
 EXPIRES 12/31/2015

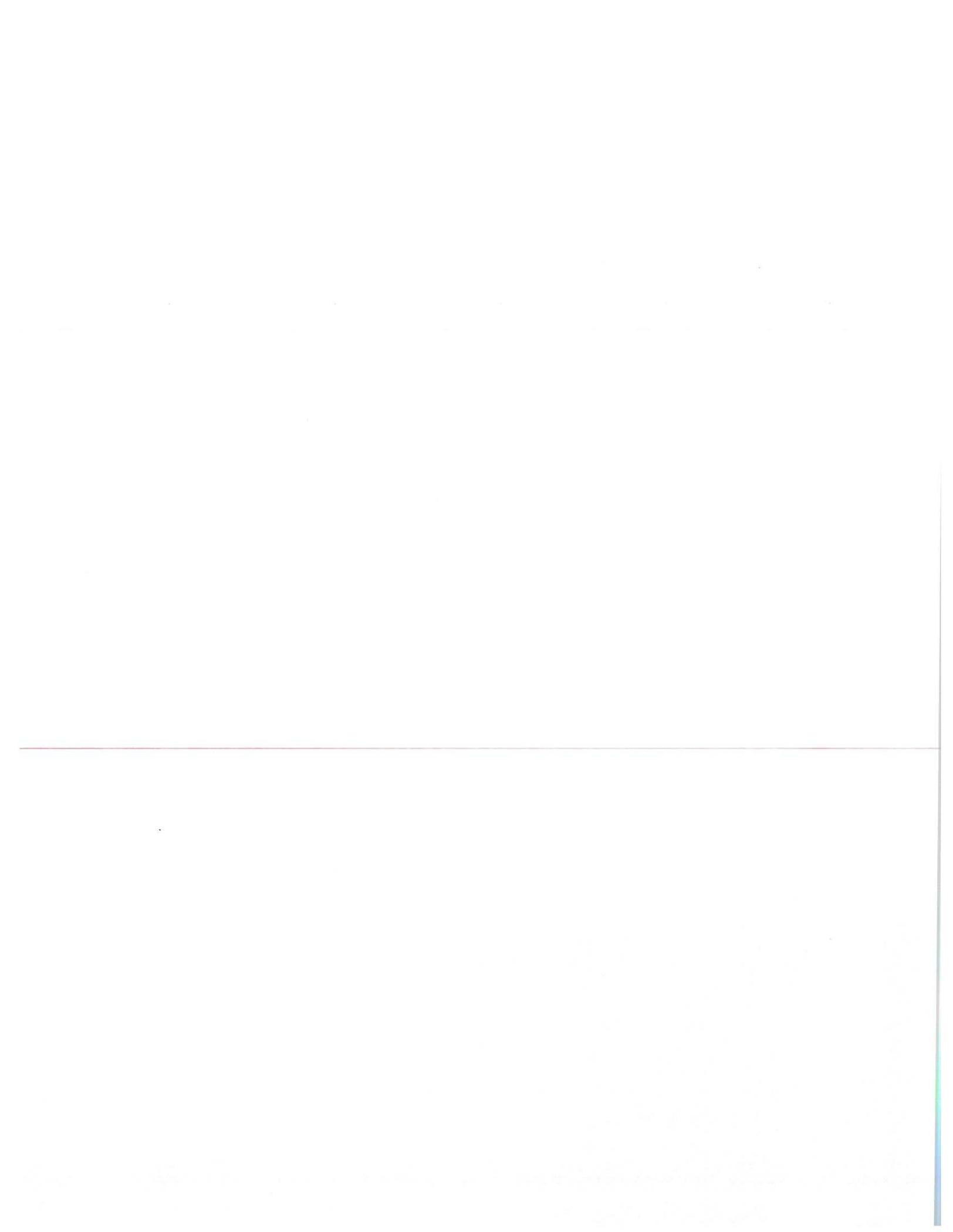
TOWN OF ANTHONY
 HIGHWAY TO TEXAS

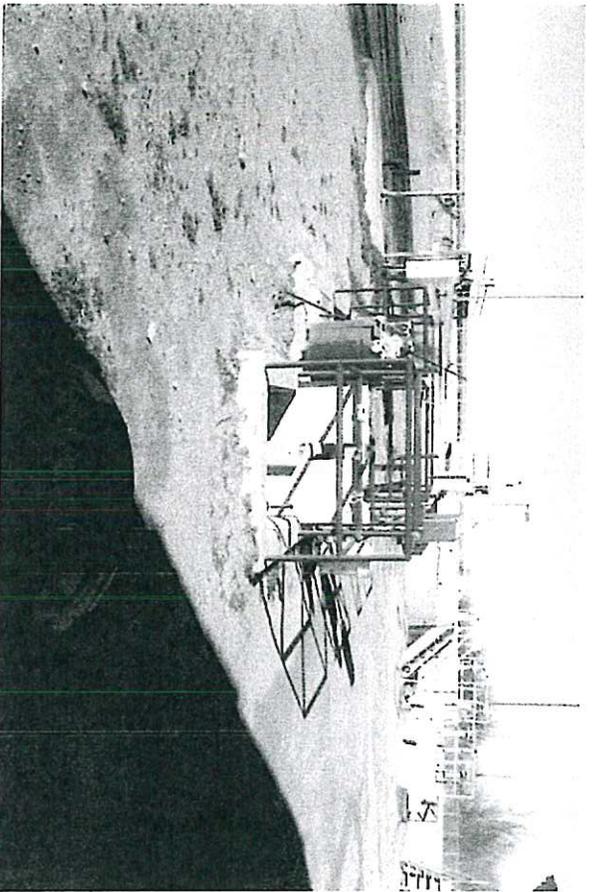
| | |
|--------------|---|
| PROJECT: | ANTHONY WASTEWATER TREATMENT PLANT IMPROVEMENTS PROJECT |
| SHEET TITLE: | PROPOSED PROCESS DESIGN |
| DATE: | 09/11/12 |
| DRAWING NO: | C1 |
| SHEET NO.: | 01 OF 33 |



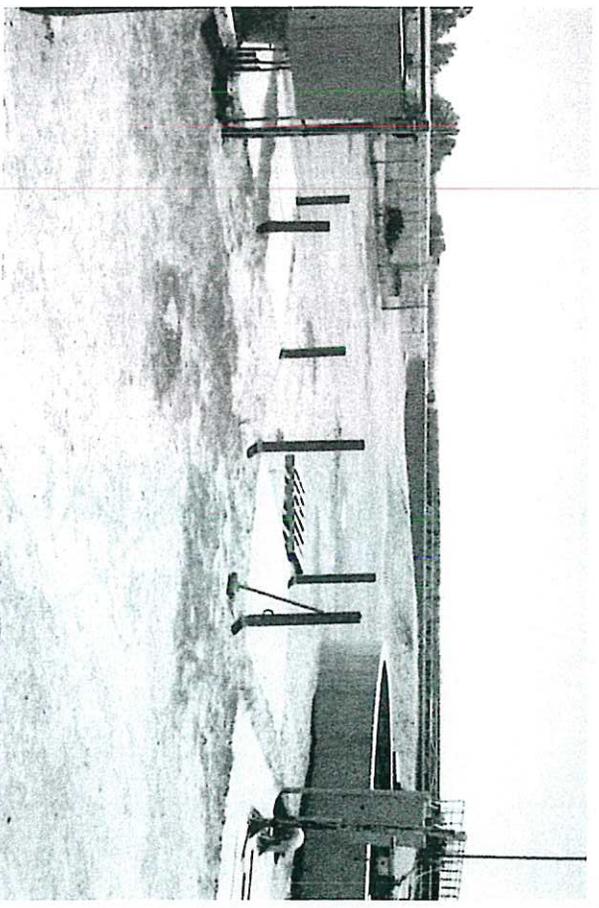
Anthony Wastewater Treatment Plant Adjacent Land Owners

| Property | Owner | Address | City | State | Zip Code |
|----------|-----------------------------|-----------------------------|---------|-------|----------|
| 1 | TOWN OF ANTHONY | PO BOX 1269 | ANTHONY | NM | 88021 |
| 2 | SANCHEZ JESUS M | PO BOX 3766 | VINTON | TX | 79821 |
| 3 | CITY OF EL PASO | 300 N Campbell St | EL PASO | TX | 79901 |
| 4 | EL PASO WATER UTILITIES | 6400 Boeing Dr | EL PASO | TX | 79925 |
| 5 | CITY OF EL PASO | 300 N Campbell St | EL PASO | TX | 79901 |
| 6 | TOWN OF ANTHONY | 401 Wildcat Dr | ANTHONY | TX | 79821 |
| 7 | FOYGAL HOLDINGS LLC | 12740 Hillcrest Rd, ste 205 | DALLAS | TX | 75230 |
| 8 | ANTHONY KEY REAL ESTATE LTD | 1000 Hawkins Blvd | EL PASO | TX | 79915 |
| 9 | EL PASO WATER UTILITIES | 6400 Boeing Dr | EL PASO | TX | 79925 |
| 10 | ANTHONY KEY REAL ESTATE LTD | 1000 Hawkins Blvd | EL PASO | TX | 79915 |
| 11 | SINGH HOME PLACE LLC | 8300 Doniphan Dr | VINTON | TX | 79821 |
| 12 | ORTIZ JESUS H JR | 9253 Doniphan Dr. | ANTHONY | TX | 79821 |
| 13 | SINGH CHANAN & CHRISTINE | 9251 Doniphan Dr | ANTHONY | TX | 79821 |
| 14 | W SILVER INC | 9059 Doniphan Dr. | ANTHONY | TX | 79821 |
| 15 | SINGH MEAGAN MARIE | 9251 Doniphan Dr | ANTHONY | TX | 79821 |
| 16 | ORTIZ JACQUELYN NICOLE | 9253 Doniphan Dr. | ANTHONY | NM | 88021 |

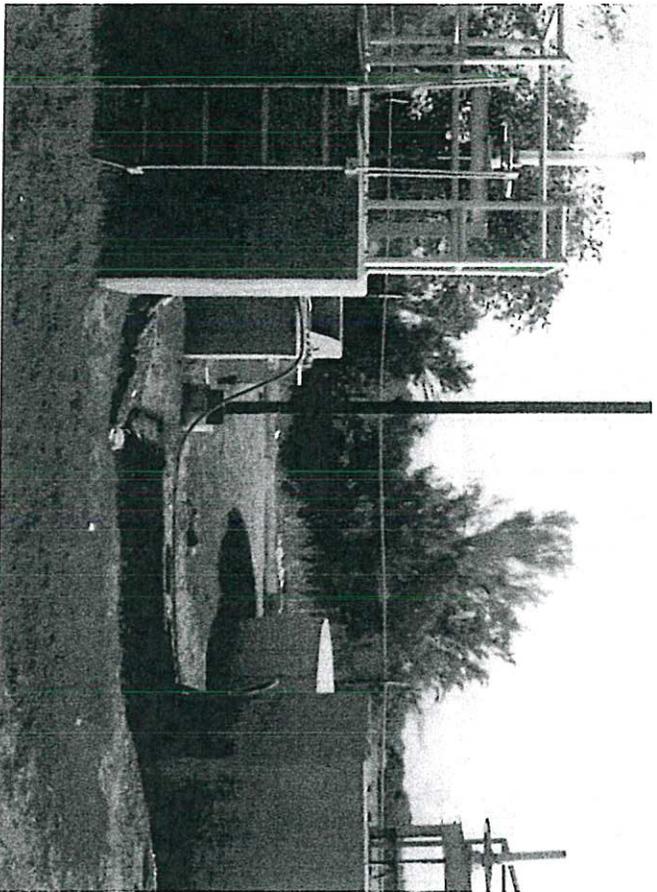




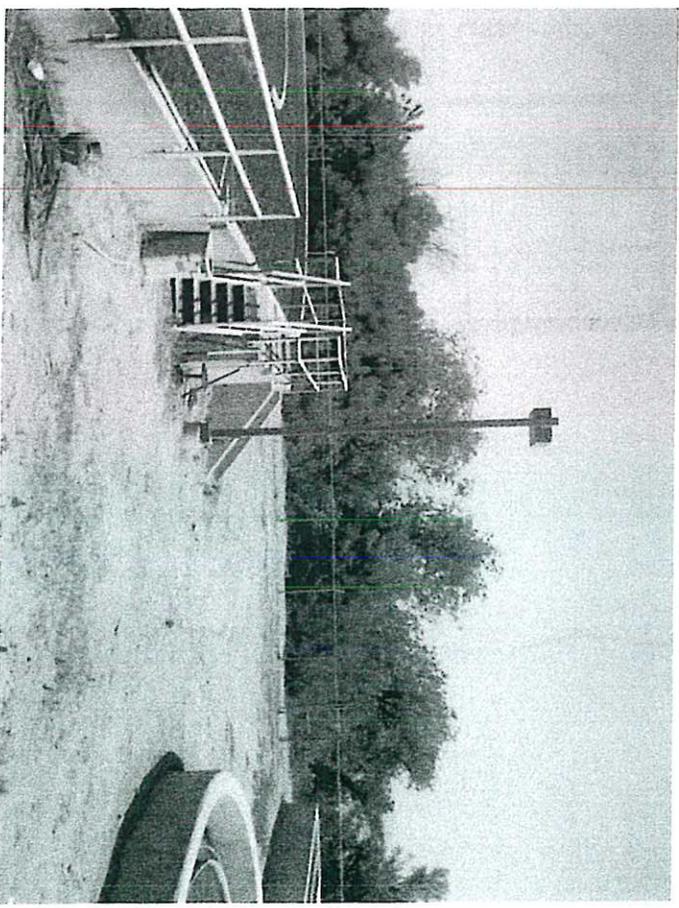
A) HEADWORKS LOOKING WEST



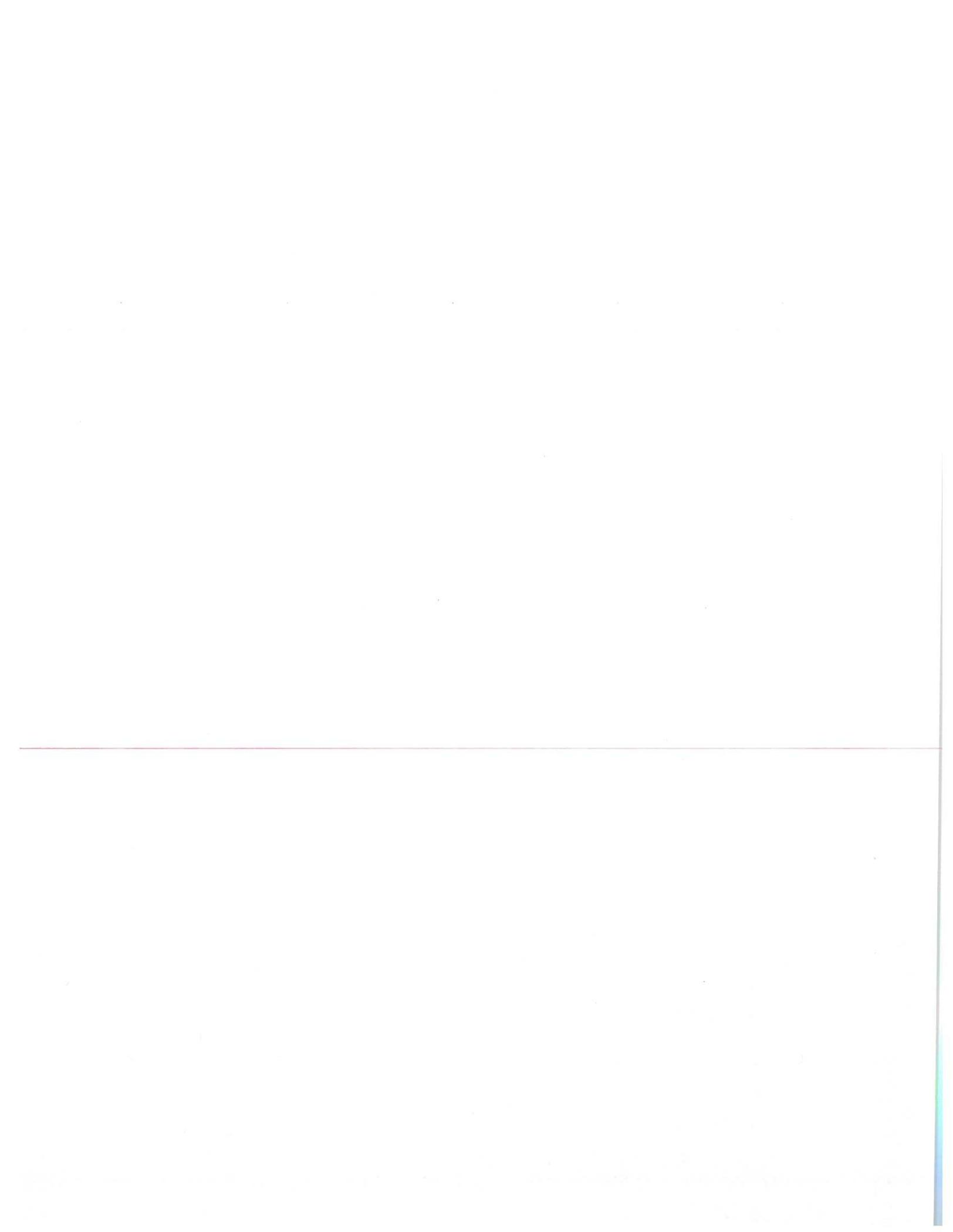
B) CLARIFIER LOOKING SOUTHWEST



C) CLARIFIER LOOKING NORTH



D) OXIDATION DITCH LOOKING NORTH
TO LA TUNA AG DRAIN

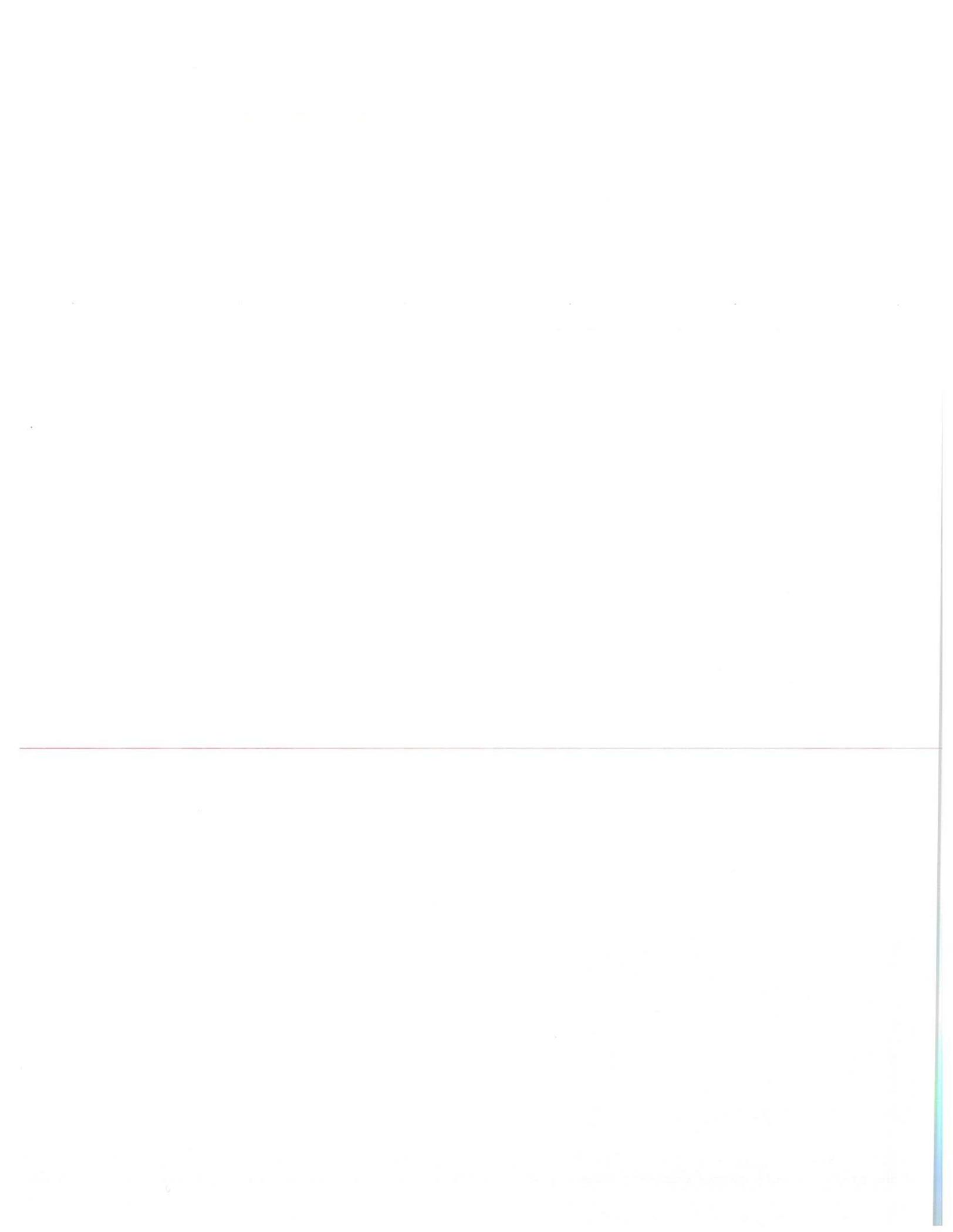


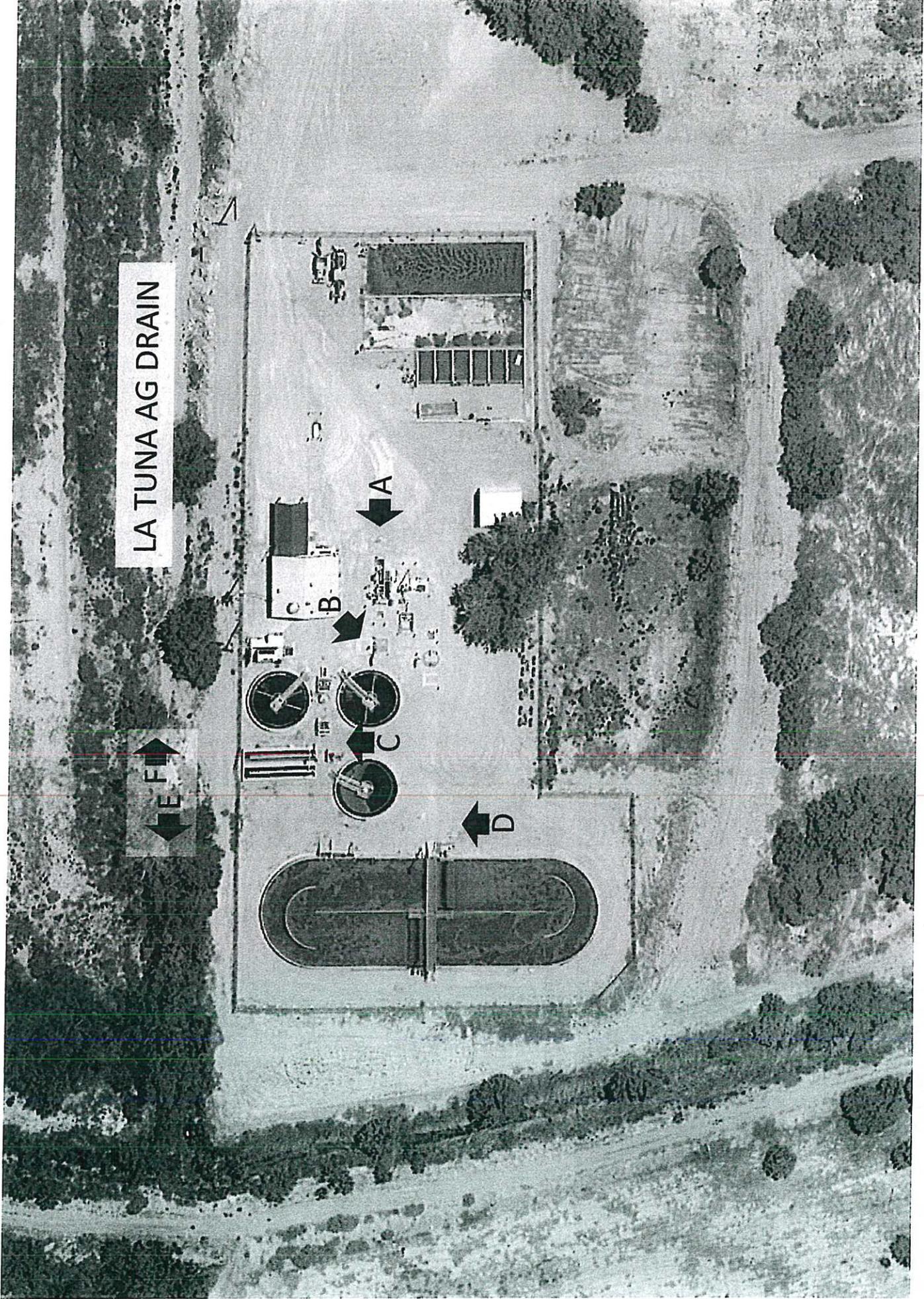


F) UPSTREAM OF DISCHARGE



E) DOWNSTREAM OF DISCHARGE





LA TUNA AG DRAIN

E F

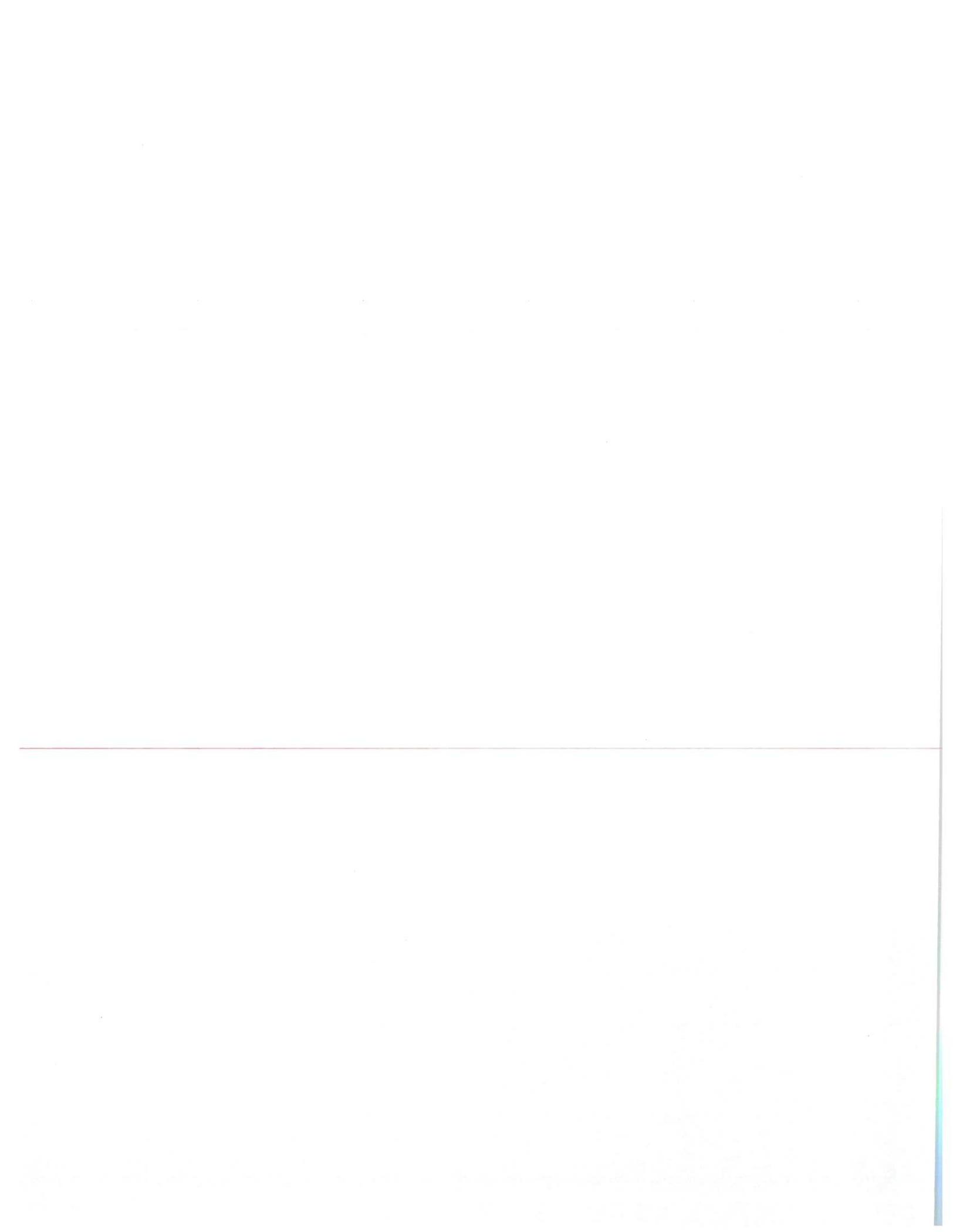
A

B

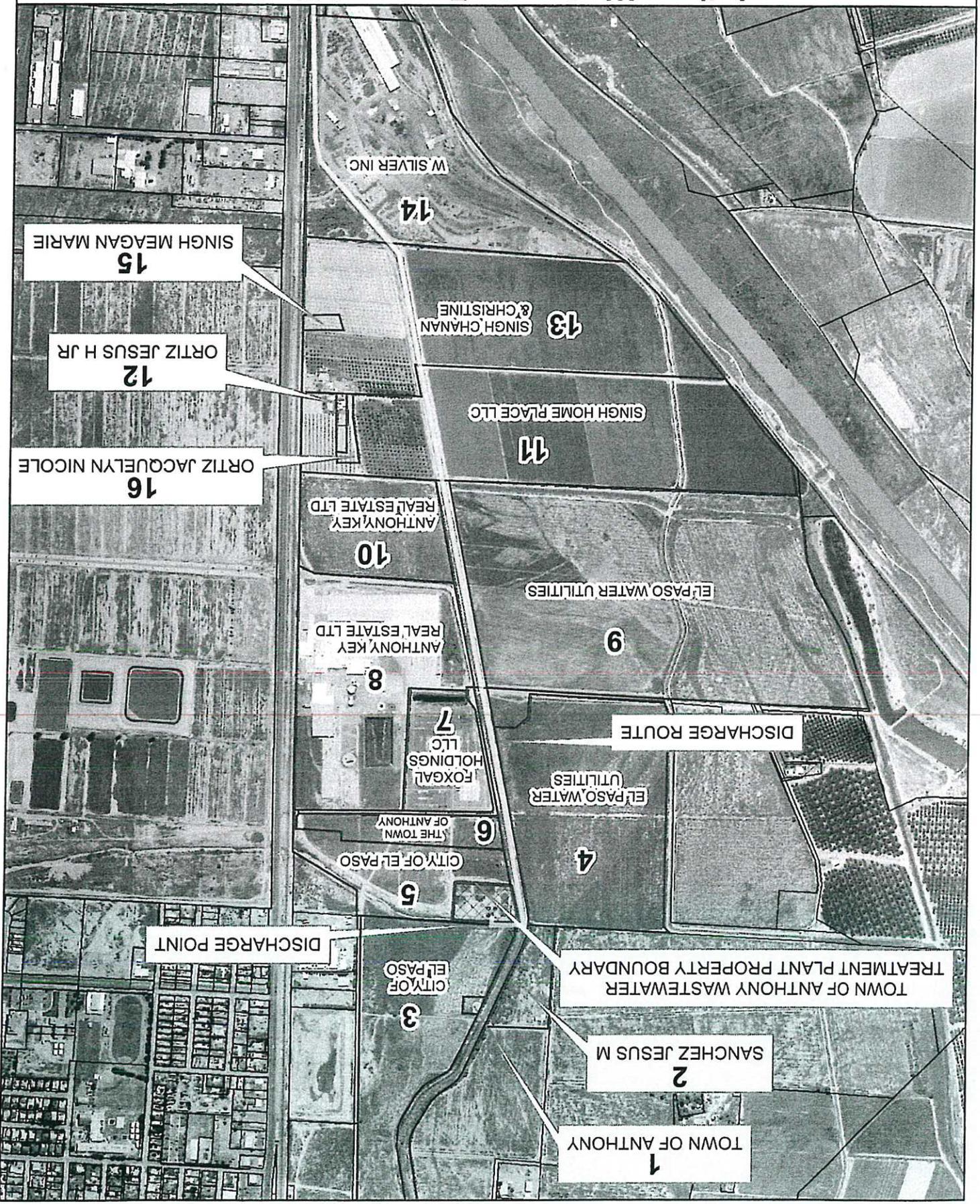
C

D

GROUND LEVEL PHOTO KEY MAP



Anthony Wastewater Treatment Plant Land Owners



1
TOWN OF ANTHONY

2
SANCHEZ JESUS M

TOWN OF ANTHONY WASTEWATER
TREATMENT PLANT PROPERTY BOUNDARY

DISCHARGE POINT

DISCHARGE ROUTE

15
SINGH MEAGAN MARIE

12
ORTIZ JESUS H JR

16
ORTIZ JACQUELYN NICOLE

W SILVER INC

14

13
SINGH CHANAN & CHRISTINE

SINGH HOME PLACE LLC

11

ANTHONY KEY REAL ESTATE LTD

10

ANTHONY KEY REAL ESTATE LTD

8

7
FOXGAL HOLDINGS LLC

6
CITY OF EL PASO

5

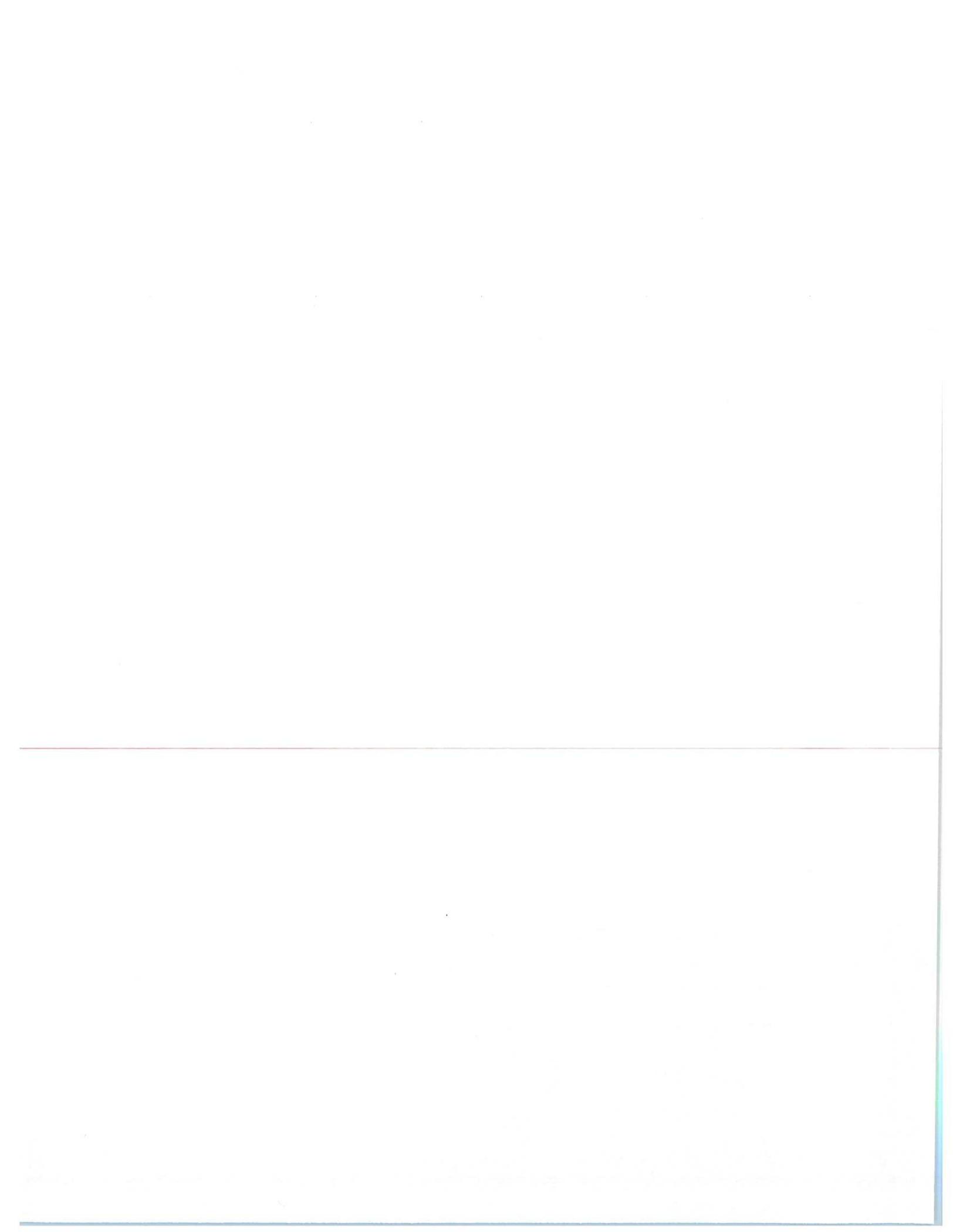
3
CITY OF EL PASO

EL PASO WATER UTILITIES

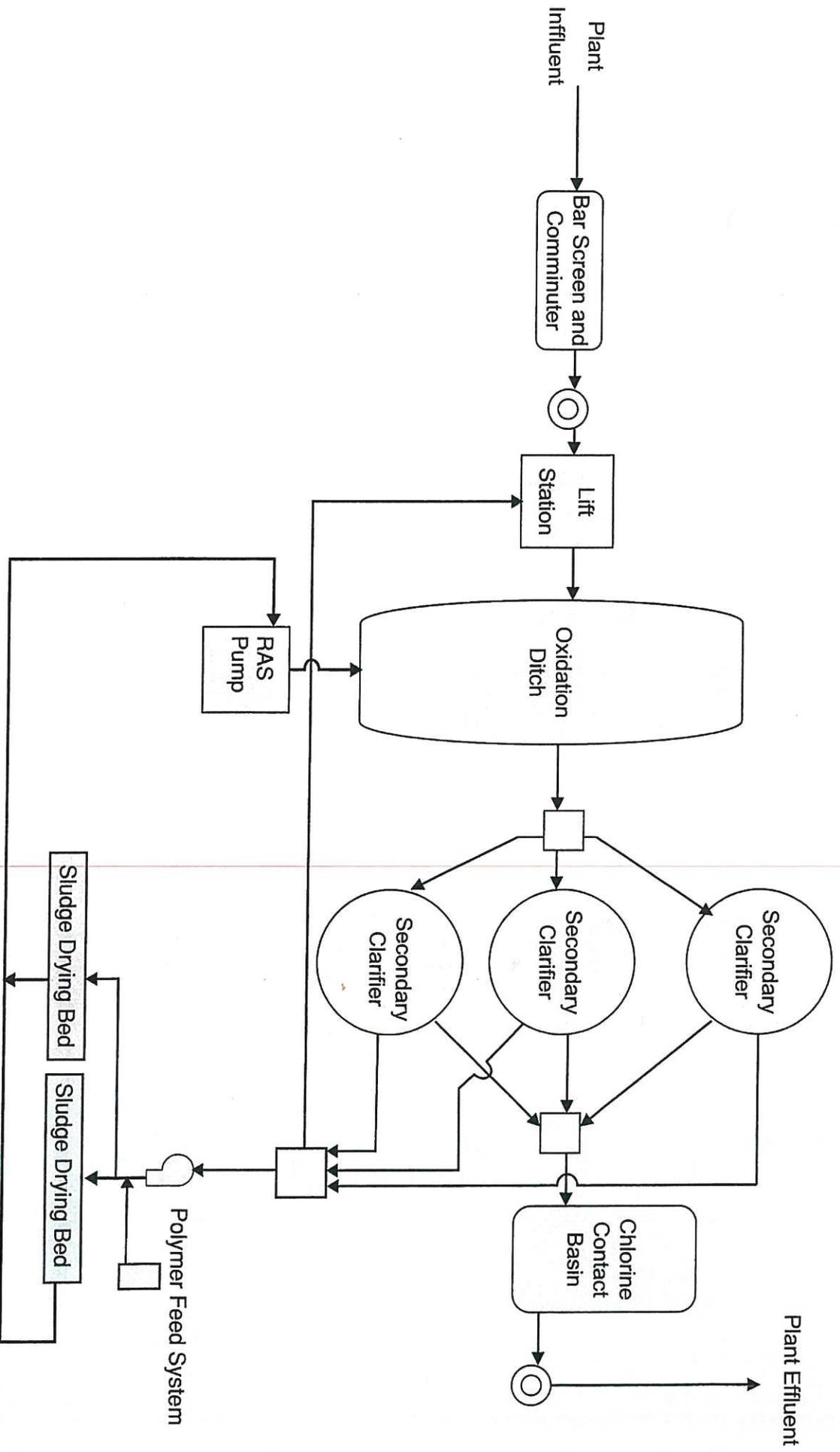
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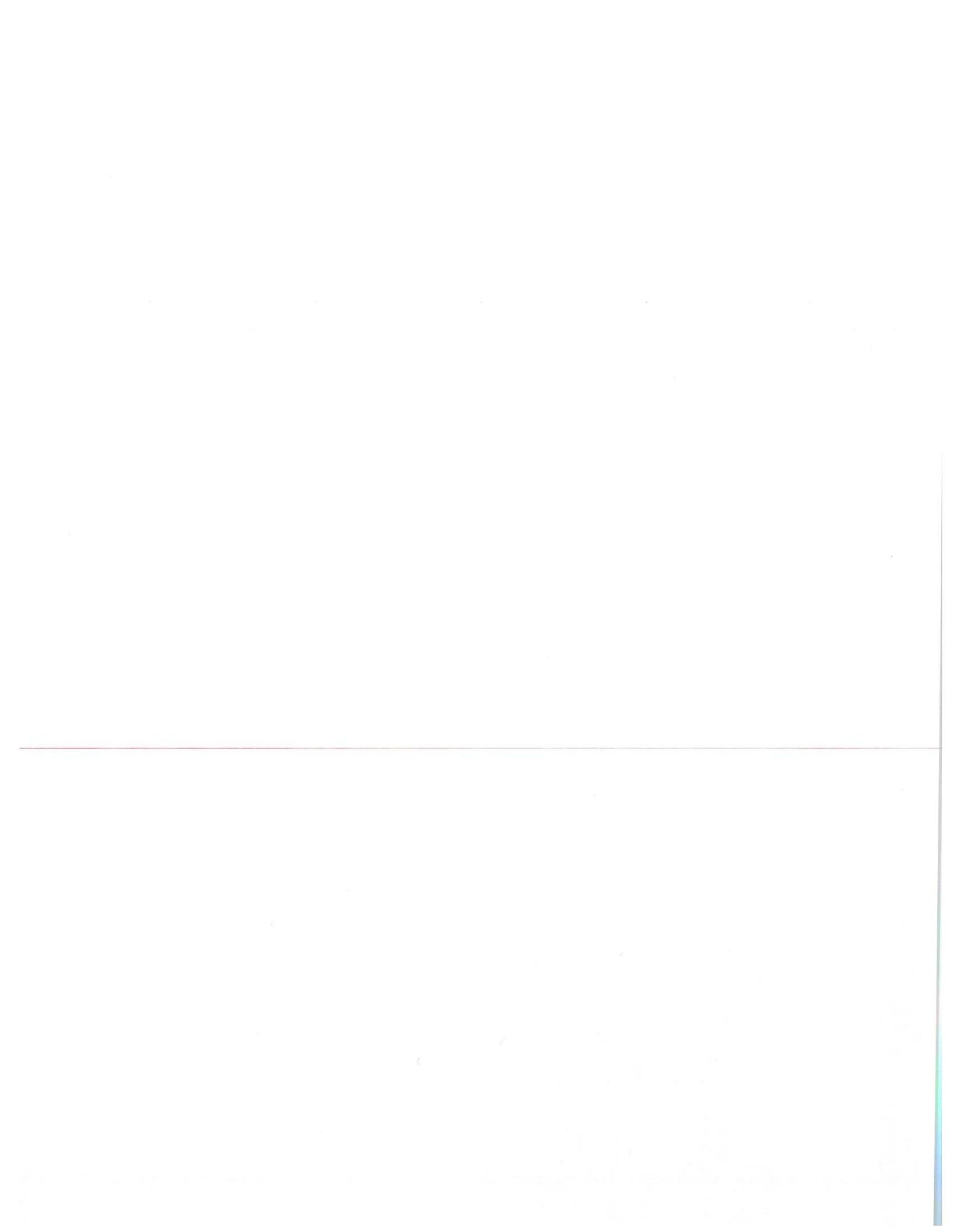
EL PASO WATER UTILITIES

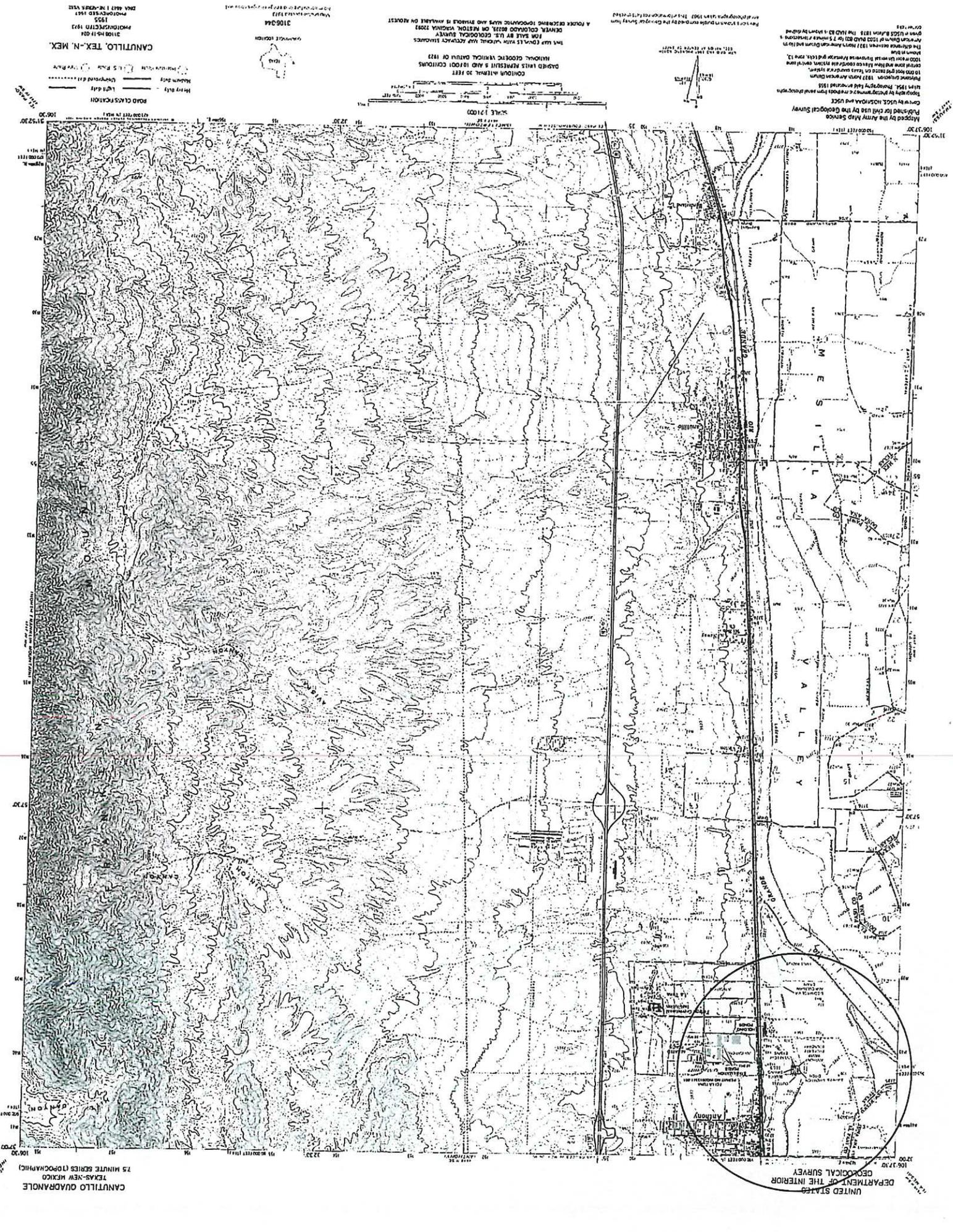
4



PLANT FLOW DIAGRAM







310844
 PHOTOGRAPHED 1955
 PHOTOGRAPHED 1953
 310844-11-021
 CANUTILLO, TEX.-N. MEX.

Map published by the Army Map Service
 310844
 A folder describing topographic maps and symbols is available on request
 THIS MAP (SCALE 1:100,000) WAS DERIVED FROM THE DENVER, COLORADO BRANCH, OF THE GEOLOGICAL SURVEY
 MADE BY U.S. GEOLOGICAL SURVEY
 DATED 1953
 HORIZONTAL CONTROL
 GEODESIC TRIANGULATION OF 1923
 CONTROL POINTS
 30 FEET
 SCALE 1:100,000

ROAD CLASSIFICATION
 Heavy duty
 Medium duty
 Light duty
 Unimproved dirt
 Unimproved dirt
 Unimproved dirt

Approved for publication by the Army Map Service
 Published for the Army Map Service
 Department of the Interior
 Geographical Names Board
 1955
 1:100,000
 75-MINUTE SERIES (1:100,000)
 CANUTILLO QUADRANGLE
 TEXAS-NEW MEXICO

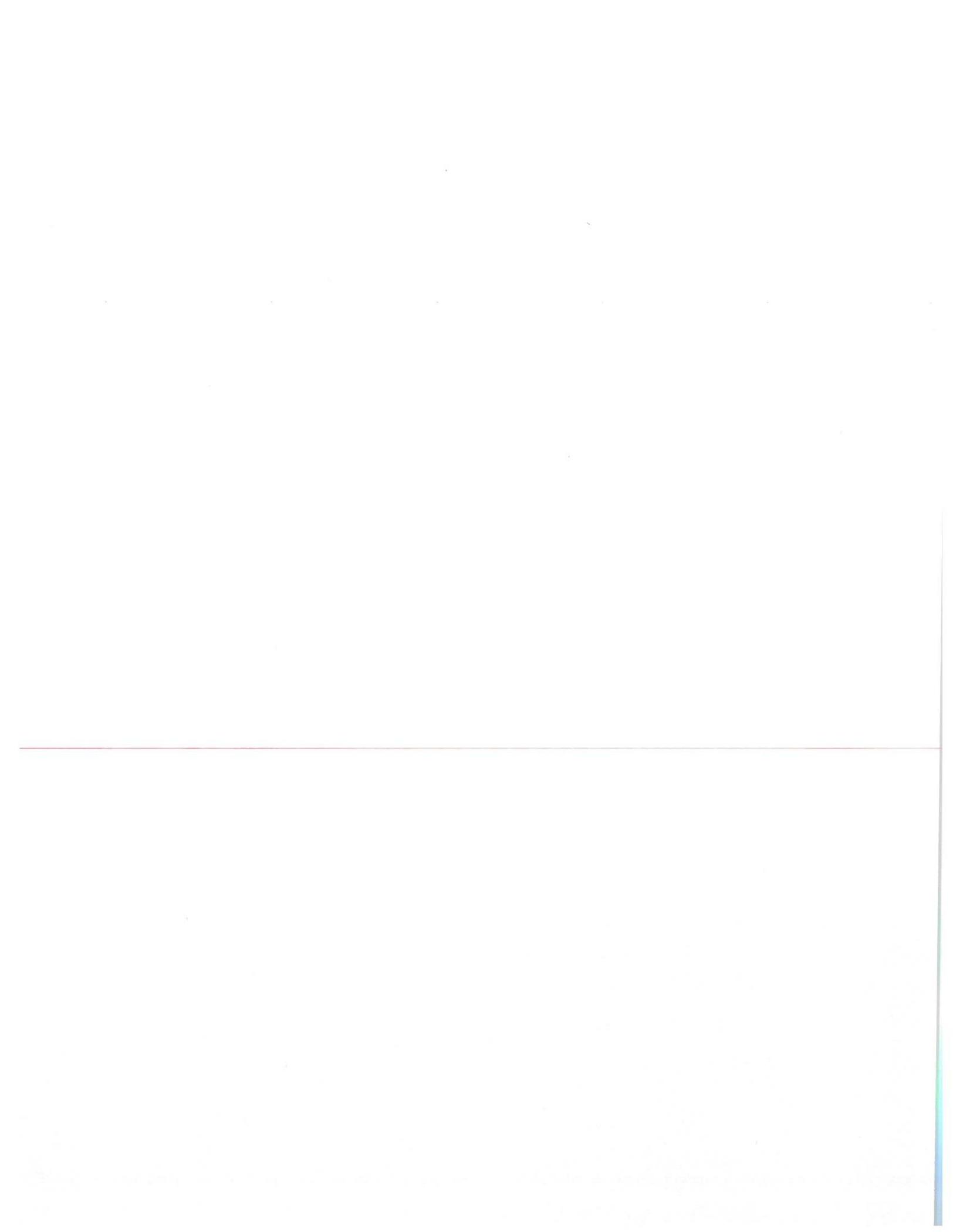
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Legend



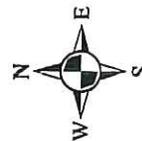
WWTP Limits

TOWN OF ANTHONY WASTEWATER TREATMENT PLANT

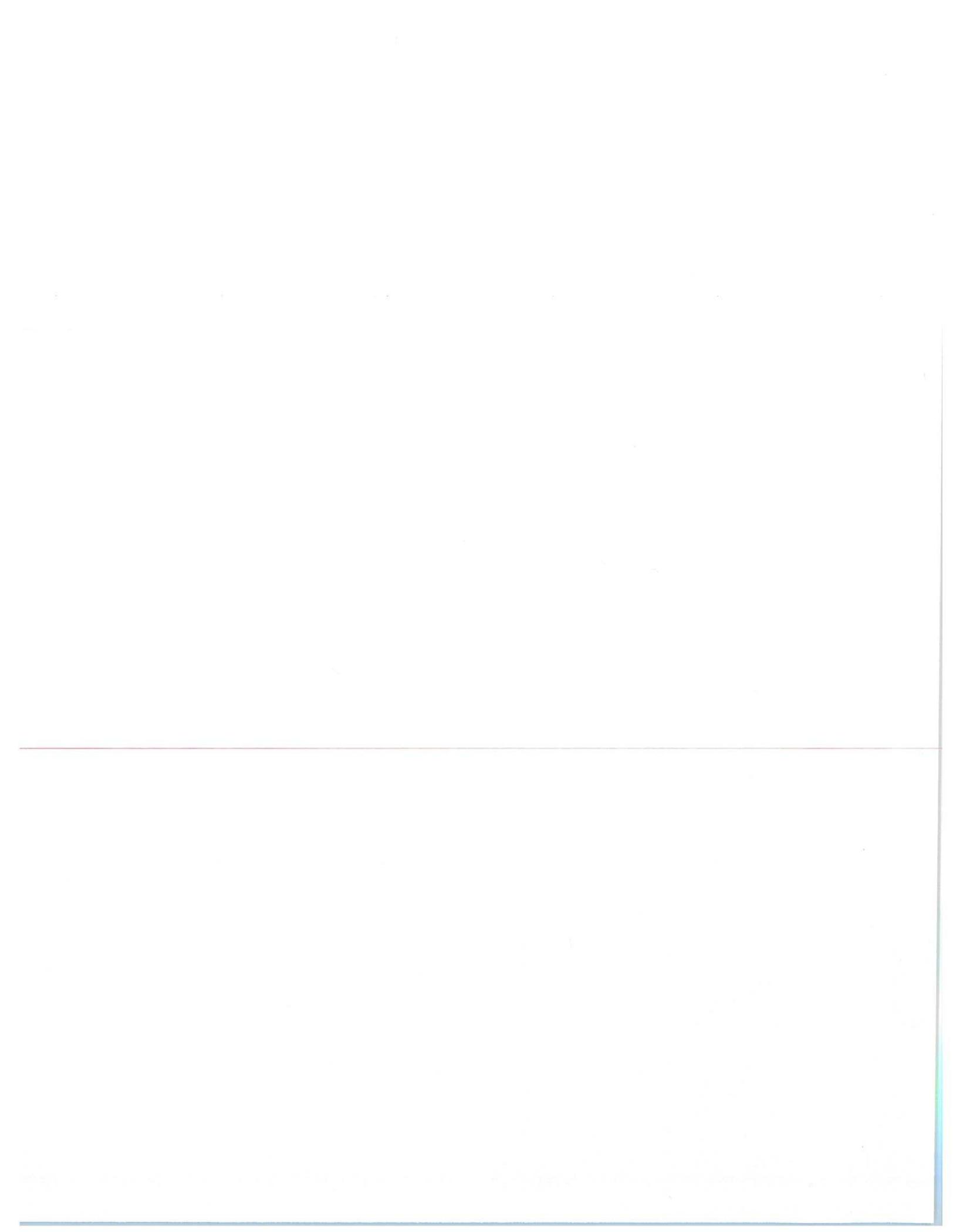
PARKHILLSMITH&COOPER



DATE: 01/09/2014 1:31 PM PROJECT: SERVICE AREA WASTWT limits.mxd



1 inch = 60 feet



TOWN OF ANTHONY
PO BOX 1269
ANTHONY NM 88021

FOXGAL HOLDINGS LLC
12740 HILLCREST RD STE 205
DALLAS TX 75230

CITY OF EL PASO
300 N CAMPBELL ST
EL PASO TX 79901

EL PASO WATER UTILITIES
6400 BOEING DR
EL PASO TX 79925

CITY OF EL PASO
300 N CAMPBELL ST
EL PASO TX 79901

TOWN OF ANTHONY
401 WILDCAT DR
ANTHONY TX 79821

JESUS M SANCHEZ
PO BOX 1269
VINTON TX 79821

ANTHONY KEY REAL ESTATE LTD
1000 HAWKINS BLVD
EL PASO TX 79915

EL PASO WATER UTILITIES
6400 BOEING DR
EL PASO TX 79925

ANTHONY KEY REAL ESTATE LTD
1000 HAWKINS BLVD
EL PASO TX 79915

JACQUELYN NICOLE ORTIZ
9253 DONIPHAN DR
ANTHONY NM 88021

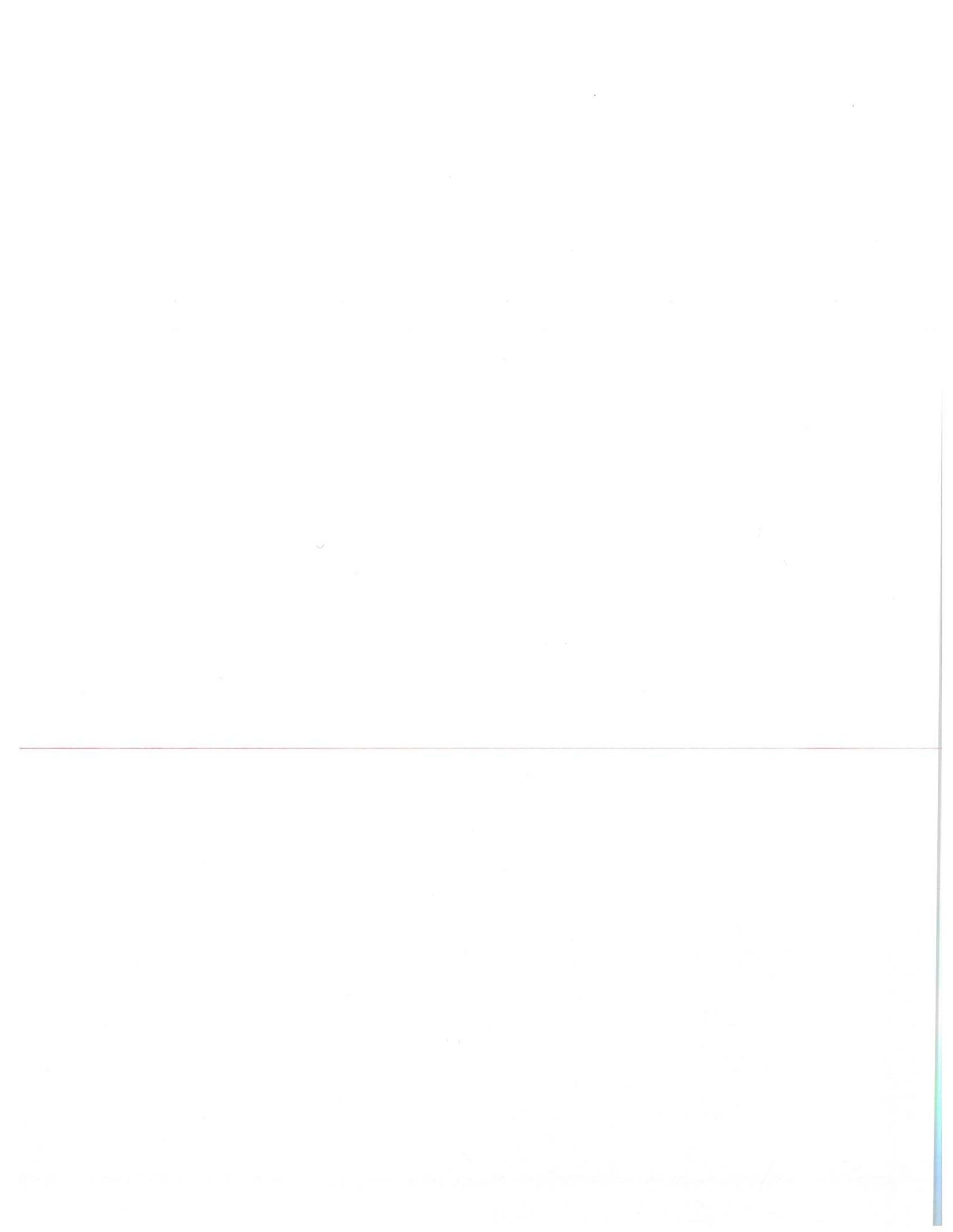
JESUS H ORTIZ JR
9253 DONIPHAN DR
ANTHONY TX 79821

SINGH HOME PLACE LLC
8300 DONIPHAN DR
VINTON TX 79821

W SILVER INC
9059 DONIPHAN DR
EL PASO TX 79821

CHANAN & CHRISTINE SINGH
9251 DONIPHAN DR
ANTHONY TX 79821

MEAGAN MARIE SINGH
8300 DONIPHAN DR
ANTHONY TX 79821



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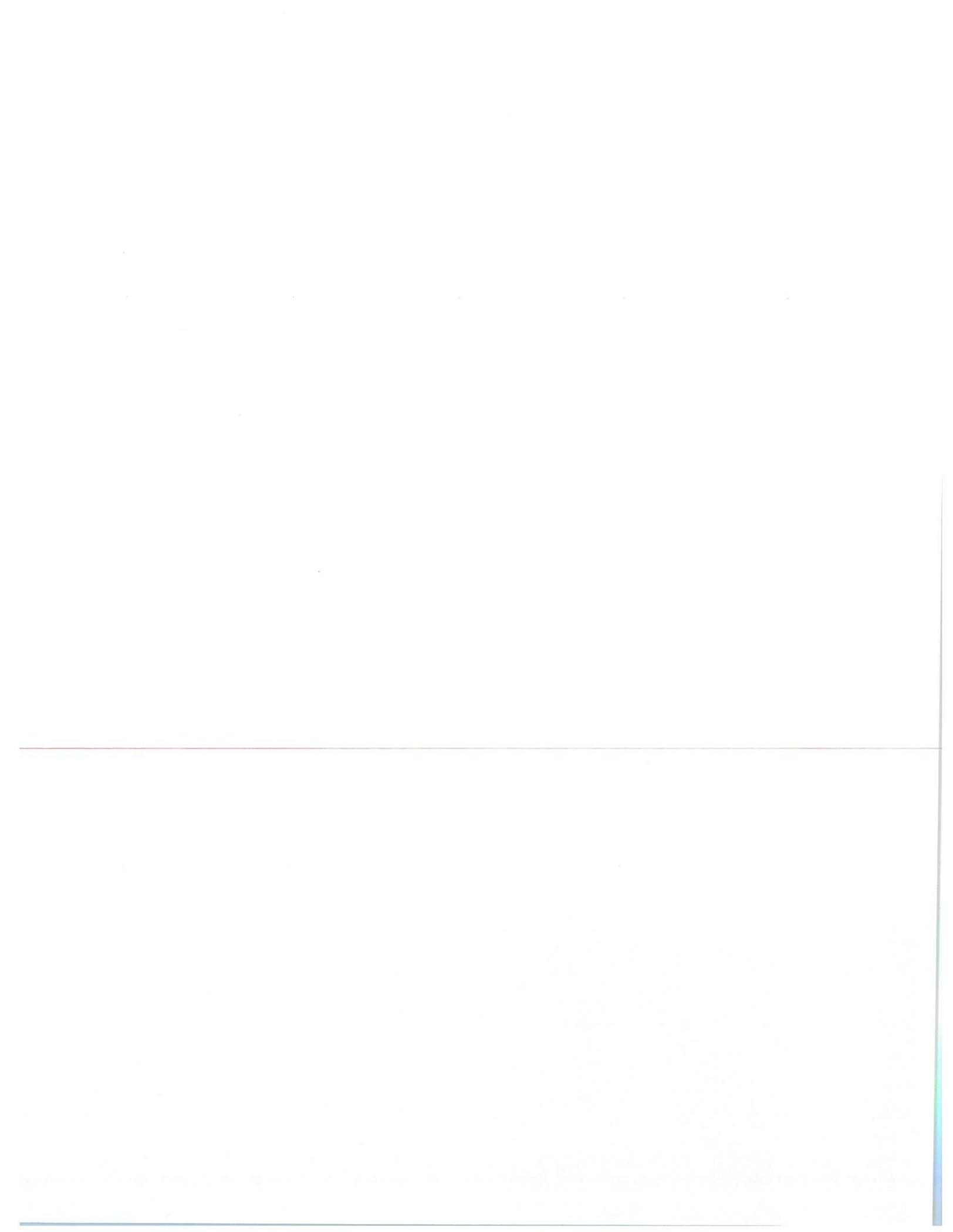
JESUS H ORTIZ JR
9253 DONIPHAN DR
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SINGH HOME PLACE LLC
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W SILVER INC
9059 DONIPHAN DR
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CHANAN & CHRISTINE SINGH
9251 DONIPHAN DR
ANTHONY TX 79821

MEAGAN MARIE SINGH
8300 DONIPHAN DR
ANTHONY TX 79821





TCEQ Core Data Form

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

SECTION I: General Information

| | | |
|---|---|--|
| 1. Reason for Submission (If other is checked please describe in space provided.) | | |
| <input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.) | | |
| <input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form) | | <input type="checkbox"/> Other |
| 2. Customer Reference Number (if issued) | Follow this link to search for CN or RN numbers in Central Registry** | 3. Regulated Entity Reference Number (if issued) |
| CN 600915573 | | RN 102805603 |

SECTION II: Customer Information

| | | | |
|---|---|---|-------------------------------------|
| 4. General Customer Information | | 5. Effective Date for Customer Information Updates (mm/dd/yyyy) | |
| <input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts) | | | |
| The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA). | | | |
| 6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) | | If new Customer, enter previous Customer below: | |
| Town of Anthony | | | |
| 7. TX SOS/CPA Filing Number | 8. TX State Tax ID (11 digits) 16907415018 | 9. Federal Tax ID (9 digits) | 10. DUNS Number (if applicable) |
| 11. Type of Customer: | | Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited | |
| <input type="checkbox"/> Corporation Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other | | <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other: | |
| 12. Number of Employees | | 13. Independently Owned and Operated? | |
| <input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following | | | |
| <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other: <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant | | | |
| 15. Mailing Address: | 401 Wildcat Drive | | |
| | PO Box 1269 | | |
| City | Anthony | State | TX ZIP 79821 ZIP + 4 |
| 16. Country Mailing Information (if outside USA) | | 17. E-Mail Address (if applicable) | |
| | | | |

| | | |
|---|------------------------------|---|
| 18. Telephone Number (915) 886-3944 | 19. Extension or Code | 20. Fax Number (if applicable) (915) 886-3115 |
|---|------------------------------|---|

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If "New Regulated Entity" is selected, a new permit application is also required.)

New Regulated Entity Update to Regulated Entity Name Update to Regulated Entity Information

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

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

Town of Anthony

| | | | | | | | |
|--|-------------------|---------|-------|----|-----|-------|---------|
| 23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i> | 401 Wildcat Drive | | | | | | |
| | City | Anthony | State | TX | ZIP | 79821 | ZIP + 4 |

24. County

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

| | |
|--|---|
| 25. Description to Physical Location: | Approximately 2,000 feet west of the State highway 20 and 4,000 feet south of the Fram Market Road 1905 in El Paso County Texas 79821 |
|--|---|

| | | |
|-------------------------|--------------|-------------------------|
| 26. Nearest City | State | Nearest ZIP Code |
| Anthony | TX | 79821 |

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

| | | | | | |
|-------------------------------------|----------|--------------------------------------|------------|---------|---------|
| 27. Latitude (N) In Decimal: | 31.99195 | 28. Longitude (W) In Decimal: | -106.60231 | | |
| Degrees | Minutes | Seconds | Degrees | Minutes | Seconds |
| 31 | 59 | 31.02 | 106 | 36 | 8.316 |

| | | | |
|---|---|--|--|
| 29. Primary SIC Code (4 digits) | 30. Secondary SIC Code (4 digits) | 31. Primary NAICS Code (5 or 6 digits) | 32. Secondary NAICS Code (5 or 6 digits) |
| 9111 | 4952 | 22132 | |

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

Municipality

| | | | | | | | |
|-----------------------------|-------------------|---------|-------|----|-----|-------|---------|
| 34. Mailing Address: | 401 Wildcat Drive | | | | | | |
| | P.O. Box 1269 | | | | | | |
| | City | Anthony | State | TX | ZIP | 79821 | ZIP + 4 |

35. E-Mail Address:

| | | |
|-----------------------------|------------------------------|---------------------------------------|
| 36. Telephone Number | 37. Extension or Code | 38. Fax Number (if applicable) |
| (915) 886-3944 | | (915) 886-3115 |

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

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

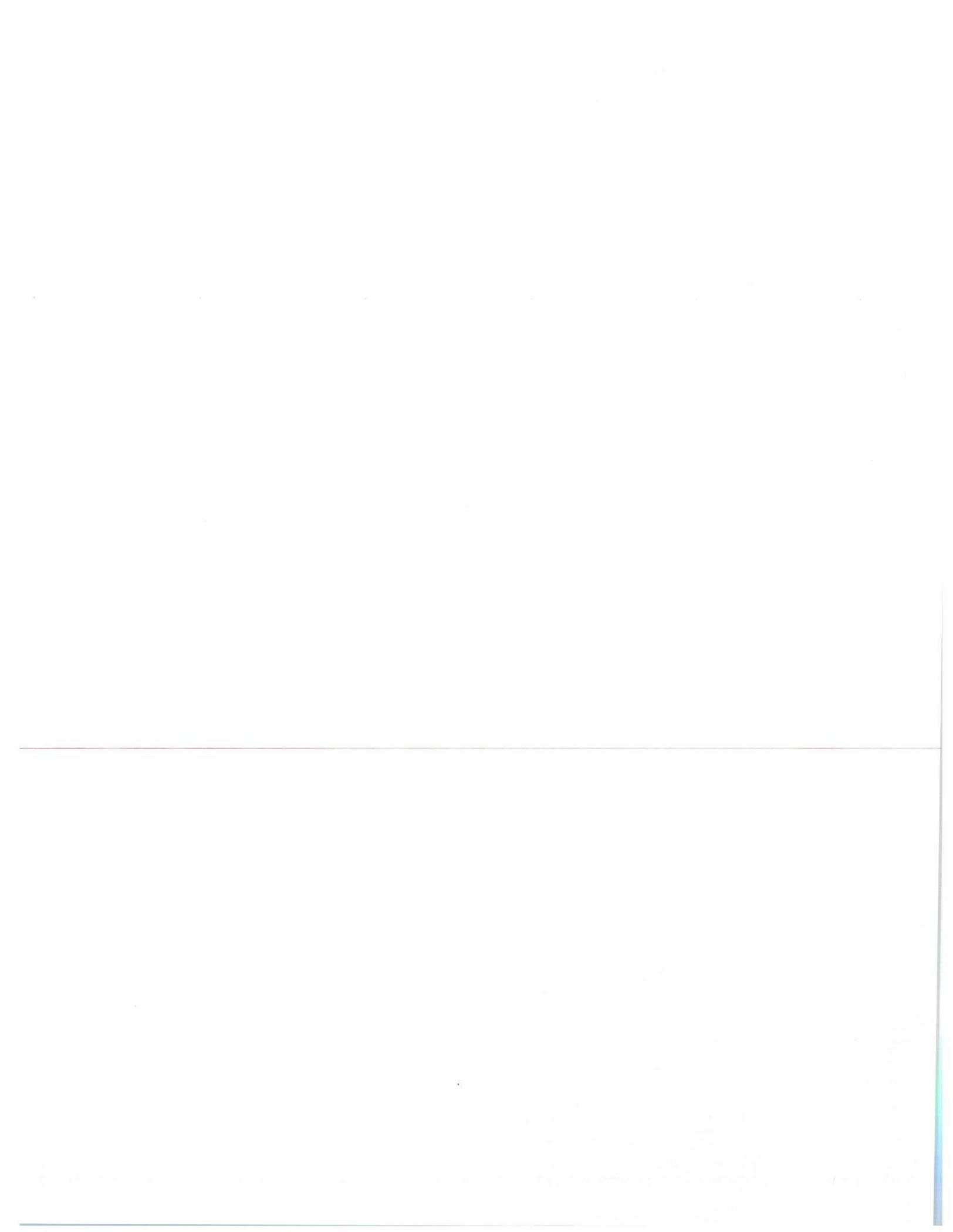
SECTION IV: Preparer Information

| | | | |
|----------------------|-------------------|----------------|------------------------------|
| 40. Name: | Arnulfo Castaneda | 41. Title: | Public Works Superintendent |
| 42. Telephone Number | 43. Ext./Code | 44. Fax Number | 45. E-Mail Address |
| (915) 204-0763 | | () - | acastaneda@townofanthony.org |

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: | Town of Anthony | Job Title: | Mayor |
| Name (In Print): | Arnulfo Castaneda | Phone: | (915) 241- 7285 |
| Signature: |  | Date: | 2/27/25 |





TCEQ Core Data Form

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

SECTION I: General Information

| | | |
|---|---|---|
| 1. Reason for Submission (If other is checked please describe in space provided.) | | |
| <input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.) | | |
| <input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form) | <input type="checkbox"/> Other | |
| 2. Customer Reference Number (if issued) | Follow this link to search for CN or RN numbers in Central Registry** | 3. Regulated Entity Reference Number (if issued) |
| CN 600915573 | | RN 102805603 |

SECTION II: Customer Information

| | | | |
|---|--|---|--|
| 4. General Customer Information | | 5. Effective Date for Customer Information Updates (mm/dd/yyyy) | |
| <input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts) | | | |
| <i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i> | | | |
| 6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) | | <i>If new Customer, enter previous Customer below:</i> | |
| Town of Anthony | | | |
| 7. TX SOS/CPA Filing Number | 8. TX State Tax ID (11 digits) 16907415018 | 9. Federal Tax ID (9 digits) | 10. DUNS Number (if applicable) |
| 11. Type of Customer: | <input type="checkbox"/> Corporation | <input type="checkbox"/> Individual | Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited |
| Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other | <input type="checkbox"/> Sole Proprietorship | | <input type="checkbox"/> Other: |
| 12. Number of Employees <input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher | | 13. Independently Owned and Operated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following | | | |
| <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other: <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant | | | |
| 15. Mailing Address: | 401 Wildcat Drive | | |
| | PO Box 1269 | | |
| City | Anthony | State | TX |
| ZIP | 79821 | ZIP + 4 | 7146 |
| 16. Country Mailing Information (if outside USA) | | 17. E-Mail Address (if applicable) | |
| | | avaughn@townofanthony.org | |

| | | |
|---|------------------------------|---|
| 18. Telephone Number (915) 886-3944 | 19. Extension or Code | 20. Fax Number (if applicable) (915) 886-3115 |
|---|------------------------------|---|

SECTION III: Regulated Entity Information

| | | | | | | | | |
|---|---------|--|----|------------|-------|----------------|------|--|
| 21. General Regulated Entity Information (If "New Regulated Entity" is selected, a new permit application is also required.) | | | | | | | | |
| <input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information | | | | | | | | |
| <i>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).</i> | | | | | | | | |
| 22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.) | | | | | | | | |
| Town of Anthony | | | | | | | | |
| 23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i> | | 1010 Main Street, Anthony, Texas 79821 | | | | | | |
| City | Anthony | State | TX | ZIP | 79821 | ZIP + 4 | 7146 | |
| 24. County | | | | | | | | |

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

| | | | | | | | | |
|--|---------|--|------------------------------|--|--------------------------------------|--|------------|--|
| 25. Description to Physical Location: | | 0.35 miles southwest of interstate highway 20 and Wildcat Drive (1010 Main Street, Anthony, Texas 79821) | | | | | | |
| 26. Nearest City | | | State | | | Nearest ZIP Code | | |
| Anthony | | | TX | | | 79821 | | |
| <i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i> | | | | | | | | |
| 27. Latitude (N) In Decimal: | | 31.99195 | | | 28. Longitude (W) In Decimal: | | -106.60231 | |
| Degrees | Minutes | Seconds | Degrees | Minutes | Seconds | | | |
| 31 | 59 | 31.02 | 106 | 36 | 8.316 | | | |
| 29. Primary SIC Code (4 digits) | | 30. Secondary SIC Code (4 digits) | | 31. Primary NAICS Code (5 or 6 digits) | | 32. Secondary NAICS Code (5 or 6 digits) | | |
| 9111 | | 4952 | | 22132 | | | | |
| 33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.) | | | | | | | | |
| Municipality | | | | | | | | |
| 34. Mailing Address: | | 401 Wildcat | | | | | | |
| | | PO Box 1269 | | | | | | |
| City | Anthony | State | TX | ZIP | 79821 | ZIP + 4 | 7146 | |
| 35. E-Mail Address: | | | | | | | | |
| 36. Telephone Number | | | 37. Extension or Code | | | 38. Fax Number (if applicable) | | |
| (915) 886-3944 | | | | | | (915) 886-3115 | | |

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

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

SECTION IV: Preparer Information

| | | | |
|--|---|-----------------------------|--|
| 40. Name: Arnulfo Castaneda | 41. Title: Public Works Superintendent | | |
| 42. Telephone Number (915) 204-0763 | 43. Ext./Code | 44. Fax Number () - | 45. E-Mail Address acastaneda@townofanthony.org |

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: Town of Anthony | Job Title: Mayor |
| Name (In Print): | Phone: (915) 241- 7285 |
| Signature: | Date: |

Comisión de Calidad Ambiental del Estado de Texas



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

PERMISO NO. WQ001514001

SOLICITUD. Town of Anthony, 401 Wildcat Drive, Anthony, Texas 79821, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ00015414001 (EPA I.D. No. TX 0136662) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 565,000 galones por día. La planta está ubicada 401 Wildcat Drive, Anthony, Texas en el Condado de El Paso, Texas 79821. La ruta de descarga es del sitio de la planta a El efluente se descarga en el Drenaje Agrícola La Tuna; de allí al Río Grande por encima de la Presa Internacional de la Cuenca del Río Grande. TCEQ recibió esta solicitud el 7 de julio de 2025. La solicitud para el permiso estará disponible para leerla y copiarla en 401 Wildcat Drive, Anthony, Texas, 79821 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=-106.610833,31.99&level=18>

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

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

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

Commented [RT1]: See comment in English NORI

Commented [RT2]: Anthony Town Hall

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

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

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

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

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

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

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

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

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

También se puede obtener información adicional del Town of Anthony a la dirección indicada arriba o llamando a Angela Vaughn, Especialidad en Regulación y Cumplimiento al 915-332-3741.

Fecha de emisión: *[Date notice issued]*

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Comisión de Calidad Ambiental del Estado de Texas



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

PERMISO NO. WQ00

SOLICITUD. *[Town of Anthony and PO Box 1269, Anthony, Texas 79821]*, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ00015414001 (EPA I.D. No. TX 0136662) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de *[330]* galones por día. La planta está ubicada *[1010 Main St., Anthony, Texas]* en el Condado de *[El Paso]*, Texas *[79821]*. La ruta de descarga es del sitio de la planta a *[El efluente se descarga en el Drenaje Agrícola La Tuna; de allí al Río Grande por encima de la Presa Internacional en el Segmento No. 2314 de la Cuenca del Río Grande.]* La TCEQ recibió esta solicitud el *[07/08/2025]*. La solicitud para el permiso estará disponible para leerla y copiarla en *[1400 Antonio Street, Anthony, Texas, 79821 and 401 Wildcat Dr., Anthony, Texas, 79821]* 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.

[Location Mapper]

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

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

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

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

OPORTUNIDAD DE UNA AUDIENCIA ADMINISTRATIVA DE LO CONTENCIOSO. Después del plazo para presentar comentarios públicos, el Director Ejecutivo considerará todos los comentarios apropiados y preparará una respuesta a todos 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 por qué el miembro sería afectado; y explicar cómo los intereses que el grupo desea proteger son pertinentes al propósito del grupo.

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

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

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

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

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

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

También se puede obtener información adicional del [Town of Anthony] a la dirección indicada arriba o llamando a [Angela Vaughn] al [915-332-3741].

Fecha de emisión: [Date notice issued]



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.

Town of Anthony (CN600915573) operates Anthony Sewage Treatment Plant (RN102805603), a domestic wastewater treatment plant, an activated sludge process plant operated in the extended aeration mode. The facility is located at 1010 Main Street, in Anthony, El Paso County, Texas 79821. This application is for a renewal to discharge 565,000 gallons per day of treated domestic wastewater water to the La Tuna Agricultural Drain.

Discharges from the facility are expected to contain five-day carbonaceous biochemical demand (CBOD5, total suspended solids (TSS), ammonia-nitrogen (NH3-N, and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include mechanical and manual bar screens, grit chamber, oxidation ditch, final clarifiers, chlorine contact chamber and sludge drying beds..

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.

El Municipio de Anthony (CN600915573) opera la Planta de Tratamiento de Aguas Residuales RN102805603, una planta tratamiento de aguas residuales domesticas y de procesamiento de lodos activados que opera en modo de aireacion extendida. La instalación está ubicada en 1010 Main Street, en Anthony, Condado de El Paso, Texas 79821. Esta solicitud de renovacion es para el vertido de 535,000 galones diarios de aguas residuales domesticas tratadas al Drenaje Agricola La Tuna.

Se espera que las descargas de la instalación contengan la demanda bioquimica carbonosa de cinco dias (DBO5), solidos suspendidos totals (SST), nitrogeno ammoniacal (NH3-N) y *Escherichia coli.* Se incluyen otros contaminantes potenciales en el informe Tecnico Domestico 1.0 Seccion 7. "Análisis de Contamienantes del Efluente Tratado", incluido en la solicitud de permiso. Los tipos de aguas residuales descargadas son domesticas. están tratado por una planta proceso de lodos activados y las unidades de tratamiento incluyen rejjas mecanicas y manuals, camara de arena, zanja de oxidacion, clarificadores finales, camara de contacto con cloro y lechos de secado de lodos.

**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)**

**FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL
TPDES WASTEWATER PERMIT APPLICATIONS**

TCEQ USE ONLY:

Application type: Renewal Major Amendment Minor Amendment New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

Texas Historical Commission

U.S. Fish and Wildlife

Texas Parks and Wildlife Department

U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: Town of Anthony

Permit No. WQ00 15414001

EPA ID No. TX 0136662

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

1010 Main Street, Anthony, Texas 79821 (Approximately 2,000 feet West of State Highway 20 and 4,000 feet South of Farm-to-Market Road 1905 in El Paso County, Texas.

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

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

First and Last Name: Martin Lerma

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

Title: Mayor

Mailing Address: P.O. Box 1269

City, State, Zip Code: Anthony, Texas 79821

Phone No.: 915 Ext.: 241-7285 Fax No.: [REDACTED]

E-mail Address: mayor@townofanthony.org

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

N/A

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

The effluent discharges to the La Tuna Agricultural Drain; thence to the Rio Grande above International Dam in Segment No 2314 of the Rio Grande Basin.

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

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

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

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

Disturbance of vegetation or wetlands

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

N/A

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

N/A

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

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

N/A

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

N/A

Francesca Findlay

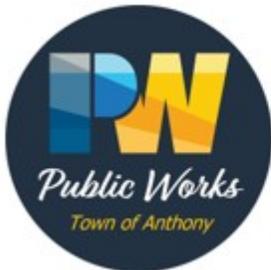
From: Angela Renee Vaughn <avaughn@townofanthony.org>
Sent: Monday, August 4, 2025 4:22 PM
To: Francesca Findlay
Cc: Martin Lerma
Subject: Re: WQ0015414001 Town of Anthony
Attachments: Plain Language - Aug 4 2025 - 3-11 PM.pdf; NORI - Aug 4 2025 - 3-08 PM.pdf; Core Data Form - Aug 4 2025 - 3-05 PM.pdf; SPIF - Aug 4 2025 - 3-00 PM.pdf

Hello again Ms. Findlay,

I am attaching the four documents here; please let me know if I need to do anything further.

1. SPIF
2. NORI
3. Core Data Form
4. Plain Language Form

Thank you!



Thank you,
Angela Vaughn
Regulatory and Compliance Specialist
Town of Anthony, Texas
Water/Wastewater/Streets/Parks
avaughn@townofanthony.org
915-332-3741

From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Sent: Monday, August 4, 2025 8:34 AM
To: Angela Renee Vaughn <avaughn@townofanthony.org>
Cc: Martin Lerma <mayor@townofanthony.org>
Subject: RE: WQ0015414001 Town of Anthony

Good morning, Angela.

I am just checking to see if you were able to send the updated forms we discussed, on the phone on the 31st of July 2025. Please let me know if you have any questions.

Thank you,

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



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

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

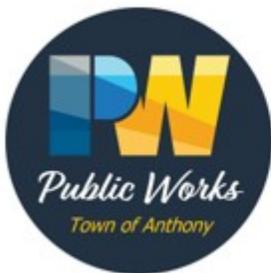
From: Angela Renee Vaughn <avaughn@townofanthony.org>
Sent: Friday, July 25, 2025 3:32 PM
To: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Cc: Martin Lerma <mayor@townofanthony.org>
Subject: Re: WQ0015414001 Town of Anthony

Good afternoon Ms. Findlay,

Attached please find the Municipal Discharge Renewal Spanish NORI and the revised Core Data form (both a scanned version and a word doc). On the NORI document, the template does not allow me to enter the date of notice issue. Also, if that is the date that we received your notice then it is 07/10/2025 (please let me know if that is not the date that the date of notice issue refers to and I will gladly get you that information).

Please let me know if there is anything further you need from me.

Have a great day!



Thank you,
Angela Vaughn
Regulatory and Compliance Specialist
Town of Anthony, Texas
Water/Wastewater/Streets/Parks
avaughn@townofanthony.org
915-332-3741

From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Sent: Thursday, July 10, 2025 12:42 PM
To: Angela Renee Vaughn <avaughn@townofanthony.org>
Cc: Martin Lerma <mayor@townofanthony.org>
Subject: FW: WQ0015414001 Town of Anthony

Dear Ms. Vaughn:

The attached Notice of Deficiency letter sent on July 10, 2025, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention July 25, 2025.

Thank you,

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



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

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

Francesca Findlay

From: Angela Renee Vaughn <avaughn@townofanthony.org>
Sent: Friday, July 25, 2025 3:32 PM
To: Francesca Findlay
Cc: Martin Lerma
Subject: Re: WQ0015414001 Town of Anthony
Attachments: 10400 Core Data Form (Revised AV 7.25.25).docx; Municipal Discharge Renewal Spanish NORI 07.25.2025.docx; Core Data Form - Jul 25 2025 - 2-21 PM.pdf

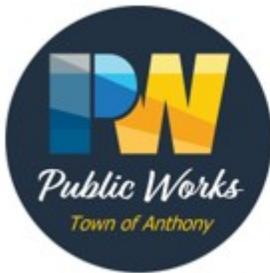
Follow Up Flag: Follow up
Flag Status: Flagged

Good afternoon Ms. Findlay,

Attached please find the Municipal Discharge Renewal Spanish NORI and the revised Core Data form (both a scanned version and a word doc). On the NORI document, the template does not allow me to enter the date of notice issue. Also, if that is the date that we received your notice then it is 07/10/2025 (please let me know if that is not the date that the date of notice issue refers to and I will gladly get you that information).

Please let me know if there is anything further you need from me.

Have a great day!



Thank you,
Angela Vaughn
Regulatory and Compliance Specialist
Town of Anthony, Texas
Water/Wastewater/Streets/Parks
avaughn@townofanthony.org
915-332-3741

From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Sent: Thursday, July 10, 2025 12:42 PM
To: Angela Renee Vaughn <avaughn@townofanthony.org>
Cc: Martin Lerma <mayor@townofanthony.org>
Subject: FW: WQ0015414001 Town of Anthony

Dear Ms. Vaughn:

The attached Notice of Deficiency letter sent on July 10, 2025, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention July 25, 2025.

Thank you,

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



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

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



TCEQ Core Data Form

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

SECTION I: General Information

| | | |
|---|---|---|
| 1. Reason for Submission (If other is checked please describe in space provided.) | | |
| <input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.) | | |
| <input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form) | <input type="checkbox"/> Other | |
| 2. Customer Reference Number (if issued) | Follow this link to search for CN or RN numbers in Central Registry** | 3. Regulated Entity Reference Number (if issued) |
| CN 600915573 | | RN 102805603 |

SECTION II: Customer Information

| | | | |
|--|--|--|--|
| 4. General Customer Information | | 5. Effective Date for Customer Information Updates (mm/dd/yyyy) | |
| <input type="checkbox"/> New Customer | | <input type="checkbox"/> Update to Customer Information | |
| <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts) | | <input type="checkbox"/> Change in Regulated Entity Ownership | |
| <i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i> | | | |
| 6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) <i>If new Customer, enter previous Customer below:</i> | | | |
| Town of Anthony | | | |
| 7. TX SOS/CPA Filing Number | 8. TX State Tax ID (11 digits) | 9. Federal Tax ID (9 digits) | 10. DUNS Number (if applicable) |
| | 16907415018 | | |
| 11. Type of Customer: | <input type="checkbox"/> Corporation | <input type="checkbox"/> Individual | Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited |
| Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other | <input type="checkbox"/> Sole Proprietorship | | <input type="checkbox"/> Other: |
| 12. Number of Employees | | 13. Independently Owned and Operated? | |
| <input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 14. Customer Role (Proposed or Actual) - as it relates to the Regulated Entity listed on this form. Please check one of the following | | | |
| <input type="checkbox"/> Owner | | <input type="checkbox"/> Operator | |
| <input type="checkbox"/> Occupational Licensee | | <input checked="" type="checkbox"/> Owner & Operator | |
| <input type="checkbox"/> Responsible Party | | <input type="checkbox"/> VCP/BSA Applicant | |
| <input type="checkbox"/> Other: | | | |
| 15. Mailing Address: | 401 Wildcat Drive | | |
| | PO Box 1269 | | |
| | City | Anthony | State TX ZIP 79821 ZIP + 4 7146 |
| 16. Country Mailing Information (if outside USA) | | 17. E-Mail Address (if applicable) | |
| | | avaughn@townofanthony.org | |
| 18. Telephone Number | 19. Extension or Code | 20. Fax Number (if applicable) | |
| (915) 886-3944 | | (915) 886-3115 | |

SECTION III: Regulated Entity Information

| | |
|---|--|
| 21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.) | |
| <input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information | |
| <i>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).</i> | |
| 22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.) | |
| Town of Anthony | |

| | | | | | | | | |
|--|-------------------|---------|-------|----|-----|-------|---------|------|
| 23. Street Address of the Regulated Entity: (No PO Boxes) | 401 Wildcat Drive | | | | | | | |
| | City | Anthony | State | TX | ZIP | 79821 | ZIP + 4 | 7146 |
| 24. County | | | | | | | | |

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

| | | | | | | | | | |
|--|---|---|---|-------------------------------|------------|--------------------------------|------------------|------|--|
| 25. Description to Physical Location: | Approximately 2,000 feet west of the State highway 20 and 4,000 feet south of the Farm Market Road 1905 in El Paso County Texas 79821 | | | | | | | | |
| 26. Nearest City | Anthony | | | | State | TX | Nearest ZIP Code | | |
| | | | | TX | 79821 | | | | |
| <i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i> | | | | | | | | | |
| 27. Latitude (N) In Decimal: | 31.99195 | | | 28. Longitude (W) In Decimal: | -106.60231 | | | | |
| Degrees | Minutes | Seconds | Degrees | Minutes | Seconds | | | | |
| 31 | 59 | 31.02 | 106 | 36 | 8.316 | | | | |
| 29. Primary SIC Code (4 digits) | 30. Secondary SIC Code (4 digits) | 31. Primary NAICS Code (5 or 6 digits) | 32. Secondary NAICS Code (5 or 6 digits) | | | | | | |
| 9111 | 4952 | 22132 | | | | | | | |
| 33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.) | | | | | | | | | |
| Municipality | | | | | | | | | |
| 34. Mailing Address: | 401 Wildcat | | | | | | | | |
| | PO Box 1269 | | | | | | | | |
| | City | Anthony | State | TX | ZIP | 79821 | ZIP + 4 | 7146 | |
| 35. E-Mail Address: | | | | | | | | | |
| 36. Telephone Number | | | 37. Extension or Code | | | 38. Fax Number (if applicable) | | | |
| (915) 886-3944 | | | | | | (915) 886-3115 | | | |

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

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

SECTION IV: Preparer Information

| | | | |
|----------------------|-------------------|----------------|------------------------------|
| 40. Name: | Arnulfo Castaneda | 41. Title: | Public Works Superintendent |
| 42. Telephone Number | 43. Ext./Code | 44. Fax Number | 45. E-Mail Address |
| (915) 204-0763 | | () - | acastaneda@townofanthony.org |

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: | Town of Anthony | Job Title: | Mayor |
| Name (In Print): | | Phone: | (915) 241- 7285 |
| Signature: | | Date: | |



TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

| | | |
|---|---|---|
| 1. Reason for Submission (If other is checked please describe in space provided.) | | |
| <input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.) | | |
| <input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form) | <input type="checkbox"/> Other | |
| 2. Customer Reference Number (if issued) | Follow this link to search for CN or RN numbers in Central Registry** | 3. Regulated Entity Reference Number (if issued) |
| CN 600915573 | | RN 102805603 |

SECTION II: Customer Information

| | | | |
|---|--|--|--|
| 4. General Customer Information | | 5. Effective Date for Customer Information Updates (mm/dd/yyyy) | |
| <input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts) | | | |
| <i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i> | | | |
| 6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) | | <i>If new Customer, enter previous Customer below:</i> | |
| Town of Anthony | | | |
| 7. TX SOS/CPA Filing Number | 8. TX State Tax ID (11 digits) 16907415018 | 9. Federal Tax ID (9 digits) | 10. DUNS Number (if applicable) |
| 11. Type of Customer: | <input type="checkbox"/> Corporation | <input type="checkbox"/> Individual | Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited |
| Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other | <input type="checkbox"/> Sole Proprietorship | | <input type="checkbox"/> Other: |
| 12. Number of Employees | | 13. Independently Owned and Operated? | |
| <input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following | | | |
| <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other: <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant | | | |
| 15. Mailing Address: | 401 Wildcat Drive | | |
| | PO Box 1269 | | |
| City | Anthony | State | TX |
| ZIP | 79821 | ZIP + 4 | 7146 |
| 16. Country Mailing Information (if outside USA) | | 17. E-Mail Address (if applicable) | |
| | | avaughn@townofanthony.org | |

| | | |
|---|------------------------------|---|
| 18. Telephone Number (915) 886-3944 | 19. Extension or Code | 20. Fax Number (if applicable) (915) 886-3115 |
|---|------------------------------|---|

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.)

New Regulated Entity
 Update to Regulated Entity Name
 Update to Regulated Entity Information

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

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

Town of Anthony

| | | | | | | | | |
|--|-------------------|---------|--------------|----|------------|-------|----------------|------|
| 23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i> | 401 Wildcat Drive | | | | | | | |
| | City | Anthony | State | TX | ZIP | 79821 | ZIP + 4 | 7146 |

24. County

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

| | |
|--|---|
| 25. Description to Physical Location: | Approximately 2,000 feet west of the State highway 20 and 4,000 feet south of the Farm Market Road 1905 in El Paso County Texas 79821 |
|--|---|

| | | |
|-------------------------|--------------|-------------------------|
| 26. Nearest City | State | Nearest ZIP Code |
| Anthony | TX | 79821 |

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

| | | | | | |
|-------------------------------------|----------|--------------------------------------|------------|---------|---------|
| 27. Latitude (N) In Decimal: | 31.99195 | 28. Longitude (W) In Decimal: | -106.60231 | | |
| Degrees | Minutes | Seconds | Degrees | Minutes | Seconds |
| 31 | 59 | 31.02 | 106 | 36 | 8.316 |

| | | | |
|---|---|--|--|
| 29. Primary SIC Code (4 digits) | 30. Secondary SIC Code (4 digits) | 31. Primary NAICS Code (5 or 6 digits) | 32. Secondary NAICS Code (5 or 6 digits) |
| 9111 | 4952 | 22132 | |

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

Municipality

| | | | | | | | | |
|-----------------------------|-------------|---------|--------------|----|------------|-------|----------------|------|
| 34. Mailing Address: | 401 Wildcat | | | | | | | |
| | PO Box 1269 | | | | | | | |
| | City | Anthony | State | TX | ZIP | 79821 | ZIP + 4 | 7146 |

35. E-Mail Address:

| | | |
|-----------------------------|------------------------------|---------------------------------------|
| 36. Telephone Number | 37. Extension or Code | 38. Fax Number (if applicable) |
| (915) 886-3944 | | (915) 886-3115 |

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

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

SECTION IV: Preparer Information

| | | | |
|-----------------------------|----------------------|-----------------------|------------------------------|
| 40. Name: | Arnulfo Castaneda | 41. Title: | Public Works Superintendent |
| 42. Telephone Number | 43. Ext./Code | 44. Fax Number | 45. E-Mail Address |
| (915) 204-0763 | | () - | acastaneda@townofanthony.org |

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: | Town of Anthony | Job Title: | Mayor |
| Name (In Print): | | Phone: | (915) 241- 7285 |
| Signature: | | Date: | |

Comisión de Calidad Ambiental del Estado de Texas



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

PERMISO NO. WQ001514001

SOLICITUD. Town of Anthony, 401 Wildcat Drive, Anthony, Texas 79821, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ00015414001 (EPA I.D. No. TX 0136662) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 565,000 galones por día. La planta está ubicada 401 Wildcat Drive, Anthony, Texas en el Condado de El Paso, Texas 79821. La ruta de descarga es del sitio de la planta a El efluente se descarga en el Drenaje Agrícola La Tuna; de allí al Río Grande por encima de la Presa Internacional de la Cuenca del Río Grande. TCEQ recibió esta solicitud el 7 de julio de 2025. La solicitud para el permiso estará disponible para leerla y copiarla en 401 Wildcat Drive, Anthony, Texas, 79821 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=-106.610833,31.99&level=18>

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

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

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

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

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

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

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

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

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

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

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

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

También se puede obtener información adicional del Town of Anthony a la dirección indicada arriba o llamando a Angela Vaughn, Especialidad en Regulación y Cumplimiento al 915-332-3741.

Fecha de emisión: *[Date notice issued]*