Administrative Package Cover Page

This file contains the following documents:

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

Portada de Paquete Administrativo

Este archivo contiene los siguientes documentos:

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

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 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.

Louis A. Tsakiris Family Partnership LTD, Et al. (CN605674050) proposes to operate Salado Vista (RN110293552), a domestic wastewater treatment plant. The facility will be located at approximately 4200 feet east of the intersection of Hackberry Road and Interstate Highway 35, in Salado, Bell County, Texas 76571. This permit renewal is to continue the authorization of discharge of treated domestic wastewater to a volume not to exceed an average flow of 250,000 gallons per day.

Discharges from the facility are expected to contain CBOD of 21 lbs/day, total suspended solids at 31 lbs/day, Ammonia Nitrogen and 6.3 lbs/day and a chlorine residual not to exceed 4.0 mg/L. Domestic wastewater will be treated by an activated sludge processing plant consisting of the following treatment units: bar screens, aeration baasins, clarifiers, chlorine contact basins, and digesters.

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.

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

AGUAS RESIDUALES DOMÉSTICAS /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.

Louis A. Tsakiris Family Partnership LTD, Et al. (CN605674050) propone operar Salado Vista RN110293552, una planta de tratamiento de aguas residuales domésticas. La instalación estará ubicada en aproximadamente 4200 pies al este de la intersección de Hackberry Road y IH-35, en Salado, Condado de Bell, Texas 76571. Esta renovación del permiso es para continuar la autorización de descarga de aguas residuales domésticas tratadas hasta un volumen que no exceda un flujo promedio de 250,000 galones por día.

Se espera que las descargas de la instalación contengan CBOD de 21 lb/día, sólidos suspendidos totales de 31 lb/día, nitrógeno amoniacal de 6,3 lb/día y un residuo de cloro que no exceda los 4,0 mg/L. Aguas residuales domésticas. estará tratado por una planta de procesamiento de lodos activados que consta de las siguientes unidades de tratamiento: rejillas de barras, estanques de aireación, clarificadores, estanques de contacto con cloro y digestores.

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. WQ0015664002

SOLICITUD. Louis A. Tsakiris Family Partnership Ltd., 2310 Baker Road, Houston, Texas 77094, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0015664002 (EPA I.D. No. TX 0139289) 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 250,000 galones por día. La planta está ubicada 4,200 pies al este de la intersección de Hackberry Road y la carretera interestatal 35 en el Condado de Bell, Texas 76571. La ruta de descarga es del sitio de la planta a una zanja junto a la carretera, luego hacia South Darrs Creek y posteriormente hacia Little River. La TCEQ recibió esta solicitud el 13 de Mayo. La solicitud para el permiso estará disponible para leerla y copiarla en la biblioteca pública de Salado, 1151 North Main Street, Salado, condado de Bell, Texas antes de la fecha de publicación de este aviso en el periódico. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud. https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.558888,30.887222&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 especifico. Si desea que se agrega su nombre en una de las listas designe cual lista(s) y envía por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

INFORMACIÓN DISPONIBLE EN LÍNEA. Para detalles sobre el estado de la solicitud, favor de visitar la Base de Datos Integrada de los Comisionados en 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 Louis A. Tsakiris Family Partnership Ltd. a la dirección indicada arriba o llamando a Sr. Jerry Ince, Gerente sénior de clients, Ward, Getz & Associates, LLC al 832-344-6604

Fecha de emisión: 22 de julio de 2025

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PERMIT NO. WQ0015664002

APPLICATION. Louis A. Tsakiris Family Partnership, Ltd., 2310 Baker Road, Houston, Texas 77094, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0015664002 (EPA I.D. No. TX0139289) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 250,000 gallons per day. The domestic wastewater treatment facility is located approximately 4,200 feet east of the intersection of Hackberry Road and Interstate Highway 35, in Bell County, Texas 76571. The discharge route is from the plant site to a roadside ditch; thence to South Darrs Creek; thence to Little River. TCEQ received this application on May 13, 2025. The permit application will be available for viewing and copying at Salado Public Library, 1151 North Main Street, Salado, in Bell 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=-97.558888,30.887222&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 Louis A. Tsakiris Family Partnership, Ltd. at the address stated above or by calling Mr. Jerry Ince, P.E., Senior Client Manager, Ward, Getz & Associates LLC, at 832-344-6604.

Issuance Date: July 22, 2025

LETTER OF TRANSMITTAL

WGA

2500 Tanglewilde, Suite 120

Houston, Texas 77063

☐	Regular USPS	☐	FedEx	☐	Courier from WGA	☐	End of Day
☒	Certified USPS	☐	Overnight	☐	Courier to WGA	☐	Expedited

Date: 7/7/2025

Project No: 40009-550

To:

Texas Commission on Environmental Quality
Applications Review and Processing Team, MC 148
PO Box 13087
Austin, TX 78711-3087

RECEIVED
JUL 16 2025
Water Quality Applications Team

☐ Residential

Attn:

Phone Number: (832)482-1766

Email Address: ewilson@wga-llc.com

Delivery Instructions:

Re:

Quantity	Description
1	Transmittal Letter (1 page)
1	TCEQ Form 20031 with original signed and notarized documents (11 pages)
1	TCEQ Form 10040 original signed Core Data Form (3 pages)
1	Scanned copy of transmittal with check (2 pages)
1	Copy of June 3, 2025 NOD Response Letter (3 pages)

Evan N. Wilson, E.I.T., Assistant Project Manager
Ward, Getz & Associates, PLLC

July 7, 2025

Erwin Madrid
Applications Review and Processing Team (MC148)
Water Quality Division
Texas Commission on Environmental Quality

RE: Application for Proposed Permit No.: WQ0015664002 (EPA I.D. No. TX0139289)
Applicant Name: Louis A. Tsakiris Family Partnership LTD Et al. (CN605674050)
UPDATED FROM ML Dev, LP (CN605364595) AND Louis Tsakiris (CN605674050)
Site Name: Salado Vista WWTP (RN110293552)
Type of Application: TPDES Renewal with Transfer of Ownership
Response to Will Return Letter (WRL)

VIA EMAIL

Dear Erwin,

We received your Will Return Letter, dated June 16, 2025, to the application for the above referenced permit. WGA has compiled all the documents for the full Transfer of Ownership including original signed and notarized documents and the original signed Core Data Form for the new applicant. As requested, the original Transfer of Ownership documents have been sent as well as a copy of the NOD response from June 3, 2025.

If you have any questions or require any further information, please don't hesitate to contact me at ewilson@wga-llc.com or by phone at (832)482-1766.

Sincerely,

Evan N. Wilson, E.I.T.
Assistant Project Manager
Phone: (832)482-1766
Email: ewilson@wga-llc.com
Ward, Getz & Associates

Enclosure(s)

Cc: Mr. Jerry Ince, Senior Client Manager, Ward, Getz & Associates, LLC, 2500 Tanglewilde, Suite 120, Houston, Texas 77063 (jince@wga-llc.com).

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

APPLICATION TO TRANSFER A WASTEWATER PERMIT OR CAFO PERMIT

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

SECTION 1. CURRENT PERMIT INFORMATION

What is the Permit Number? WQ0015664002

What is the EPA I.D. Number? TX 0139289

What is the Current Name on the Permit?

ML Dev, LP & Louis Tsakiris

What is the Customer Number (CN) for the current permittee? CN 605364595 & CN605674050

What is the Regulated Entity Reference Number (RN): RN 110293552

For Publicly Owned Treatment Works (POTWs) Only:

a) Does this permit require implementation of an approved pretreatment program by the POTW? Yes ☐ No ☐

b) Does this permit have a domestic reclaimed water authorization associated with it? NOTE: **The domestic reclaimed water authorization associated with this permit will be cancelled on the same date the transfer took place.** See instructions for more information.
Yes ☐ No ☐

SECTION 2. FACILITY OWNER (APPLICANT) INFORMATION

A. What is the Legal Name of the facility owner?

Louis A. Tsakiris Family Partnership LTD Et al.

B. What is the Customer Number (CN) issued to this entity? CN 605674050

C. Complete and attach a Core Data Form (TCEQ-10400) for this customer.

RECEIVED
JUL 16 2025
Water Quality Applications Team

SECTION 3. CO-APPLICANT INFORMATION

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

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

N/A

B. What is the Customer Number (CN) issued to this entity? CN N/A

C. Complete and attach a Core Data Form (TCEQ-10400) for this customer.

SECTION 4. APPLICATION CONTACT INFORMATION

This is the person TCEQ will contact if additional information is needed about this application.

Application Contact First and Last Name: Evan Wilson

Title: Assistant Project Manager Credentials: E.I.T.

Company Name: Ward, Getz & Associates, LLC

Mailing Address: 2500 Tanglewilde st, Suite 120

City, State, and Zip Code: Houston, Texas 77063

Phone Number: (832)482-1766 Fax Number:

E-mail Address: ewilson@wga-llc.com

SECTION 5. PERMIT CONTACT INFORMATION

This is the person TCEQ will contact if additional information is needed during the term of the permit.

Permit Contact First and Last Name: Evan Wilson

Title: Assistant Project Manager Credentials: E.I.T.

Company Name: Ward, Getz & Associates, LLC

Mailing Address: 2500 Tanglewilde st, Suite 120

City, State, and Zip Code: Houston, Texas 77063

Phone Number: (832)482-1766 Fax Number:

E-mail Address: ewilson@wga-llc.com

SECTION 6. SITE INFORMATION

Site Name: Salado Vista WWTP

SECTION 7. LEASE AND EASEMENT REQUIREMENTS

A. Landowner where the facility is or will be located:

Landowner Name: Louis A. Tsakiris Family Partnership LTD Et al.

If this individual is not the same person as the facility owner or co-applicant, attach one of the following documents:

- A lease agreement or deed recorded easement, if the facility is NOT a fixture of the land, or
- A deed recorded easement if the facility IS a fixture of the land.

B. Landowner of the effluent disposal site:

Landowner Name: N/A

If this individual is not the same person as the facility owner or co-applicant, attach a lease agreement.

C. For CAFOs: Attach the following records:

- Warranty Deed or Property Tax Records
- Lease Agreement (for land management units that are not owned by the facility owner or co-applicant)

Facility Size on the proof of ownership, in acres: N/A

SECTION 8. TRANSFER DATE

What is the date that the transfer of operator or ownership will occur? 6/3/2025

SECTION 9. REPORTING AND BILLING INFORMATION

A. Please identify the individual for receiving the reporting forms.

First and Last Name: Evan Wilson

Title: Assistant Project Manager Credentials: E.I.T.

Company Name: Ward, Getz & Associate, LLC

Mailing Address: 2500 Tanglewilde st, Suite 120

City, State, and Zip Code: Houston, Texas 77063

Phone Number: (832)482-1766 Fax Number:

E-mail Address: ewilson@wga-llc.com

B. Please identify the individual for receiving the annual fee invoices.

First and Last Name: Louis Tsakiris

Title: Owner Credentials: N/A

Company Name: Louis A. Tsakiris Family Partnership LTD Et al.

Mailing Address: 2310 Baker Rd.

City, State, and Zip Code: Houston, Texas 77094

Phone Number: (281)802-9343 Fax Number:

E-mail Address: LTsakiris@aol.com

SECTION 10. DELINQUENT FEES OR PENALTIES

Do you owe fees to the TCEQ? Yes ☐ No ☒

Do you owe any penalties to the TCEQ? Yes ☐ No ☒

If you answered yes to either of the above questions, provide the amount owed, the type of fee or penalty, and an identifying number.

N/A

TRANSFEROR SIGNATURE (Current Facility Owner)

I consent to the transfer of the permit and 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 Section 305.44 to sign this document and can provide documentation in proof of such authorization upon request.

Facility Owner Name: Louis Tsakiris

Title: Co-Owner

Signature: Louis Tsak Date: 7/1/25

SUBSCRIBED AND SWORN to before me by the said owner on

this 1 day of July, 20

My commission expires on the 2 day of June, 20 27

Amanda Larson
Notary Public

(Seal)

Harris County
County, Texas

AMANDA RUTH LARSON
Notary Public, State of Texas
Comm. Expires 06-02-2027
Notary ID 13438881-1

TRANSFEROR SIGNATURE (Current Facility Co-Applicant)

Complete if a co-applicant is on the current permit.

I consent to the transfer of the permit and 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 Section 305.44 to sign this document and can provide documentation in proof of such authorization upon request.

Facility Co-Applicant Name: ML Dev, LP

Title: Co-Owner

Signature: _____ Date: 7/1/25

SUBSCRIBED AND SWORN to before me by the said owner on

this 1 day of July, 20 25

My commission expires on the 2 day of June, 20 27

(Seal)

Amanda Larson
Notary Public

Harris County
County, Texas

AMANDA RUTH LARSON
Notary Public, State of Texas
Comm. Expires 06-02-2027
Notary ID 13438881-1

TRANSFEREE SIGNATURE (New Facility Owner)

I certify that a change of ownership of the facility for the subject permit has been issued will occur as indicated in the application. As a condition of the transfer, I do hereby declare that:

The transferee will be the owner of the existing treatment facility from which wastewater is discharged, deposited or disposed or the facilities required to comply with the permit will be constructed as described in the application considered by the TCEQ prior to the issuance of the permit.

The transferee possesses a copy of the permit, understands the terms and conditions therein, and does accept and assume all obligations of the permit.

The transferee assumes financial responsibility for the proper maintenance and operation of all waste treatment and disposal facilities required by the permit or which may be required to comply with the permit terms and conditions. The transferee certifies that the transfer is not made for the purpose of avoiding liability for improper actions carried out prior to the date of transfer. Neither is the transfer made for the purpose of transferring responsibility for improper operations to an insolvent entity.

The transferee certifies under penalty of law that this document 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 known violations and revocation of this permit.

New Facility Owner: Louis A. Tsakiris Family Partnership LTD Et al.

Title: Owner

Signature: Louis Tsakiris Date: 7/1/25

SUBSCRIBED AND SWORN to before me by the said OWNER on

this 1 day of July, 20 25

My commission expires on the 2 day of June, 20 27

(Seal)

Amanda Larson
Notary Public

Harris County
County, Texas

AMANDA RUTH LARSON
Notary Public, State of Texas
Comm. Expires 06-02-2027
Notary ID 13438881-1

TRANSFEREE SIGNATURE (New Facility Co-Applicant)

Complete if a co-applicant is required.

I certify that a change of ownership of the facility for the subject permit has been issued will occur as indicated in the application. As a condition of the transfer, I do hereby declare that:

The transferee will be the operator of the existing treatment facility from which wastewater is discharged, deposited or disposed or the facilities required to comply with the permit will be constructed as described in the application considered by the TCEQ prior to the issuance of the permit.

The transferee possesses a copy of the permit, understands the terms and conditions therein, and does accept and assume all obligations of the permit.

The transferee assumes financial responsibility for the proper maintenance and operation of all waste treatment and disposal facilities required by the permit or which may be required to comply with the permit terms and conditions. The transferee certifies that the transfer is not made for the purpose of avoiding liability for improper actions carried out prior to the date of transfer. Neither is the transfer made for the purpose of transferring responsibility for improper operations to an insolvent entity.

The transferee certifies under penalty of law that this document 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 known violations and revocation of this permit.

New Facility Co-Applicant: N/A

Title: N/A

Signature:_____ Date:_____

SUBSCRIBED AND SWORN to before me by the said _____on

this_____day of_____, 20_____

My commission expires on the_____day of_____, 20_____

_____

(Seal) Notary Public

_____

County, Texas

SITE OPERATOR SIGNATURE

Complete only for permits that include composting facilities, land application and/or disposal of sewage sludge **AND** the transferee does not own the land where the disposal activity is conducted.

I understand that I am responsible for operating the site described in the legal description in accordance with the Texas Commission on Environmental Quality requirements in 30 TAC, Chapter 332 and/or 312, the conditions set forth in the permit, and any additional conditions as required by the Texas Commission on Environmental Quality. I also certify under penalty of law that all information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine, imprisonment for violations, and revocation of this permit.

Site Operator Name: N/A

Title: N/A

Signature:_____ Date:_____

SUBSCRIBED AND SWORN to before me by the said _____on

this_____day of_____, 20_____

My commission expires on the_____day of_____, 20_____

_____

(Seal) Notary Public

_____

County, Texas

LAND OWNER SIGNATURE

Complete Only If Landowner Is Not the Site Operator

I certify that I am the owner of the land described in this application and have all rights and covenants to authorize the applicant for this permit, to use this site for the composting, disposal and/or land application. I understand that 30 Texas Administrative Code Chapters 332 and 312 require me to make a reasonable effort to see that the applicant complies with requirements in 30 Texas Administrative Code Chapters 332 and 312, the conditions set forth in this application, and any additional conditions as required by the Texas Commission on Environmental Quality. I also certify under penalty of law that all information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine, imprisonment for violations, and revocation of this permit.

Landowner Name: Louis A. Tsakiris Family Partnership LTD Et al.

Signature: Lou Tsak Date: 7/1/25

SUBSCRIBED AND SWORN to before me by the said OWNER on

this 1 day of July, 20 25

My commission expires on the 02 day of June, 20 27

(Seal)

Amanda Larson
Notary Public

Harris County
County, Texas

AMANDA RUTH LARSON
Notary Public, State of Texas
Comm. Expires 06-02-2027
Notary ID 13438881-1

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.*)

☐ New Permit, Registration or Authorization (*Core Data Form should be submitted with the program application.*)

☐ Renewal (*Core Data Form should be submitted with the renewal form*) ☒ 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 605674050		**RN 110293552**

SECTION II: Customer Information

4. General Customer Information	**5. Effective Date for Customer Information Updates** (mm/dd/yyyy)	07/16/2025

☐ New Customer ☒ Update to Customer Information ☒ Change in Regulated Entity Ownership
☒ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)

The Customer Name submitted here may 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:*
Louis A. Tsakiris Family Partnership, LTD Et al.	

7. TX SOS/CPA Filing Number	**8. TX State Tax ID** (11 digits)	**9. Federal Tax ID** (9 digits)	**10. DUNS Number** (*if applicable*)
0013106410	32036169764		

11. Type of Customer:	☒ Corporation	☐ Individual	Partnership: ☐ General ☐ Limited
Government: ☐ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other		☐ Sole Proprietorship	☐ Other:

12. Number of Employees	**13. Independently Owned and Operated?**
☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher	☒ **Yes** ☐ **No**

14. Customer Role (Proposed or Actual) – *as it relates to the Regulated Entity listed on this form. Please check one of the following*

☒ Owner ☐ Operator ☐ Owner & Operator
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant ☐ Other:

15. Mailing Address:	2310 Baker Road						
	City	Hosuton	**State**	TX	**ZIP**	77094	**ZIP + 4**	3119

16. Country Mailing Information (*if outside USA*)	**17. E-Mail Address** (*if applicable*)
	LTsakiris@aol.com

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
( ) -		( ) -

SECTION III: Regulated Entity Information

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

☐ New Regulated Entity ☐ Update to Regulated Entity Name ☒ Update to Regulated Entity Information

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

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

Salado Vista WWTP

23. Street Address of the Regulated Entity: *(No PO Boxes)*								
	City		State		ZIP		ZIP + 4	
24. County								

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

25. Description to Physical Location:	4200 feet east of the intersectionof Hackberry Rd and IH 35

26. Nearest City	State	Nearest ZIP Code
Salado	TX	76571

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

27. Latitude (N) In Decimal:	30.887306		28. Longitude (W) In Decimal:	97.558981	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
30	53	14.30	97	33	32.33

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

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

Wastewater Treatment Facility

34. Mailing Address:	2310 Baker Rd							
	City	Houston	State	TX	ZIP	77094	ZIP + 4	3119

35. E-Mail Address:	LTsakiris@aol.com

36. Telephone Number	37. Extension or Code	38. Fax Number *(if applicable)*
(281) 802-8343		( ) -

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

☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:

SECTION IV: Preparer Information

40. Name:	Evan N. Wilson		**41. Title:**	Assistant Project Manager
42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**	
(832) 482-1766		( ) -	ewilson@wga-llc.com	

SECTION V: Authorized Signature

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

Company:	Louis A. Tsakiris Family Partnership LTD Et al.	**Job Title:**	Owner	
Name *(In Print):*	Louis Tsakiris		**Phone:**	(281) 802- **8343**
Signature:	Louis Tsakiris		**Date:**	6/26/25

WGA

June 3, 2025

Texas Commission on Environmental Quality
Revenues Section, MC-214
P.O. Box 13088
Austin, Texas 78711-3088

Re: Louis A. Tsakiris Family Partnership LTD, Et al. (CN605674050)
Salado Vista Wastewater Treatment Plant (RN110293552)
TPDES Permit Application RENEWAL
PERMIT NO. WQ0015664002
Transfer of Ownership Form 20031

To whom it may concern:

Ward, Getz, and Associates, LLC is submitting a payment on behalf of Louis A Tsakiris Family Partnership LTD, Et al. and Mr. Louis Tsakiris and ML Dev, LP, to complete a Transfer of Ownership for the Texas Pollutant Discharge Elimination System (TPDES) Permit (WQ0015664002) for the Salado Vista Wastewater Treatment Plant. Please find enclosed one (1) check in the amount of **$100.00** for the Transfer of Ownership application fee.

If you have any questions, or require any additional information, please contact Evan N. Wilson at (832)-482-1766, or by email at ewilson@wga-llc.com.

Sincerely,

Evan N. Wilson, E.I.T.
Assistant Project Manager
Ward, Getz & Associates, LLC

WGA

June 3, 2025

Erwin Madrid
Applications Review and Processing Team (MC148)
Water Quality Division
Texas Commission on Environmental Quality

RE: Application for Proposed Permit No.: WQ0015664002 (EPA I.D. No. TX0139289)
Applicant Name: Louis A. Tsakiris Family Partnership LTD Et al. (CN605674050)
UPDATED FROM ML Dev, LP (CN605364595); Louis Tsakiris (CN605674050)
Site Name: Salado Vista WWTP (RN110293552)
Type of Application: Renewal with Transfer of Ownership
Response to Notice of Deficiency (NOD)

VIA EMAIL

Dear Erwin,

We received the Notice of Deficiency (NOD), dated May 20, 2025, to the application for the above referenced permit. Please see the following answers

Comment No. 1: Section 3 of the Administrative Report: The current permit is issued to ML Dev, LP and Louis Tsakiris. However, the application was submitted with only the information for Mr. Louis Tsakiris. If you are wanting to remove "ML Dev, LP" from the permit, a Transfer of Ownership application (TCEQ Form 20031, $100 fee, CDF 10400) must be submitted to remove ML Dev from the current permit.

If "ML Dev, LP" is to remain in the permit, please submit an updated page for Section 3 listing ML Dev, LP, an original notarized signature page for ML Dev, and a Core Data Form for ML Dev. Additionally, you will need to revise the Plain Language Summaries and SPIF forms to include ML Dev, LP in the descriptions.

> **Response No. 1: The Permit application was completed for Mr. Louis Tsakiris, an updated TCEQ Form 20031, Transfer of Ownership form has been completed and included to transfer ownership from Mr. Louis Tsakiris and ML Dev, LP to Louis A. Tsakiris Family Partnership LTD Et al. Core Data Forms, updated Plain Language Summary, and SPIF forms have been included. Payment of $100.00 made out to the TCEQ has been sent under separate cover with reference to the Applicant, type of application, and existing TPDES Permit Number.**

Comment No. 2: Attachment 1 – Individual Information: This attachment is required for Individual permit holders. Please complete the Individual Attachment for Mr. Louis Tsakiris

and submit with your response. All personal information will be redacted by our office before posting online.

Response No. 2: Attachment 1 has been included for the original permit documents. Permit is being transferred to Limited Partnership via Form 20031.

Comment No. 3: The following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions. The complete notice will be sent to you once the application is declared administratively complete.

APPLICATION. ML Dev, LP and Louis Tsakiris (pending response), 2310 Baker Road, Houston, Texas 77094, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0015664002 (EPA I.D. No. TX0139289) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 250,000 gallons per day. The domestic wastewater treatment facility is located approximately 4,200 feet east of the intersection of Hackberry Road and Interstate Highway 35, in Bell County, Texas 76571. The discharge route is from the plant site to a roadside ditch;
thence to South Darrs Creek; thence to Little River. TCEQ received this application on May 13, 2025. The permit application will be available for viewing and copying at Salado Public Library, 1151 North Main Street, Salado, in Bell 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=-97.558888,30.887222&level=18

Further information may also be obtained from ML Dev, LP and Louis Tsakiris at the address stated above or by calling Mr. Jerry Ince, P.E., Senior Client Manager, Ward, Getz & Associates LLC, at 832-344-6604.

Response No. 3: The highlighted portions in the above NORI indicate the location of the requested changes. There are no further errors besides what is listed below which will ultimately be updated.

a. **"ML Dev, LP and Louis Tsakiris (pending response)" should be updated to "Louis A. Tsakiris Family Partnership LTD, Et al." see attached markup as well.**

b. **"Further information may also be obtained from ML Dev, LP and Louis Tsakiris" to "Further information may also be obtained from ML Dev, LP and Louis A. Tsakiris Family Partnership LTD, Et al.". Please update due to recent changes in the Applicant's status.**

Comment No. 4: The application indicates that public notices in Spanish are required. After confirming the portion of the NORI above does not contain any errors or omissions, please use the attached template to translate the NORI into Spanish. Only the first and last paragraphs are unique to this application and require translation. Please provide the translated Spanish NORI in a Microsoft Word document.

Response No. 4: Please see the attached Microsoft Word Document of the translated Spanish NORI. All changes made in the English NORI above have been addressed in this version.

If you have any questions or require any further information, please don't hesitate to contact me at ewilson@wga-llc.com or by phone at (832)482-1766.

Sincerely,

Evan N. Wilson, E.I.T.
Assistant Project Manager
Phone: (832)482-1766
Email: ewilson@wga-llc.com
Ward, Getz & Associates

Enclosure(s)

Cc: Mr. Jerry Ince, Senior Client Manager, Ward, Getz & Associates, LLC, 2500 Tanglewilde, Suite 120, Houston, Texas 77063 (jince@wga-llc.com).

MAREN EVANS-THIIM
WGA
2500 TANGLEWILDE ST, STE
120
HOUSTON TX 77063-2123

USPS CERTIFIED MAIL

9414 8098 9864 3071 4899 92

PITNEY BOWES
$10.06 0
US POSTAGE IMI
FIRST-CLASS
028W0002312049
9059737741
ZIP 77063
JUL 07 2025

TCEQ - WATER QUALITY DIVISION
MC-148
APPLICATIONS AND REVIEW
PROCESSING TEAM
PO BOX 13087
AUSTIN TX 78711-3087

Memo/Reference - EWilson - 40009-550

Erwin Madrid

From: Evan N. Wilson <ewilson@wga-llc.com>
Sent: Tuesday, June 3, 2025 4:06 PM
To: Erwin Madrid; Jerry Ince
Subject: Re: Application for Permit No. WQ0015664002 - Notice of Deficiency Letter
Attachments: WQ0015664002 - NOD Transmittal Letter.pdf; 10400 - Louis A. Tsakiris Family Partnership LTD Et al.pdf; 10053 Attachment 1.pdf; 20031.pdf; 10400 - ML Dev LP.pdf; Appendix E - SPIF.docx; Municipal Discharge Renewal Spanish NORI.docx; 20972_PLS_2024-11-08 LATFP LTD.docx

Good afternoon Erwin,

Please find attached the NOD response and all applicable attachments. The fee has been put in the mail for the Transfer of Ownership as well. If you have any questions please let me know.

Thank you,

Evan N. Wilson, EIT
Assistant Project Manager

WGA

2500 Tanglewilde, Suite 120 | Houston, TX 77063
D: 832.482.1766 O: 713.789.1900
ewilson@wga-llc.com

From: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>
Sent: Tuesday, May 20, 2025 11:49 AM
To: Jerry Ince <jince@wga-llc.com>; Evan N. Wilson <ewilson@wga-llc.com>
Subject: Application for Permit No. WQ0015664002 - Notice of Deficiency Letter

Dear applicant,

The attached Notice of Deficiency letter sent on **May 20, 2025**, requests additional information needed to declare the application administratively complete. Please send the complete response to my attention by **June 3, 2025**.

Regards,

Erwin Madrid
Team Lead
ARP Team | Water Quality Division
512-239-2191

Texas Commission on Environmental Quality

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

June 3, 2025

Erwin Madrid
Applications Review and Processing Team (MC148)
Water Quality Division
Texas Commission on Environmental Quality

RE: Application for Proposed Permit No.: WQ0015664002 (EPA I.D. No. TX0139289)
Applicant Name: Louis A. Tsakiris Family Partnership LTD Et al. (CN605674050)
UPDATED FROM ML Dev, LP (CN605364595); Louis Tsakiris (CN605674050)
Site Name: Salado Vista WWTP (RN110293552)
Type of Application: Renewal with Transfer of Ownership
Response to Notice of Deficiency (NOD)

VIA EMAIL

Dear Erwin,

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If "ML Dev, LP" is to remain in the permit, please submit an updated page for Section 3 listing ML Dev, LP, an original notarized signature page for ML Dev, and a Core Data Form for ML Dev. Additionally, you will need to revise the Plain Language Summaries and SPIF forms to include ML Dev, LP in the descriptions.

> **Response No. 1: The Permit application was completed for Mr. Louis Tsakiris, an updated TCEQ Form 20031, Transfer of Ownership form has been completed and included to transfer ownership from Mr. Louis Tsakiris and ML Dev, LP to Louis A. Tsakiris Family Partnership LTD Et al. Core Data Forms, updated Plain Language Summary, and SPIF forms have been included. Payment of $100.00 made out to the TCEQ has been sent under separate cover with reference to the Applicant, type of application, and existing TPDES Permit Number.**

Comment No. 2: Attachment 1 – Individual Information: This attachment is required for Individual permit holders. Please complete the Individual Attachment for Mr. Louis Tsakiris

and submit with your response. All personal information will be redacted by our office before posting online.

Response No. 2: Attachment 1 has been included for the original permit documents. Permit is being transferred to Limited Partnership via Form 20031.

Comment No. 3: The following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions. The complete notice will be sent to you once the application is declared administratively complete.

APPLICATION. ML Dev, LP and Louis Tsakiris (pending response), 2310 Baker Road, Houston, Texas 77094, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0015664002 (EPA I.D. No. TX0139289) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 250,000 gallons per day. The domestic wastewater treatment facility is located approximately 4,200 feet east of the intersection of Hackberry Road and Interstate Highway 35, in Bell County, Texas 76571. The discharge route is from the plant site to a roadside ditch;
thence to South Darrs Creek; thence to Little River. TCEQ received this application on May 13, 2025. The permit application will be available for viewing and copying at Salado Public Library, 1151 North Main Street, Salado, in Bell 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=-97.558888,30.887222&level=18

Further information may also be obtained from ML Dev, LP and Louis Tsakiris at the address stated above or by calling Mr. Jerry Ince, P.E., Senior Client Manager, Ward, Getz & Associates LLC, at 832-344-6604.

Response No. 3: The highlighted portions in the above NORI indicate the location of the requested changes. There are no further errors besides what is listed below which will ultimately be updated.

a. **"ML Dev, LP and Louis Tsakiris (pending response)" should be updated to "Louis A. Tsakiris Family Partnership LTD, Et al." see attached markup as well.**

b. **"Further information may also be obtained from ML Dev, LP and Louis Tsakiris" to "Further information may also be obtained from ML Dev, LP and Louis A. Tsakiris Family Partnership LTD, Et al.". Please update due to recent changes in the Applicant's status.**

Comment No. 4: The application indicates that public notices in Spanish are required. After confirming the portion of the NORI above does not contain any errors or omissions, please use the attached template to translate the NORI into Spanish. Only the first and last paragraphs are unique to this application and require translation. Please provide the translated Spanish NORI in a Microsoft Word document.

Response No. 4: Please see the attached Microsoft Word Document of the translated Spanish NORI. All changes made in the English NORI above have been addressed in this version.

If you have any questions or require any further information, please don't hesitate to contact me at ewilson@wga-llc.com or by phone at (832)482-1766.

Sincerely,

Evan N. Wilson, E.I.T.
Assistant Project Manager
Phone: (832)482-1766
Email: ewilson@wga-llc.com
Ward, Getz & Associates

Enclosure(s)

Cc: Mr. Jerry Ince, Senior Client Manager, Ward, Getz & Associates, LLC, 2500 Tanglewilde, Suite 120, Houston, Texas 77063 (jince@wga-llc.com).

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

APPLICATION TO TRANSFER A WASTEWATER PERMIT OR CAFO PERMIT

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

SECTION 1. CURRENT PERMIT INFORMATION

What is the Permit Number? WQ0015664002

What is the EPA I.D. Number? TX 0139289

What is the Current Name on the Permit?

ML Dev, LP & Louis Tsakiris

What is the Customer Number (CN) for the current permittee? CN 605364595 & CN605674050

What is the Regulated Entity Reference Number (RN): RN 110293552

For Publicly Owned Treatment Works (POTWs) Only:

a) Does this permit require implementation of an approved pretreatment program by the POTW? Yes ☐ No ☐

b) Does this permit have a domestic reclaimed water authorization associated with it? NOTE: **The domestic reclaimed water authorization associated with this permit will be cancelled on the same date the transfer took place**. See instructions for more information.
Yes ☐ No ☐

SECTION 2. FACILITY OWNER (APPLICANT) INFORMATION

A. What is the Legal Name of the facility owner?

Louis Tsakiris

B. What is the Customer Number (CN) issued to this entity? CN 605674050

C. Complete and attach a Core Data Form (TCEQ-10400) for this customer.

SECTION 3. CO-APPLICANT INFORMATION

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

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

ML Dev, LP

B. What is the Customer Number (CN) issued to this entity? CN 605364595

C. Complete and attach a Core Data Form (TCEQ-10400) for this customer.

SECTION 4. APPLICATION CONTACT INFORMATION

This is the person TCEQ will contact if additional information is needed about this application.

Application Contact First and Last Name: Evan Wilson

Title: Assistant Project Manager Credentials: E.I.T.

Company Name: Ward, Getz & Associates, LLC

Mailing Address: 2500 Tanglewilde st, Suite 120

City, State, and Zip Code: Houston, Texas 77063

Phone Number: (832)482-1766 Fax Number: Click here to enter text.

E-mail Address: ewilson@wga-llc.com

SECTION 5. PERMIT CONTACT INFORMATION

This is the person TCEQ will contact if additional information is needed during the term of the permit.

Permit Contact First and Last Name: Evan Wilson

Title: Assistant Project Manager Credentials: E.I.T.

Company Name: Ward, Getz & Associates, LLC

Mailing Address: 2500 Tanglewilde st, Suite 120

City, State, and Zip Code: Houston, Texas 77063

Phone Number: (832)482-1766 Fax Number: Click here to enter text.

E-mail Address: ewilson@wga-llc.com

SECTION 6. SITE INFORMATION

Site Name: Salado Vista WWTP

SECTION 7. LEASE AND EASEMENT REQUIREMENTS

A. Landowner where the facility is or will be located:

Landowner Name: Louis A. Tsakiris Family Partnership LTD Et al.

If this individual is not the same person as the facility owner or co-applicant, attach one of the following documents:

- A lease agreement or deed recorded easement, if the facility is NOT a fixture of the land, or
- A deed recorded easement if the facility IS a fixture of the land.

B. Landowner of the effluent disposal site:

Landowner Name: N/A

If this individual is not the same person as the facility owner or co-applicant, attach a lease agreement.

C. For CAFOs: Attach the following records:

- Warranty Deed or Property Tax Records
- Lease Agreement (for land management units that are not owned by the facility owner or co-applicant)

Facility Size on the proof of ownership, in acres: N/A

SECTION 8. TRANSFER DATE

What is the date that the transfer of operator or ownership will occur? 6/3/2025

SECTION 9. REPORTING AND BILLING INFORMATION

A. Please identify the individual for receiving the reporting forms.

First and Last Name: Evan Wilson

Title: Assistant Project Manager Credentials: E.I.T.

Company Name: Ward, Getz & Associate, LLC

Mailing Address: 2500 Tanglewilde st, Suite 120

City, State, and Zip Code: Houston, Texas 77063

Phone Number: (832)482-1766 Fax Number: Click here to enter text.

E-mail Address: ewilson@wga-llc.com

B. Please identify the individual for receiving the annual fee invoices.

First and Last Name: Louis Tsakiris

Title: Owner Credentials: N/A

Company Name: Louis A. Tsakiris Family Partnership LTD Et al.

Mailing Address: 2310 Baker Rd.

City, State, and Zip Code: Houston, Texas 77094

Phone Number: (281)802-9343 Fax Number: Click here to enter text.

E-mail Address: LTsakiris@aol.com

SECTION 10. DELINQUENT FEES OR PENALTIES

Do you owe fees to the TCEQ? Yes ☐ No ☒

Do you owe any penalties to the TCEQ? Yes ☐ No ☒

If you answered yes to either of the above questions, provide the amount owed, the type of fee or penalty, and an identifying number.

N/A

TRANSFEROR SIGNATURE (Current Facility Owner)

I consent to the transfer of the permit and 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 Section 305.44 to sign this document and can provide documentation in proof of such authorization upon request.

Facility Owner Name: Louis Tsakiris

Title: Co-Owner

Signature: Louis Tsak Date: 6/2/25

SUBSCRIBED AND SWORN to before me by the said Louis Tsakiris on this 2nd day of June, 2025

My commission expires on the 25 day of Nov, 2026

(Seal)

DINESH GUPTA
Notary Public
STATE OF TEXAS
ID# 11401583
My Comm. Exp. November 25, 2026

Dinesh Gupta
Notary Public

HARRIS
County, Texas

TRANSFEROR SIGNATURE (Current Facility Co-Applicant)

Complete if a co-applicant is on the current permit.

I consent to the transfer of the permit and 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 Section 305.44 to sign this document and can provide documentation in proof of such authorization upon request.

Facility Co-Applicant Name: ML Dev, LP

Title: Co-Owner

Signature: _____ Date: 6/2/25

SUBSCRIBED AND SWORN to before me by the said Mike Marquess on this 2nd day of June, 20 25

My commission expires on the 10th day of October, 20 26

(Seal)

Marie Tsakiris
Notary Public

Harris
County, Texas

MARIE TSAKIRIS
Notary ID #125568429
My Commission Expires
October 10, 2026

TRANSFEREE SIGNATURE (New Facility Owner)

I certify that a change of ownership of the facility for the subject permit has been issued will occur as indicated in the application. As a condition of the transfer, I do hereby declare that:

The transferee will be the owner of the existing treatment facility from which wastewater is discharged, deposited or disposed or the facilities required to comply with the permit will be constructed as described in the application considered by the TCEQ prior to the issuance of the permit.

The transferee possesses a copy of the permit, understands the terms and conditions therein, and does accept and assume all obligations of the permit.

The transferee assumes financial responsibility for the proper maintenance and operation of all waste treatment and disposal facilities required by the permit or which may be required to comply with the permit terms and conditions. The transferee certifies that the transfer is not made for the purpose of avoiding liability for improper actions carried out prior to the date of transfer. Neither is the transfer made for the purpose of transferring responsibility for improper operations to an insolvent entity.

The transferee certifies under penalty of law that this document 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 known violations and revocation of this permit.

New Facility Owner: Louis A. Tsakiris Family Partnership LTD Et al.

Title: Owner

Signature: Louis Tsak Date: 6/2/25

SUBSCRIBED AND SWORN to before me by the said Louis Tsakiris on

this 2nd day of June, 20 25

My commission expires on the 25 day of Nov, 20 26

(Seal)

DINESH GUPTA
Notary Public
STATE OF TEXAS
ID# 11401583
My Comm. Exp. November 25, 2026

Dinesh Gupta
Notary Public

Harris
County, Texas

TRANSFEREE SIGNATURE (New Facility Co-Applicant)

Complete if a co-applicant is required.

I certify that a change of ownership of the facility for the subject permit has been issued will occur as indicated in the application. As a condition of the transfer, I do hereby declare that:

The transferee will be the operator of the existing treatment facility from which wastewater is discharged, deposited or disposed or the facilities required to comply with the permit will be constructed as described in the application considered by the TCEQ prior to the issuance of the permit.

The transferee possesses a copy of the permit, understands the terms and conditions therein, and does accept and assume all obligations of the permit.

The transferee assumes financial responsibility for the proper maintenance and operation of all waste treatment and disposal facilities required by the permit or which may be required to comply with the permit terms and conditions. The transferee certifies that the transfer is not made for the purpose of avoiding liability for improper actions carried out prior to the date of transfer. Neither is the transfer made for the purpose of transferring responsibility for improper operations to an insolvent entity.

The transferee certifies under penalty of law that this document 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 known violations and revocation of this permit.

New Facility Co-Applicant: N/A

Title: N/A

Signature:_____ Date:_____

SUBSCRIBED AND SWORN to before me by the said _____on

this_____day of_____, 20_____

My commission expires on the_____day of_____, 20_____

_____

(Seal) Notary Public

_____

County, Texas

SITE OPERATOR SIGNATURE

Complete only for permits that include composting facilities, land application and/or disposal of sewage sludge **AND** the transferee does not own the land where the disposal activity is conducted.

I understand that I am responsible for operating the site described in the legal description in accordance with the Texas Commission on Environmental Quality requirements in 30 TAC, Chapter 332 and/or 312, the conditions set forth in the permit, and any additional conditions as required by the Texas Commission on Environmental Quality. I also certify under penalty of law that all information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine, imprisonment for violations, and revocation of this permit.

Site Operator Name: N/A

Title: N/A

Signature:_____ Date:_____

SUBSCRIBED AND SWORN to before me by the said _____on

this_____day of_____, 20_____

My commission expires on the_____day of_____, 20_____

_____

(Seal) Notary Public

_____

County, Texas

LAND OWNER SIGNATURE

Complete Only If Landowner Is Not the Site Operator

I certify that I am the owner of the land described in this application and have all rights and covenants to authorize the applicant for this permit, to use this site for the composting, disposal and/or land application. I understand that 30 Texas Administrative Code Chapters 332 and 312 require me to make a reasonable effort to see that the applicant complies with requirements in 30 Texas Administrative Code Chapters 332 and 312, the conditions set forth in this application, and any additional conditions as required by the Texas Commission on Environmental Quality. I also certify under penalty of law that all information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine, imprisonment for violations, and revocation of this permit.

Landowner Name: Louis A. Tsakiris Family Partnership LTD Et al.

Signature: Louis Tsak Date: 5/2/25

SUBSCRIBED AND SWORN to before me by the said Louis Tsakiris on

this 2nd day of June, 20 25

My commission expires on the 25 day of Nov, 20 25

(Seal)

Notary Public

Harris

County, Texas

DINESH GUPTA
Notary Public
STATE OF TEXAS
ID# 11401583
My Comm. Exp. November 25, 2026

ATTACHMENT 1

INDIVIDUAL INFORMATION

Section 1. Individual Information

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): Mr.

Full legal name (first, middle, last): Louis A. Tsakiris

Driver's License or State Identification Number: 12218733

Date of Birth: 09/29/1956

Mailing Address: 2310 Baker Rd.

City, State, and Zip Code: Houston, Texas 77094

Phone Number: (281)802-9343 Fax Number: Click here to enter text.

E-mail Address: LTsakiris@aol.com

CN: 605674050

For Commission Use Only:
Customer Number:
Regulated Entity Number:
Permit Number:

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.*)

☐ New Permit, Registration or Authorization (*Core Data Form should be submitted with the program application.*)

☒ Renewal *(Core Data Form should be submitted with the renewal form)* ☒ 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 605674050		**RN 110293552**

SECTION II: Customer Information

4. General Customer Information	**5. Effective Date for Customer Information Updates** (mm/dd/yyyy)	06/03/2025

☐ New Customer ☒ Update to Customer Information ☒ Change in Regulated Entity Ownership
☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)

The Customer Name submitted here may 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:*
Tsakiris, Louis	

7. TX SOS/CPA Filing Number	**8. TX State Tax ID** (11 digits)	**9. Federal Tax ID** (9 digits)	**10. DUNS Number** *(if applicable)*
0013106410	32036169764		

11. Type of Customer:

☐ Corporation ☐ Individual Partnership: ☐ General ☒ Limited

Government: ☐ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other ☐ Sole Proprietorship ☐ Other:

12. Number of Employees

☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher

13. Independently Owned and Operated?

☒ **Yes** ☐ **No**

14. Customer Role (Proposed or Actual) – *as it relates to the Regulated Entity listed on this form. Please check one of the following*

☒ Owner ☐ Operator ☐ Owner & Operator
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant ☐ Other:

15. Mailing Address:	2310 Baker Road						
	City	Hosuton	**State**	TX	**ZIP**	77094	**ZIP + 4**	3119

16. Country Mailing Information *(if outside USA)*	**17. E-Mail Address** *(if applicable)*
	LTsakiris@aol.com

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
( ) -		( ) -

SECTION III: Regulated Entity Information

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

☐ New Regulated Entity ☐ Update to Regulated Entity Name ☒ Update to Regulated Entity Information

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

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

Salado Vista WWTP

23. Street Address of the Regulated Entity: ***(No PO Boxes)***								
	City		**State**		**ZIP**		**ZIP + 4**	
24. County								

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

25. Description to Physical Location:	4200 feet east of the intersectionof Hackberry Rd and IH 35				
26. Nearest City			**State**	**Nearest ZIP Code**	
Salado			TX	76571	

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

27. Latitude (N) In Decimal:	30.887306		**28. Longitude (W) In Decimal:**	97.558981	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
30	53	14.30	97	33	32.33

29. Primary SIC Code (4 digits)	**30. Secondary SIC Code** (4 digits)	**31. Primary NAICS Code** (5 or 6 digits)	**32. Secondary NAICS Code** (5 or 6 digits)
4952			

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

Wastewater Treatment Facility

34. Mailing Address:	**2310 Baker Rd**							
	City	**Houston**	**State**	**TX**	**ZIP**	**77094**	**ZIP + 4**	**3119**
35. E-Mail Address:	**LTsakiris@aol.com**							

36. Telephone Number	37. Extension or Code	38. Fax Number *(if applicable)*
(281) 802-8343		( ) -

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

☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:

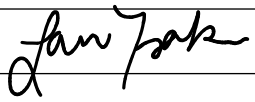
SECTION IV: Preparer Information

40. Name:	Evan N. Wilson	**41. Title:**	Assistant Project Manager

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(832 **)** 482-1766		**( ) -**	ewilson@wga-llc.com

SECTION V: Authorized Signature

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

Company:	Louis A. Tsakiris Family Partnership LTD Et al.	**Job Title:**	Owner
Name *(In Print):*	Louis Tsakiris	**Phone:**	**( ) -**
Signature:		**Date:**	06/02/2025

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.*)

☐ New Permit, Registration or Authorization (*Core Data Form should be submitted with the program application.*)

☐ Renewal (*Core Data Form should be submitted with the renewal form*) ☒ 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 605364595		**RN 110293552**

SECTION II: Customer Information

4. General Customer Information	**5. Effective Date for Customer Information Updates** (mm/dd/yyyy)	6/3/2025

☐ New Customer ☒ Update to Customer Information ☒ Change in Regulated Entity Ownership
☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)

The Customer Name submitted here may 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:*
ML Dev, LP	

7. TX SOS/CPA Filing Number	**8. TX State Tax ID** (11 digits)	**9. Federal Tax ID** (9 digits)	**10. DUNS Number** *(if applicable)*
08008056552	32035029126		

11. Type of Customer: ☒ Corporation ☐ Individual Partnership: ☐ General ☐ Limited

Government: ☐ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other ☐ Sole Proprietorship ☐ Other:

12. Number of Employees	**13. Independently Owned and Operated?**
☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher	☒ **Yes** ☐ **No**

14. Customer Role (Proposed or Actual) – *as it relates to the Regulated Entity listed on this form. Please check one of the following*

☒ Owner ☐ Operator ☐ Owner & Operator
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant ☐ Other:

15. Mailing Address:	5810 Diemer Rd						
	City	Pattison	**State**	TX	**ZIP**	77423	**ZIP + 4**	2196

16. Country Mailing Information *(if outside USA)*	**17. E-Mail Address** *(if applicable)*

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
( ) -		( ) -

SECTION III: Regulated Entity Information

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

☐ New Regulated Entity ☐ Update to Regulated Entity Name ☒ Update to Regulated Entity Information

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

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

Salado Vista WWTP

23. Street Address of the Regulated Entity: ***(No PO Boxes)***								
	City		**State**		**ZIP**		**ZIP + 4**	
24. County								

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

25. Description to Physical Location:	4200 feet east of the intersectionof Hackberry Rd and IH 35				
26. Nearest City			**State**	**Nearest ZIP Code**	
Salado			TX	76571	

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

27. Latitude (N) In Decimal:	30.887306		**28. Longitude (W) In Decimal:**	97.558981	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
30	53	14.30	97	33	32.33

29. Primary SIC Code (4 digits)	**30. Secondary SIC Code** (4 digits)	**31. Primary NAICS Code** (5 or 6 digits)	**32. Secondary NAICS Code** (5 or 6 digits)
4952			

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

Wastewater Treatment Facility

34. Mailing Address:	**5810 Diemer Rd**							
	City	**Pattison**	**State**	**TX**	**ZIP**	**77423**	**ZIP + 4**	**2196**
35. E-Mail Address:								

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

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

☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:

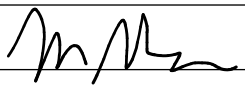
SECTION IV: Preparer Information

40. Name:	Evan N. Wilson	**41. Title:**	Assistant Project Manager

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(832 **)** 482-1766		**( )** -	ewilson@wga-llc.com

SECTION V: Authorized Signature

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

Company:	ML Dev, LP	**Job Title:**	Owner
Name *(In Print):*	Mike Magness	**Phone:**	**( )** -
Signature:		**Date:**	6/2/2025

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): Mr.

Full legal name (Last Name, First Name, Middle Initial): Louis Alexander Tsakiris

Driver's License or State Identification Number: [redacted]

Date of Birth: [redacted]

Mailing Address: 2310 Baker Rd

City, State, and Zip Code: Houston, Texas 77094

Phone Number: (281)802-9343 Fax Number: _____

E-mail Address: LTsakiris@aol.com

CN: 605674050

For Commission Use Only:
Customer Number:
Regulated Entity Number:
Permit Number:

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 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.

Louis A. Tsakiris Family Partnership LTD, Et al. (CN605674050) proposes to operate Salado Vista (RN110293552), a domestic wastewater treatment plant. The facility will be located at approximately 4200 feet east of the intersection of Hackberry Road and Interstate Highway 35, in Salado, Bell County, Texas 76571. This permit renewal is to continue the authorization of discharge of treated domestic wastewater to a volume not to exceed an average flow of 250,000 gallons per day.

Discharges from the facility are expected to contain CBOD of 21 lbs/day, total suspended solids at 31 lbs/day, Ammonia Nitrogen and 6.3 lbs/day and a chlorine residual not to exceed 4.0 mg/L. Domestic wastewater will be treated by an activated sludge processing plant consisting of the following treatment units: bar screens, aeration baasins, clarifiers, chlorine contact basins, and digesters.

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

AGUAS RESIDUALES DOMÉSTICAS /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.

Louis A. Tsakiris Family Partnership LTD, Et al. (CN605674050) propone operar Salado Vista RN110293552, una planta de tratamiento de aguas residuales domésticas. La instalación estará ubicada en aproximadamente 4200 pies al este de la intersección de Hackberry Road y IH-35, en Salado, Condado de Bell, Texas 76571. Esta renovación del permiso es para continuar la autorización de descarga de aguas residuales domésticas tratadas hasta un volumen que no exceda un flujo promedio de 250,000 galones por día.

Se espera que las descargas de la instalación contengan CBOD de 21 lb/día, sólidos suspendidos totales de 31 lb/día, nitrógeno amoniacal de 6,3 lb/día y un residuo de cloro que no exceda los 4,0 mg/L. Aguas residuales domésticas. estará tratado por una planta de procesamiento de lodos activados que consta de las siguientes unidades de tratamiento: rejillas de barras, estanques de aireación, clarificadores, estanques de contacto con cloro y digestores.

INSTRUCTIONS

1. Enter the name of applicant in this section. The applicant name should match the name associated with the customer number.
2. Enter the Customer Number in this section. Each Individual or Organization is issued a unique 11-digit identification number called a CN (e.g. CN123456789).
3. Choose “operates” in this section for existing facility applications or choose “proposes to operate” for new facility applications.
4. Enter the name of the facility in this section. The facility name should match the name associated with the regulated entity number.
5. Enter the Regulated Entity number in this section. Each site location is issued a unique 11-digit identification number called an RN (e.g. RN123456789).
6. Choose the appropriate article (a or an) to complete the sentence.
7. Enter a description of the facility in this section. For example: steam electric generating facility, nitrogenous fertilizer manufacturing facility, etc.
8. Choose “is” for an existing facility or “will be” for a new facility.
9. Enter the location of the facility in this section.
10. Enter the City nearest the facility in this section.
11. Enter the County nearest the facility in this section.
12. Enter the zip code for the facility address in this section.
13. Enter a summary of the application request in this section. For example: renewal to discharge 25,000 gallons per day of treated domestic wastewater, new application to discharge process wastewater and stormwater on an intermittent and flow-variable basis, or major amendment to reduce monitoring frequency for pH, etc. If more than one outfall is included in the application, provide applicable information for each individual outfall.
14. List all pollutants expected in the discharge from this facility in this section. If applicable, refer to the pollutants from any federal numeric effluent limitations that apply to your facility.
15. Enter the discharge types from your facility in this section (e.g., stormwater, process wastewater, once through cooling water, etc.)
16. Choose the appropriate verb tense to complete the sentence.
17. Enter a description of the wastewater treatment used at your facility. Include a description of each process, starting with initial treatment and finishing with the outfall/point of disposal. Use additional lines for individual discharge types if necessary.

Questions or comments concerning this form may be directed to the Water Quality Division’s Application Review and Processing Team by email at WQ-ARPTeam@tceq.texas.gov or by phone at (512) 239-4671.

Example 1: Industrial Wastewater TPDES Application (ENGLISH)

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

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

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

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

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

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

Example 2: Domestic Wastewater TPDES Renewal application

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

The City of Texas (CN000000000) operates the City of Texas wastewater treatment plant (RN000000000), an activated sludge process plant operated in the complete mix mode. The facility is located at 123 Texas Street, near the City of More Texas, Texas County, Texas 71234.

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

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($CBOD_5$), total suspended solids (TSS), ammonia nitrogen (NH_3-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, a grit chamber, aeration basins, final clarifiers, sludge digesters, a belt filter press, chlorine contact chambers and a dechlorination chamber.

Example 3: Domestic Wastewater TPDES New Application

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

The City of Texas (CN000000000) proposes to operate the City of Texas wastewater treatment plant (RN000000000), an activated sludge process plant operated in the extended aeration mode. The facility will be located at 123 Texas Street, in the City of More Texas, Texas County, Texas 71234.

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

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($CBOD_5$), total suspended solids (TSS), ammonia nitrogen (NH_3-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater will be treated by an activated sludge process plant and the treatment units will include a bar screen, a grit chamber, aeration basins, final clarifiers, sludge digesters, a belt filter press, chlorine contact chambers and a dechlorination chamber.

Example 4: Domestic Wastewater TLAP Renewal application

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

of the permit application.

The City of Texas (CN000000000) operates the City of Texas wastewater treatment plant (RN000000000), an activated sludge process plant operated in the complete mix mode. The facility is located at 123 Texas Street, near the City of More Texas, Texas County, Texas 71234.

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

Land application of domestic wastewater from the facility are expected to contain five-day biochemical oxygen demand (BOD_5), total suspended solids (TSS), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, an equalization basin, an aeration basin, a final clarifier, an aerobic sludge digester, tertiary filters, and a chlorine contact chamber. In addition, the facility includes a temporary storage that equals to at least three days of the daily average flow.

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. Louis A. Tsakiris Family Partnership LTD, Et al, 2310 Baker Road, Houston, Texas 77094, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0015664002 (EPA I.D. No. TX 0139289) 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 250,000 galones por día. La planta está ubicada 4,200 pies al este de la intersección de Hackberry Road y la carretera interestatal 35 en el Condado de Bell, Texas 76571. La ruta de descarga es del sitio de la planta a una zanja junto a la carretera, luego hacia South Darrs Creek y posteriormente hacia Little River. La TCEQ recibió esta solicitud el 13 de Mayo. La solicitud para el permiso estará disponible para leerla y copiarla en la biblioteca pública de Salado, 1151 North Main Street, Salado, condado de Bell, Texas antes de la fecha de publicación de este aviso en el periódico. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud. https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.558888,30.887222&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 especifico. Si desea que se agrega su nombre en una de las listas designe cual lista(s) y envía por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

INFORMACIÓN DISPONIBLE EN LÍNEA. Para detalles sobre el estado de la solicitud, favor de visitar la Base de Datos Integrada de los Comisionados en 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 Mr. Louis Tsakiris, Et al a la dirección indicada arriba o llamando a Sr. Jerry Ince, Gerente sénior de clients, Ward, Getz & Associates, LLC al 832-344-6604

Fecha de emisión: *[Date notice issued]*

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: Louis A. Tsakiris Family Partnership LTD, Et al.

   Permit No. WQ00 15664002 EPA ID No. TX 0139289

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

   Site is located approximately 4,200 feet east of the intersection of Hackberry Road and Interstate Highway 35, in Bell County, Texas 76571.

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: Louis Tsakiris

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

Title: Owner

Mailing Address: 2310 Baker Road

City, State, Zip Code: Houston, Texas 77094

Phone No.: (281)802-9343 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: LTsakiris@aol.com

2. List the county in which the facility is located: Bell
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.

To an adjacent roadside ditch, thence to South Darrs Creek, thence to Darrs Creek, Thence to Little River in Segment No. 1213 of the Brazos River 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):

During construction activities, the site will need to be cleared, stripped, and graded in preparation for the proposed development. Lift station wet well will be approximately 30-ft deep and proposed yard piping will be approximately 4-ft to 20-ft deep.

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

Existing property consists of shrubbery and grasses, surrounding areas outside of property appear agricultural.

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

May 13, 2025

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

Re: Mr. Louis Tsakiris (CN605674050)
Salado Vista Wastewater Treatment Plant (RN110293552)
TPDES Permit Application RENEWAL
PERMIT NO. WQ0015664002

Water Quality Division:

Ward, Getz, and Associates, LLC is submitting a complete Texas Pollutant Discharge Elimination System (TPDES) Permit Application for the Salado Wastewater Treatment Plant on behalf of Mr. Louis Tsakiris. Please find attached one (1) original and two (2) copies of the TPDES permit application. An electronic copy has been uploaded to TCEQ's FTP Server and sent to WQDeCopy@tceq.texas.gov.

The permit application fee was paid via check and mailed to the TCEQ Financial Administration Division. Please see the attached copy of the check.

If you have any questions, or require any additional information, please contact Evan N. Wilson at (832)-482-1766, or by email at ewilson@wga-llc.com.

Sincerely,

Evan N. Wilson, E.I.T.
Assistant Project Manager
Ward, Getz & Associates, LLC

May 13, 2025

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

Re: Mr. Louis Tsakiris (CN605674050)
Salado Vista Wastewater Treatment Plant (RN110293552)
TPDES Permit Application RENEWAL
PERMIT NO. WQ0015664002

Water Quality Division:

Ward, Getz, and Associates, LLC is submitting a complete Texas Pollutant Discharge Elimination System (TPDES) Permit Application for the Salado Vista Wastewater Treatment Plant on behalf of Mr. Louis Tsakiris. Please find enclosed one (1) check in the amount of **$1215.00** for the TPDES permit application fee.

If you have any questions, or require any additional information, please contact Evan N. Wilson at (832)-482-1766, or by email at ewilson@wga-llc.com.

Sincerely,

Evan N. Wilson, E.I.T.
Assistant Project Manager
Ward, Getz & Associates, LLC

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:** WQ0015664002

1. Check or Money Order Number: 3349
2. Check or Money Order Amount: $1,215.00
3. Date of Check or Money Order: 5/8/2025
4. Name on Check or Money Order: Louis A Tsakiris Family Partnership LTD
5. APPLICATION INFORMATION

   Name of Project or Site: Salado Vista WWTP

   Physical Address of Project or Site: 4200 feet east of the intersection of Hackberry Road and Interstate Highway 35, Bell County, Texas 76571

   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

TCEQ APPLICATION FOR TPDES PERMIT RENEWAL

(WQ0015994002)

FOR

SALADO VISTA WWTP

(RN110293552)

IN

Bell County, Texas

ON BEHALF OF

Mr. Louis Tsakiris

(CN605674050)

BY

WARD, GETZ & ASSOCIATES, PLLC
TEXAS REGISTERED ENGINEERING FIRM F-9756
2500 Tanglewilde, Suite 120
Houston, TX 77063
713.789.1900

APRIL 2025

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Mr. Louis Tsakiris

PERMIT NUMBER (If new, leave blank): WQ0015664002

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

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

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 ☐	$315.00 ☐
≥0.05 but <0.10 MGD	$550.00 ☐	$515.00 ☐
≥0.10 but <0.25 MGD	$850.00 ☐	$815.00 ☐
≥0.25 but <0.50 MGD	$1,250.00 ☐	$1,215.00 ☒
≥0.50 but <1.0 MGD	$1,650.00 ☐	$1,615.00 ☐
≥1.0 MGD	$2,050.00 ☐	$2,015.00 ☐

Minor Amendment (for any flow) $150.00 ☐

Payment Information:

Mailed — Check/Money Order Number: 3349

Check/Money Order Amount: $1,215.00

Name Printed on Check: Louis A. Tsakiris Family Partnership LTD

EPAY — Voucher Number: N/A

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 15664002

EPA I.D. (TPDES only): TX 0139289

Expiration Date: May 14, 2025

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

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

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

Mr. Louis Tsakiris

(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: 605674050

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: Tsakiris, Louis

Title: Owner Credential: N/A

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. Appendix A – Core Data Form

Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: Mr. Last Name, First Name: Ince, Jerry

Title: Senior Client Manager Credential: P.E.

Organization Name: Ward, Getz & Associates LLC

Mailing Address: 2500 Tanglewilde St., Suite 120 City, State, Zip Code: Houston, TX 77063

Phone No.: (832)344-6604 E-mail Address: jince@wga-llc.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix: Mr. Last Name, First Name: Wilson, Evan

Title: Assistant Project Manager Credential: E.I.T.

Organization Name: Ward, Getz & Associates LLC

Mailing Address: 2500 Tanglewilde St., Suite 120 City, State, Zip Code: Houston, TX 77063

Phone No.: (832)482-1766 E-mail Address: ewilson@wga-llc.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Mr. Last Name, First Name: Ince, Jerry

Title: Senior Client Manager Credential: P.E.

Organization Name: Ward, Getz & Associates LLC

Mailing Address: 2500 Tanglewilde St., Suite 120 City, State, Zip Code: Houston, TX 77063

Phone No.: (832)344-6604 E-mail Address: jince@wga-llc.com

B. Prefix: Mr. Last Name, First Name: Wilson, Evan

Title: Assistant Project Manager Credential: E.I.T.

Organization Name: Ward, Getz & Associates LLC

Mailing Address: 2500 Tanglewilde St., Suite 120 City, State, Zip Code: Houston, TX 77063

Phone No.: (832)482-1766 E-mail Address: ewilson@wga-llc.com

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mr. Last Name, First Name: Tsakiris, Louis

Title: Owner Credential: N/A

Organization Name: Louis Tsakiris, Et al.

Mailing Address: 2310 Baker Rd. City, State, Zip Code: Houston, TX 77094

Phone No.: (281)802-9343 E-mail Address: LTsakiris@aol.com

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

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

Prefix: Mr. Last Name, First Name: Tsakiris, Louis

Title: Owner Credential: N/A

Organization Name: Louis Tsakiris, Et al.

Mailing Address: 2310 Baker Rd. City, State, Zip Code: Houston, TX 77094

Phone No.: (281)802-9343 E-mail Address: LTsakiris@aol.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: Ince, Jerry

Title: Senior Client Manager Credential: P.E.

Organization Name: Ward, Getz & Associates LLC

Mailing Address: 2500 Tanglewilde St., Suite 120 City, State, Zip Code: Houston, TX 77063

Phone No.: (832)344-6604 E-mail Address: jince@wga-llc.com

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

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

☒ E-mail Address

☐ Fax

☐ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Mr. Last Name, First Name: Ince, Jerry

Title: Senior Client Manager Credential: P.E.

Organization Name: Ward, Getz & Associates LLC

Mailing Address: 2500 Tanglewilde St., Suite 120 City, State, Zip Code: Houston, TX 77063

Phone No.: (832)344-6604 E-mail Address: jince@wga-llc.com

D. Public Viewing Information

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

Public building name: Salado Public Library

Location within the building: Reference Section

Physical Address of Building: 1151 N Main St.

City: Salado County: Bell

Contact (Last Name, First Name): Lively, Jeanie

Phone No.: (254)947-9191 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: Appendix B – Plain Language Summary

G. Public Involvement Plan Form

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

Attachment: N/A

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. **RN** 110293552

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

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

Salado Vista WWTP

C. Owner of treatment facility: Mr. Louis Tsakiris

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

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

Prefix: Mr. Last Name, First Name: Tsakiris, Louis

Title: Owner Credential: N/A

Organization Name: Louis Tsakiris, Et al.

Mailing Address: 2310 Baker Rd. City, State, Zip Code: Houston, TX 77094

Phone No.: (281)802-9343 E-mail Address: LTsakiris@aol.com

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

Attachment: N/A

E. Owner of effluent disposal site:

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

Title: N/A Credential: N/A

Organization Name: N/A

Mailing Address: N/A City, State, Zip Code: N/A

Phone No.: N/A E-mail Address: N/A

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

Attachment: N/A

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

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

Title: N/A Credential: N/A

Organization Name: N/A

Mailing Address: N/A City, State, Zip Code: N/A

Phone No.: N/A E-mail Address: N/A

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

Attachment: N/A

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

N/A

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:

N/A

City nearest the outfall(s): Salado, Texas

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

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

☐ Yes ☒ No

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

☐ Authorization granted ☐ Authorization pending

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

Attachment: N/A

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☐ No

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

N/A

B. City nearest the disposal site: N/A

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

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

N/A

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

N/A

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

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

Account number: N/A

Amount past due: N/A

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

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

Enforcement order number: N/A

Amount past due: N/A

Section 13. Attachments (Instructions Page 33)

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

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

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

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

☐ Attachment 1 for Individuals as co-applicants

☐ Other Attachments. Please specify: 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: WQ0015664002

Applicant: Louis Tsakiris

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): Mr. Louis Tsakiris

Signatory title: Owner

Signature: Louis Tsakiris Date: 5/8/25

(Use blue ink)

Subscribed and Sworn to before me by the said Louis Tsakiris

on this 5th day of MAY, 2025.

My commission expires on the 25 day of Nov, 2026.

Dinesh Gupta

Notary Public

HARRIS, TX

County, Texas

DINESH GUPTA
Notary Public
STATE OF TEXAS
ID# 11401583
My Comm. Exp. November 25, 2026

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.1

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):

N/A

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: Appendix E - SPIF

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:** WQ0015664002

1. Check or Money Order Number: 3349
2. Check or Money Order Amount: $1,215.00
3. Date of Check or Money Order: 5/8/2025
4. Name on Check or Money Order: Louis A Tsakiris Family Partnership LTD
5. APPLICATION INFORMATION

   Name of Project or Site: Salado Vista WWTP

   Physical Address of Project or Site: 4200 feet east of the intersection of Hackberry Road and Interstate Highway 35, Bell County, Texas 76571

   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): 0.025

2-Hr Peak Flow (MGD): 0.10

Estimated construction start date: Late 2025

Estimated waste disposal start date: Mid 2026

B. Interim II Phase

Design Flow (MGD): 0.125

2-Hr Peak Flow (MGD): 0.50

Estimated construction start date: Mid 2027

Estimated waste disposal start date: Early-Mid 2028

C. Final Phase

Design Flow (MGD): 0.25

2-Hr Peak Flow (MGD): 1.0

Estimated construction start date: 2029

Estimated waste disposal start date: 2030

D. Current Operating Phase

Provide the startup date of the facility: TBD

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**.

See Appendix G – Treatment Process Descriptions

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)
See Appendix H – Treatment Unit Descriptions		

C. Process Flow Diagram

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

Attachment: Appendix I – Process Flow Diagrams

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

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

- Latitude: 30.880795
- Longitude: -95.550775

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: Appendix J- Site Drawing

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

The wastewater treatment plant will serve the 220-acre Salado Vista Development outside of Salado, Texas in Bell County.

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

Collection System Information

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

Section 4. Unbuilt Phases (Instructions Page 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**.

The developer that is developing the property intends to put single-family homes and a commercial development on it. The Subject area consists of 202.198 acres with plans for 307 55' lots, 224 65' lots, and retail on two non-contiguous tracts (29.61-acres and 5.97-acres) located along the Interstate 35 Frontage Road. Phase 1 has 307 homes which would require the 0.125 MGD being requested. They plan to break ground in the spring of 2027 and use the 0.025 MGD during early development and construction. Phase 2 includes approximately 224 homes, and would require additional 100,000gpd and would begin construction in summer of 2028 The 0.25 MGD plant phase would be installed at this point. Phase 3 and 4 would include two commercial developments on neighboring tracts. Instead of having a treatment plant on each of these properties, the facility would become a regional facility for the area. Phase 3 and 4 would break ground in 2030 for use of the full 0.25 MGD.

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.

N/A

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.

N/A

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*.

Other Requirements, requires permittee to submit to the TCEQ Wastewater Permitting Section (MC 148) a summary transmittal letter in accordance with the requirements in 30 TAC § 217.6(d). Also requires permittee to provide written notice to the TCEQ Regional Office (MC Region 9) and the Applications Review and Processing Team (MC 148) of the Water Quality Division at least forty-five (45) days prior to plant startup or anticipated discharge.

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

2. Grit and grease processing

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

N/A

3. Grit disposal

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

☐ Yes ☐ No

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

N/A

4. *Grease and decanted liquid disposal*

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

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

N/A

E. Stormwater management

1. *Applicability*

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

2. *MSGP coverage*

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

☐ Yes ☐ No

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

TXR05 N/A or TXRNE N/A

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:

N/A

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.

N/A

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.

N/A

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

6. ***Request for coverage in individual permit***

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

☐ Yes ☐ No

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

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

N/A

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

If yes, attach a Sewage Sludge Solids Management Plan. See Example 5 in the instructions.
N/A

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 BOD_5 concentration of the sludge, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

N/A

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

N/A

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

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

Is 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.

N/A

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
$CBOD_5$, mg/l					
Total Suspended Solids, mg/l					
Ammonia Nitrogen, mg/l					
Nitrate Nitrogen, mg/l					
Total Kjeldahl Nitrogen, mg/l					
Sulfate, mg/l					
Chloride, mg/l					
Total Phosphorus, mg/l					
pH, standard units					
Dissolved Oxygen*, mg/l					
Chlorine Residual, mg/l					
E.coli (CFU/100ml) freshwater					
Entercocci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, µmohs/cm, †					
Oil & Grease, mg/l					
Alkalinity ($CaCO_3$)*, mg/l					

*TPDES permits only
†TLAP permits only

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l					
Total Dissolved Solids, mg/l					
pH, standard units					
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity ($CaCO_3$), mg/l					

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: TBD

Facility Operator's License Classification and Level: TBD

Facility Operator's License Number: TBD

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

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

Check all that apply. See instructions for guidance

- ☐ Design flow>= 1 MGD
- ☐ Serves >= 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		N/A: Disposal in Landfill	N/A: Disposal in Landfill
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

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

D. Disposal site

Disposal site name: Grandy Ranch

TCEQ permit or registration number: 04458

County where disposal site is located: Bell

E. Transportation method

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

Name of the hauler: Paramount Porta-Potty LLC

Hauler registration number: RN103167169

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 $1x10^{-7}$ cm/sec?

☐ Yes ☐ No

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

Click to enter text.

D. Site 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:

N/A

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:

N/A

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: N/A

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: Mr. Louis Tsakiris

Title: Owner

Signature: _____

Date: 5/8/25

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 Treatment[1].

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 BOD_5 Concentration in mg/l: Click to enter text.

Average Influent Loading (lbs/day = total average flow X average BOD_5 conc. X 8.34): Click to enter text.

Provide the source of the average organic strength or BOD_5 concentration.

Click to enter text.

B. Proposed organic loading

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

Table 1.1(1) – Design Organic Loading

Source	Total Average Flow (MGD)	Influent BOD5 Concentration (mg/l)
Municipality		
Subdivision		
Trailer park – transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources		
AVERAGE BOD_5 from all sources		

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

A. Existing/Interim I Phase Design Effluent Quality

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

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

Ammonia Nitrogen, mg/l: 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 it Section 2. **If yes**, provide the following:

Owner of the drinking water supply: N/A

Distance and direction to the intake: N/A

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

Attachment: N/A

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).

N/A

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).

N/A

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: unnamed man-made ditch

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.

South Darrs Creek

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.

Discharge into a roadside ditch that flows to the northeast along Hackberry Road to FM 2115 roadside ditch flowing southeast, thence across FM 2115 via culvert, thence northeast along a natural drainage channel and outfalling into South Darrs Creek, thence to Darrs Creek which ultimately outfalls into classified segment number 1213, Little Creek.

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: Click to enter text.

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION 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 Select riffle, run, glide, or pool. See Instructions, Definitions section.	**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.
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			

Section 3. Summarize Measurements (Instructions Page 65)

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

Approximate drainage area above the most downstream transect (from USGS map or county highway map, in square miles): 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:

- ☐ Surface application
- ☐ Irrigation
- ☐ Drip irrigation system
- ☐ Evaporation
- ☐ Subsurface application
- ☐ Subsurface soils absorption
- ☐ Subsurface area drip dispersal system
- ☐ Evapotranspiration beds
- ☐ Other (describe in detail): Click to enter text.

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

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

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

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

Table 3.0(1) – Land Application Site Crops

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

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

Table 3.0(2) – Storage and Evaporation Ponds

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

Attach a copy of 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

Section 9. Effluent Monitoring Data (Instructions Page 70)

Is the facility in operation?

☐ Yes ☐ No

If no, this section is not applicable and the worksheet is complete.

If yes, provide the effluent monitoring data for the parameters regulated in the existing permit. If a parameter is not regulated in the existing permit, enter N/A.

Table 3.0(5) – Effluent Monitoring Data

Date	30 Day Avg Flow MGD	BOD5 mg/l	TSS mg/l	pH	Chlorine Residual mg/l	Acres irrigated

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 BOD_5 loading rate, in lbs BOD_5/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

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: Click to enter text.

Average Daily Flows, in MGD: Click to enter text.

Significant IUs – non-categorical:

Number of IUs: Click to enter text.

Average Daily Flows, in MGD: Click to enter text.

Other IUs:

Number of IUs: Click to enter text.

Average Daily Flows, in MGD: Click to enter text.

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 *i*nstructions?

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Category: Subcategories: Click to enter text.

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

Category: Click to enter text.

Subcategories: 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 WTTP disposal
5W20 Industrial Process Waste Disposal Wells
5W31 Septic System (Well Disposal method)
5W32 Septic System Drainfield Disposal
5X13 Mine Backfill (IW used to control subsidence, dispose of mining byproducts, and/or fill sections of a mine)
5X25 Experimental Wells (Pilot Test) (IW used to test new technologies or tracer dye studies)
5X26 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)

Appendices

Appendix A

Core Data Form

Appendix B

Plain Language Summary

Appendix C

Original Photographs

Appendix D

Buffer Zone Map

Appendix E

SPIF Form & SPIF USGS Map

Appendix F

Original USGS Map

Appendix G

Treatment Process Description

Appendix H

Treatment Unit Descriptions

Appendix I

Flow Diagram

Appendix J

Site Drawing

Appendix K

Design Calculations

Appendix L

Solids Management Plan

Appendix A

Core Data Form

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.)*

☐ New Permit, Registration or Authorization *(Core Data Form should be submitted with the program application.)*

☒ Renewal *(Core Data Form should be submitted with the renewal form)* ☐ 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 605674050		RN 110293552

SECTION II: Customer Information

4. General Customer Information | **5. Effective Date for Customer Information Updates** (mm/dd/yyyy) 05/08/2025

☐ New Customer ☒ Update to Customer Information ☐ Change in Regulated Entity Ownership
☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)

The Customer Name submitted here may 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:*

Tsakiris, Louis

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number *(if applicable)*
800805652	32035029126		

11. Type of Customer: ☐ Corporation ☒ Individual Partnership: ☐ General ☐ Limited
Government: ☐ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other ☐ Sole Proprietorship ☐ Other:

12. Number of Employees
☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher

13. Independently Owned and Operated?
☒ Yes ☐ No

14. Customer Role (Proposed or Actual) – *as it relates to the Regulated Entity listed on this form. Please check one of the following*

☒ Owner ☐ Operator ☐ Owner & Operator ☐ Other:
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant

15. Mailing Address:

2310 Baker Road							
City	Hosuton	**State**	TX	**ZIP**	77094	**ZIP + 4**	3119

16. Country Mailing Information *(if outside USA)*	17. E-Mail Address *(if applicable)*
	LTsakiris@aol.com

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(281) 802-9343		( ) -

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.)*

Salado Vista WWTP

23. Street Address of the Regulated Entity: ***(No PO Boxes)***							
	City		**State**		**ZIP**		**ZIP + 4**
24. County	Bell						

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

25. Description to Physical Location:	4~~00~~ feet east of Hackberry Rd and ~~Horned Frog Rd~~ IH-35.		
26. Nearest City		**State**	**Nearest ZIP Code**
Salado		TX	76571

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

27. Latitude (N) In Decimal:	30.887306		**28. Longitude (W) In Decimal:**	97.558981	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
30	53	14.30	97	33	32.33

29. Primary SIC Code (4 digits)	**30. Secondary SIC Code** (4 digits)	**31. Primary NAICS Code** (5 or 6 digits)	**32. Secondary NAICS Code** (5 or 6 digits)
4952			

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

Wastewater Treatment Facility

34. Mailing Address:	**2310 Baker Rd**						
	City	**Houston**	**State**	**TX**	**ZIP**	**77094**	**ZIP + 4**	**3119**
35. E-Mail Address:	LTsakiris@aol.com						

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
( ) - 281-802-9343		( ) -

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

☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:

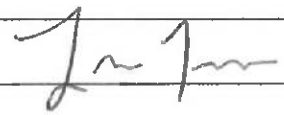
SECTION IV: Preparer Information

40. Name:	Evan N. Wilson	41. Title:	Assistant Project Manager

42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(832) 482-1766		( ) -	ewilson@wga-llc.com

SECTION V: Authorized Signature

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

Company:	Louis Tsakiris, Et al.	Job Title:	Owner	
Name *(In Print)*:	Louis Tsakiris		Phone:	(281 802 - 9343
Signature:			Date:	5/8/25

Appendix B

Plain Language Summary

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 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.

Mr. Louis Tsakiris (CN605674050) proposes to operate Salado Vista (RN110293552), a domestic wastewater treatment plant. The facility will be located at approximately 4200 feet east of the intersection of Hackberry Road and Interstate Highway 35, in Salado, Bell County, Texas 76571. This permit renewal is to continue the authorization of discharge of treated domestic wastewater to a volume not to exceed an average flow of 250,000 gallons per day.

Discharges from the facility are expected to contain CBOD of 21 lbs/day, total suspended solids at 31 lbs/day, Ammonia Nitrogen and 6.3 lbs/day and a chlorine residual not to exceed 4.0 mg/L. Domestic wastewater will be treated by an activated sludge processing plant consisting of the following treatment units: bar screens, aeration baasins, clarifiers, chlorine contact basins, and digesters.

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

AGUAS RESIDUALES DOMÉSTICAS /AGUAS PLUVIALES

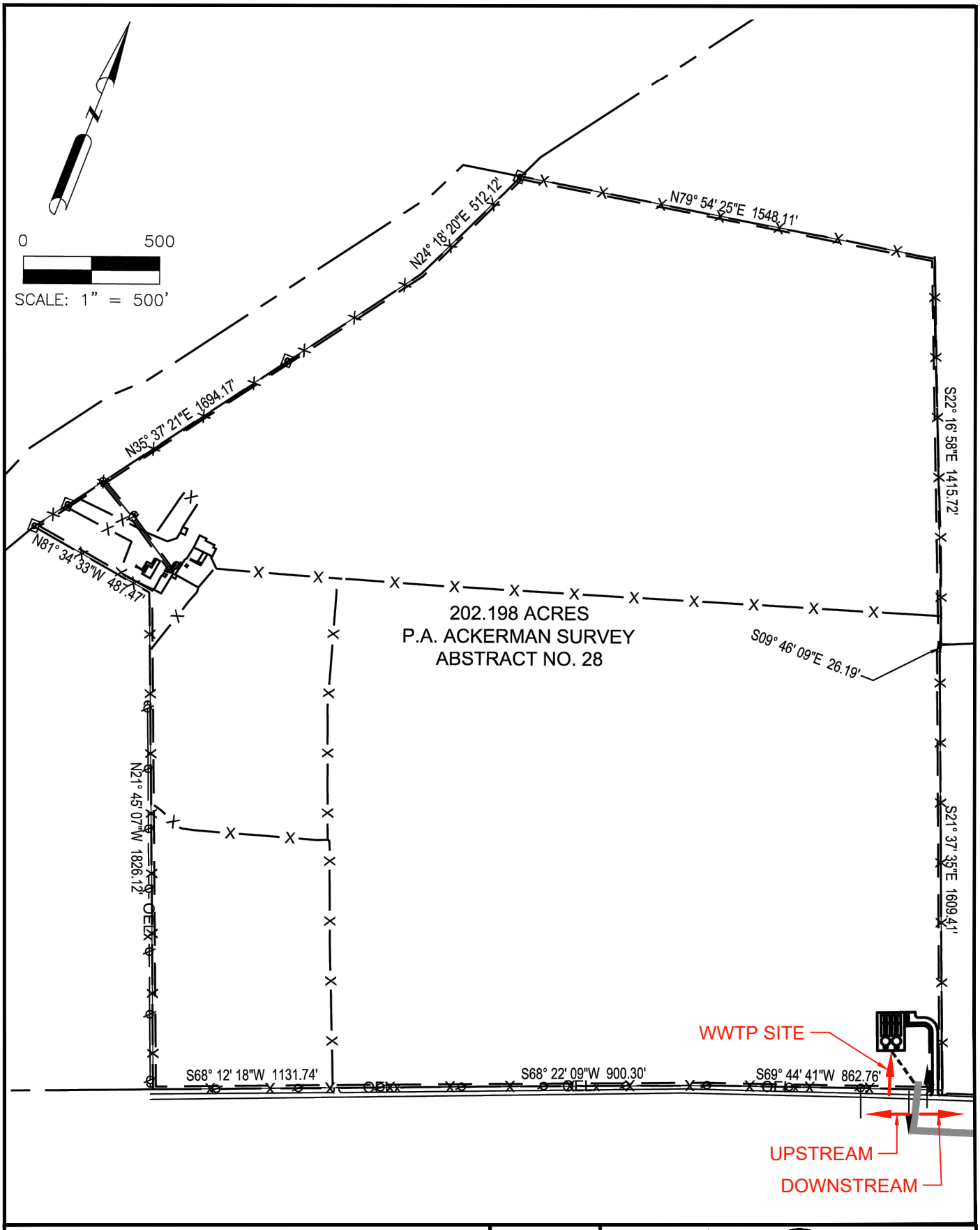
El siguiente resumen se proporciona para esta solicitud de permiso de calidad del agua pendiente que está siendo revisada por la Comisión de Calidad Ambiental de Texas según lo requerido por el Capítulo 39 del Código Administrativo de Texas 30. La información proporcionada en este resumen puede cambiar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

Sr. Louis Tsakiris (CN605674050) propone operar Salado Vista RN110293552, una planta de tratamiento de aguas residuales domésticas. La instalación estará ubicada en aproximadamente 4200 pies al este de la intersección de Hackberry Road y IH-35, en Salado, Condado de Bell, Texas 76571. Esta renovación del permiso es para continuar la autorización de descarga de aguas residuales domésticas tratadas hasta un volumen que no exceda un flujo promedio de 250,000 galones por día.

Se espera que las descargas de la instalación contengan CBOD de 21 lb/día, sólidos suspendidos totales de 31 lb/día, nitrógeno amoniacal de 6,3 lb/día y un residuo de cloro que no exceda los 4,0 mg/L. Aguas residuales domésticas. estará tratado por una planta de procesamiento de lodos activados que consta de las siguientes unidades de tratamiento: rejillas de barras, estanques de aireación, clarificadores, estanques de contacto con cloro y digestores.

Appendix C

Original Photographs



SALADO VISTA WWTP	MAY 2025	WGA CONSULTING ENGINEERS
SITE PHOTOGRAPH EXHIBIT	JOB No. 40009-550	TEXAS REGISTERED ENGINEERING FIRM F-9756
	DRAWN BY: CN	2500 Tanglewilde, Suite 120 Houston, Texas 77063 713.789.1900

ORIGINAL PHOTOGRAPH NO. 1
UPSTREAM

SALADO VISTA
WASTEWATER TREATMENT PLANT

DATE

JOB NO.

DRAWN BY:

WGA

TEXAS REGISTERED ENGINEERING FIRM F-9756

2500 Tanglewild, Suite 120
Houston, Texas 77063
713.789.1900

4526 Research Forest, Suite 360
The Woodlands, Texas 77381
713.789.1900

APPENDIX C

ORIGINAL PHOTOGRAPH NO. 2
DOWNSTREAM

SALADO VISTA
WASTEWATER TREATMENT PLANT

DATE

JOB NO.

DRAWN BY:

WGA

TEXAS REGISTERED ENGINEERING FIRM F-9756

2500 Tanglewild, Suite 120
Houston, Texas 77063
713.789.1900

4526 Research Forest, Suite 360
The Woodlands, Texas 77381
713.789.1900

APPENDIX C

ORIGINAL PHOTOGRAPH NO. 2
WWTP LOCATION

SALADO VISTA
WASTEWATER TREATMENT PLANT

DATE

JOB NO.

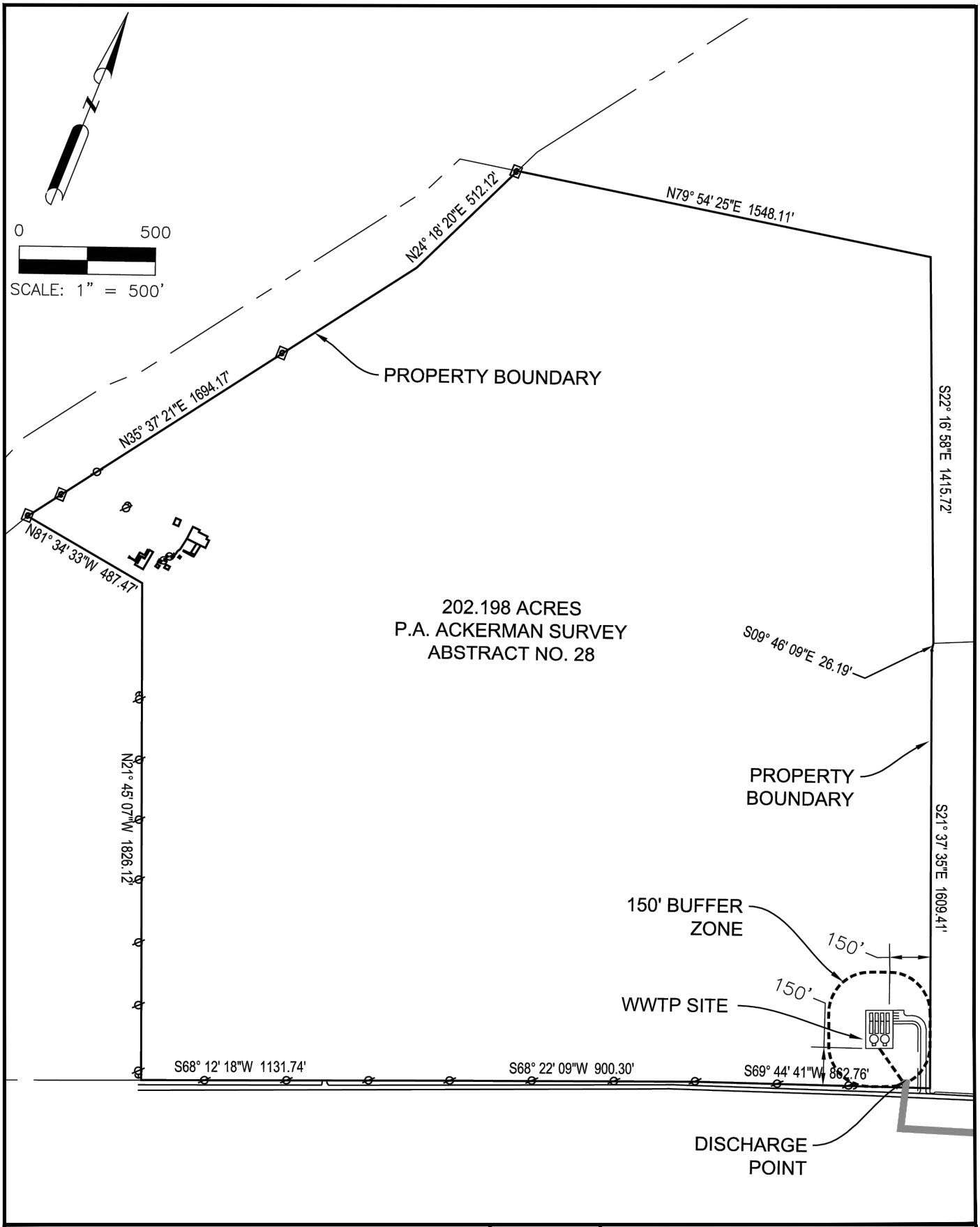
DRAWN BY:

WGA
TEXAS REGISTERED ENGINEERING FIRM F-9756
2500 Tanglewild, Suite 120
Houston, Texas 77063
713.789.1900
4526 Research Forest, Suite 360
The Woodlands, Texas 77381
713.789.1900

APPENDIX C

Appendix D

Buffer Zone Map



SALADO VISTA WWTP	MAY 2025	WGA CONSULTING ENGINEERS
BUFFER ZONE	JOB No. 40009-550	TEXAS REGISTERED ENGINEERING FIRM F-9756
	DRAWN BY: CN	2500 Tanglewilde, Suite 120 Houston, Texas 77063 713.789.1900

Appendix E

SPIF Form & SPIF USGS Map

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: Mr. Louis Tsakiris

   Permit No. WQ00 15664002 EPA ID No. TX 0139289

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

   Site is located approximately 4,200 feet east of the intersection of Hackberry Road and Interstate Highway 35, in Bell County, Texas 76571.

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: Louis Tsakiris

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: Owner

Mailing Address: 2310 Baker Road

City, State, Zip Code: Houston, Texas 77094

Phone No.: (281)802-9343 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: LTsakiris@aol.com

2. List the county in which the facility is located: Bell
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.

To an adjacent roadside ditch, thence to South Darrs Creek, thence to Darrs Creek, Thence to Little River in Segment No. 1213 of the Brazos River 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):

During construction activities, the site will need to be cleared, stripped, and graded in preparation for the proposed development. Lift station wet well will be approximately 30-ft deep and proposed yard piping will be approximately 4-ft to 20-ft deep.

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

Existing property consists of shrubbery and grasses, surrounding areas outside of property appear agricultural.

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

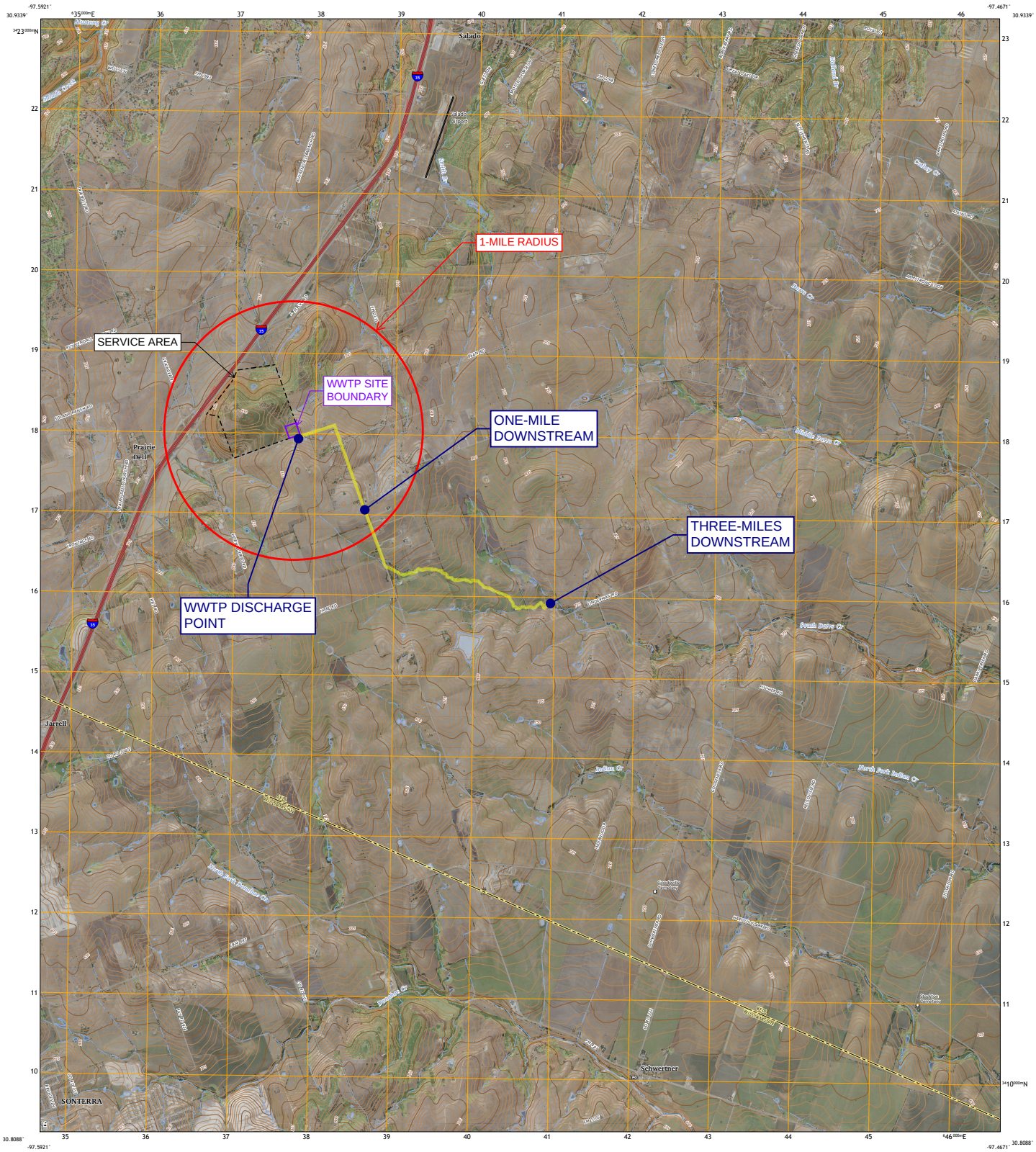
4. Provide a brief history of the property, and name of the architect/builder, if known.

N/A

U.S. DEPARTMENT OF THE INTERIOR
U.S. GEOLOGICAL SURVEY

The National Map
OnDemand Topo

7.5-MINUTE TOPO QUADRANGLE
TEXAS - CUSTOM EXTENT
7.5-MINUTE TOPO



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

Data is provided by The National Map (TNM), is the best available at the time of map generation, and includes data content from supporting themes of Elevation, Hydrography, Geographic Names, Boundaries, Transportation, Structures, Land Cover, and Orthoimagery. Refer to associated Federal Geographic Data Committee (FGDC) Metadata for additional source data information.

This map is not a legal document. Boundaries may be generalized for this map scale. Private lands within government reservations may not be shown. Obtain permission before entering private lands. Temporal changes may have occurred since these data were collected and some data may no longer represent actual surface conditions.

Learn About The National Map: https://nationalmap.gov

UTM GRID AND 2025 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

SCALE 1:24 000

CONTOUR INTERVAL 5 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988
CONTOUR SMOOTHNESS = Medium

QUADRANGLE LOCATION

ADJOINING QUADRANGLES

ROAD CLASSIFICATION
Expressway
Secondary Hwy
Ramp
Local Connector
Local Road
4WD
Interstate Route
US Route
State Route

7.5-MINUTE TOPO, TX
2025

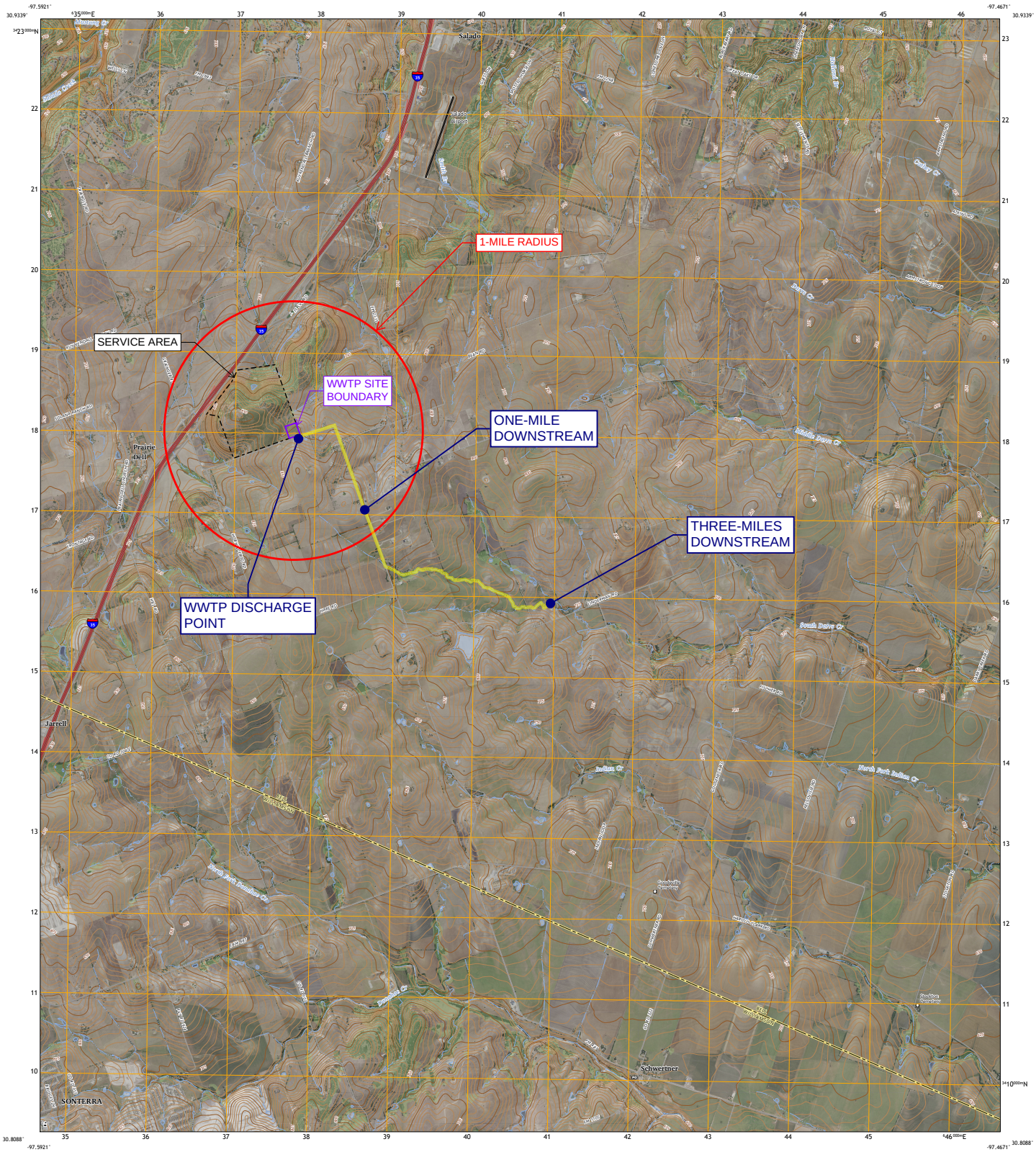
Appendix F

Original USGS Map

U.S. DEPARTMENT OF THE INTERIOR
U.S. GEOLOGICAL SURVEY

The National Map
OnDemand Topo

7.5-MINUTE TOPO QUADRANGLE
TEXAS - CUSTOM EXTENT
7.5-MINUTE TOPO



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

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SCALE 1:24 000

CONTOUR INTERVAL 5 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988
CONTOUR SMOOTHNESS = Medium

QUADRANGLE LOCATION

ADJOINING QUADRANGLES

ROAD CLASSIFICATION
Expressway
Secondary Hwy
Ramp
Local Connector
Local Road
4WD
Interstate Route
US Route
State Route

7.5-MINUTE TOPO, TX
2025

Appendix G

Treatment Process Description

Treatment Process Description

Phase I:
Interim Phase I will have the capacity to serve an average daily flow of 0.025 MGD and a 2-hr peak flow of 69.44 GPM. The activated sludge processing plant will utilize an onsite lift station to pump raw influent from the proposed development to the elevated headworks consisting of two (2) manual bar screens. The screened influent will then gravity flow into one (1) aeration basin. From the aeration basin, mixed liquor will be conveyed into the clarifier. The settled effluent will be returned to the aerated activated sludge basins or wasted to one (1) aerated digester basins. The supernatant from the clarifier will flow over the v-notch weir, into the effluent drop box, and into one (1) aerated chlorine contact basin where flow will be conveyed through baffle walls to facilitate mixing and maintain a minimum contact time of 20-min. Disinfected effluent is then conveyed to the v-notch weir and drop box where it will gravity flow into the sampling manhole where effluent constituents will be sampled and tested. From the sampling manhole, disinfected effluent will gravity flow to the outfall into a roadside ditch, thence ultimately to Segment 1213 Little River.

Phase II:
Interim Phase II will have the capacity to serve an average daily flow of 0.125 MGD and a 2-hr peak flow of 347.22 GPM. The activated sludge processing plant will utilize an onsite lift station to pump raw influent from the development to the elevated headworks consisting of two (2) manual bar screens. Weir plates in the headworks flow splitting structure will evenly split the screened influent and then gravity flow into each of the two (2) aeration basins. From the aeration basins, mixed liquor will be conveyed into one (1) clarifiers. The settled effluent will be returned to the aerated activated sludge basins or wasted to the two (2) aerated digester basins. The supernatant from the clarifiers will flow over the v-notch weir, into the effluent drop box, and into the one (1) aerated chlorine contact basins where flow will be conveyed through baffle walls to facilitate mixing and maintain a minimum contact time of 20-min. Disinfected effluent is then conveyed to the v-notch weir and drop box where it will gravity flow into the sampling manhole where effluent constituents will be sampled and tested for each basin. From the sampling manhole, disinfected effluent will gravity flow to the outfall into a roadside ditch, thence ultimately to Segment 1213 Little River.

Phase III:
Interim Phase III will have the capacity to serve an average daily flow of 0.25 MGD and a 2-hr peak flow of 694.44 GPM. The activated sludge processing plant will utilize an onsite lift station to pump raw influent from the development to the elevated headworks consisting of two (2) manual bar screens. Weir plates in the headworks flow splitting structure will evenly split the screened influent and then gravity flow into each of the four (4) aeration basins. From the aeration basins, mixed liquor will be conveyed into one (1) clarifier. The settled effluent will be returned to the aerated activated sludge basins or wasted to the four (4) aerated digester basins. The supernatant from the clarifiers will flow over the v-notch weir, into the effluent drop box, and into the two (2) aerated chlorine contact basins where flow will be conveyed through baffle walls to facilitate mixing and maintain a minimum contact

time of 20-min. Disinfected effluent is then conveyed to the v-notch weir and drop box where it will gravity flow into the sampling manhole where effluent constituents will be sampled and tested for each basin. From the sampling manhole, disinfected effluent will gravity flow to the outfall into a roadside ditch, thence ultimately to Segment 1213 Little River.

Appendix H

Treatment Unit Descriptions

Phase I – 0.025 MGD

Treatment Unit	*L x W x D x SWD*	*Total Volume (ft³)*		
Aeration Basin 1	20'x11.75'x12'x10.5'	2,412		
Total Ph I Aeration Volume		**2,412**		
Digester Basin 1	12'x11.75'x12'x10.5'	1,481		
Total Ph I Digester Volume		**1,481**		
Chlorine Contact Basin 1	6'x6'x8.17'x7.17'	258		
Total Ph I Disinfection Basin Volume		**258**		
Treatment Unit	*Diameter (ft)*	*Surface Area (ft²)*	*SWD (ft)*	*Total Volume (ft³)*
Clarifier 1	12	907.9	10.0	1,131.0
	Total Ph I Clarifier Surface Area	**907.9**	**Total Ph I Clarifier Volume**	**1,131.0**

Phase II – 0.125 MGD

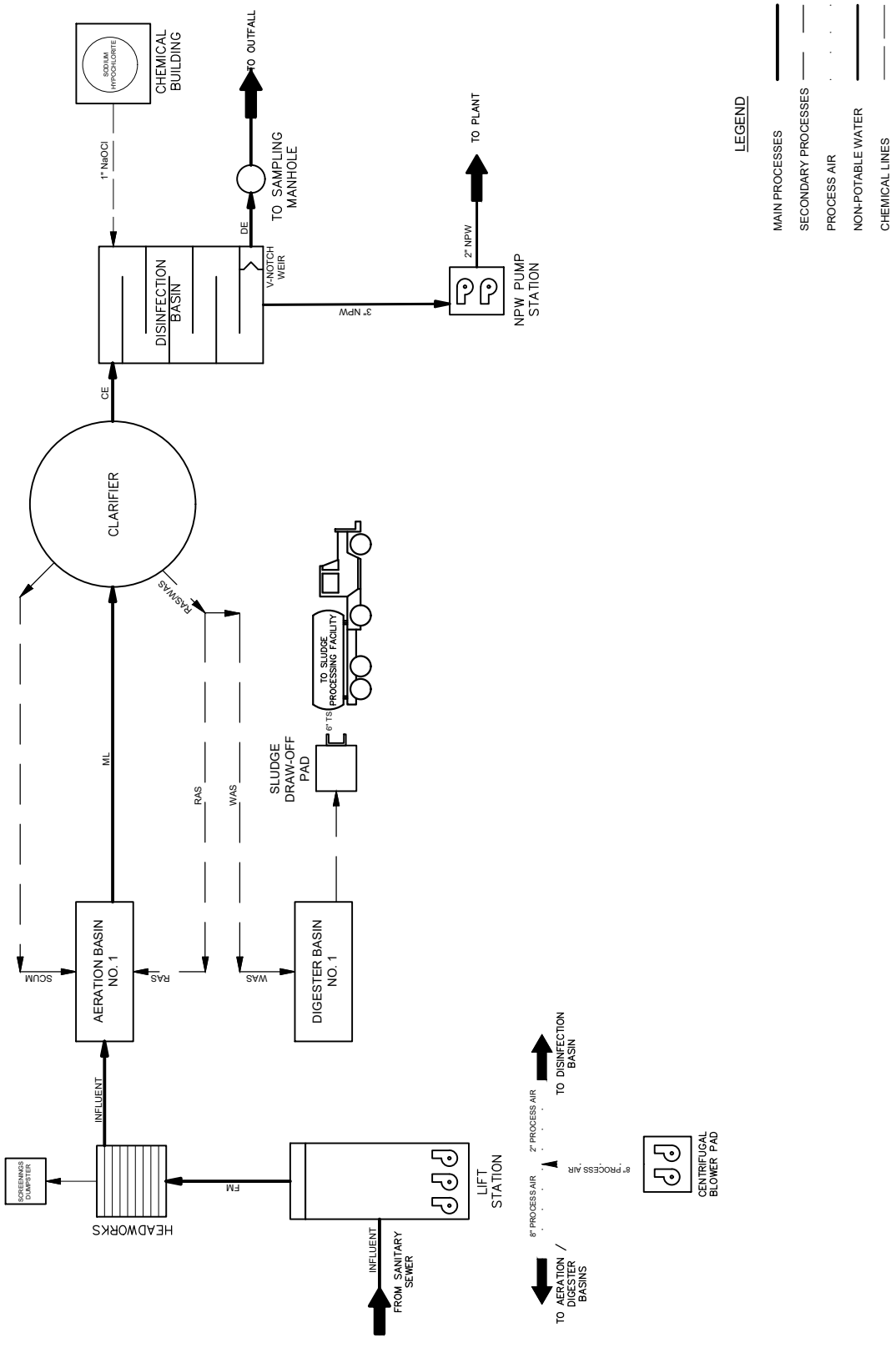
Treatment Unit	*L x W x D x SWD*	*Total Volume (ft³)*		
Aeration Basin 1	45'x11.75'x12'x10.5'	5,434		
Aeration Basin 2	45'x11.75'x12'x10.5'	5,434		
Total Ph II Aeration Volume		**10,864**		
Digester Basin 1	30'x11.75'x12'x10.5'	3,701		
Digester Basin 2	30'x11.75'x12'x10.5'	3,701		
Total Ph II Digester Volume		**7,402**		
Chlorine Contact Basin 1	10'x12'x10'x8.2'	980		
Total Ph II Disinfection Basin Volume		**980**		
Treatment Unit	*Diameter (ft)*	*Surface Area (ft²)*	*SWD (ft)*	*Total Volume (ft³)*
Clarifier 1	26	530.9	10.0	5,309.3
	Total Ph II Clarifier Surface Area	**530.9**	**Total Ph II Clarifier Volume**	**5,309.3**

Phase III – 0.250 MGD

Treatment Unit	*L x W x D x SWD*	*Total Volume (ft³)*		
Aeration Basin 1	45'x11.75'x12'x10.5'	5,434		
Aeration Basin 2	45'x11.75'x12'x10.5'	5,434		
Aeration Basin 3	45'x11.75'x12'x10.5'	5,434		
Aeration Basin 4	45'x11.75'x12'x10.5'	5,434		
Total Ph III Aeration Volume		**21,735**		
Digester Basin 1	30'x11.75'x12'x10.5'	3,701		
Digester Basin 2	30'x11.75'x12'x10.5'	3,701		
Digester Basin 3	30'x11.75'x12'x10.5'	3,701		
Digester Basin 4	30'x11.75'x12'x10.5'	3,701		
Total Ph III Digester Volume		**14,805**		
Chlorine Contact Basin 1	10'x12'x10'x8.167'	980		
Chlorine Contact Basin 2	10'x12'x10'x8.167'	980		
Total Ph III Disinfection Basin Volume		**1,960**		
Treatment Unit	*Diameter (ft)*	*Surface Area (ft²)*	*SWD (ft)*	*Total Volume (ft³)*
Clarifier 1	26	530.9	10.0	5,309.3
Clarifier 2	26	530.9	10.0	5,309.3
	Total Ph III Clarifier Surface Area	**1,061.9**	**Total Ph III Clarifier Volume**	**10,618.6**

Appendix I

Flow Diagrams



SALADO VISTA WWTP

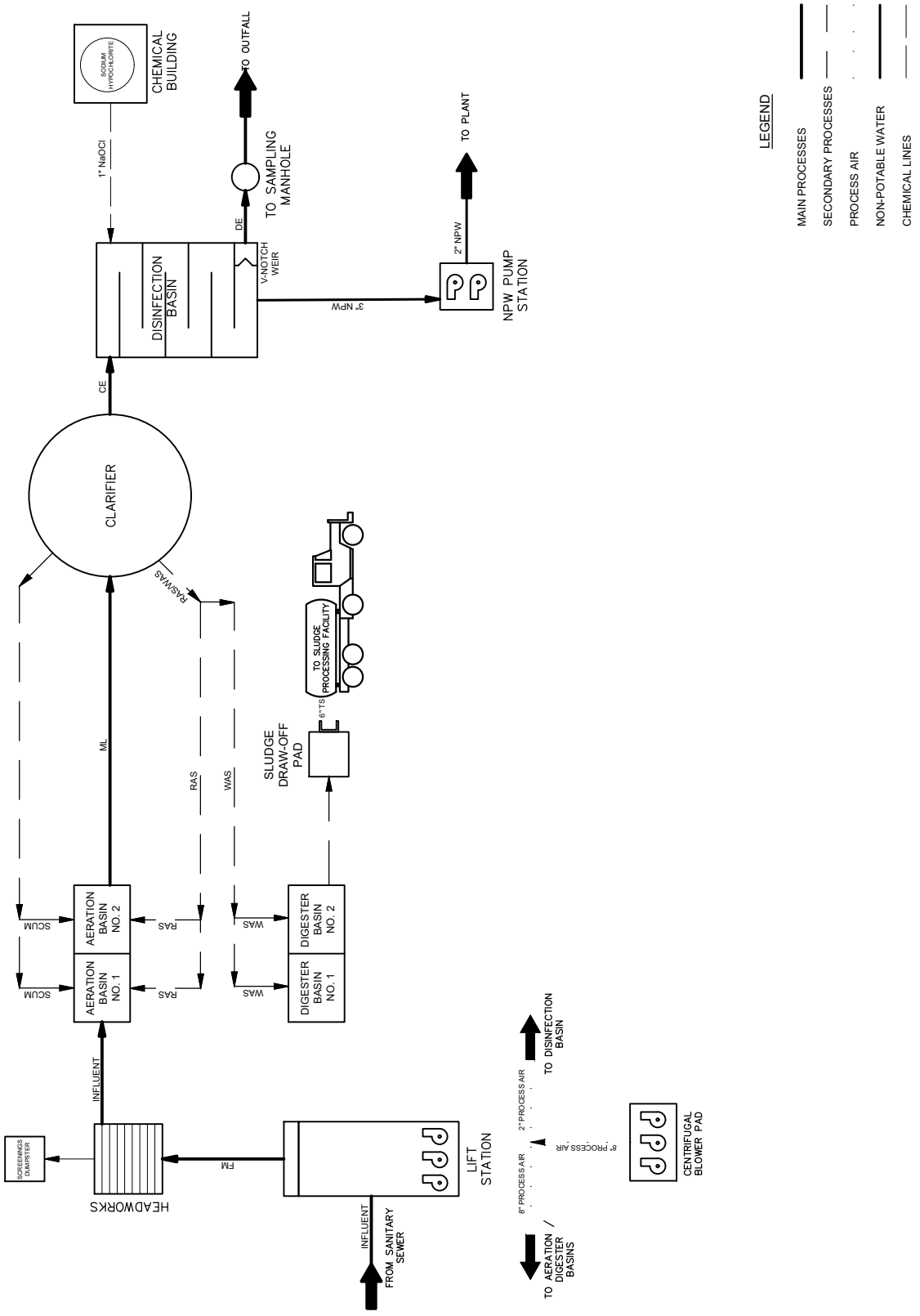
PROCESS FLOW DIAGRAM PH I

MAY 2025

JOB No. 40009-550

DRAWN BY: CN

WGA
CONSULTING ENGINEERS
TEXAS REGISTERED ENGINEERING FIRM F-9756
2500 Tanglewilde, Suite 120
Houston, Texas 77063
713.789.1900



SALADO VISTA WWTP

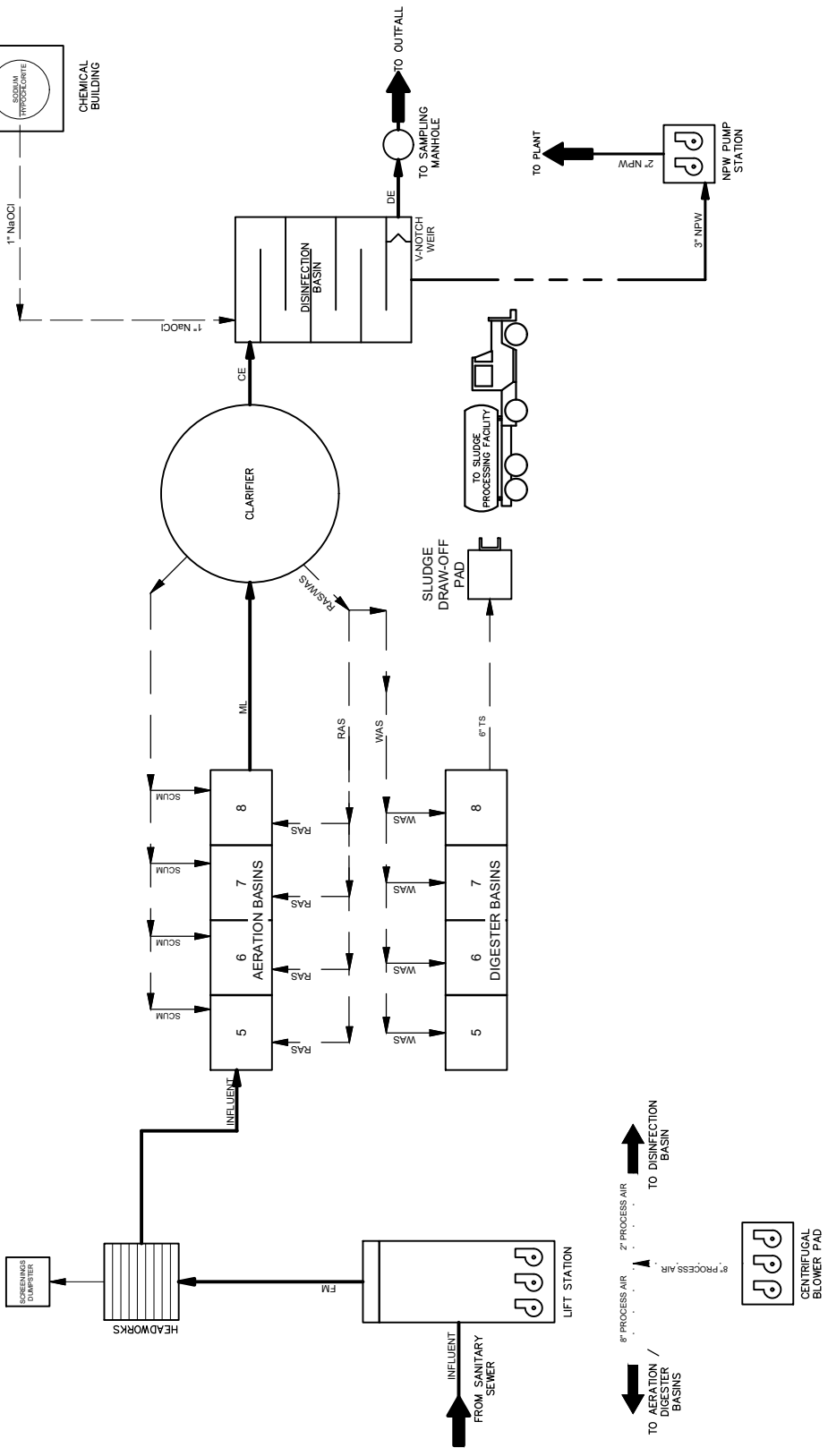
PROCESS FLOW DIAGRAM PH II

MAY 2025

JOB No. 40009-550

DRAWN BY: CN

WGA
CONSULTING ENGINEERS
TEXAS REGISTERED ENGINEERING FIRM F-9756
2500 Tanglewilde, Suite 120
Houston, Texas 77063
713.789.1900



SALADO VISTA WWTP

PROCESS FLOW DIAGRAM PH III

MAY 2025

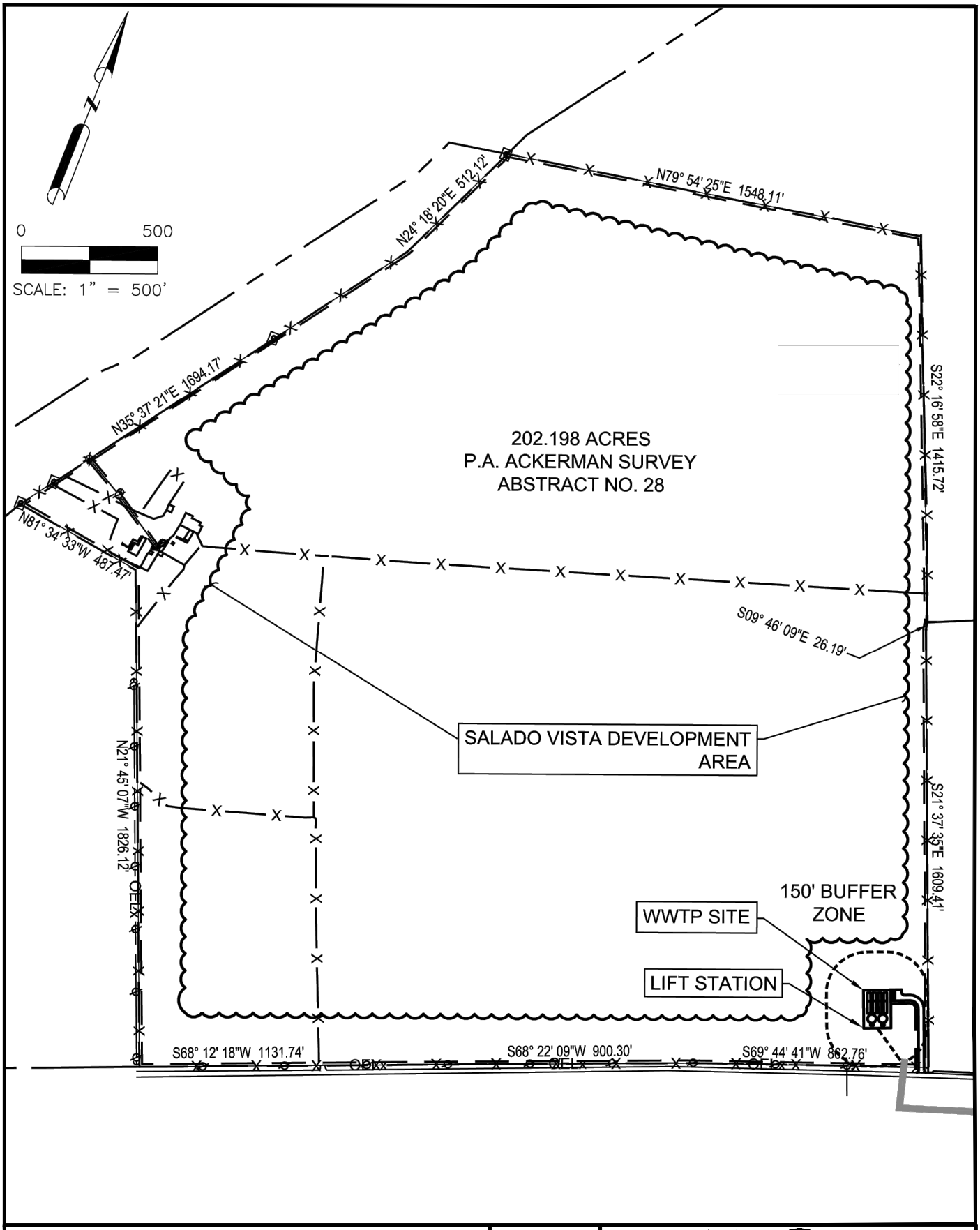
JOB No. 40009-550

DRAWN BY: CN

WGA
CONSULTING ENGINEERS
TEXAS REGISTERED ENGINEERING FIRM F-9756
2500 Tanglewilde, Suite 120
Houston, Texas 77063
713.789.1900

Appendix J

Site Drawing



SALADO VISTA WWTP	MAY 2025	WGA CONSULTING ENGINEERS
SITE DRAWING	JOB No. 40009-550	TEXAS REGISTERED ENGINEERING FIRM F-9756
	DRAWN BY: CN	2500 Tanglewilde, Suite 120 Houston, Texas 77063 713.789.1900

Appendix K

Design Calculations

PHASE I - 0.025 MGD

PROJECT NAME: Salado Vista WWTP Ph I
CLIENT: Louis Tsakiris
PROJECT NUMBER: 40009-550
DATE: 5/13/2025
BY: ENW
QC:

WASTEWATER AND PLANT CHARACTERIZATION

PHASE I

Flow Rates

Annual Average			0.025	MGD	17	GPM	0.04 CFS
Peak Month	Factor	1.5	0.04	MGD	26	GPM	0.06 CFS
Peak 2-Hour	Factor	4	0.10	MGD	69	GPM	0.16 CFS
Min. Month	Factor	0.5	0.0125	MGD	9	GPM	0.02 CFS

Raw Wastewater Concentrations

	Avg.	2-Hour Peak	Peak Month	Min. Month		
BOD (total)	350	100	250	200	mg/L	Assumed
BOD (soluble)	210				mg/L	
TSS	350				mg/L	
VSS	280				mg/L	
TKN	50				mg/L	
NH3-N	40				mg/L	
TP					mg/L	

Effluent Requirements

BOD	10	mg/L
TSS	15	mg/L
NH3-N	2	mg/L
TP		mg/L
DO		mg/L

Select Treatment Processes from the List

Preliminary Treatment	Coarse Screening
Primary Treatment	None
Biological Treatment	Conventional Activated Sludge w/ Nitrification, @ Min.
Solids Treatment	Aerobic Digestion + Dewatering

ACTIVATED SLUDGE DESIGN

WASTEWATER CHARACTERISTICS

INFLUENT MASS LOADING		
BOD5 (AVG)	73.0	lbs/day
BOD5 (2-HR PEAK)	83.4	lbs/day
BOD5 (PEAK MONTH)	78.2	lbs/day
BOD5 (MIN MONTH)	20.9	lbs/day
TSS	73.0	lbs/day
NH_3	8.3	lbs/day
TKN	10.4	lbs/day
EFFLUENT COMPOSITION (ASSUMED FOR CONSERVATIVE DESIGN)		
BOD5	10.0	mg/L
TSS	15.0	mg/L
NH_3	3.0	mg/L
TKN	0.0	mg/L

AERATION BASIN

Conventional Activated Sludge w/ Nitrification, @ Min. Temp > 15°C

Description	Value	Unit
AERATION BASIN CALCULATIONS - TCEQ TRADITIONAL DESIGN - TCEQ 217, SUBCHAPTER F		
Aeration Basin Maximum Organic Loading	35.0	lbs/day/1000 ft^3
Minimum Number of Basins (For Flow < 0.4 MGD)	2.0	EA
BOD Removal Credit for Preliminary and Primary Treatment (Optional)	0%	
Total Peak BOD Loading (Based on Design Flow)	73	lbs/day
Total Aeration Basin Volume Required	2,085	ft^3

AERATION BASIN SIZING		
Proposed Number of Basins	1.0	
Side Water Depth of Basins	10.5	ft
Freeboard	1.5	ft
Total Depth of Basin	12.0	ft
Diffuser Submergence	10.0	ft
Required Volume of Each Aeration Basin	2,085	ft^3
Surface Area of Each Basin	199	ft^2
Width to Length Ratio (1:X)	1.7	
Required Width of Each Basin	11.8	ft
Required Length of Each Basin	20	ft
Proposed Volume of Each Aeration Basin	2,412	ft^3
Proposed Total Aeration Basin Volume	2,412	ft^3

SECONDARY CLARIFIERS

WASTEWATER CHARACTERISTICS		
Description	**Value**	**Unit**
Influent BOD_5	350.0	mg/L
Influent TSS	350.0	mg/L
Influent NH_3	40.0	mg/L
Daily Flow (Q_{AVE})	25,000.0	gpd
Daily Flow (Q_{AVE})	17.4	gpm
Daily Flow (Q_{AVE})	0.039	cfs
2-hr Peak Flow (Q_{PK})	100,000	gpd
2-hr Peak Flow (Q_{PK})	69.4	gpm
2-hr Peak Flow (Q_{PK})	0.155	cfs
NH_3	8.4	lbs/day
BOD_5	73.2	lbs/day
TSS	73.2	lbs/day

Description
Conventional Activated Sludge w/ Nitrification, @ Min. Temp > 15°C

SECONDARY CLARIFIER		
Description	**Value**	**Unit**
Number of Clarifiers	1.0	Ea
Average Flow Per Clarifier	0.025	MGD
Peak Flow Per Clarifier	0.10	MGD
Clarifier Shape (Round, Octagonal, Square)	Round	
Design Weir Shape (Round, Segmented)	Round	
Design Number of Segments (Leave Blank If Designed Round)		

SURFACE AREA DESIGN - TCEQ 217.154 (c)(1)		
TCEQ Max Surface Loading (Q_{AVG}) TCEQ 317.4 (d)(5)	700	gal/day/ft^2
TCEQ Max Surface Loading (Q_{PK}) TCEQ 217.154 (c)(1)	1,200	gal/day/ft^2
Design Diameter	**12.0**	ft
Surface Area Required at Peak Flow Per Clarifier	83.3	ft^2
Surface Area Required for All Clarifiers at Peak Flow	83.3	ft^2
Proposed Surface Area Per Clarifier	113.1	ft^2
Total Proposed Surface Area for All Clarifiers	113.1	ft^2
Actual Design Surface Loading at Design Flow (Q_{AVE})	221.0	gal/day/ft^2
Actual Design Surface Loading at Peak Flow (Q_{PK})	884.2	gal/day/ft^2

SIDE WATER DEPTH - TCEQ 217.152 (g)		
Side Water Depth For Clarifier Surface Area Greater Than 300 sqft.	10	ft
Side Water Depth For Clarifier Surface Area Equal To Or Less Than 300 sqft.	8	ft
Controlling Minimum Depth Requirement	8.0	ft
Proposed Clarifier Side Water Depth (Not Total Depth)	**10.0**	ft

SECONDARY CLARIFIERS

WASTEWATER CHARACTERISTICS

Description	Value	Unit
Design Floor Slope (1:X)	12.0	
Design Cone Depth (Including 1:12, sloped bottom)	0.5	ft
Free Board (Minimum 1 feet)	1.0	ft
Total Depth of Clarifier	11.500	ft
Design Total Depth of Clarifier	**12.0**	ft
HYDRAULIC DETENTION TIME - TCEQ 217.154 (c)(1)		
TCEQ Min Detention Time (Q_{AVE})	2.6	hours
TCEQ Min Detention Time (Q_{PK})	1.8	hours
Flow per Clarifier for Hydraulic Detention Time @ Design Flow (w/ Recycle)	0.03	MGD
Flow per Clarifier for Hydraulic Detention Time @ Peak Flow (w/ Recycle)	0.10	MGD
Required Treatment Volume At Design Flow for Each Clarifier	362.1	ft^3
Required Treatment Volume At Peak Flow for Each Clarifier	1,002.7	ft^3
Proposed Treatment Volume for Each Clarifier	1,131.0	ft^3
Actual Hydraulic Detention Time at Design Flow	8.1	hours
Actual Hydraulic Detention Time at Peak Flow	2.0	hours

SOLIDS LOADING RATE - TCEQ 317.4 (d)(5)		
Totals Solids to Clarifier	2,502.0	lbs/day
Proposed Surface Area of Clarifier	113.1	ft^2
Loading Rate of Solids to Clarifier	22.1	$lbs/day/ft^2$
TCEQ Maximum Loading Rate	50.0	$lbs/day/ft^2$

EFFLUENT WEIR DESIGN - TCEQ 217.152 (d)		
Weir loading (For Plants with Design Flows 1.0 MGD or less)	20,000	gal/day/ft
Weir loading (For Plants with Design Flows Over 1.0 MGD)	30,000	gal/day/ft
Controlling Weir Loading Criteria	20,000.0	gal/day/ft
Total Length of Weir Required Per Clarifier @ Peak Flow	5.0	ft
Total Length of Weir Required For All Clarifiers @ Peak Flow	5.0	ft
Proposed Weir Distance from Wall	1.0	ft
Diameter of Effluent Weir	10.0	ft
Design Weir Length Per Clarifier	31.4	ft
Total Design Weir Length	31.4	ft
Actual Surface Area Loading @ Peak Flow	3,183.1	$gal/day/ft^2$
Actual Surface Area Loading @ Average Flow	795.8	$gal/day/ft^2$

TORQUE RATINGS OF DRIVES AND RAKES		
Resistive Force of Secondary Sludge (W)	6.0	lb/ft
Running Torque (Wr^2)	216.0	ft-lbs

RETURN ACTIVATED SLUDGE FLOW RATES - TCEQ 217.152 (j)		
Lower Limit Underflow Rate - TCEQ 217.152(j)	200	gpd/ft^2
Minimum RAS Flow Rate (per clarifier)	15.7	gpm

SECONDARY CLARIFIERS

WASTEWATER CHARACTERISTICS		
Description	**Value**	**Unit**
Upper Limit Underflow Rate - TCEQ 217.152(j)	400	gpd/ft^2
Maximum RAS Flow Rate (per clarifier)	31.4	gpm
Combined Upper Limit RAS Underflow Rate for Plant	31.4	gpm

STILLING WELL DESIGN		
Maximum Stilling Well Velocity (@ Peak Flow) TCEQ 217.152 (a)(4)	0.15	ft/sec
Peak Flow For Individual Clarifier	0.10	MGD
Total Area Required	1.0	ft^2
Diameter of Each Stilling Well	6.0	ft
Area of Each Stilling Well	28.3	ft^2

AEROBIC DIGESTER

TCEQ DESIGN CRITERIA (CHAPTER 317.5 (B))		
Minimum Detention Time	15.0	days
Volume Requirement	20.0	ft^3/lb BOD_5/day
Aeration Requirement	30.0	scfm/1000 ft^3
If Mechanical Aeration is Used	1.5	HP/1000 ft^3
TCEQ DESIGN CRITERIA (CHAPTER 217, SUBCHAPTER J)		
Minimum Temperature	15.0	deg C
Required Minimum Detention Time	60.0	days
Minimum Volatile Solids Loading Rate	100.0	lb/1000 ft^3/day
Maximum Volatile Solids Loading Rate	200.0	lb/1000 ft^3/day
Aeration Requirement	20.0	SCFM/1000 ft^3

NOTE: Aerobic digester has to be sized for average day flow

Biodegradable Volatile Solids in WAS	0.7	lb VS/BOD removed
Destruction	0.3	lb VS/BOD removed
Note: Typical minimum Solids Retention Time (SRT) maintained in WWTPs is 8 days. Secondary solids production is typically estimated at SRT of 8 days and at 15°C temperature.		
Influent Solids	73	lbs/day
Digested Solids Production	58	lbs/day
Average Digested Solids Production	65	lbs/day
Total Sludge Production, lbs/day	65	lbs/day
Assumed Average Dig. Conc., mg/l	15,000.0	mg/l
Total Sludge to Aerobic Digester	522.08	gal/d
Volume Required Based on Min. Detention Time @ 60 Days	4,187.83	ft^3
Volume Required Based on Min. Detention Time @ 15 Days	1,046.96	ft^3

CHECK IF CHAPTER 217 VOLATILE SOLIDS LOADING RATE REQUIREMENTS CAN BE MET

Volatile Suspended Solids Loading	51	lbs/day
Volatile Solids Loading Rate for 60 Days Storage Volume	0.00073	lb/1000 ft^3
Volatile Solids Loading Rate	**ERROR!**	
Note: It is not possible to meet both the min. required detention time and min. required VS solids loading rate requirements without significant thickening before the sludge is stabilized in the digester. Hence, it is prudent to just meet the required min. detention time alone. Also, if the sludge is to be disposed of in a landfill, sludge stabilization will not be required and a full detention time is not necessary. When a full dettention time is not provided, the basin will not be a true aerobic digester; instead, it will be reconfigured as a sludge holding tank.		
SLUDGE HOLDING TANK DESIGN		
Number of Basins	1.0	Ea
Freeboard	1.5	ft
Side Water Depth	10.5	ft
Total Required Depth	12.0	ft
Actual Tank Depth	12.0	ft
Width	11.8	ft
Length	12.0	ft
Design Volume	1,481	ft^3
DESIGN CHECK		
Detention Time	21.21	days
Design Volume to Loading Ratio	20.29	ft^3/lb BOD_5/day

DISINFECTION BASIN

WASTEWATER CHARACTERISTICS		
Design Flow Rate (Average Daily Flow)	0.025	MGD
Design Flow Rate (2-Hour Peak Flow)	0.10	MGD

CHLORINE CONTACT CHAMBER		
Description	**Value**	**Unit**
TCEQ Min Detention Time (Q_{PK}) (TCEQ217.281(b)(1)	20.0	min
TCEQ Required Minimum Volume	185.7	ft^3
TCEQ Required Minimum Volume	1,388.9	gal

Chlorine Contact Basin Sizing (Excluding Chlorine Mixing Chamber)		
Design Number of Trains	1.0	
Design Side Water Depth at Peak Flow	7.2	ft
Design Width of Basin	6.0	ft
Design Channel Width	2.0	ft
Design Channel Length (Assumes 40:1 L:W ratio per TCEQ 217.281(a)(2))	80.0	ft
Number of Partition	2.0	ea
DESIGN LENGTH OF BASIN	6.0	ft
PROPOSED VOLUME	1,146.7	ft^3
ACTUAL CCB VOLUME	258.0	ft^3
Actual Detention Time at Peak Flow	27.8	min
ACTUAL CHANNEL LENGTH	18.0	ft

PHASE II - 0.125 MGD

PROJECT NAME: Salado Vista WWTP Ph II
CLIENT: Louis Tsakiris
PROJECT NUMBER: 40009-550
DATE: 5/13/2025
BY: ENW
QC:

WASTEWATER AND PLANT CHARACTERIZATION

PHASE II

Flow Rates

Annual Average			0.125	MGD	87	GPM	0.19	CFS
Peak Month	Factor	1.5	0.19	MGD	130	GPM	0.29	CFS
Peak 2-Hour	Factor	4	0.50	MGD	347	GPM	0.78	CFS
Min. Month	Factor	0.5	0.0625	MGD	43	GPM	0.10	CFS

Raw Wastewater Concentrations

	Avg.	2-Hour Peak	Peak Month	Min. Month		
BOD (total)	350	100	250	200	mg/L	Assumed
BOD (soluble)	210				mg/L	
TSS	350				mg/L	
VSS	280				mg/L	
TKN	50				mg/L	
NH3-N	40				mg/L	
TP					mg/L	

Effluent Requirements

BOD	10	mg/L
TSS	15	mg/L
NH3-N	2	mg/L
TP		mg/L
DO		mg/L

Select Treatment Processes from the List

Preliminary Treatment	Coarse Screening
Primary Treatment	None
Biological Treatment	Conventional Activated Sludge w/ Nitrification, @ Min.
Solids Treatment	Aerobic Digestion + Dewatering

ACTIVATED SLUDGE DESIGN

WASTEWATER CHARACTERISTICS

INFLUENT MASS LOADING		
BOD5 (AVG)	364.9	lbs/day
BOD5 (2-HR PEAK)	417.0	lbs/day
BOD5 (PEAK MONTH)	390.9	lbs/day
BOD5 (MIN MONTH)	104.3	lbs/day
TSS	364.9	lbs/day
NH_3	41.7	lbs/day
TKN	52.1	lbs/day
EFFLUENT COMPOSITION (ASSUMED FOR CONSERVATIVE DESIGN)		
BOD5	10.0	mg/L
TSS	15.0	mg/L
NH_3	3.0	mg/L
TKN	0.0	mg/L

AERATION BASIN

Conventional Activated Sludge w/ Nitrification, @ Min. Temp > 15°C

Description	Value	Unit
AERATION BASIN CALCULATIONS - TCEQ TRADITIONAL DESIGN - TCEQ 217, SUBCHAPTER F		
Aeration Basin Maximum Organic Loading	35.0	lbs/day/1000 ft^3
Minimum Number of Basins (For Flow < 0.4 MGD)	2.0	EA
BOD Removal Credit for Preliminary and Primary Treatment (Optional)	0%	
Total Peak BOD Loading (Based on Design Flow)	365	lbs/day
Total Aeration Basin Volume Required	10,425	ft^3

AERATION BASIN SIZING		
Proposed Number of Basins	1.0	
Side Water Depth of Basins	10.5	ft
Freeboard	1.5	ft
Total Depth of Basin	12.0	ft
Diffuser Submergence	10.0	ft
Required Volume of Each Aeration Basin	10,425	ft^3
Surface Area of Each Basin	993	ft^2
Width to Length Ratio (1:X)	3.8	
Required Width of Each Basin	11.8	ft
Required Length of Each Basin	45	ft
Proposed Volume of Each Aeration Basin	5,434	ft^3
Proposed Total Aeration Basin Volume	5,434	ft^3

SECONDARY CLARIFIERS

WASTEWATER CHARACTERISTICS

Description	Value	Unit
Influent BOD_5	350.0	mg/L
Influent TSS	350.0	mg/L
Influent NH_3	40.0	mg/L
Daily Flow (Q_{AVE})	125,000.0	gpd
Daily Flow (Q_{AVE})	86.8	gpm
Daily Flow (Q_{AVE})	0.194	cfs
2-hr Peak Flow (Q_{PK})	500,000	gpd
2-hr Peak Flow (Q_{PK})	347.2	gpm
2-hr Peak Flow (Q_{PK})	0.775	cfs
NH_3	41.8	lbs/day
BOD_5	365.8	lbs/day
TSS	365.8	lbs/day

Description
Conventional Activated Sludge w/ Nitrification, @ Min. Temp > 15°C

SECONDARY CLARIFIER

Description	Value	Unit
Number of Clarifiers	1.0	Ea
Average Flow Per Clarifier	0.025	MGD
Peak Flow Per Clarifier	0.10	MGD
Clarifier Shape (Round, Octagonal, Square)	Round	
Design Weir Shape (Round, Segmented)	Round	
Design Number of Segments (Leave Blank If Designed Round)		

SURFACE AREA DESIGN - TCEQ 217.154 (c)(1)		
TCEQ Max Surface Loading (Q_{AVG}) TCEQ 317.4 (d)(5)	700	gal/day/ft^2
TCEQ Max Surface Loading (Q_{PK}) TCEQ 217.154 (c)(1)	1,200	gal/day/ft^2
Design Diameter	**26.0**	ft
Surface Area Required at Peak Flow Per Clarifier	83.3	ft^2
Surface Area Required for All Clarifiers at Peak Flow	83.3	ft^2
Proposed Surface Area Per Clarifier	530.9	ft^2
Total Proposed Surface Area for All Clarifiers	530.9	ft^2
Actual Design Surface Loading at Design Flow (Q_{AVE})	47.1	gal/day/ft^2
Actual Design Surface Loading at Peak Flow (Q_{PK})	188.3	gal/day/ft^2

SIDE WATER DEPTH - TCEQ 217.152 (g)		
Side Water Depth For Clarifier Surface Area Greater Than 300 sqft.	10	ft
Side Water Depth For Clarifier Surface Area Equal To Or Less Than 300 sqft.	8	ft
Controlling Minimum Depth Requirement	10.0	ft
Proposed Clarifier Side Water Depth (Not Total Depth)	**10.0**	ft

SECONDARY CLARIFIERS

WASTEWATER CHARACTERISTICS

Description	Value	Unit
Design Floor Slope (1:X)	12.0	
Design Cone Depth (Including 1:12, sloped bottom)	1.1	ft
Free Board (Minimum 1 feet)	1.0	ft
Total Depth of Clarifier	12.083	ft
Design Total Depth of Clarifier	**12.2**	ft
HYDRAULIC DETENTION TIME - TCEQ 217.154 (c)(1)		
TCEQ Min Detention Time (Q_{AVE})	2.6	hours
TCEQ Min Detention Time (Q_{PK})	1.8	hours
Flow per Clarifier for Hydraulic Detention Time @ Design Flow (w/ Recycle)	0.03	MGD
Flow per Clarifier for Hydraulic Detention Time @ Peak Flow (w/ Recycle)	0.10	MGD
Required Treatment Volume At Design Flow for Each Clarifier	362.1	ft^3
Required Treatment Volume At Peak Flow for Each Clarifier	1,002.7	ft^3
Proposed Treatment Volume for Each Clarifier	5,309.3	ft^3
Actual Hydraulic Detention Time at Design Flow	38.1	hours
Actual Hydraulic Detention Time at Peak Flow	9.5	hours

SOLIDS LOADING RATE - TCEQ 317.4 (d)(5)		
Totals Solids to Clarifier	2,502.0	lbs/day
Proposed Surface Area of Clarifier	530.9	ft^2
Loading Rate of Solids to Clarifier	4.7	$lbs/day/ft^2$
TCEQ Maximum Loading Rate	50.0	$lbs/day/ft^2$

EFFLUENT WEIR DESIGN - TCEQ 217.152 (d)		
Weir loading (For Plants with Design Flows 1.0 MGD or less)	20,000	gal/day/ft
Weir loading (For Plants with Design Flows Over 1.0 MGD)	30,000	gal/day/ft
Controlling Weir Loading Criteria	20,000.0	gal/day/ft
Total Length of Weir Required Per Clarifier @ Peak Flow	5.0	ft
Total Length of Weir Required For All Clarifiers @ Peak Flow	5.0	ft
Proposed Weir Distance from Wall	1.0	ft
Diameter of Effluent Weir	24.0	ft
Design Weir Length Per Clarifier	75.4	ft
Total Design Weir Length	75.4	ft
Actual Surface Area Loading @ Peak Flow	1,326.3	$gal/day/ft^2$
Actual Surface Area Loading @ Average Flow	331.6	$gal/day/ft^2$

TORQUE RATINGS OF DRIVES AND RAKES		
Resistive Force of Secondary Sludge (W)	6.0	lb/ft
Running Torque (Wr^2)	1,014.0	ft-lbs

RETURN ACTIVATED SLUDGE FLOW RATES - TCEQ 217.152 (j)		
Lower Limit Underflow Rate - TCEQ 217.152(j)	200	gpd/ft^2
Minimum RAS Flow Rate (per clarifier)	73.7	gpm

SECONDARY CLARIFIERS

WASTEWATER CHARACTERISTICS		
Description	**Value**	**Unit**
Upper Limit Underflow Rate - TCEQ 217.152(j)	400	gpd/ft^2
Maximum RAS Flow Rate (per clarifier)	147.5	gpm
Combined Upper Limit RAS Underflow Rate for Plant	147.5	gpm

STILLING WELL DESIGN		
Maximum Stilling Well Velocity (@ Peak Flow) TCEQ 217.152 (a)(4)	0.15	ft/sec
Peak Flow For Individual Clarifier	0.10	MGD
Total Area Required	1.0	ft^2
Diameter of Each Stilling Well	6.0	ft
Area of Each Stilling Well	28.3	ft^2

AEROBIC DIGESTER

TCEQ DESIGN CRITERIA (CHAPTER 317.5 (B))		
Minimum Detention Time	15.0	days
Volume Requirement	20.0	ft^3/lb BOD_5/day
Aeration Requirement	30.0	scfm/1000 ft^3
If Mechanical Aeration is Used	1.5	HP/1000 ft^3
TCEQ DESIGN CRITERIA (CHAPTER 217, SUBCHAPTER J)		
Minimum Temperature	15.0	deg C
Required Minimum Detention Time	60.0	days
Minimum Volatile Solids Loading Rate	100.0	lb/1000 ft^3/day
Maximum Volatile Solids Loading Rate	200.0	lb/1000 ft^3/day
Aeration Requirement	20.0	SCFM/1000 ft^3

NOTE: Aerobic digester has to be sized for average day flow

Biodegradable Volatile Solids in WAS	0.7	lb VS/BOD removed
Destruction	0.3	lb VS/BOD removed
Note: Typical minimum Solids Retention Time (SRT) maintained in WWTPs is 8 days. Secondary solids production is typically estimated at SRT of 8 days and at 15°C temperature.		
Influent Solids	365	lbs/day
Digested Solids Production	288	lbs/day
Average Digested Solids Production	327	lbs/day
Total Sludge Production, lbs/day	327	lbs/day
Assumed Average Dig. Conc., mg/l	15,000.0	mg/l
Total Sludge to Aerobic Digester	2,610.42	gal/d
Volume Required Based on Min. Detention Time @ 60 Days	20,939.17	ft^3
Volume Required Based on Min. Detention Time @ 15 Days	5,234.79	ft^3

CHECK IF CHAPTER 217 VOLATILE SOLIDS LOADING RATE REQUIREMENTS CAN BE MET

Volatile Suspended Solids Loading	255	lbs/day
Volatile Solids Loading Rate for 60 Days Storage Volume	0.00073	lb/1000 ft^3
Volatile Solids Loading Rate	**ERROR!**	
Note: It is not possible to meet both the min. required detention time and min. required VS solids loading rate requirements without significant thickening before the sludge is stabilized in the digester. Hence, it is prudent to just meet the required min. detention time alone. Also, if the sludge is to be disposed of in a landfill, sludge stabilization will not be required and a full detention time is not necessary. When a full dettention time is not provided, the basin will not be a true aerobic digester; instead, it will be reconfigured as a sludge holding tank.		
SLUDGE HOLDING TANK DESIGN		
Number of Basins	2.0	Ea
Freeboard	1.5	ft
Side Water Depth	10.5	ft
Total Required Depth	12.0	ft
Actual Tank Depth	12.0	ft
Width	11.8	ft
Length	30.0	ft
Design Volume	7,403	ft^3
DESIGN CHECK		
Detention Time	21.21	days
Design Volume to Loading Ratio	20.29	ft^3/lb BOD_5/day

DISINFECTION BASIN

WASTEWATER CHARACTERISTICS		
Design Flow Rate (Average Daily Flow)	0.125	MGD
Design Flow Rate (2-Hour Peak Flow)	0.50	MGD

CHLORINE CONTACT CHAMBER		
Description	**Value**	**Unit**
TCEQ Min Detention Time (Q_{PK}) (TCEQ217.281(b)(1)	20.0	min
TCEQ Required Minimum Volume	928.4	ft^3
TCEQ Required Minimum Volume	6,944.4	gal

Chlorine Contact Basin Sizing (Excluding Chlorine Mixing Chamber)		
Design Number of Trains	1.0	
Design Side Water Depth at Peak Flow	8.2	ft
Design Width of Basin	10.0	ft
Design Channel Width	2.0	ft
Design Channel Length (Assumes 40:1 L:W ratio per TCEQ 217.281(a)(2))	80.0	ft
Number of Partition	5.0	ea
DESIGN LENGTH OF BASIN	12.0	ft
PROPOSED VOLUME	1,307.2	ft^3
ACTUAL CCB VOLUME	980.4	ft^3
Actual Detention Time at Peak Flow	21.1	min
ACTUAL CHANNEL LENGTH	60.0	ft

PHASE III - 0.25 MGD

PROJECT NAME: Salado Vista WWTP Ph III
CLIENT: Louis Tsakiris
PROJECT NUMBER: 40009-550
DATE: 5/13/2025
BY: ENW
QC:

WASTEWATER AND PLANT CHARACTERIZATION

PHASE III

Flow Rates

Annual Average			0.250	MGD	174	GPM	0.39 CFS
Peak Month	Factor	1.5	0.38	MGD	260	GPM	0.58 CFS
Peak 2-Hour	Factor	4	1.00	MGD	694	GPM	1.55 CFS
Min. Month	Factor	0.5	0.1250	MGD	87	GPM	0.19 CFS

Raw Wastewater Concentrations

	Avg.	2-Hour Peak	Peak Month	Min. Month		
BOD (total)	350	100	250	200	mg/L	Assumed
BOD (soluble)	210				mg/L	
TSS	350				mg/L	
VSS	280				mg/L	
TKN	50				mg/L	
NH3-N	40				mg/L	
TP					mg/L	

Effluent Requirements

BOD	10	mg/L
TSS	15	mg/L
NH3-N	2	mg/L
TP		mg/L
DO		mg/L

Select Treatment Processes from the List

Preliminary Treatment	Coarse Screening
Primary Treatment	None
Biological Treatment	Conventional Activated Sludge w/ Nitrification, @ Min.
Solids Treatment	Aerobic Digestion + Dewatering

ACTIVATED SLUDGE DESIGN

WASTEWATER CHARACTERISTICS		
INFLUENT MASS LOADING		
BOD5 (AVG)	729.8	lbs/day
BOD5 (2-HR PEAK)	834.0	lbs/day
BOD5 (PEAK MONTH)	781.9	lbs/day
BOD5 (MIN MONTH)	208.5	lbs/day
TSS	729.8	lbs/day
NH_3	83.4	lbs/day
TKN	104.3	lbs/day
EFFLUENT COMPOSITION (ASSUMED FOR CONSERVATIVE DESIGN)		
BOD5	10.0	mg/L
TSS	15.0	mg/L
NH_3	3.0	mg/L
TKN	0.0	mg/L

AERATION BASIN		
Conventional Activated Sludge w/ Nitrification, @ Min. Temp > 15°C		
Description	**Value**	**Unit**
AERATION BASIN CALCULATIONS - TCEQ TRADITIONAL DESIGN - TCEQ 217, SUBCHAPTER F		
Aeration Basin Maximum Organic Loading	35.0	lbs/day/1000 ft^3
Minimum Number of Basins (For Flow < 0.4 MGD)	2.0	EA
BOD Removal Credit for Preliminary and Primary Treatment (Optional)	0%	
Total Peak BOD Loading (Based on Design Flow)	730	lbs/day
Total Aeration Basin Volume Required	20,850	ft^3

AERATION BASIN SIZING		
Proposed Number of Basins	4.0	
Side Water Depth of Basins	10.5	ft
Freeboard	1.5	ft
Total Depth of Basin	12.0	ft
Diffuser Submergence	10.0	ft
Required Volume of Each Aeration Basin	5,213	ft^3
Surface Area of Each Basin	496	ft^2
Width to Length Ratio (1:X)	3.8	
Required Width of Each Basin	11.75	ft
Required Length of Each Basin	45	ft
Proposed Volume of Each Aeration Basin	5,434	ft^3
Proposed Total Aeration Basin Volume	21,735	ft^3

SECONDARY CLARIFIERS

WASTEWATER CHARACTERISTICS		
Description	**Value**	**Unit**
Influent BOD_5	350.0	mg/L
Influent TSS	350.0	mg/L
Influent NH_3	40.0	mg/L
Daily Flow (Q_{AVE})	250,000.0	gpd
Daily Flow (Q_{AVE})	173.6	gpm
Daily Flow (Q_{AVE})	0.388	cfs
2-hr Peak Flow (Q_{PK})	1,000,000	gpd
2-hr Peak Flow (Q_{PK})	694.4	gpm
2-hr Peak Flow (Q_{PK})	1.550	cfs
NH_3	83.6	lbs/day
BOD_5	731.5	lbs/day
TSS	731.5	lbs/day

Description
Conventional Activated Sludge w/ Nitrification, @ Min. Temp > 15°C

SECONDARY CLARIFIER		
Description	**Value**	**Unit**
Number of Clarifiers	2.0	Ea
Average Flow Per Clarifier	0.125	MGD
Peak Flow Per Clarifier	0.50	MGD
Clarifier Shape (Round, Octagonal, Square)	Round	
Design Weir Shape (Round, Segmented)	Round	
Design Number of Segments (Leave Blank If Designed Round)		

SURFACE AREA DESIGN - TCEQ 217.154 (c)(1)		
TCEQ Max Surface Loading (Q_{AVG}) TCEQ 317.4 (d)(5)	700	gal/day/ft^2
TCEQ Max Surface Loading (Q_{PK}) TCEQ 217.154 (c)(1)	1,200	gal/day/ft^2
Design Diameter	**26.0**	ft
Surface Area Required at Peak Flow Per Clarifier	416.7	ft^2
Surface Area Required for All Clarifiers at Peak Flow	833.3	ft^2
Proposed Surface Area Per Clarifier	530.9	ft^2
Total Proposed Surface Area for All Clarifiers	1,061.9	ft^2
Actual Design Surface Loading at Design Flow (Q_{AVE})	235.4	gal/day/ft^2
Actual Design Surface Loading at Peak Flow (Q_{PK})	941.7	gal/day/ft^2

SIDE WATER DEPTH - TCEQ 217.152 (g)		
Side Water Depth For Clarifier Surface Area Greater Than 300 sqft.	10	ft
Side Water Depth For Clarifier Surface Area Equal To Or Less Than 300 sqft.	8	ft
Controlling Minimum Depth Requirement	10.0	ft
Proposed Clarifier Side Water Depth (Not Total Depth)	**10.0**	ft

SECONDARY CLARIFIERS

WASTEWATER CHARACTERISTICS

Description	Value	Unit
Design Floor Slope (1:X)	12.0	
Design Cone Depth (Including 1:12, sloped bottom)	1.1	ft
Free Board (Minimum 1 feet)	1.0	ft
Total Depth of Clarifier	12.083	ft
Design Total Depth of Clarifier	**12.167**	ft
HYDRAULIC DETENTION TIME - TCEQ 217.154 (c)(1)		
TCEQ Min Detention Time (Q_{AVE})	2.6	hours
TCEQ Min Detention Time (Q_{PK})	1.8	hours
Flow per Clarifier for Hydraulic Detention Time @ Design Flow (w/ Recycle)	0.13	MGD
Flow per Clarifier for Hydraulic Detention Time @ Peak Flow (w/ Recycle)	0.50	MGD
Required Treatment Volume At Design Flow for Each Clarifier	1,810.4	ft^3
Required Treatment Volume At Peak Flow for Each Clarifier	5,013.4	ft^3
Proposed Treatment Volume for Each Clarifier	5,309.3	ft^3
Actual Hydraulic Detention Time at Design Flow	7.6	hours
Actual Hydraulic Detention Time at Peak Flow	1.9	hours

SOLIDS LOADING RATE - TCEQ 317.4 (d)(5)		
Totals Solids to Clarifier	12,510.0	lbs/day
Proposed Surface Area of Clarifier	530.9	ft^2
Loading Rate of Solids to Clarifier	23.6	$lbs/day/ft^2$
TCEQ Maximum Loading Rate	50.0	$lbs/day/ft^2$

EFFLUENT WEIR DESIGN - TCEQ 217.152 (d)		
Weir loading (For Plants with Design Flows 1.0 MGD or less)	20,000	gal/day/ft
Weir loading (For Plants with Design Flows Over 1.0 MGD)	30,000	gal/day/ft
Controlling Weir Loading Criteria	20,000.0	gal/day/ft
Total Length of Weir Required Per Clarifier @ Peak Flow	25.0	ft
Total Length of Weir Required For All Clarifiers @ Peak Flow	50.0	ft
Proposed Weir Distance from Wall	1.0	ft
Diameter of Effluent Weir	24.0	ft
Design Weir Length Per Clarifier	75.4	ft
Total Design Weir Length	150.8	ft
Actual Surface Area Loading @ Peak Flow	6,631.5	$gal/day/ft^2$
Actual Surface Area Loading @ Average Flow	1,657.9	$gal/day/ft^2$

TORQUE RATINGS OF DRIVES AND RAKES		
Resistive Force of Secondary Sludge (W)	6.0	lb/ft
Running Torque (Wr^2)	1,014.0	ft-lbs

RETURN ACTIVATED SLUDGE FLOW RATES - TCEQ 217.152 (j)		
Lower Limit Underflow Rate - TCEQ 217.152(j)	200	gpd/ft^2
Minimum RAS Flow Rate (per clarifier)	73.7	gpm

SECONDARY CLARIFIERS

WASTEWATER CHARACTERISTICS		
Description	**Value**	**Unit**
Upper Limit Underflow Rate - TCEQ 217.152(j)	400	gpd/ft^2
Maximum RAS Flow Rate (per clarifier)	147.5	gpm
Combined Upper Limit RAS Underflow Rate for Plant	295.0	gpm

STILLING WELL DESIGN		
Maximum Stilling Well Velocity (@ Peak Flow) TCEQ 217.152 (a)(4)	0.15	ft/sec
Peak Flow For Individual Clarifier	0.50	MGD
Total Area Required	5.2	ft^2
Diameter of Each Stilling Well	6.0	ft
Area of Each Stilling Well	28.3	ft^2

AEROBIC DIGESTER

TCEQ DESIGN CRITERIA (CHAPTER 317.5 (B))		
Minimum Detention Time	15.0	days
Volume Requirement	20.0	ft^3/lb BOD_5/day
Aeration Requirement	30.0	scfm/1000 ft^3
If Mechanical Aeration is Used	1.5	HP/1000 ft^3
TCEQ DESIGN CRITERIA (CHAPTER 217, SUBCHAPTER J)		
Minimum Temperature	15.0	deg C
Required Minimum Detention Time	60.0	days
Minimum Volatile Solids Loading Rate	100.0	lb/1000 ft^3/day
Maximum Volatile Solids Loading Rate	200.0	lb/1000 ft^3/day
Aeration Requirement	20.0	SCFM/1000 ft^3

NOTE: Aerobic digester has to be sized for average day flow

Biodegradable Volatile Solids in WAS	0.7	lb VS/BOD removed
Destruction	0.3	lb VS/BOD removed
Note: Typical minimum Solids Retention Time (SRT) maintained in WWTPs is 8 days. Secondary solids production is typically estimated at SRT of 8 days and at 15°C temperature.		
Influent Solids	730	lbs/day
Digested Solids Production	577	lbs/day
Average Digested Solids Production	653	lbs/day
Total Sludge Production, lbs/day	653	lbs/day
Assumed Average Dig. Conc., mg/l	15,000.0	mg/l
Total Sludge to Aerobic Digester	5,220.83	gal/d
Volume Required Based on Min. Detention Time @ 60 Days	41,878.34	ft^3
Volume Required Based on Min. Detention Time @ 15 Days	10,469.59	ft^3

CHECK IF CHAPTER 217 VOLATILE SOLIDS LOADING RATE REQUIREMENTS CAN BE MET

Volatile Suspended Solids Loading	511	lbs/day
Volatile Solids Loading Rate for 60 Days Storage Volume	0.00073	lb/1000 ft^3
Volatile Solids Loading Rate	**ERROR!**	
Note: It is not possible to meet both the min. required detention time and min. required VS solids loading rate requirements without significant thickening before the sludge is stabilized in the digester. Hence, it is prudent to just meet the required min. detention time alone. Also, if the sludge is to be disposed of in a landfill, sludge stabilization will not be required and a full detention time is not necessary. When a full dettention time is not provided, the basin will not be a true aerobic digester; instead, it will be reconfigured as a sludge holding tank.		
SLUDGE HOLDING TANK DESIGN		
Number of Basins	4.0	Ea
Freeboard	1.5	ft
Side Water Depth	10.5	ft
Total Required Depth	12.0	ft
Actual Tank Depth	12.0	ft
Width	11.75	ft
Length	30.0	ft
Design Volume	14,805	ft^3
DESIGN CHECK		
Detention Time	21.21	days
Design Volume to Loading Ratio	20.29	ft^3/lb BOD_5/day

DISINFECTION BASIN

WASTEWATER CHARACTERISTICS		
Design Flow Rate (Average Daily Flow)	0.250	MGD
Design Flow Rate (2-Hour Peak Flow)	1.00	MGD

CHLORINE CONTACT CHAMBER		
Description	**Value**	**Unit**
TCEQ Min Detention Time (Q_{PK}) (TCEQ217.281(b)(1)	20.0	min
TCEQ Required Minimum Volume	1,856.8	ft^3
TCEQ Required Minimum Volume	13,888.9	gal

Chlorine Contact Basin Sizing (Excluding Chlorine Mixing Chamber)		
Design Number of Trains	2.0	
Design Side Water Depth at Peak Flow	8.2	ft
Design Width of Basin	10.00	ft
Design Channel Width	2.00	ft
Design Channel Length (Assumes 40:1 L:W ratio per TCEQ 217.281(a)(2))	80.0	ft
Number of Partition	5.0	ea
DESIGN LENGTH OF BASIN	12.0	ft
PROPOSED VOLUME	2,613.4	ft^3
ACTUAL CCB VOLUME	1,960.1	ft^3
Actual Detention Time at Peak Flow	21.1	min
ACTUAL CHANNEL LENGTH	60.0	ft

Appendix L

Solids Management Plan

WGA	PROJECT NAME:	Salado Vista WWTP
	WGA PROJECT NO:	40009-550

SLUDGE MANAGEMENT PLAN PH I - 0.025 MGD

I.PARAMETERS

% CAPACITIES	100%	75%	50%	25%
AVG. FLOW (MGD)	0.025	0.01875	0.009375	0.002

CBOD5 REMOVAL		
Influent Concentration	350	mg/l
Effluent Concentration	0	mg/l
Net Removal	350	mg/l

DIGESTER VOLUME		
	Vol. (cu. ft.)	Vol. (Gal)
Digester No. 1	1,480	11,070
	0	0
Total	**1,480**	**11,070**

II. DAILY SLUDGE PRODUCTIONS

CAPACITY	100%	75%	50%	25%
BOD REMOVED (LBS)	73	55	36	18
DRY SLUDGE PRODUCED[(1)] (LBS)	23	17	11	6
WET SLUDGE PRODUCED[(2)](LBS)	1,149	862	575	287
VOL WET SLUDGE PRODUCED (GPD)	138	103	69	34
REMOVAL SCHEDULE (DAYS)	80	107	160	321

(1) Assuming 0.315 lbs of dry sludge produced per pound of BOD5 removed

(2) Assuming 2% Solids

Sludge will be removed from digester when digester is full of thickened solids. Sludge will be removed by a registered transporter and hauled to a permitted disposal site.

At 100% Capacity, sludge shall be removed from basins every 80 days

WGA	PROJECT NAME:	Salado Vista WWTP
	WGA PROJECT NO:	40009-550

SLUDGE MANAGEMENT PLAN PH II - 0.125 MGD

I.PARAMETERS

% CAPACITIES	100%	75%	50%	25%
AVG. FLOW (MGD)	0.125	0.09375	0.046875	0.012

CBOD5 REMOVAL		
Influent Concentration	350	mg/l
Effluent Concentration	0	mg/l
Net Removal	350	mg/l

DIGESTER VOLUME		
	Vol. (cu. ft.)	Vol. (Gal)
Digester No. 1	3,701	27,683
Digester No. 2	3,701	27,683
Total	**7,402**	**55,367**

II. DAILY SLUDGE PRODUCTIONS

CAPACITY	100%	75%	50%	25%
BOD REMOVED (LBS)	365	274	182	91
DRY SLUDGE PRODUCED[(1)] (LBS)	115	86	57	29
WET SLUDGE PRODUCED[(2)](LBS)	5,747	4,310	2,873	1,437
VOL WET SLUDGE PRODUCED (GPD)	689	517	345	172
REMOVAL SCHEDULE (DAYS)	80	107	160	321

(1) Assuming 0.315 lbs of dry sludge produced per pound of BOD5 removed

(2) Assuming 2% Solids

Sludge will be removed from digester when digester is full of thickened solids. Sludge will be removed by a registered transporter and hauled to a permitted disposal site.

At 100% Capacity, sludge shall be removed from basins every 80 days

WGA	PROJECT NAME:	Salado Vista WWTP
	WGA PROJECT NO:	40009-550

SLUDGE MANAGEMENT PLAN PH III - 0.25 MGD

I.PARAMETERS

% CAPACITIES	100%	75%	50%	25%
AVG. FLOW (MGD)	0.250	0.1875	0.09375	0.023

CBOD5 REMOVAL		
Influent Concentration	350	mg/l
Effluent Concentration	0	mg/l
Net Removal	350	mg/l

DIGESTER VOLUME		
	Vol. (cu. ft.)	Vol. (Gal)
Digester No. 1	3,701	27,683
Digester No. 2	3,701	27,683
Digester No. 3	3,701	27,683
Digester No. 4	3,701	27,683
Total	**14,804**	**110,734**

II. DAILY SLUDGE PRODUCTIONS

CAPACITY	100%	75%	50%	25%
BOD REMOVED (LBS)	730	547	365	182
DRY SLUDGE PRODUCED(1) (LBS)	230	172	115	57
WET SLUDGE PRODUCED(2)(LBS)	11,494	8,620	5,747	2,873
VOL WET SLUDGE PRODUCED (GPD)	1378	1034	689	345
REMOVAL SCHEDULE (DAYS)	80	107	160	321

(1) Assuming 0.315 lbs of dry sludge produced per pound of BOD5 removed

(2) Assuming 2% Solids

Sludge will be removed from digester when digester is full of thickened solids. Sludge will be removed by a registered transporter and hauled to a permitted disposal site.

At 100% Capacity, sludge shall be removed from basins every 80 days