



Administrative Package Cover Page

This file contains the following documents:

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

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

DOMESTIC WASTEWATER

The following summary is provided for this pending water quality permit renewal 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.

New Fairview Municipal Utility District No. 1 (CN605444645) proposes to operate Fairview Meadows WWTP (RN110308178). a wastewater treatment plant. The facility is located West of Pioneer Rd, 2.1 miles north of E State Highway 114 and 1 mile east of US Hwy 287, in Rhome, Wise County, Texas 76078.

This application is for a renewal application to discharge at a daily average flow of 450,000 gallons per day of treated domestic wastewater.

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0015669001

APPLICATION. New Fairview Municipal Utility District No. 1, 16000 Dallas Parkway, Suite 350, Dallas, Texas 75248, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0015669001 (EPA I.D. No. TX0140775) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 450,000 gallons per day with provisions for the disposal of treated wastewater at a volume not to exceed a daily average flow of 228,500 gallons per day via irrigation on 60.07 acres of public access hayland, in Interim I Phase. The domestic wastewater treatment facility is located at 110 Stone Canyon Drive, near the city of New Fairview, in Wise County, Texas 76078. The discharge route is from the plant site via Outfall 001 to Elizabeth Creek; thence to Henrietta Creek; thence to Denton Creek; thence to Grapevine Lake. TCEQ received this application on August 1, 2024. The permit application will be available for viewing and copying at New Fairview City Hall, 999 Illinois Lane, New Fairview, in Wise 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=-97.46,33.077777&level=18>

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 New Fairview Municipal Utility District No. 1 at the address stated above or by calling Mr. Cesar Moran, P.E., RPS/Tetra Tech, at 361-355-5288.

Issuance Date: August 9, 2024

New Fairview Municipal Utility District No. 1



Version

Submitted on: August 2, 2024

Proposed Permit: WQ0015669001

New Fairview Municipal Utility District No. 1

(Customer No. CN 605444645)

Site Name: Fairview Meadows WWTP

(Regulated Entity No. RN110308178)





TETRA TECH

Moran, Cesar

From: steers@tceq.texas.gov
Sent: Wednesday, July 31, 2024 5:36 PM
To: Moran, Cesar
Subject: TCEQ ePay Receipt for 582EA000619606

[You don't often get email from steers@tceq.texas.gov. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

 CAUTION: This email originated from an external sender. Verify the source before opening links or attachments. 

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

Trace Number: 582EA000619606

Date: 07/31/2024 05:35 PM

Payment Method: CC - Authorization 000084420Z TCEQ Amount: \$1,215.00 Texas.gov Price: \$1,242.59*

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

Actor: CESAR GERARDO MORAN
Email: cesar.moran@tetrattech.com

Payment Contact: CESAR MORAN
Phone: 361-355-5288
Company: CESAR MORAN
Address: 5810 TENNYSON PKWY SUITE 280, PLANO, TX 75024

Fees Paid:

Fee Description	AR Number	Amount
WW PERMIT - FACILITY WITH FLOW >= .25 & < .50 MGD - RENEWAL		\$1,200.00
30 TAC 305.53B WQ RENEWAL NOTIFICATION FEE		\$15.00

TCEQ Amount: \$1,215.00

=====

Voucher: 715206

Trace Number: 582EA000619606
Date: 07/31/2024 05:35 PM
Payment Method: CC - Authorization 000084420Z Voucher Amount: \$1,200.00 Fee Paid: WW PERMIT - FACILITY WITH FLOW >= .25 & < .50 MGD - RENEWAL RN Number: RN110308178 Site Name: FAIRVIEW MEADOWS WWTP Site Address: 200 PIONEER ROAD, RHOME, TX 76078 Site Location: 130 FEET WEST OF THE INTERSECTION OF CN Number: CN605444645 Customer Name: NEW FAIRVIEW MUNICIPAL UTILITY DISTRICT NO 1 Customer Address: 16000 NORTH DALLAS PKWY 350, DALLAS, TX 75248 Program Area ID: 0015669001

Voucher: 715207

Trace Number: 582EA000619606
Date: 07/31/2024 05:35 PM

Payment Method: CC - Authorization 000084420Z Voucher Amount: \$15.00 Fee Paid: 30 TAC 305.53B WQ RENEWAL
NOTIFICATION FEE

=====

To print out a copy of the receipt and vouchers for this transaction either click on or copy and paste the following url into your browser:

https://www3.tceq.texas.gov/epay/index.cfm?fuseaction=cor.search&trace_num_txt=582EA000619606.

This e-mail transmission and any attachments are believed to have been sent free of any virus or other defect that might affect any computer system into which it is received and opened. It is, however, the recipient's responsibility to ensure that the e-mail transmission and any attachments are virus free, and the sender accepts no responsibility for any damage that may in any way arise from their use.

Your transaction is complete. Thank you for using TCEQ ePay.

Note: It may take up to 3 working days for this electronic payment to be processed and be reflected in the TCEQ ePay system. Print this receipt and the vouchers for your records. An email receipt has also been sent.

Transaction Information

Trace Number: 582EA000619606
Date: 07/31/2024 05:35 PM
Payment Method: CC - Authorization 000084420Z
ePay Actor: CESAR GERARDO MORAN
Actor Email: cesar.moran@tetrattech.com
IP: 47.190.74.5
TCEQ Amount: \$1,215.00
Texas.gov Price: \$1,242.59*

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

Payment Contact Information

Name: CESAR MORAN
Company: CESAR MORAN
Address: 5810 TENNYSON PKWY SUITE 280, PLANO, TX 75024
Phone: 361-355-5288

Cart Items

Click on the voucher number to see the voucher details.

Voucher	Fee Description	AR Number	Amount
715206	WW PERMIT - FACILITY WITH FLOW >= .25 & < .50 MGD - RENEWAL		\$1,200.00
715207	30 TAC 305.53B WQ RENEWAL NOTIFICATION FEE		\$15.00
	TCEQ Amount:		\$1,215.00

[ePay Again](#)[Exit ePay](#)

Note: It may take up to 3 working days for this electronic payment to be processed and be reflected in the TCEQ ePay system. Print this receipt for your records.



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: New Fairview Municipal Utility District No. 1

PERMIT NUMBER (If new, leave blank): WQ00 15669001

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

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

For TCEQ Use Only

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

ADMINISTRATIVE REPORT 1.0



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION
ADMINISTRATIVE REPORT 1.0**

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00 ☐

Payment Information:

EPAY 715206 and 715207

Copy of Payment Voucher enclosed? Yes ☒

Section 2. Type of Application (Instructions Page 26)

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

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

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

- ☒ Active ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

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

f. For existing permits:

Permit Number: WQ00 15669001

EPA I.D. (TPDES only): TX 0140775

Expiration Date: January 29, 2025

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

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

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

New Fairview Municipal Utility District No. 1

(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: 605444645

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: Ms.

Last Name, First Name: Walters, Missy

Title: President

Credential:

B. Co-applciant 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-applciant 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-applciant 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. **N/A – New Fairview Municipal Utility District No. 1 information is already registered.**

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: Scherer, Scott
Title: Development Partner Credential: P.E.
Organization Name: Lackland Holdings, LLC
Mailing Address: 3045 Lackland Road City, State, Zip Code: Fort Worth, TX, 76116
Phone No.: 817-688-3488 E-mail Address: sscherer@lacklandholdings.com
Check one or both: ☒ Administrative Contact ☐ Technical Contact
- B. Prefix: Mr. Last Name, First Name: Cesar Moran
Title: Project Manager Credential: P.E.
Organization Name: RPS/Tetra Tech
Mailing Address: 5810 Tennyson Parkway, Suite 280 City, State, Zip Code: Plano, TX, 75024
Phone No.: 361-355-5288 E-mail Address: Cesar.Moran@tetrattech.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: Scherer, Scott
Title: Development Partner Credential: P.E.
Organization Name: Lackland Holdings, LLC
Mailing Address: 3045 Lackland Road City, State, Zip Code: Fort Worth, TX, 76116
Phone No.: 817-688-3488 E-mail Address: sscherer@lacklandholdings.com
- B. Prefix: Mr. Last Name, First Name: Moran, Cesar
Title: Project Manager Credential: P.E.
Organization Name: RPS/Tetra Tech
Mailing Address: 5810 Tennyson Parkway, Suite 280 City, State, Zip Code: Plano, TX 75024
Phone No.: 361-355-5288 E-mail Address: cesar.moran@tetrattech.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: Mrs.

Last Name, First Name: Walters, Missy

Title: President

Credential: Click to enter text.

Organization Name: New Fairview Municipal Utility District No. 1

Mailing Address: 16000 North Dallas Pkwy, Suite 350 City, State, Zip Code: Dallas, TX, 75248

Phone No.: 972-788-1600

E-mail Address: nfmud1@districtdirectory.org

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

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

Prefix: Mr.

Last Name, First Name: Jacinto, Allan

Title: Environmental Quality Specialist

Credential: Click to enter text.

Organization Name: Inframark

Mailing Address: 2002 W Grand Pkwy N, Suite 100 City, State, Zip Code: Katy, TX 77449

Phone No.: 832-435-5688

E-mail Address: allan.jacinto@inframark.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mr.

Last Name, First Name: Moran, Cesar

Title: Project Manager

Credential: P.E.

Organization Name: RPS/Tetra Tech

Mailing Address: 5810 Tennyson Parkway, Suite 280 City, State, Zip Code: Plano, TX 75024

Phone No.: 361-355-5288

E-mail Address: cesar.moran@tetrattech.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: Moran, Cesar

Title: Project Manager

Credential: P.E.

Organization Name: RPS/Tetra Tech

Mailing Address: 5810 Tennyson Pkwy., Suite 280 City, State, Zip Code: Plano, TX 75024

Phone No.: 361-355-5288

E-mail Address: cesar.moran@tetrattech.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: New Fairview City Hall

Location within the building: Click to enter text.

Physical Address of Building: 999 Illinois Lane

City: New Fairview

County: Wise

Contact (Last Name, First Name): Administration Front Desk

Phone No.: 817-638-5366 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? N/A

F. Plain Language Summary Template

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

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

G. Public Involvement Plan Form

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

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

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

- A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN RN110308178

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):

Fairview Meadows WWTP

- C. Owner of treatment facility: New Fairview Municipal Utility District No. 1

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

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

Prefix: Ms.

Last Name, First Name: Walters, Missy

Title: President

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

Organization Name: New Fairview Municipal Utility District No. 1

Mailing Address: 16000 North Dallas Pkwy, Suite 350 City, State, Zip Code: Dallas, TX, 75248

Phone No.: 972-788-1600

E-mail Address: nfmud1@districtdirectory.org

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

Attachment: N/A

- E. Owner of effluent disposal site:

Prefix: Ms.

Last Name, First Name: Walters, Missy

Title: President

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

Organization Name: New Fairview Municipal Utility District No. 1

Mailing Address: 16000 North Dallas Pkwy, Suite 350 City, State, Zip Code: Dallas, TX, 75248

Phone No.: 972-788-1600

E-mail Address: nfmud1@districtdirectory.org

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

Attachment: 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:

[Click to enter text.](#)

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

☒ Yes ☐ No

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

[Click to enter text.](#)

City nearest the outfall(s): New Fairview

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

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

☐ Yes ☒ No

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

☐ Authorization granted ☐ Authorization pending

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

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

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☐ No

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

[Click to enter text.](#)

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

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

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

[Click to enter text.](#)

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

Sludge will be disposed of offsite in a TCEQ registered facility

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

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

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

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

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

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

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

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

Section 13. Attachments (Instructions Page 33)

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

- ☐ Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.
- ☒ Original full-size USGS Topographic Map with the following information:
- Applicant's property boundary
 - Treatment facility boundary
 - Labeled point of discharge for each discharge point (TPDES only)
 - Highlighted discharge route for each discharge point (TPDES only)
 - Onsite sewage sludge disposal site (if applicable)
 - Effluent disposal site boundaries (TLAP only)
 - New and future construction (if applicable)
 - 1 mile radius information
 - 3 miles downstream information (TPDES only)
 - All ponds.
- ☐ Attachment 1 for Individuals as co-applicants
- ☒ Other Attachments. Please specify: Attachment 2 for Domestic Administrative Report 1.1 Section 1. Affected Landowner Information; Attachment 3 for Domestic Administrative Report 1.1 Original Photographs; Attachment 4 for Domestic Administrative Report 1.1 Section 3. Buffer Zone Map; Attachment 5 for Supplemental Permit Information (SPIF) 7.5 Minute Quadrangle Map

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0015669001

Applicant: New Fairview Municipal Utility District No. 1

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): Missy Walters

Signatory title: President

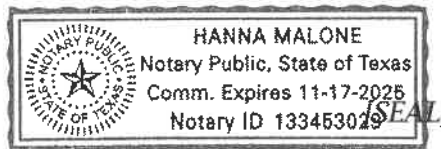
Signature: _____

(Use blue ink)

Date: _____

Subscribed and Sworn to before me by the said Missy Walters, president
on this 24 day of July, 20 24.
My commission expires on the 17 day of November, 20 25.

Hanna Malone
Notary Public



Tarrant
County, Texas

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

Section 1. Affected Landowner Information (Instructions Page 36)

A. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:

- ☒ The applicant's property boundaries
- ☒ The facility site boundaries within the applicant's property boundaries
- ☒ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
- ☒ The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
- ☒ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream
- ☒ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
- ☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides
- ☐ The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property
- ☐ The property boundaries of all landowners surrounding the effluent disposal site
- ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
- ☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located

B. ☒ Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.

C. Indicate by a check mark in which format the landowners list is submitted:

- ☐ USB Drive ☒ Four sets of labels

D. Provide the source of the landowners' names and mailing addresses: Wise County Appraisal District

E. As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?

- ☐ Yes ☒ No

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

Click to enter text.

Section 2. Original Photographs (Instructions Page 38)

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

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

Section 3. Buffer Zone Map (Instructions Page 38)

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

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

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

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

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

- ☒ Yes ☐ No

DOMESTIC WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: Next page

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

____ Texas Historical Commission

____ U.S. Fish and Wildlife

____ Texas Parks and Wildlife Department

____ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: New Fairview Municipal Utility District No. 1

Permit No. WQ00 15669001

EPA ID No. TX TX0140775

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

Fairview Meadows Wastewater Treatment Plant is located West of Pioneer Rd, 2.1 miles north of E State Highway 114 and 1 mile east of US Hwy 287.

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: Scott Scherer

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

Title: Development Partner

Mailing Address: 3045 Lackland Road

City, State, Zip Code: Fort Worth, TX, 76116

Phone No.: 817-688-3488 Ext.:

Fax No.:

E-mail Address: dallen@lacklandholdings.com

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

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

The treated effluent will discharge in Elizabeth Creek at Pioneer Road. This point is 7,700 ft South of FM 407 and 5,500 ft East of Hwy. 287. Elizabeth Creek joins Denton Creek at segment USGS 08053500 13.4 miles south west of the discharge point.

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):

This facility is constructed through Phase II. Phase III will start construction activities by the end of the year and the acreage to be impacted is currently unknown as well as depth of excavation.

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

For new construction (Phase III), the existing grass will need to be cleared in order for the site to be filled for construction purposes.

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:

Phase II of this wastewater treatment plant is substantially completed and ready to be put online as of July 2024. Construction of the ultimate phase of this project is estimated to begin in December 2024 and conclude in July 2025.

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

Prior to the construction of the Wastewater Treatment Plan, the property did not have any buildings.

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

Things to Know:

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

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

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

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

Plain Language Summary

☒ Yes

Attached in Next Page

PLAIN LANGUAGE SUMMARY

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

DOMESTIC WASTEWATER

The following summary is provided for this pending water quality permit renewal 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.

New Fairview Municipal Utility District No. 1 (CN605444645) proposes to operate Fairview Meadows WWTP (RN110308178). a wastewater treatment plant. The facility is located West of Pioneer Rd, 2.1 miles north of E State Highway 114 and 1 mile east of US Hwy 287, in Rhome, Wise County, Texas 76078.

This application is for a renewal application to discharge at a daily average flow of 450,000 gallons per day of treated domestic wastewater.

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

TECHNICAL REPORT

1. TECHNICAL REPORT 1.0

2. TECHNICAL REPORT 1.1

3. WORKSHEET 2.0: RECEIVING WATERS



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 0.2285

2-Hr Peak Flow (MGD): 0.914

Estimated construction start date: November 2019

Estimated waste disposal start date: September 2020

B. Interim II Phase

Design Flow (MGD): 0.26

2-Hr Peak Flow (MGD): 1.04

Estimated construction start date: June 2022

Estimated waste disposal start date: August 2024

C. Final Phase

Design Flow (MGD): 0.45

2-Hr Peak Flow (MGD): 1.80

Estimated construction start date: December 2024

Estimated waste disposal start date: July 2025

D. Current Operating Phase

Provide the startup date of the facility: July 2024

Section 2. Treatment Process (Instructions Page 43)

A. Current Operating Phase

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

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

This treatment plant is a conventional activated sludge process. The 1st and 2nd phases of this plant are complete and currently in operation with a rated capacity of .26 MGD. It consists of a manual bar screen, four (4) aeration basins, two(2) aerobic digesters, and three (3) 750 cfm blowers, two (2) secondary clarifiers, two (2) chlorine contact chamber, and a sodium hypochlorite feed system. The sludge will be hauled off to a different processing facility. The final phase will provide this plant with a design capacity of 0.45 MGD and will consist of an additional aeration basin, an additional aerobic digester, three 900 cfm blowers, two of which will replace the two 750 cfm blower in the first phase, an additional secondary clarifier, and an additional chlorine contact chamber.

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)
Manual Bar Screens		
Aeration Basins	3	Phase 1: 48' L X12' D (1.5' Freeboard) Final Phase: Three (3) 48' L X 12' W X 12' D Basin (1.5' Freeboard each)
Aerobic Digesters	3	Phase 1: 44' L X 12' W X 12'D (1.5' Freeboard) Final Phase: Two (*2) 40' L x 12' W x12' D Digesters (1.5' Freeboard each)
Secondary Clarifier	3	Phase 1: 26' Diameter; 10' SWD Final Phase: Two (2) 26' Diameter; 10' SWD Clarifier and One 30' Diameter; 10' SWD Clarifier
Chlorine Contact Chamber	3	Phase 1: 969 CF Final Phase: 1,404 CF

C. Process Flow Diagram

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

Attachment: 6

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

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

- Latitude: 33°4'40.27" N
- Longitude: 97°27'16.68" W

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

- Latitude: Click to enter text.
- Longitude: Click to enter text.

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: 7

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

The treatment facility will serve a future residential area to be named Fairview Meadows that will be located at the south of New Fairview and east of US HWY 81/287. The treatment facility is located within Wise 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
TX0024783	City of Rhome	Publicly Owned	100,000 GPD
TX10701002	City of Rhome	Publicly Owned	150,000 GPD
TX0134538	Multi-Chem Group LLC	Privately Owned	Not Listed in NCTCOG WQMP
		<u>Choose an item.</u>	

Section 4. Unbuilt Phases (Instructions Page 45)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

The permitted flows in the ultimate phase are still needed since the plans are to construct the total amount of lots, but the development has been phased and therefore the permittee has not built Phase III since the existing phases I and II were properly handling the flows. Phase 3 (in design) will be put in service for the remaining phases of Fairview Meadows. The permittee decided to take a phased approach to build the WWTP up to its ultimate phase, which will now be required as the development is rapidly approaching substantial completion.

Section 5. Closure Plans (Instructions Page 45)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

Section 6. Permit Specific Requirements (Instructions Page 45)

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

A. Summary transmittal

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

☐ Yes ☒ No

If yes, provide the date(s) of approval for each phase: 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.**

Click to enter text.

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

The buffer zone requirements will be met by ownership and restrictive easement. Coordination was completed with Brazos Electric Cooperative for an agreement concerning the portion of buffer zone within their property. This section of the buffer zone will meet buffer zone requirements through the restrictive easement compliance method.

C. Other actions required by the current permit

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

☒ Yes ☐ No

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

Notification of completion of Phase II was submitted on 6/3

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

2. Grit and grease processing

Describe below how the grit and grease waste is treated at the facility. In your description, include how and where the grit and grease is introduced to the treatment

works and how it is separated or processed. Provide a flow diagram showing how grit and grease is processed at the facility.

Click to enter text.

3. *Grit disposal*

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

☐ Yes ☐ No

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

Describe the method of grit disposal.

Click to enter text.

4. *Grease and decanted liquid disposal*

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

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

Click to enter text.

E. Stormwater management

1. *Applicability*

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

2. MSGP coverage

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

3. Conditional exclusion

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

☐ Yes ☐ No

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

[Click to enter text.](#)

4. Existing coverage in individual permit

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

☐ Yes ☐ No

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

[Click to enter text.](#)

5. Zero stormwater discharge

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

☐ Yes ☐ No

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

[Click to enter text.](#)

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

6. Request for coverage in individual permit

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

☐ Yes ☐ No

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

[Click to enter text.](#)

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

[Click to enter text.](#)

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

1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

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

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

Click to enter text.

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

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

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

☐ Yes ☒ No

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

other physical characteristic of the waste. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

Is the facility in operation?

☒ Yes ☐ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , mg/l	<2.03	<2.03	1	Grab	05/23/24; 8:55 AM
Total Suspended Solids, mg/l	6.53	6.53	1	Grab	05/23/24; 8:55 AM
Ammonia Nitrogen, mg/l	<0.0400	<0.0400	1	Grab	05/23/24; 8:55 AM
Nitrate Nitrogen, mg/l	11.8	11.8	1	Grab	05/23/24; 8:55 AM
Total Kjeldahl Nitrogen, mg/l	<1.00	<1.00	1	Grab	05/23/24; 8:55 AM
Sulfate, mg/l	70.4	70.4	1	Grab	05/23/24; 8:55 AM
Chloride, mg/l	276	276	1	Grab	05/23/24; 8:55 AM
Total Phosphorus, mg/l	4.43	4.43	1	Grab	05/23/24; 8:55 AM
pH, standard units	7.32	7.32	1	Grab	05/23/24; 8:55 AM

Dissolved Oxygen*, mg/l	5.13	5.13	1	Grab	05/23/24; 8:55 AM
Chlorine Residual, mg/l	3.40	3.40	1	Grab	05/23/24; 8:55 AM
<i>E.coli</i> (CFU/100ml) freshwater	<1.00	<1.00	1	Grab	05/23/24; 8:55 AM
Enterococci (CFU/100ml) saltwater	Not Analyzed				
Total Dissolved Solids, mg/l	<10	<10	1	Grab	05/23/24; 8:55 AM
Electrical Conductivity, μ mohs/cm, †	148	407	1	Grab	05/23/24; 8:55 AM
Oil & Grease, mg/l	32.7	41.5	1	Grab	05/23/24; 8:55 AM
Alkalinity (CaCO ₃)*, mg/l	247	247	1	Grab	05/23/24; 8:55 AM

*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 50)

Facility Operator Name: Paul Metcalf

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

Facility Operator's License Number: WW0005439

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

A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

- ☐ Design flow \geq 1 MGD
- ☐ Serves \geq 10,000 people
- ☐ Class I Sludge Management Facility (per 40 CFR § 503.9)
- ☐ Biosolids generator

- ☐ Biosolids end user – land application (onsite)
- ☐ Biosolids end user – surface disposal (onsite)
- ☐ Biosolids end user – incinerator (onsite)

B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

- ☒ Aerobic Digestion
- ☐ Air Drying (or sludge drying beds)
- ☐ Lower Temperature Composting
- ☐ Lime Stabilization
- ☐ Higher Temperature Composting
- ☐ Heat Drying
- ☐ Thermophilic Aerobic Digestion
- ☐ Beta Ray Irradiation
- ☐ Gamma Ray Irradiation
- ☐ Pasteurization
- ☐ Preliminary Operation (e.g. grinding, de-gritting, blending)
- ☐ Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)
- ☐ Sludge Lagoon
- ☐ Temporary Storage (< 2 years)
- ☐ Long Term Storage (>= 2 years)
- ☐ Methane or Biogas Recovery
- ☐ Other Treatment Process: [Click to enter text.](#)

C. Biosolids Management

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

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
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.

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
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: [City of Italy WWTP](#)

TCEQ permit or registration number: [TX123056](#)

County where disposal site is located: [Ellis](#)

E. Transportation method

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

Name of the hauler: [Bowman Environmental](#)

Hauler registration number: [XLG TR 23623](#)

Sludge is transported as a:

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

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

A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

B. Sludge processing authorization

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

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

Temporary storage in sludge lagoons ☐ Yes ☒ No

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

A. Location information

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

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

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

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

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

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

[Click to enter text.](#)

B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

C. Liner information

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

☐ Yes ☐ No

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

[Click to enter text.](#)

D. Site development plan

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

Click to enter text.

Attach the following documents to the application.

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

E. Groundwater monitoring

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

☐ Yes ☐ No

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

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

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

A. Additional authorizations

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

☐ Yes ☒ No

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

Click to enter text.

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Click to enter text.

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

A. RCRA hazardous wastes

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

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

Section 14. Laboratory Accreditation (Instructions Page 56)

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

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

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

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

CERTIFICATION:

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

Printed Name: Cesar Moran, PE

Title: Project Manager

Signature: _____

Date: 8/1/2024

DOMESTIC WASTEWATER PERMIT APPLICATION

TECHNICAL REPORT 1.1

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

Section 1. Justification for Permit (Instructions Page 57)

A. Justification of permit need

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

A new development is proposed to be located east of US Hwy 81/287, south of New Fairview city limits. The development is planned to be approximately 800 lots on a tract of land approximately 635 acres. The city of New Fairview does not have a WWTP. There are no nearby wastewater collectors or WWTPs near the future development. Therefore, the proposed plan is to design and construct a WWTP on site and discharge the final effluent to the Elizabeth Creek. The sludge will be hauled to a different facility for processing after undergoing aerobic digestion. The first and second phases of this plant are currently in operation and has an approved permit for 0.26 MGD (Phases I and II). We are seeking a discharge permit for a design flow of 0.45 MGD for the final phase.

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: 8

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: None obtained, detailed in Attachment 8

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

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

Section 2. Proposed Organic Loading (Instructions Page 59)

Is this facility in operation?

☒ Yes ☐ No

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

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

A. Current organic loading

Facility Design Flow (flow being requested in application): 0.45 MGD

Average Influent Organic Strength or BOD₅ Concentration in mg/l: 250

Average Influent Loading (lbs/day = total average flow X average BOD₅ conc. X 8.34): 938

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

Residential wastewater is the main source of the average organic strength

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	0.45	250
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	0.45	
AVERAGE BOD ₅ from all sources		250

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

A. Existing/Interim I Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: 20

Ammonia Nitrogen, mg/l: Click to enter text.

Total Phosphorus, mg/l: Click to enter text.

Dissolved Oxygen, mg/l: 4

Other: Click to enter text.

B. Interim II Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: 10

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 2

Total Phosphorus, mg/l: Click to enter text.

Dissolved Oxygen, mg/l: 5.0

Other: Click to enter text.

C. Final Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: 10

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 2

Total Phosphorus, mg/l: Click to enter text.

Dissolved Oxygen, mg/l: 5.0

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: None

☐ Ultraviolet Light: Click to enter text. seconds contact time at peak flow

☐ Other: Click to enter text.

Section 4. Design Calculations (Instructions Page 59)

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

Attachment: 9

Section 5. Facility Site (Instructions Page 60)

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.

FEMA Map 48497C0500D

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: 10

Section 6. Permit Authorization for Sewage Sludge Disposal (Instructions Page 60)

A. Beneficial use authorization

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

☐ Yes ☒ 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 61)

Attach a solids management plan to the application.

Attachment: 11

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

- Treatment units and processes dimensions and capacities

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

Section 1. Domestic Drinking Water Supply (Instructions Page 64)

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

☐ Yes ☒ No

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

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

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

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

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

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

A. Receiving water outfall

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

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

[Click to enter text.](#)

C. Sea grasses

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

☐ Yes ☐ No

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

[Click to enter text.](#)

Section 3. Classified Segments (Instructions Page 64)

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

☐ Yes ☒ No

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

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

Section 4. Description of Immediate Receiving Waters (Instructions Page 65)

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

A. Receiving water type

Identify the appropriate description of the receiving waters.

- ☒ Stream
- ☐ Freshwater Swamp or Marsh
- ☐ Lake or Pond

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

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

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

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

B. Flow characteristics

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

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

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

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

C. Downstream perennial confluences

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

None.

D. Downstream characteristics

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

☐ Yes ☒ No

If yes, discuss how.

[Click to enter text.](#)

E. Normal dry weather characteristics

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

The stream is dry during normal dry weather conditions (See Original Photograph 4 in Attachment 03a – Labeled Original Photographs)

Date and time of observation: 08/23/2020 at 10:00 AM

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

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

A. Upstream influences

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

- | | |
|---|--|
| <input type="checkbox"/> Oil field activities | <input checked="" type="checkbox"/> Urban runoff |
| <input type="checkbox"/> Upstream discharges | <input checked="" type="checkbox"/> Agricultural runoff |
| <input type="checkbox"/> Septic tanks | <input type="checkbox"/> Other(s), specify: Click to enter text. |

B. Waterbody uses

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Livestock watering | <input type="checkbox"/> Contact recreation |
| <input type="checkbox"/> Irrigation withdrawal | <input type="checkbox"/> Non-contact recreation |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Navigation |
| <input type="checkbox"/> Domestic water supply | <input type="checkbox"/> Industrial water supply |
| <input type="checkbox"/> Park activities | <input type="checkbox"/> 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

Attachment 1: USGS 7.5 Minute Quadrangle

Attachment 1: USGS 7.5 Minute Quadrangle



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



RHOMÉ QUADRANGLE
TEXAS
7.5-MINUTE SERIES

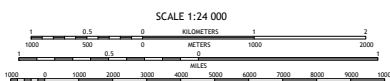
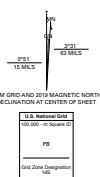


Produced by the United States Geological Survey

North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84) Projection and
1 000-meter grid (Universal Transverse Mercator, Zone 14S)
This map is not a legal document. Boundaries may be
generated for this map scale. Private lands within government
reservations may not be shown. Obtain permission before
entering private lands.

Imagery: U.S. Census Bureau, 2015 - 2018
Relief: National Hydrography Dataset, 2005 - 2018
Contours: National Elevation Dataset, 2004 - 2005
Boundaries: Multiple sources, see metadata file 2017

Wetlands: FWS National Wetlands Inventory 1981



SCALE 1:24 000
CONTOUR INTERVAL 10 FEET
NORTH AMERICAN DATUM OF 1983
This map was produced to conform with the
National Geospatial Program US Top Product Standard, 2011.
A metadata file associated with this product is draft version 0.6.18



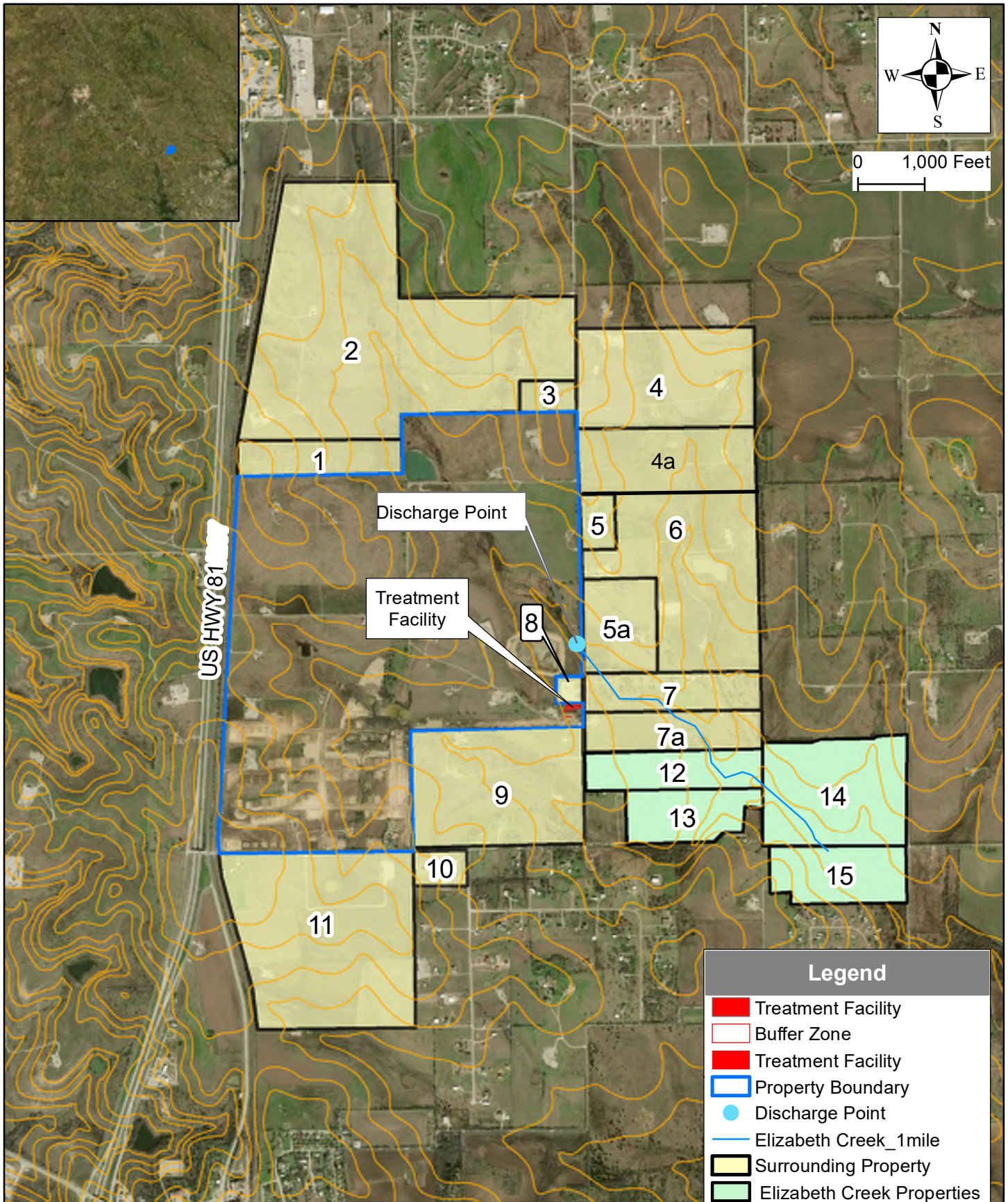
1	2	3
4	5	6
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ROAD CLASSIFICATION	
Expressway	Local Connector
Secondary Hwy	Local Road
Ramp	4WD
Interstate Route	US Route
	State Route

RHOMÉ, TX
2019



**Attachment 2: Affected Landowners Map, List
and Labels**



TETRA TECH

5810 Tennyson Parkway, Suite 200
Plano, Texas 75054
T +1 972-202-4242

ATTACHMENT 2

AFFECTED LANDOWNER MAP

TCEQ PERMIT

NEW FAIRVIEW MUNICIPAL UTILITY DISTRICT NO. 1

Attachment 2

Address Associated with ID Number on Landowner Map

Affected Landowner Map ID Number	Mailing Address
1	FFLIP LAND HOLDING LLC 3045 LACKLAND ROAD FORT WORTH, TX 76116
2	FFLIP LAND HOLDING LLC 3045 LACKLAND ROAD FORT WORTH, TX 76116
3	IVY ROBERT & JULIE 1521 PIONEER ROAD RHOME TX 76078
4	DUNCAN JEFFERY & AMY 4565 KELLER HASLET ROAD BUILDING 5 SUITE 100 FORT WORTH, TX 76244
4a	SYNDER FRANK FAMILY TRUST 112 RIVERCREST DR FORT WORTH, TX 76107
5/5a	DICKEY TONY (DECEASED) & DORRIS 1320 PIONEER RD RHOME TX 76078-3911
6	SYNDER FRANK FAMILY TRUST 112 RIVERCREST DR FORT WORTH, TX 76107
7	COATES BRUCE K & TAMI 970 PIONEER ROAD RHOME, TX 76078
7a	GMS REO LP 301 SOUTH ACORN DECATUR, TX 76234
8	BRAZOS ELECTRIC POWER COOPERATIVE INC PO BOX 2585 WACO, TX 76702
9	HARRISON PEGGY REVOCABLE LIVING TRUST 736 LYNDA DR RIVER OAKS, TX 76114
10	TURNER JERALD & CHERI 580 PIONEER ROAD RHOME TX 76078
11	NORMAN GREG A 206 PIONEER RD RHOME TX 76078

12	REED FREDDIE C 894 PIONEER ROAD RHOME TX 76078
13	MCPHERSON NANCY ELAINE 704 POINEER ROAD RHOME TX 76078
14/15	CARPENTER JESSIE PROP LP 2601 NANTUCKET CT BEDFORD, TX 76022
<u>Notes:</u> 1. Source of addresses is the Wise County Appraisal District property search website: Wise CAD Property Search (wise-cad.com) 2. No permanent school fund land is affected by this application	

FFLIP LAND HOLDING LLC
3045 LACKLAND ROAD
FORT WORTH, TX
76116

IVY ROBERT & JULIE
1521 PIONEER ROAD
RHOME TX 76078

DUNCAN JEFFERY & AMY
4565 KELLER HASLET
ROAD BUILDING 5
SUITE 100
FORT WORTH, TX 76244

COATES BRUCE K & TAMI
970 PIONEER ROAD
RHOME, TX 76078

DICKEY TONY & DORRIS
1320 PIONEER RD
RHOME TX 76078-3911

SYNDER DANA EXECUTOR
112 RIVERCREST DR
FORT WORTH TX 76107-1149

GMS REO LP
301 SOUTH ACORN
DECATUR, TX 76234

BRAZOS ELECTRIC POWER
COOPERATIVE
PO BOX 2585
WACO TX 76702-2585

HARRISON PEGGY
REVOCABLE LIVING
TRUST
736 LYNDIA DR
RIVER OAKS, TX 76114

TURNER JERALD & CHERI
580 PIONEER ROAD
RHOME TX 76078

NORMAN GREG A
206 PIONEER RD
RHOME TX 76078-4302

REED FREDDIE C
894 PIONEER ROAD
RHOME TX 76078

MCPHERSON NANCY
704 PIONEER ROAD
RHOME TX 76078-3900

CARPENTER JESSIE PROP LP
2601 NANTUCKET CT
BEDFORD, TX 76022-7786

CARPENTER JESSIE PROP LP
2601 NANTUCKET CT
BEDFORD, TX 76022-7786

Attachment 3: Original Photographs



TETRA TECH

5810 Tennyson Parkway, Suite 200
Plano, Texas 75054
T +1 972-202-4242

ATTACHMENT 3
ORIGINAL PHOTOGRAPHS
TCEQ PERMIT
NEW FAIRVIEW MUNICIPAL UTILITY DISTRICT NO. 1



Original Photograph 1 (2018) – Treatment Facility



Original Photograph 2 (2020) - Treatment Facility



Original Photograph 3 (2020) – View of Creek from North



Original Photograph 4 (2020) – Upstream of Discharge Point



Original Photograph 5 (2020) – Downstream of Discharge Point

Attachment 4: Buffer Zone Map



TETRA TECH

5810 Tennyson Parkway, Suite 200
Piano, Texas 75054
T +1 972-202-4242

ATTACHMENT 4
BUFFER ZONE MAP
TCEQ PERMIT
NEW FAIRVIEW MUNICIPAL UTILITY DISTRICT NO. 1

**Attachment 5: USGS 7.5 Minute Quadrangle
for Supplemental Permit Information Form
(SPIF)**

Attachment 5: USGS 7.5 Minute Quadrangle
for Supplemental Permit Information Form



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



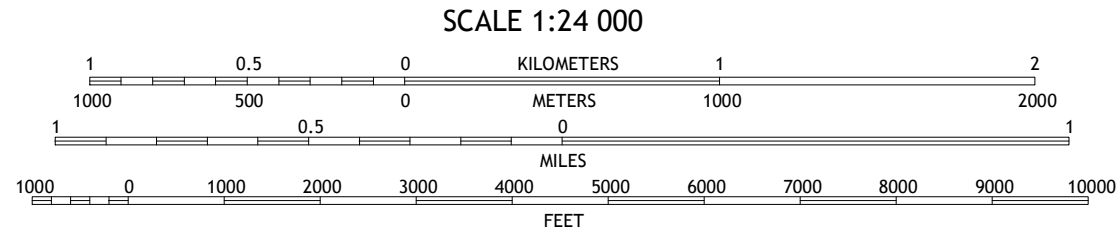
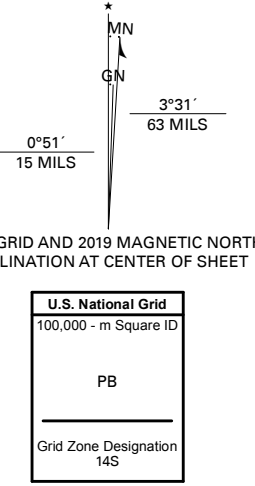
RHOME QUADRANGLE
TEXAS
7.5-MINUTE SERIES



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 14S
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.

Imagery.....NAIP, September 2016 - November 2016
Roads.....U.S. Census Bureau, 2015 - 2018
Names.....GNIS, 1979 - 2018
Hydrography.....National Hydrography Dataset, 2000 - 2018
Contours.....National Elevation Dataset, 2004 - 2005
Boundaries.....Multiple sources; see metadata file 2016 - 2017
Wetlands.....FWS National Wetlands Inventory 1981



CONTOUR INTERVAL 10 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988
This map was produced to conform with the
National Geospatial Program US Topo Product Standard, 2011.
A metadata file associated with this product is draft version 0.6.18



1	2	3
4	5	6
7	8	9

ADJOINING QUADRANGLES

1 Decatur
2 Bluff
3 Ponder
4 Boyd
5 Justin
6 Aze
7 Avondale
8 Keller

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

RHOME, TX
2019

*7643016397911
NSN 7643016397911
NSA REF NO. USGS X24K37739

Attachment 5 General Location Map

For Supplemental Permit Information Form

Legend

Treatment Facilities

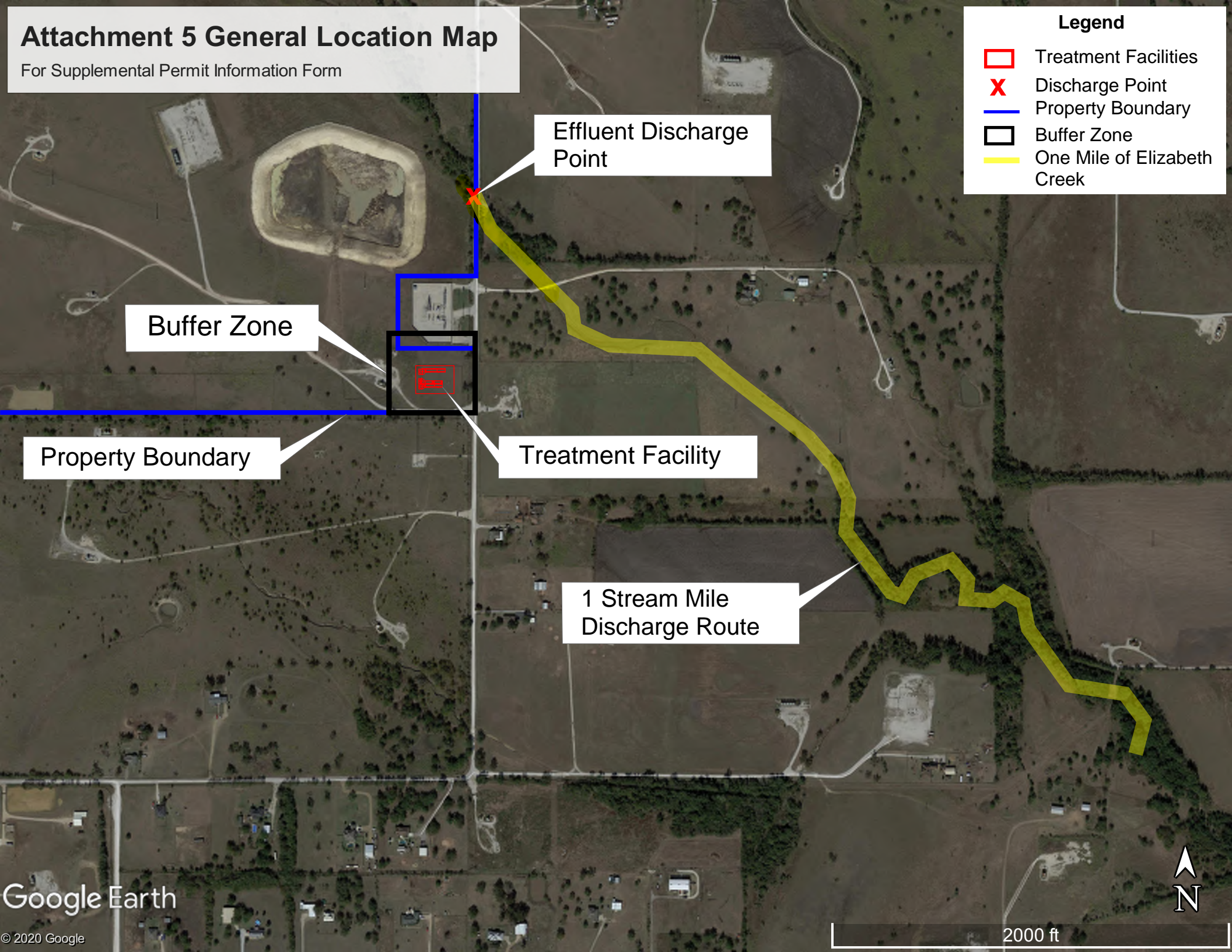
X

 Discharge Point

Property Boundary

Buffer Zone

One Mile of Elizabeth Creek



Buffer Zone

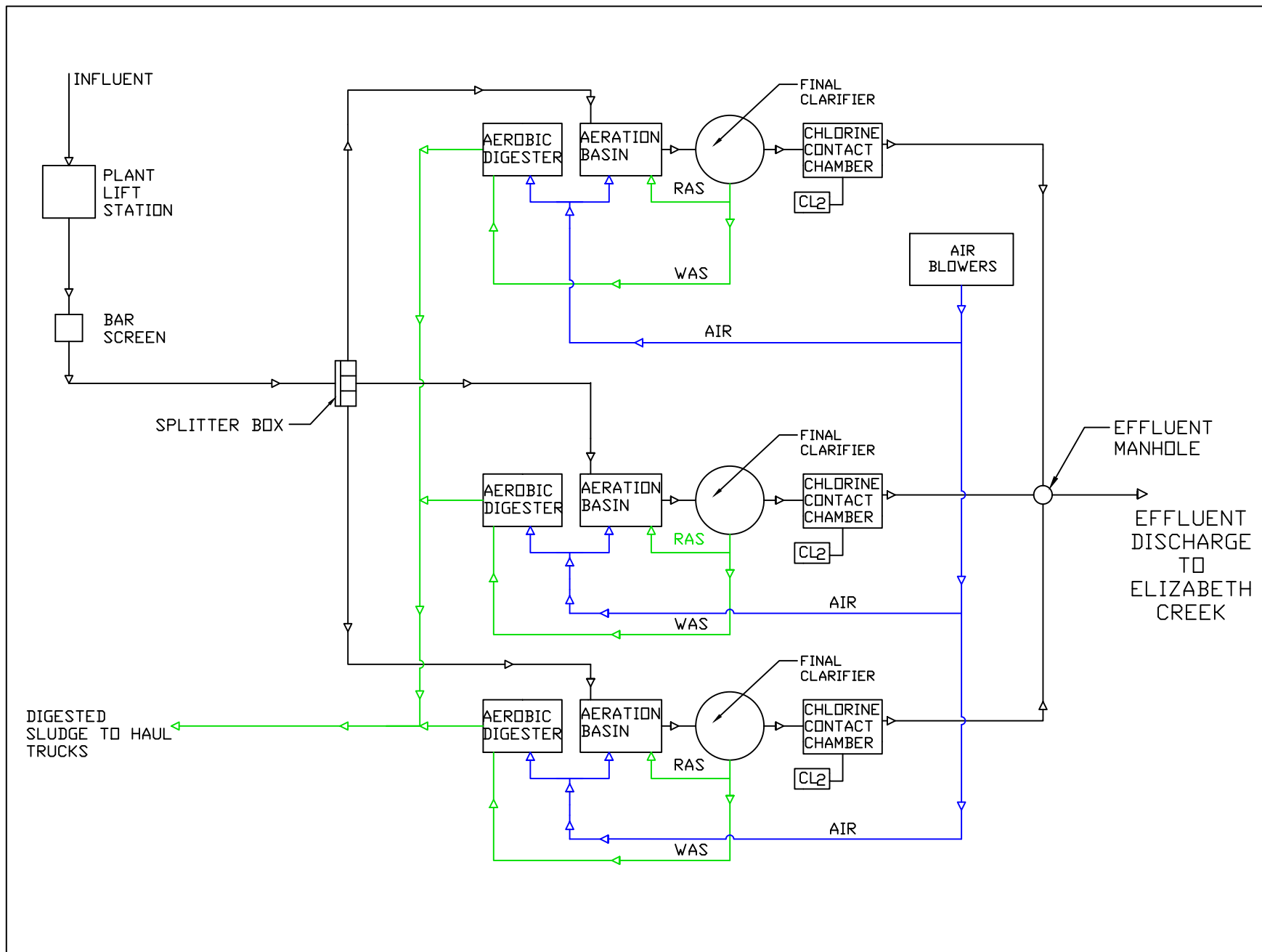
Effluent Discharge Point

Property Boundary

Treatment Facility

1 Stream Mile Discharge Route

Attachment 6: Process Flow Diagram

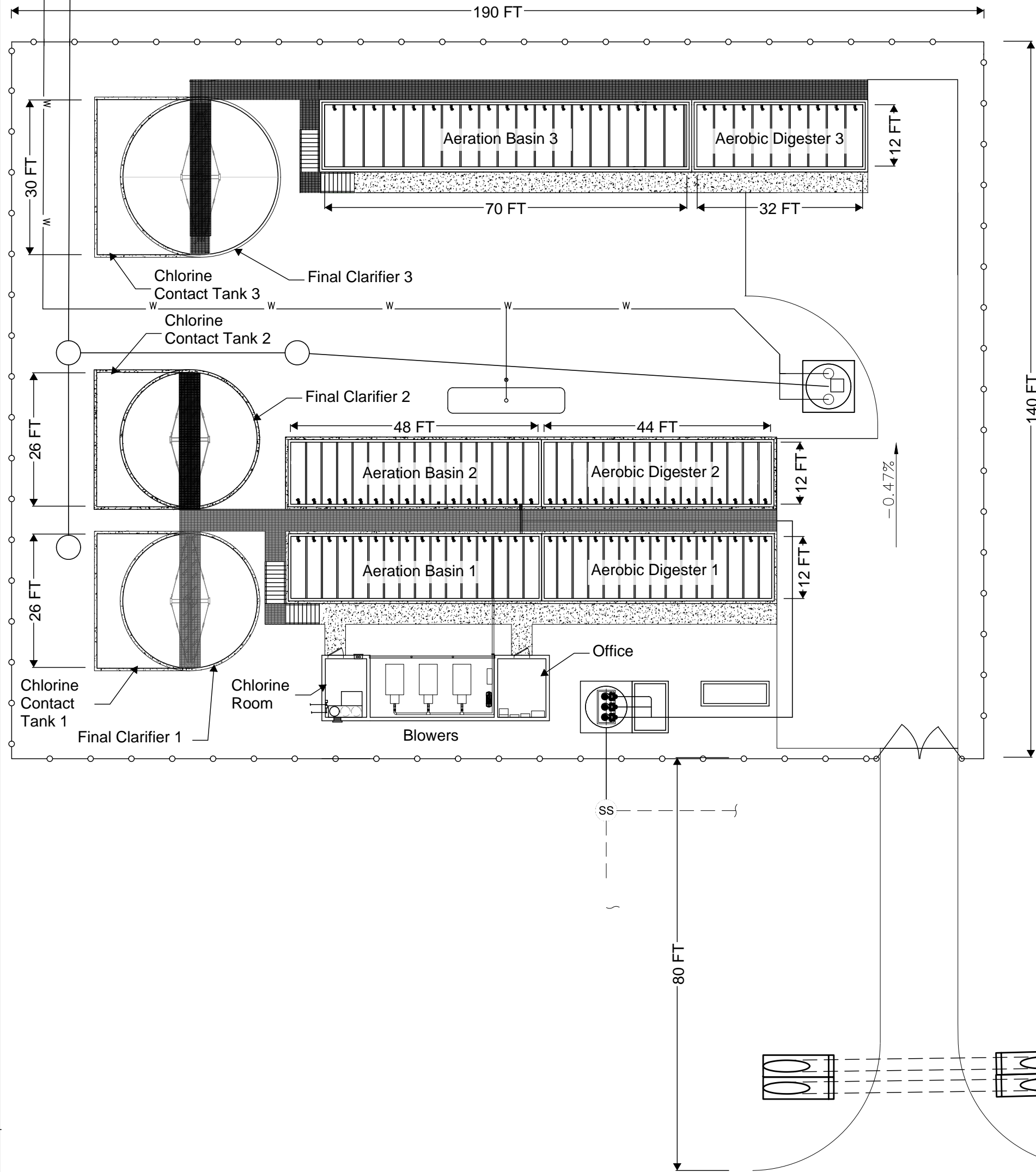
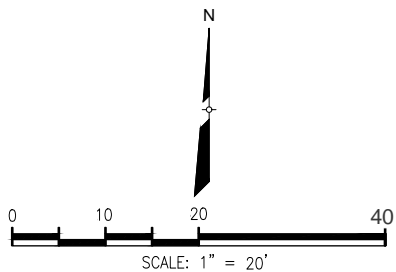


TETRA TECH

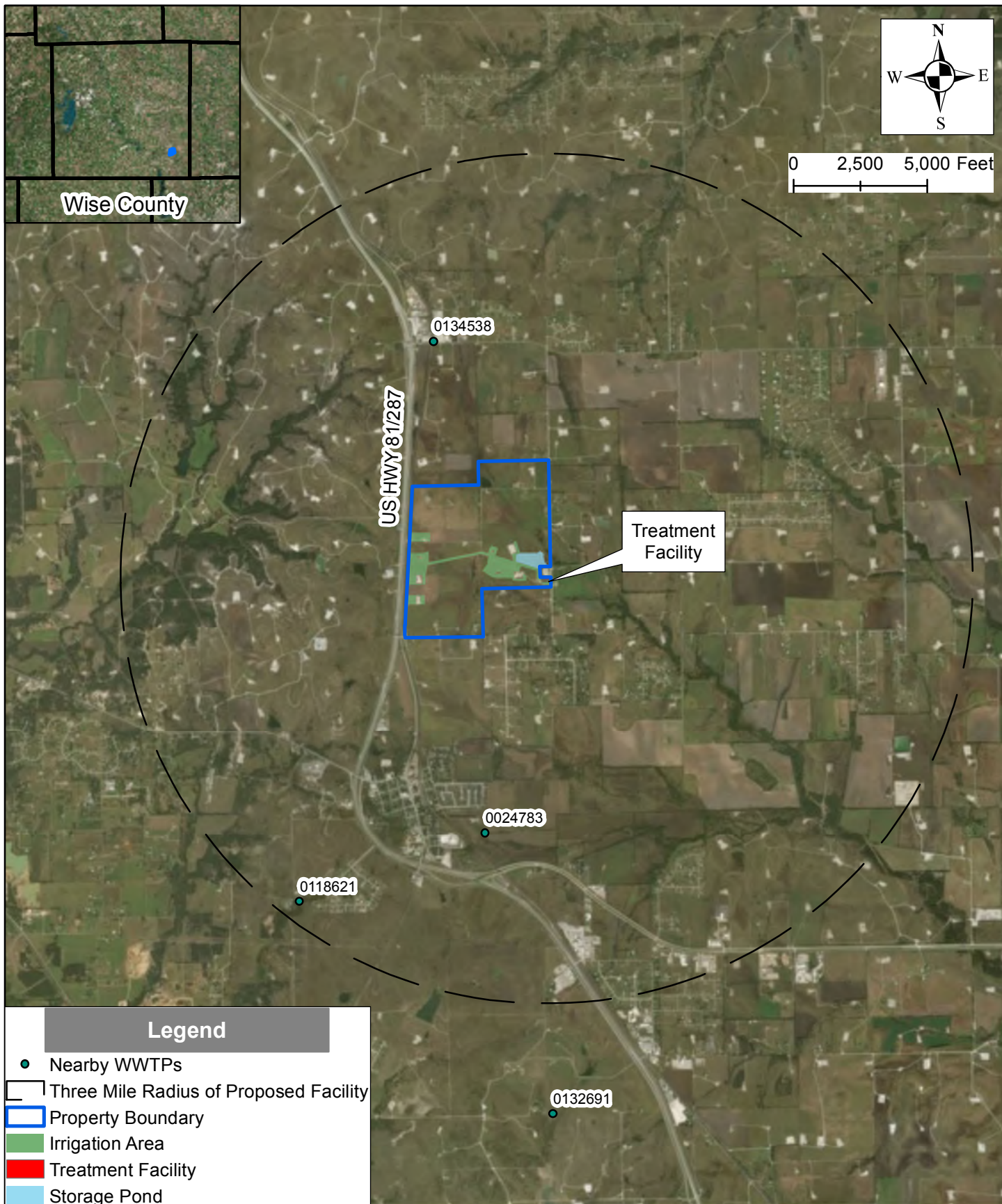
5810 Tennyson Parkway, Suite 200
 Plano, Texas 75054
 T +1 972-292-4242

ATTACHMENT 6
 PROCESS FLOW DIAGRAM
 TCEQ PERMIT
 NEW FAIRVIEW MUNICIPAL UTILITY DISTRICT NO. 1

Attachment 7: Site Layout



Attachment 8: Nearby WWTPs



5810 Tennyson Parkway, Suite 200
Plano, Texas 75054
T +1 972-263-4242

ATTACHMENT 8

NEARBY WWTPS
TCEQ PERMIT
NEW FAIRVIEW MUNICIPAL UTILITY DISTRICT NO. 1

Attachment 8

Nearby WWTPs or Collection Systems

Wastewater Treatment Facilities within three-mile radius of proposed facility:

Permittee Name	NPDES Permit Number	Annual Average Flow (MGD)	Facility Design Flow (MGD)
City of Rhome	TX0024783	0.094	0.10
City of Rhome	TX10701002	0.093	0.15
Multi-Chem Group LLC	TX0134538	Not Listed in NCTCOG WQMP	Not Listed in NCTCOG WQMP

The identified WWTPs in Rhome, TX that are located approximately 3 miles away from the location of the proposed treatment facility have a permitted design flow of 100,000 GPD and 150,000 GPD. The proposed treatment facility for this permit will have a design flow of 259,350 GPD, surpassing the permitted flow of the treatment plants in Rhome, TX. Due to the lack of capacity of the existing treatment plants in Rhome, TX and the lack of collector systems between proposed treatment plant and existing treatment plants, the potential to connect to the treatment plants was not considered.

Attachment 9: Design Calculations

Attachment 9

Design Calculations

Influent Quality Characteristics – The raw sewage characteristics used for design purposes are as follows:

Parameter	Concentration
BOD ₅	250mg/L

Influent Flow Characteristics – The hydraulic design of the facility must ensure that the facility will operate under the most extreme conditions anticipated. The facility process and hydraulic design for this facility are as follows:

Flow	Gallons Per Day	Gallons Per Minute
Average Daily Flow (Q _{ave})	450,000	312.6
Peak 2-Hour Flow (Q _{pk})	1,800,000	1,250.2
Loading	Pounds Per Day	
BOD ₅	938.3	

Process Design – The treatment facility will be designed to produce an effluent quality in compliance with the proposed permitted parameters of:

Process: Conventional activated sludge process

BOD₅ = 20 mg/L; TSS = 20 mg/L



Treatment Units

Table 1: Aeration Basin

Aeration Basin	TCEQ Requires	Actual Provided
Organic Loading Rate (lbs/day/1000 ft ³)	45	45
Total Aeration Volume (ft ³)	20,850	20,916

Table 2: Clarifier

Clarifier	TCEQ Requires	Actual Provided
Surface Loading Rate (Q _{pk}) (gallons/day/ft ²)	1,200 (Max)	1,018
Detention Time (Q _{pk}) (hr)	1.8 (Min)	1.9
Surface Area (ft ²)	1,719	1,769
Volume (ft ³)	18,048	18,572
Side-Water Depth (ft)	10.5	10.5
Diameter (ft)	2 – 26 ft Diameter Tanks (one existing/ under construction) 1 – 29 ft Diameter Tanks	2 – 26 ft Diameter Tank (one existing/ under construction) 1 – 30 ft Diameter Tank

Table 3: Aerobic Digester

Aerobic Digester	TCEQ Requires	Actual Provided
MCRT at 20°C (days)	40 (Min)	40.2
WAS solids production (ppd)	Not Specified	938
Digested sludge solids production (ppd)	Not Specified	563
Required solids in digester (lbs)	Not Specified	18,758
Digester Volume (ft ³)	Not Specified	15,120

Table 4: Chlorine Contact Chamber

Chlorine Contact Tank	TCEQ Requires	Actual Provided
Detention time (Q _{pk}) (minutes)	20	20.2
Volume (Q _{pk}) (ft ³)	3,342	3,369

Attachment 9

Facility Design Requirements

Emergency Power Requirements

The treatment facility will incorporate an on-site automatically starting generator capable of continuously operating all critical wastewater treatment system units. The fuel tank will be sized for a run time of 24 hours. This generator will provide sufficient power for the following units:

1. 3 – Influent Lift Station Pumps (Meet firm capacity with two pumps)
2. 3 – Blowers for aeration and airlift pump (Meet firm capacity with two blowers)
3. 3 – Final Clarifier Sludge Scrapers
4. Chlorination System
5. Effluent Metering Station
6. Lighting Panels and Control Equipment

An automatic transfer switch will be included to transfer electrical loads to the generator during an outage. The blowers and disinfection system will automatically restart during a power outage and upon transfer back to the main power source. The lift station pumps will be controlled by wet level.

Alarm Features

The facility will be equipped with a Supervisory Control and Data Acquisition (SCADA) system to monitor the operation of all critical treatment units. The control room will include a computer of the treatment units that will indicate status and alarm conditions. The computer system will include an auto dialer to alert facility personnel of the following conditions:

1. Power Outage
2. Phase Failure
3. Influent Lift Station Wet Well High Level
4. Blower Failure
5. Final Clarifier Torque Overload

The auto dialer will store prerecorded messages concerning each alarm condition and the procedure to be followed and will call members of facility personnel until the alarm condition is acknowledged. The influent lift station and final clarifiers will also be equipped with local alarm lights for high level and high torque respectively.

Design Features for Reliability and Operating Flexibility

1. Influent Lift Station: The influent lift station will include three submersible pumps sized to meet peak flow pumping capacity with the largest unit out of service. Level switches will automatically start and stop the pumps based on influent flows and rising and falling wet well levels. High wet well level will result in an alarm condition.
2. Aeration Basins: Three aeration basins will be included, each capable of continuous operation. Piping and valves will be included to allow each unit to be individually isolated for draining, cleaning or repairs.
3. Clarifier: Three clarifiers will be included, each capable of continuous operation. Piping and valves will be included to allow each unit to be individually isolated for draining, cleaning or repairs.
4. Digester: Three digesters will be included, each capable of continuous operation. Piping and valves will be included to allow each unit to be individually isolated for draining, cleaning or repairs.

Overflow Prevention

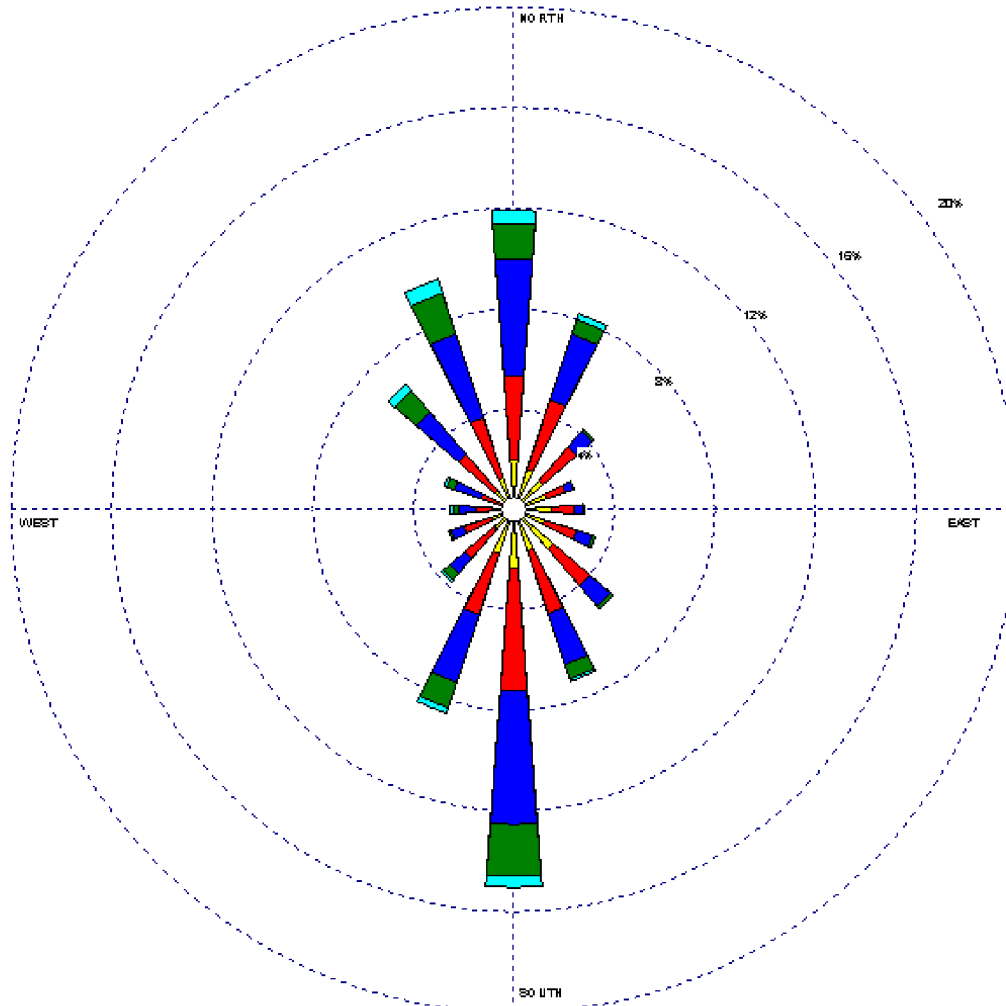
The following design features will be used to prevent the overflow of wastewater from treatment units.

1. The facility design includes a peaking factor of 4.0 to insure adequate hydraulic capacity.
2. The influent lift station will be designed with the capacity to pump peak flow with the largest single pump out of service.
3. The facility hydraulic design, including piping, channels, weirs, troughs and other features, will be size to allow the 2-hour peak flow to pass through the facility without exceeding minimum freeboard requirements with any single treatment unit out of service.

Attachment 10: Wind Rose

WIND ROSE PLOT

Station #03927 - DALLAS/FORT WORTH/REGIONAL AR, TX



Wind Speed (m/s) 	MODELER Sara West	DATE 8/29/2002	COMPANY NAME USDA-ARS
	DISPLAY Wind Speed	UNIT m/s	COMMENTS
	AVG. WIND SPEED 5.46 m/s	CALM WINDS 2.61%	
	ORIENTATION Direction (blowing from)	PLOT YEAR-DATETIME 1981 Feb 1 - Feb 29 Midnight - 11 PM	

WSPC BY: Ver 3.3 by Tetra Environmental Software - www.tetraenv.com/datasoft



TETRA TECH

5810 Tennyson Parkway, Suite 280
 Plano, Texas 75054
 T +1 972-262-4242

ATTACHMENT 10

WIND ROSE
 TCEQ PERMIT

NEW FAIRVIEW MUNICIPAL UTILITY DISTRICT NO. 1

Attachment 11: Sewage Sludge Solids
Management Plan

Attachment 11

Sewage Sludge Solids Management Plan

Influent Design Flow = 0.45 mgd

Influent BOD Concentration = 250 mg/L

Aerobic Digester Volume = 113,098 gallons

Table 1: Sludge Production

Solids Generated	100% Flow	75% Flow	50% Flow	25% Flow
Pounds Influent BOD ₅	938	704	469	235
Pounds of Digested Dry Sludge Produced*	328	246	164	82
Pounds of Wet Sludge Produced	16419	12315	8210	4105
Gallons of Wet Sludge Produced	1969	1477	984	492

***Assuming 0.35 pounds of digested dry sludge produced per pound of influent BOD₅ at average temperatures and 2.0% solids concentration in the digester.**

Sludge solids will be stabilized in the digester; supernatant will be decanted from the digester and continue treatment process.

Table 2: Sludge Removal Schedule

Removal Schedule (days)	100% Flow	75% Flow	50% Flow	25% Flow
Days between Sludge Removal	41	54	80	161

Liquid digested sludge will be removed from the digester for disposal on a regular basis as required. The calculated mean cell residence time (MCRT) for the digester storage volume of 113,098 gallons will be approximately 41 days at 100% capacity and annual average digested sludge production of 328 ppd. The digested sludge will be transported by registered hauler, Bowman Environmental, Registration No. 2010 to City of Italy WWTP, Permit No. TX123056 in Ellis County.



Bowman Environmental
Enterprises, LLC
801 S. Files St. Itasca, TX 76055
(254) 687-2642 FAX (254) 687-2656
bowmanenv@gmail.com

May 1, 2018

Texas Wastewater Services

is serviced by

Bowman Environmental Enterprises

for removal and disposal of sludge

at the City of Italy

Waste Water Treatment Plant

Candice Calhoun

From: Moran, Cesar <cesar.moran@tetrattech.com>
Sent: Tuesday, August 6, 2024 5:47 PM
To: Candice Calhoun
Cc: sscherer@lacklandholdings.com
Subject: RE: Application to Renew Permit No. WQ0015669001 - New Fairview Municipal Utility District No. 1; Fairview Meadows WWTP
Attachments: USGS Map (Attachment 1)- Fairview Reduced.pdf; Executed Core Data Form.pdf; wq0015669001-nod1_Revised.pdf

Follow Up Flag: Follow up
Flag Status: Completed

Candice, Please find attached:



1. Signed Core Data Form (CDF)
2. USGS Map with One-Mile Radius
3. Revised NORI verbiage

Please let me know if you need anything else to support your efforts. Have a great day!

Cesar Moran

From: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>
Sent: Tuesday, August 6, 2024 4:37 PM
To: sscherer@lacklandholdings.com
Cc: Moran, Cesar <cesar.moran@tetrattech.com>
Subject: Application to Renew Permit No. WQ0015669001 - New Fairview Municipal Utility District No. 1; Fairview Meadows WWTP
Importance: High

You don't often get email from candice.calhoun@tceq.texas.gov. [Learn why this is important](#)

 **CAUTION:** This email originated from an external sender. Verify the source before opening links or attachments. 

Good afternoon, Mr. Scherer,

The attached Notice of Deficiency (NOD) letter dated **August 6, 2024**, requests additional information needed to declare the application administratively complete. Please send complete response by **August 20, 2024**.

Please let me know if you have any questions.

Regards,

Candice Calhoun

From: Moran, Cesar <cesar.moran@tetrattech.com>
Sent: Wednesday, August 7, 2024 2:02 PM
To: Candice Calhoun
Cc: sscherer@lacklandholdings.com
Subject: RE: Application to Renew Permit No. WQ0015669001 - New Fairview Municipal Utility District No. 1; Fairview Meadows WWTP
Attachments: Executed Core Data Form.pdf

Candice,



Thanks a lot for the reference. Please find the revised CDF for your review. This should be in line.

Let us know if you need anything else to move forward. Have a great day!

Cesar Moran, PE | Tetra Tech

Cell +1 (361) 355-5288 | cesar.moran@tetrattech.com
5810 Tennyson Pkwy, Suite 280, Plano, TX 75024 | www.tetrattech.com

From: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>
Sent: Wednesday, August 7, 2024 10:04 AM
To: Moran, Cesar <cesar.moran@tetrattech.com>
Cc: sscherer@lacklandholdings.com
Subject: RE: Application to Renew Permit No. WQ0015669001 - New Fairview Municipal Utility District No. 1; Fairview Meadows WWTP

 **CAUTION:** This email originated from an external sender. Verify the source before opening links or attachments. 

Forgot to include snip-it of coordinates and map in previous email.

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

August 6, 2024

Mr. Scott Scherer, P.E.
Development Partment
Lackland Holdings, LLC
3045 Lackland Road
Fort Worth, Texas 76116

RE: Application to Renew Permit No.: WQ0015669001 (EPA I.D. No. TX0140775)
Applicant Name: New Fairview Municipal Utility District No. 1 (CN605444645)
Site Name: Fairview Meadows WWTP (RN110308178)
Type of Application: Renewal

VIA EMAIL

Dear Mr. Scherer:

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

1. Core Data Form (CDF)

The Core Data Form was inadvertently left out of the application. Please provide a completed and signed CDF. **Attached in email**

2. USGS Topographic Map

The USGS map provided was inadvertently missing the one-mile radius. Please provide an updated USGS map to include the one-mile radius. **Attached in email**

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. **See corrections below**

Mr. Scott Scherer, P.E.
Page 2
August 6, 2024
Permit No. WQ0015669001

Dallas, Texas 75248

APPLICATION. New Fairview Municipal Utility District No. 1, **PENDING APPLICANT RESPONSE**, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0015669001 (EPA I.D. No. TX0140775) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 450,000 gallons per day with provisions for the disposal of treated wastewater at a volume not to exceed a daily average flow of 228,500 gallons per day via irrigation on 60.07 acres of public access hayland, in Interim I. The domestic wastewater treatment facility is located at **PENDING APPLICANT RESPONSE**, near the city of New Fairview, in Wise County, Texas 76078. The discharge route is from the plant site via Outfall 001 to Elizabeth Creek; thence to Henrietta Creek; thence to Denton Creek; thence to Grapevine Lake. TCEQ received this application on August 1, 2024. The permit application will be available for viewing and copying at New Fairview City Hall, 999 Illinois Lane, New Fairview, in Wise 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. **110 Stone Canyon Dr**
<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.46,33.077777&level=18>

Further information may also be obtained from New Fairview Municipal Utility District No. 1 at the address stated above or by calling Mr. Cesar Moran, P.E., RPS/Tetra Tech, at 361-355-5288.

Please submit the complete response, addressed to my attention by August 20, 2024. If you should have any questions, please do not hesitate to contact me by phone at (512) 239-4312 or by email at candice.calhoun@tceq.texas.gov

Sincerely,



Candice Calhoun
Applications Review and Processing Team (MC148)
Water Quality Division
Texas Commission of Environmental Quality

cgc

Enclosure(s)

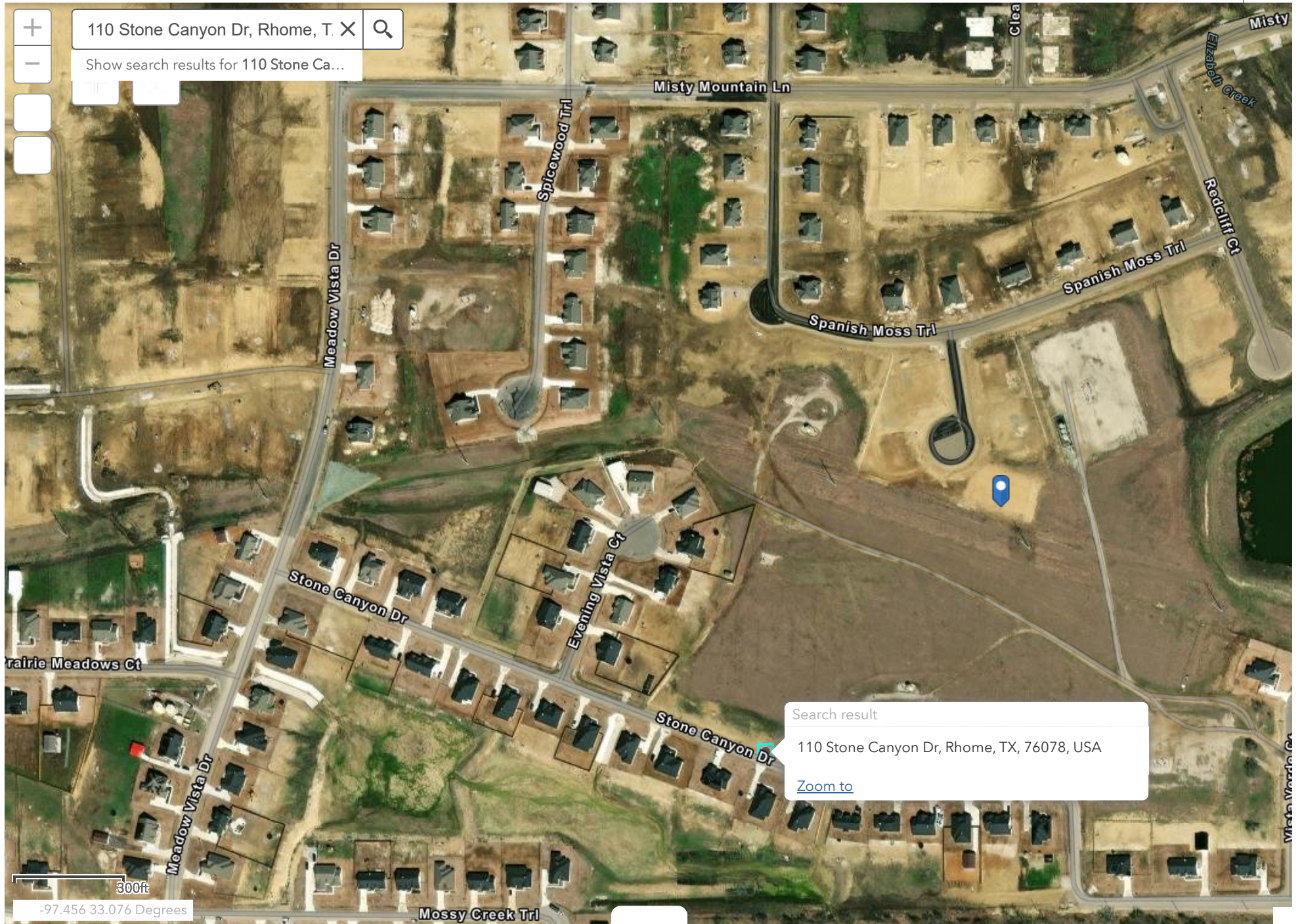
cc: Mr. Cesar Moran, P.E., Project Manager, RPS/Tetra Tech, 5810 Tennyson Parkway, Suite 280, Plano, Texas 75024



110 Stone Canyon Dr, Rhome, T. X



Show search results for 110 Stone Ca...



Search result

110 Stone Canyon Dr, Rhome, TX, 76078, USA

[Zoom to](#)

300ft

-97.456 33.076 Degrees

Mossy Creek Trl

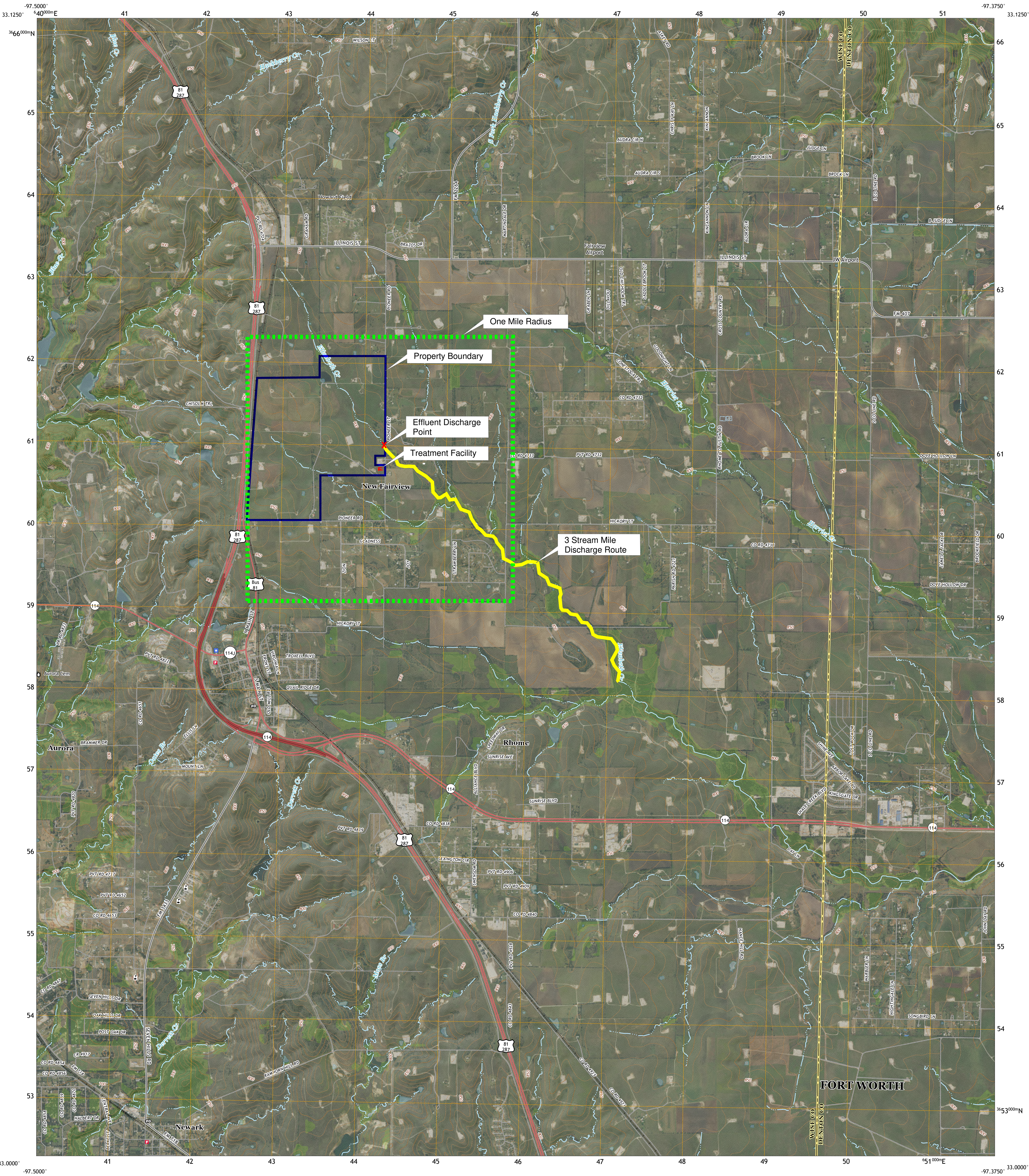
Attachment 1: USGS 7.5 Minute Quadrangle



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



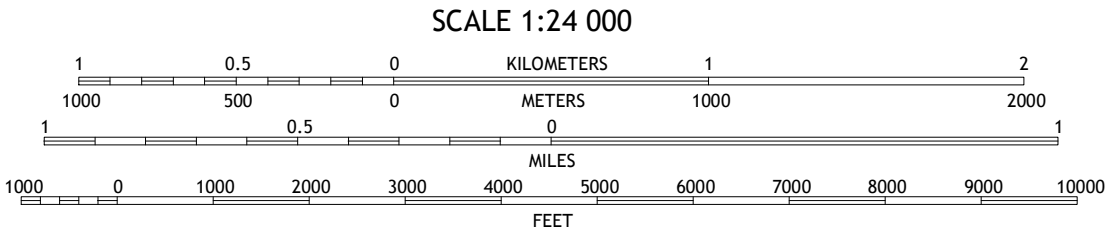
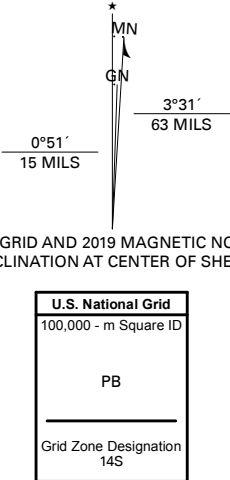
RHOME QUADRANGLE
TEXAS
7.5-MINUTE SERIES



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 14S
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.

Imagery.....NAIP, September 2016 - November 2016
Roads.....U.S. Census Bureau, 2015 - 2018
Names.....GNIS, 1979 - 2018
Hydrography.....National Hydrography Dataset, 2000 - 2018
Contours.....National Elevation Dataset, 2004 - 2005
Boundaries.....Multiple sources; see metadata file 2016 - 2017
Wetlands.....FWS National Wetlands Inventory 1981



CONTOUR INTERVAL 10 FEET
NORTH AMERICAN DATUM OF 1983
This map was produced to conform with the
National Geospatial Program US Topo Product Standard, 2011.
A metadata file associated with this product is draft version 0.6.18



1	2	3
4	5	6
7	8	9

ADJOINING QUADRANGLES

1 Decatur
2 Bluet
3 Ponder
4 Boyd
5 Justin
6 Ade
7 Avondale
8 Keller

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

RHOME, TX
2019



NSN 1643016397911
NSA REF NO. USGSX24K37739



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 605444645		RN 110308178

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership				
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)				
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>				
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)			<i>If new Customer, enter previous Customer below:</i>	
New Fairview Municipal Utility District No. 1				
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits) 82-4061040	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)	
11. Type of Customer:		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited		
<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual		
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input checked="" type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:		
12. Number of Employees <input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		13. Independently Owned and Operated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following				
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:				
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant				
15. Mailing Address:		16000 North Dallas Parkway Suite 350		
City		Dallas	State	TX
ZIP		75248	ZIP + 4	
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable) jburton@coatsrose.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.)								
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information								
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>								
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)								
New Fairview Municipal Utility District No. 1								
23. Street Address of the Regulated Entity: (No PO Boxes)		110 Stone Canyon Drive						
		City	Rhome	State	TX	ZIP	76078	ZIP + 4
24. County		Dallas						

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

25. Description to Physical Location:											
26. Nearest City					State		Nearest ZIP Code				
New Fairview					TX		76078				
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>											
27. Latitude (N) In Decimal:			33°04'30.7"			28. Longitude (W) In Decimal:			97°27'18.6"		
Degrees		Minutes		Seconds		Degrees		Minutes		Seconds	
29. Primary SIC Code			30. Secondary SIC Code			31. Primary NAICS Code			32. Secondary NAICS Code		
(4 digits)			(4 digits)			(5 or 6 digits)			(5 or 6 digits)		
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)											
34. Mailing Address:		16000 North Dallas Parkway, Suite 350									
		City	Dallas	State	TX	ZIP	75248	ZIP + 4			
35. E-Mail Address:		jburton@coatsrose.com									
36. Telephone Number			37. Extension or Code			38. Fax Number (if applicable)					
(972) 788-1600						(972) 702-662					

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

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
	WQ0015669001			

SECTION IV: Preparer Information

40. Name:	Jake Burton	41. Title:	Attorney
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(972) 419-4718		(972) 702-0662	jbarton@coatsrose.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:	Coats Rose, P.C.	Job Title:	Attorney
Name (In Print):	Jake W. Burton	Phone:	(972) 419- 4718
Signature:		Date:	8/1/24