

## **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

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

Crossroads 10445 LP (CN605676071) operates CROSSROADS INDUSTRIAL PARK WWTF (RN110809761), a ) Wastewater Treatment Facility. The facility is at 10223 U.S. Highway 183 South, in Austin, Travis County, Texas 78747. The applicant has applied to the TCEQ for a renewal of a permit to authorize the discharge of treated domestic wastewater at an average daily flow not to exceed 0.010 million gallons per day (MGD). The wastewater treatment facility will serve the Crossroads Industrial Park.

Discharges from the facility are expected to contain Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD<sub>5</sub>), total suspended solids (TSS), ammonia nitrogen (NH<sub>3</sub>-N), and *Escherichia coli*. Domestic Wastewater will be treated by a submerged fixed- bed biofilm reactor(SFBBR) operated as an attached biological system configured as a package plant. Treatment units will include a bar screen, an aeration basin, a tube settler final tank, a sludge holding tank, and a chlorine contact chamber. The facility has not been constructed.

#### **TEXAS COMMISSION ON ENVIRONMENTAL QUALITY**



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

#### PERMIT NO. WQ0015810001

**APPLICATION.** Crossroads 10445, LP, 7801 North Capital of Texas Highway, Suite 390, Austin, Texas 78731, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0015810001 (EPA I.D. No. TX0139432) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 10,000 gallons per day. The domestic wastewater treatment facility is located at 10223 U.S. Highway 183 South, near the city of Austin, in Travis County, Texas 78747. The discharge route is from the plant site to a detention pond; thence to an unnamed ditch; thence to an unnamed tributary; thence to Dry Creek; thence to the Colorado River Below Lady Bird Lake/Town Lake. TCEQ received this application on August 5, 2025. The permit application will be available for viewing and copying at Elroy Community Library, Front Desk, 13512 Farm-to-Market Road 812, Del Valle, in Travis 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=-97.693888,30.096388&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 countywide mailing list and to those who are on the mailing list for this application. That notice will contain the deadline for submitting public comments.

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

**OPPORTUNITY FOR A CONTESTED CASE HEARING.** After the deadline for submitting public comments, the Executive Director will consider all timely comments and prepare a

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

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

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

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

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 <a href="https://www.tceq.texas.gov/goto/cid">www.tceq.texas.gov/goto/cid</a>. Search the database using the permit number for this application, which is provided at the top of this notice.

**AGENCY CONTACTS AND INFORMATION.** All public comments and requests must be submitted either electronically at <a href="https://www14.tceq.texas.gov/epic/eComment/">https://www14.tceq.texas.gov/epic/eComment/</a>, or in

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

Further information may also be obtained from Crossroads 10445, LP at the address stated above or by calling Mr. Richard Gary, Crossroads 10445, LP, at 512-901-9800.

Issuance Date: September 2, 2025

Brooke T. Paup, *Chairwoman*Bobby Janecka, *Commissioner*Catarina R. Gonzales, *Commissioner*Kelly Keel, *Executive Director* 



#### TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

August 5, 2025

Re: Confirmation of Submission of the Renewal without changes for Private Domestic Wastewater Authorization.

Dear Applicant:

This is an acknowledgement that you have successfully completed Renewal without changes for the Private Domestic Wastewater authorization.

ER Account Number: ER115495

Application Reference Number: 804417 Authorization Number: WQ0015810001 Site Name: Crossroads Industrial Park WWTF

Regulated Entity: RN110809761 - Crossroads Industrial Park WWTF

Customer(s): CN605676071 - Crossroads 10445, LP

Please be aware that TCEQ staff may contact your designated contact for any additional information.

If you have any questions, you may contact the Applications Review and Processing Team by email at WQ-ARPTeam@tceq.texas.gov or by telephone at (512) 239-4671.

Sincerely, Applications Review and Processing Team Water Quality Division

#### **Texas Commission on Environmental Quality**

Update Domestic or Industrial Individual Permit WQ0015810001

#### Site Information (Regulated Entity)

What is the name of the site to be authorized? CROSSROADS INDUSTRIAL PARK

**WWTF** 

Does the site have a physical address?

Yes

**Physical Address** 

Number and Street 10223 US HIGHWAY 183 S

 City
 AUSTIN

 State
 TX

 ZIP
 78747

 County
 TRAVIS

 Latitude (N) (##.#####)
 30.096388

 Longitude (W) (-###.#####)
 -97.693888

Primary SIC Code Secondary SIC Code Primary NAICS Code Secondary NAICS Code

Regulated Entity Site Information

What is the Regulated Entity's Number (RN)? RN110809761

What is the name of the Regulated Entity (RE)? CROSSROADS INDUSTRIAL PARK

WWTF

Does the RE site have a physical address?

Yes

**Physical Address** 

Number and Street 10223 US HIGHWAY 183 S

 City
 AUSTIN

 State
 TX

 ZIP
 78747

 County
 TRAVIS

 Latitude (N) (##.#####)
 30.096388

 Longitude (W) (-###.#######)
 -97.693888

Facility NAICS Code

What is the primary business of this entity?

INDUSTRIAL WAREHOUSING AND

**OFFICES** 

#### CROSSRO-Customer (Applicant) Information (Owner Operator)

How is this applicant associated with this site?

What is the applicant's Customer Number (CN)?

Type of Customer

Corporation

Full legal name of the applicant:

Legal Name CROSSROADS 10445, LP

Texas SOS Filing Number 803165886

Federal Tax ID

State Franchise Tax ID 32068949240

State Sales Tax ID

Local Tax ID

**DUNS Number** 

Number of Employees

Independently Owned and Operated?

I certify that the full legal name of the entity applying for this permit has

been provided and is legally authorized to do business in Texas.

**Responsible Authority Contact** 

Organization Name CROSSROADS 10445, LP

Prefix

First

Middle

Last Williams

Suffix

Credentials

Title Partner

**Responsible Authority Mailing Address** 

Enter new address or copy one from list:

Address Type Domestic

Mailing Address (include Suite or Bldg. here, if applicable)
7801 N CAPITAL OF TEXAS HWY STE

390

Yes

Routing (such as Mail Code, Dept., or Attn:)

City AUSTIN
State TX
ZIP 78731

Phone (###-###) 5129019800

Extension

Alternate Phone (###-###-###)

Fax (###-###-###)

E-mail grant@jwdevelopmentinc.com

#### Billing Contact

#### Responsible contact for receiving billing statements:

Select the permittee that is responsible for payment of the annual fee. CN605676071, CROSSROADS 10445,

LP

Organization Name JW DEVELOPMENT

Prefix

First

Middle

Last

Suffix

Credentials

Title

Enter new address or copy one from list:

**Mailing Address** 

Address Type Domestic

Mailing Address (include Suite or Bldg. here, if applicable)
7801 N CAPITAL OF TEXAS HWY STE

390

Routing (such as Mail Code, Dept., or Attn:)

City AUSTIN
State TX
ZIP 78731

Phone (###-####) 5129019800

Extension

Alternate Phone (###-###-####)

Fax (###-###-###)

E-mail JOE@JWDEVELOPMENTINC.COM

#### **Application Contact**

Person TCEQ should contact for questions about this application:

Same as another contact? CN605676071, CROSSROADS 10445,

LΡ

Organization Name CROSSROADS 10445, LP

Prefix

First Grant

Middle

Last Williams

Suffix

Credentials

Title Partner

Enter new address or copy one from list:

**Mailing Address** 

Address Type Domestic

Mailing Address (include Suite or Bldg. here, if applicable) 7801 N CAPITAL OF TEXAS HWY STE

390

Routing (such as Mail Code, Dept., or Attn:)

City AUSTIN
State TX
ZIP 78731

Phone (###-####) 5129019800

Extension

Alternate Phone (###-###-####)

Fax (###-###-###)

E-mail grant@jwdevelopmentinc.com

#### **Technical Contact**

#### Person TCEQ should contact for questions about this application:

Same as another contact?

Organization Name Reuse Innovations INC

Prefix MR
First Randall

Middle

Last Nelson

Suffix

Credentials

Title President of Sales and Marketing

Enter new address or copy one from list:

**Mailing Address** 

Address Type Domestic

Mailing Address (include Suite or Bldg. here, if applicable) 4411 S INTERSTATE 35 STE 100

Routing (such as Mail Code, Dept., or Attn:)

City GEORGETOWN

State TX ZIP 78626

Phone (###-###) 5129319768

Extension

Alternate Phone (###-###-####)

Fax (###-###-###)

E-mail randall@reuseinn.com

#### **DMR Contact**

Person responsible for submitting Discharge Monitoring Report

Forms:

Same as another contact?

Technical Contact

Organization Name Reuse Innovations INC

Prefix MR
First Randall

Middle

Last

Suffix

Credentials

Title President of Sales and Marketing

Enter new address or copy one from list:

**Mailing Address:** 

Address Type Domestic

Mailing Address (include Suite or Bldg. here, if applicable) 4411 S INTERSTATE 35 STE 100

Routing (such as Mail Code, Dept., or Attn:)

City GEORGETOWN

State TX ZIP 78626

Phone (###-###) 5129319768

Extension

Alternate Phone (###-###-####)

Fax (###-###-###)

E-mail randall@reuseinn.com

#### Section 1# Permit Contact

#### Permit Contact#: 1

Person TCEQ should contact throughout the permit term.

1) Same as another contact?

Application Contact

2) Organization Name CROSSROADS 10445, LP

3) Prefix

4) First Grant

5) Middle

6) Last Williams

7) Suffix

8) Credentials

9) Title Partner

**Mailing Address** 

10) Enter new address or copy one from list

11) Address Type Domestic

11.1) Mailing Address (include Suite or Bldg. here, if applicable) 7801 N CAPITAL OF TEXAS HWY STE

390

11.2) Routing (such as Mail Code, Dept., or Attn:)

 11.3) City
 AUSTIN

 11.4) State
 TX

 11.5) ZIP
 78731

12) Phone (###-####) 5124708449

13) Extension

14) Alternate Phone (###-###-)

15) Fax (###-###-###)

16) E-mail grant@jwdevelopmentinc.com

#### Owner Information

#### **Owner of Treatment Facility**

1) Prefix

2) First and Last Name

3) Organization Name CROSSROADS 10445 LP

4) Mailing Address 7801 N Capital of TX HWY 390

5) City Austin
6) State TX
7) Zip Code 78731

8) Phone (###-####) 5129019800

9) Extension

10) Email grant@jwdevelopmentinc.com

11) What is ownership of the treatment facility? Private

#### Owner of Land (where treatment facility is or will be)

12) Prefix

13) First and Last Name

14) Organization Name CROSSROADS 10445 LP

15) Mailing Address 7801 N Capital of TX HWY 390

 16) City
 Austin

 17) State
 TX

 18) Zip Code
 78731

19) Phone (###-###-####) 5129019800

20) Extension

21) Email grant@jwdevelopmentinc.com

22) Is the landowner the same person as the facility owner or co-

applicant?

#### General Information Renewal-Amendment

1) Current authorization expiration date: 2) Current Facility operational status:

3) Is the facility located on or does the treated effluent cross American Indian Land?

4) What is the application type that you are seeking?

5) Current Authorization type:

5.1) What is the proposed total flow in MGD discharged at the facility?

5.2) Select the applicable fee

6) What is the classification for your authorization?

6.1) What is the EPA Identification Number?

6.2) Is the wastewater treatment facility location in the existing permit

accurate?

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

6.4) City nearest the outfall(s):

6.5) County where the outfalls are located:

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

6.7) Is the daily average discharge at your facility of 5 MGD or more?

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

02/01/2026

Inactive

No

Renewal without changes

Private Domestic Wastewater

< .05 MGD - Renewal - \$315

**TPDFS** 

TX0139432

Yes

Yes

Mustang Ridge

**TRAVIS** No

No No

#### Public Notice Information

#### **Individual Publishing the Notices**

1) Prefix

2) First and Last Name

3) Credential

4) Title

5) Organization Name

6) Mailing Address

7) Address Line 2

8) City

9) State

10) Zip Code

11) Phone (###-###-)

12) Extension

13) Fax (###-###-###)

14) Email

Contact person to be listed in the Notices

15) Prefix

16) First and Last Name

17) Credential

18) Title

19) Organization Name

20) Phone (###-###-###)

21) Fax (###-###-###)

22) Email **Bilingual Notice Requirements**  Richard Gary

CROSSROADS 10445 LP

7801 N CAPITAL OF TEXAS HWY STE

390

**AUSTIN** 

TX

78731

5129019800

Ricahrd@jwdevelopmentinc.com

Richard Gary

CROSSROADS 10445 LP

5129019800

richard@jwdevelopmentinc.com

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

Νo

#### Section 1# Public Viewing Information

County#: 1

1) County TRAVIS

2) Public building name Stonecliff BLDG

3) Location within the building JW Development Office Suite 390

4) Physical Address of Building 7801 N Capital of TX HWY

5) City Austin

6) Contact Name Grant Williams
7) Phone (###-###) 5124708449

8) Extension

9) Is the location open to the public?

#### Plain Language

Plain Language
 [File Properties]

File Name LANG TCEQ Plain Language Renewal

Crossroads.docx

Hash 9C6B1BF7565D1A6B36C7CE118ED04CB9E7177D750F9B9787CE7C9D3A9CC2183E

MIME-Type application/vnd.openxmlformats-

officedocument.wordprocessingml.document

#### Supplemental Permit Information Form

1) Supplemental Permit Information Form (SPIF)

[File Properties]

File Name SPIF\_TCEq SPIF Crossroads Renewal.pdf

Hash 1A808226600AE749A09B4381E249A37153A51780206A9777254FFEC5BD84E3B7

MIME-Type application/pdf

#### **Domestic Attachments**

1) Attach an 8.5"x11", reproduced portion of the most current and original USGS Topographic Quadrangle Map(s) that meets the 1:24,000 scale.

[File Properties]

File Name MAP Crossroads 10445 LP.pdf

Hash B3DF87DE8AAC6FDB5D728D2032C43A9E84E5EA33FDE444C47AE101C902341C9C

MIME-Type application/pdf

2) I confirm that all required sections of Technical Report 1.0 are Yes complete and will be included in the Technical Attachment.

2.1) I confirm that Worksheet 2.0 (Receiving Waters) is complete and

included in the Technical Attachment.

2.2) Are you planning to include Worksheet 2.1 (Stream Physical No

Characteristics) in the Technical Attachment?

2.3) Are you planning to include Worksheet 4.0 (Pollutant Analyses

Requirements) in the Technical Attachment?

2.4) Are you planning to include Worksheet 5.0 (Toxicity Testing No

Requirements) in the Technical Attachment?

2.5) Are you planning to include Worksheet 7.0 (Class V Injection Well No

Inventory/Authorization Form) in the Technical Attachment?

2.6) Technical Attachment

[File Properties]

File Name TECH\_20250805171709392.pdf

Hash CCE853415DDEAD48F91EC26F8FF3A2B9DA5DA61F90CC03EA65866F59AE92B922

MIME-Type application/pdf

3) Buffer Zone Map

[File Properties]

File Name BUFF\_ZM\_20250731112131067.pdf

Hash AF1559E2D3442716E417185C6DE771A0906ADE0A426DB3C20270223348C8B15B

MIME-Type application/pdf

4) Flow Diagram [File Properties]

File Name FLDIA\_Mustang Ridge 10kgpd WWTP Process

FlowDiagram 070219.PDF

Hash AE7C3E9D889DC8E7379A853EAE9DBE4BCFEB0DA4BE77A78037AD4086FFD0F363

MIME-Type application/pdf

5) Site Drawing[File Properties]

File Name SITEDR LATEST Crossroads Industrial Park -

2019-08-05.pdf

Hash B822AB4B2EEA9FE5FAD37BD44F02581177EDC530A5A48D4AE6E166893149B8D1

MIME-Type application/pdf

6) Design Calculations

[File Properties]

File Name DES\_CAL\_Mustang Ridge 10K gpd Volume and

Sludge Calculation.pdf

Hash BC59B6BB24AF2FC20FF3A73ED280C0FD7087470D7026C8203CB87F84ABAC0DF

MIME-Type application/pdf

7) Solids Management Plan

8) Water Balance

9) Other Attachments

#### Certification

I certify that I am authorized under 30 Texas Administrative Code 305.44 to sign this document and can provide documentation in proof of such authorization upon request.

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.

1. I am Grant Williams, the owner of the STEERS account ER115495.

- 2. I have the authority to sign this data on behalf of the applicant named above.
- 3. I have personally examined the foregoing and am familiar with its content and the content of any attachments, and based upon my personal knowledge and/or inquiry of any individual responsible for information contained herein, that this information is true, accurate, and complete.
- 4. I further certify that I have not violated any term in my TCEQ STEERS participation agreement and that I have no reason to believe that the confidentiality or use of my password has been compromised at any time.
- 5. I understand that use of my password constitutes an electronic signature legally equivalent to my written signature.
- 6. I also understand that the attestations of fact contained herein pertain to the implementation, oversight and enforcement of a state and/or federal environmental program and must be true and complete to the best of my knowledge.
- 7. I am aware that criminal penalties may be imposed for statements or omissions that I know or have reason to believe are untrue or misleading.
- 8. I am knowingly and intentionally signing Update Domestic or Industrial Individual Permit WQ0015810001.
- 9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

OWNER OPERATOR Signature: Grant Williams OWNER OPERATOR

Customer Number: CN605676071

Legal Name: CROSSROADS 10445, LP

Account Number: ER115495
Signature IP Address: 136.23.26.22
Signature Date: 2025-08-05

Signature Hash: B1AA177CD0057C49B714C9F9F642255703EA41E22A6E45CCF6844D11D46B4DE3
Form Hash Code at time of F5A8D88C224BCB9961154AF526E89EAE0C2595758ED64EAAA5511D189DAE64CC

Signature:

#### Fee Payment

Transaction by: The application fee payment transaction was

made by ER115495/Grant Williams

Paid by: The application fee was paid by GRANT

**WILLIAMS** 

Fee Amount: \$300.00

Paid Date: The application fee was paid on 2025-08-05

Transaction/Voucher number: The transaction number is 582EA000679622 and

the voucher number is 778132

#### Submission

Reference Number: The application reference number is 804417

Submitted by: The application was submitted by

ER115495/Grant Williams

Submitted Timestamp: The application was submitted on 2025-08-05 at

17:51:38 CDT

Submitted From: The application was submitted from IP address

136.23.26.22

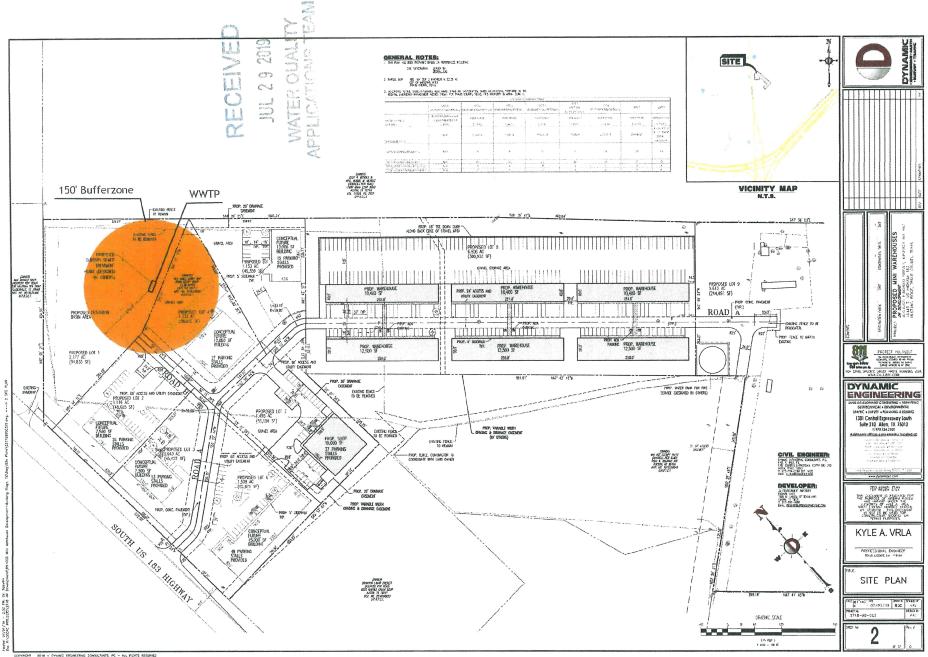
Confirmation Number: The confirmation number is 669343

Steers Version: The STEERS version is 6.92

Permit Number: The permit number is WQ0015810001

#### Additional Information

Application Creator: This account was created by Grant Williams



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

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#### Crossroads 10445, LP TPDES Permit No. WQ0015810001

Map Requested by TCEQ Office of Legal Services for Commissioners' Agenda

The facility is located in Travis County. The Square (green) in

The inset map on the right represents the location of Travis

the left inset map represents the approximate location of the facility



Protecting Texas by Reducing and

engineering, or surveying purposes. It does not repre-

sent an on-the-ground survey and represents only the

approximate relative location of property boundaries.

For more information concerning this map, contact the Information Resource Division at (512) 239-0800.

0.04

0.07

■ Miles



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

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

particular and the second seco			
TCEQ USE ONLY: Application type:RenewalN	/Jajor Amendment	_Minor Amendment	_New
County:	Segment N	umber:	_
Admin Complete Date:			
Agency Receiving SPIF:			
Texas Historical Commission	U.S.	Fish and Wildlife	
Texas Parks and Wildlife Depar	rtment U.S.	Army Corps of Engineers	
This form applies to TPDES permit ap	plications only. (Inst	ructions, Page 53)	<u></u>
Complete this form as a separate docur our agreement with EPA. If any of the it is needed, we will contact you to provid each item completely.	ems are not complete	ely addressed or further i	information
Do not refer to your response to any i attachment for this form separately fro application will not be declared adminis completed in its entirety including all a may be directed to the Water Quality Di email at <u>WO-ARPTeam@tceq.texas.gov</u> o	m the Administrative stratively complete w ttachments. Question vision's Application 1	Report of the application ithout this SPIF form being as or comments concerning Review and Processing Te	n. The ng ng this form
The following applies to all applications	3:		
1. Permittee: <u>Crossroads 10445 LP</u>			
Permit No. WQ00 <u>0015810001</u>	EPA ID	No. TX <u>TX0139432</u>	
Address of the project (or a location and county):	description that incl	udes street/highway, city	//vicinity,
10445 U.S. Highway 183 South, Aus	tin, TX 78747		

		e the name, address, phone and fax number of an individual that can be cor specific questions about the property.	ntacted to
	Prefix (Mr., Ms., Miss): MR		
	First and Last Name: <u>Grant Williams</u>		
	Creder	ntial (P.E, P.G., Ph.D., etc.):	
	Title: <u>I</u>	Partner	
	Mailing	g Address: 7801 N Capital of TX HWY #390	
	City, S	tate, Zip Code: <u>Austin, TX,78731</u>	
	Phone	No.: <u>512-470-8449</u> Ext.: Fax No.:	
	E-mail	Address: Grant@jwdevelopmentinc.com	
2.	List th	e county in which the facility is located: <u>Travis</u>	
3.		property is publicly owned and the owner is different than the permittee/ay list the owner of the property.	pplicant,
4.	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.		
	thenc	reated effluent will be discharged to a detention pond, thence to an unname to an unname to an unnamed tributary, thence to dry creek, thence to the Colorado River Bird Lake/ Town Lake in Segment No 1428 of the Colorado River Basin	
5.	plotted route f	provide a separate 7.5-minute USGS quadrangle map with the project bound and a general location map showing the project area. Please highlight the from the point of discharge for a distance of one mile downstream. (This med in addition to the map in the administrative report).	discharge
	Provide	e original photographs of any structures 50 years or older on the property.	
	Does y	our 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 inte	egrity
		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	
TCE Was	Q-20971 ( stewater I	(08/31/2023) ndividual Permit Application, Supplemental Permit Information Form (SPIF)	Page <b>2</b> of <b>3</b>

	☐ 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):
	Less than 1/5 of an acre to be utilized for a package plant configuration that is 8' X 20'. No caves or Karst features have been located on the property.
2.	Describe existing disturbances, vegetation, and land use:
۷.	Currently raw land with scrub grass, formerly used for agricultural grazing.
ΑN	IE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR MENDMENTS TO TPDES PERMITS  List construction dates of all buildings and structures on the property:
٥.	List construction dates of an buildings and structures of the property.
4.	Provide a brief history of the property, and name of the architect/builder, if known.

# TPDES Permit No. WQ0015810001 Crossroads 10445, LP

Map Requested by TCEQ Office of Legal Services for Commissioners' Agenda



Preventing Pollution Protecting Texus by Reducing and

Texas Commission on Environmental Quality 4) Mary Vallejo Rodriguez - 476 yards 5) Amparo Vallejo - 310 yards 6) Jesse V. Vallejo - 187 yards 1) Dionico V. Campos - 374 yards 2) Herminia Campos - 279 yards 3) Gerardo Catalan - 588 yards GIS Team (Mail Code 197) P.O. Box 13087 1 mi Radius Austin, Texas 78711-3087 Date: 11/2 2020 CRF 0042721 Lake/Pond Cartographer: eschrade Watercourses Waterbodies ■ Miles 0.07 0.04 Debbie Vallejo 83 The facility is located in Travis County. The Square (green) in the left inset map represents the approximate location of the facility. The inset map on the right represents the location of Travis. Travis County

Facility Boundary

Outfall

1 mi Discharge Route

Requestors

Stream/River

Artificial Path

Requestor Distances from Outfall:

Requestor Distance from Facility Boundary: 7) Debbie O. Vallejo - 315 yards

Source: The location of the facility was provided by the PCEQ Office of Pegal Services (OLS). OLS obtained the site location information from the applicant and the requestor information from the

This map was generated by the Information Resources Division of the Texas Commission on Environmental Quality. This product is for informational purposes and may not have been prepared for or be suitable for legal, engineering, or surveying purposes, if does not represent an on-the-ground survey and represents only the approximate relative location of property boundaries. For more information concerning this map, contact the Information Resource Division at (312) 239-6809.

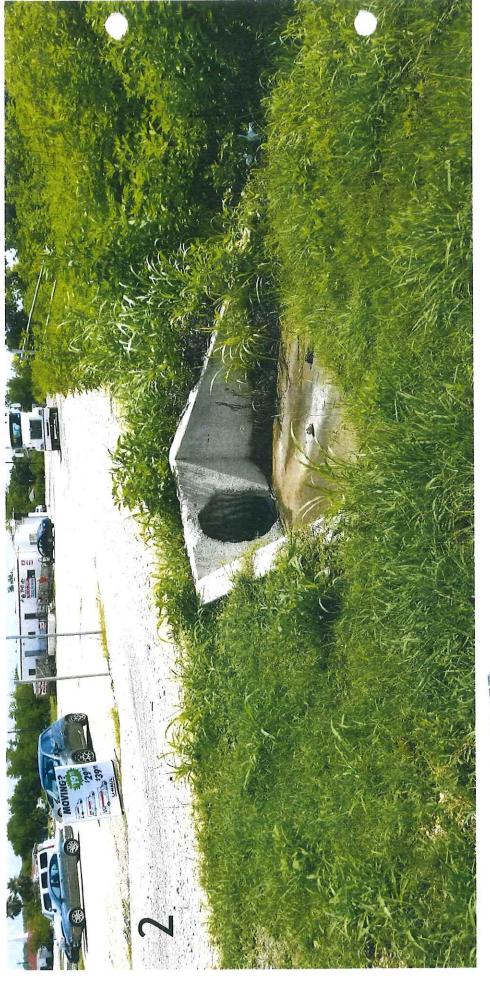


JUL 2 9 2019
WATER QUALITY
APPLICATIONS TEAM



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APPLICATIONS TEAM



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## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY DOMESTIC WASTEWATER PERMIT APPLICATION

#### **DOMESTIC TECHNICAL REPORT 1.0**

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

A. Existing/Interim I Phase	
Design Flow (MGD): <u>.010</u>	
2-Hr Peak Flow (MGD): <u>.010</u>	
Estimated construction start date: 10-1-2019	<u>)</u>
Estimated waste disposal start date: <u>5-1-202</u>	0
B. Interim II Phase	
Design Flow (MGD):	
2-Hr Peak Flow (MGD):	
Estimated construction start date:	
Estimated waste disposal start date:	
C. Final Phase	
Design Flow (MGD):	
2-Hr Peak Flow (MGD):	
Estimated construction start date:	
Estimated waste disposal start date:	and a substitution of the state of the substitution of the substit

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

#### A. Treatment process description

Provide a detailed description of the treatment process. Include the type of

treatment plant, mode of operation, and all treatment units. Start with the plant's head works and finish with the point of discharge. Include all sludge processing and drying units. If more than one phase exists or is proposed in the permit, a description of each phase must be provided. Process description:

The treatment unit is a submerged fixed bed biofilm reactor (SFBBR) operated as an attached biological system configured as a packaged plant. The treatment unit is self-contained and consists of the following process units: influent pumps, influent fine screen, one aerated fixed-bed biofilm tank(BRT-oxidation) equipped with diffusers and blowers, one Tube settler Final settling tank (TS-FST) with sludge and scum removal, one chlorine contact tank (CCT) and one sludge holding tank (SHT). The treatment system also includes sludge transfer piping, electric control panel, and disinfection apparatus.

Port or pipe diameter at the discharge point, in inches: 6 inches

#### **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.

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Aeration Tank	1	5'x10'x10'
Tube Settler Final Tank	1	5'x10'x10'
Chlorine Contact Tank		4'x5'x10'
Sludge Holding Tank		4'x5'x10'
,,,,,,,		

Table 1.0(1) - Treatment Units

#### C. Process flow diagrams

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

Attachment:

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

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

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

application of enopolar life.
Attachment:
Provide the name and a description of the area served by the treatment facility.
Industrial Park 10445 S US Hwy 183 Mustang Ridge TX 78747
Section 4. Unbuilt Phases (Instructions Page 52)
Is the application for a renewal of a permit that contains an unbuilt phase or
phases?
Yes  No
If yes, does the existing permit contain a phase that has not been constructed within five years of being authorized by the TCEQ?  Yes  No
If yes, provide a detailed discussion regarding the continued need for the unbuilt phase. Failure to provide sufficient justification may result in the Executive Director recommending denial of the unbuilt phase or phases.
The first of the control of the cont

Have any treatm units be taken o	ent units been taken out of service permanently, or will any ut of service in the next five years?
Yes □	No ⊠
If yes, was a clos	sure plan submitted to the TCEQ?
Yes 🖂	No 🗆
If <b>yes</b> , provide a	brief description of the closure and the date of plan approval.
Section 6. Per	mit Specific Requirements (Instructions Page 53)
	with an existing permit, check the <i>Other Requirements</i> or an arms of the permit.
A. Summary	transmittal
Have plans an each proposeo Yes □	nd specifications been approved for the existing facilities and d phase?  No ⊠
If yes, provide	e the date(s) of approval for each phase:
requirement o	mation, including dates, on any actions taken to meet a or provision pertaining to the submission of a summary tter. Provide a copy of an approval letter from the TCEQ, if
B. Buffer zon	es
Have the buffo	er zone requirements been met? No 🗆
	nation below, including dates, on any actions taken to meet the the buffer zone. If available, provide any new documentation

TCEQ-10054 (06/01/2017) Domestic Wastewater Permit Application, Technical Reports

relevant to maintaining the buffer zones.  Ownership Requirements have been met and the WWTP is located a minimum of 150' inside the property line.
C. Other actions required by the current permit
Does the <i>Other Requirements</i> or <i>Special Provisions</i> 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 $\square$ No $\boxtimes$
If yes, provide information below on the status of any actions taken to meet the conditions of an <i>Other Requirement</i> or <i>Special Provision</i> .
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.

3. Grit disposal
Does the facility have a Municipal Solid Waste (MSW) registration or permit for grit disposal?  Yes □ No ⊠
If No, contact the TCEQ Municipal Solid Waste team at 512-239-0000. Note: A registration or permit is required for grit disposal. Grit shall not be combined with treatment plant sludge. See the instruction booklet for additional information on grit disposal requirements and restrictions.
Describe the method of grit disposal.
4. Grease and decanted liquid disposal
Note: A registration or permit is required for grease disposal. Grease shall not be combined with treatment plant sludge. For more information, contact the TCEQ Municipal Solid Waste team at 512-239-0000.
Describe how the decant and grease are treated and disposed of after grit separation.
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?

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Yes □	No ⊠
<b>If no to both</b> Received.	of the above, then skip to Subsection F, Other Wastes
2. MSGP co	verage
	·····
Other Wastes	provide MSGP Authorization Number and skip to Subsection F, Received: or TXRNE
If no, do you i	intend to seek coverage under TXR050000?
Yes □	No ⊠
3. Condition	nal exclusion
permitting ba	do you intend to apply for a conditional exclusion from sed TXR050000 (Multi Sector General Permit) Part II B.2 or Multi Sector General Permit) Part V, Sector T 3(b)?
If yes, please	explain below then proceed to Subsection F, Other Wastes
Received:	
4. Existing	coverage in individual permit
Is your storm TPDES or TLA Yes	water discharge currently permitted through this individual P permit?  No 🗵

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

5. Zero stor	mwater discharge
Do you intend other means?	to have no discharge of stormwater via use of evaporation or
Yes□	No 🗆
ACRES ARE EXPENSES FOR A MET MAN	below then skip to Subsection F. Other Wastes Received.

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

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

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

Yes □ No □

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

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 $\square$ No $\boxtimes$
If yes, a Sewage Sludge Solids Management Plan is required. See Example 5 in the instructions.
G. Other wastes received including sludge from other WWTPs and septic waste
1. Acceptance of sludge from other WWTPs
Does the facility accept or will it accept sludge from other treatment plants at the facility site?  Yes  No  No
If yes, attach sewage sludge solids management plan. See Example 5 of the instructions.
In addition, provide the date that the plant started accepting sludge or is anticipated to start accepting sludge, an estimate of monthly sludge
acceptance (gallons or millions of gallons), an estimate of the BOD <sub>5</sub> concentration of the sludge, and the design BOD <sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

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

2. Accepta	nce of septic waste
Is the facilit	y accepting or will it accept septic waste?
Yes □	No 🖾
If yes, does	the facility have a Type V processing unit?
Yes 🗖	No 🗆
If <b>yes</b> , does	the unit have a Municipal Solid Waste permit?
Yes 🗆	No 🗆
accepting se estimate of an estimate BOD <sub>5</sub> concer	y of the above, provide a the date that the plant started ptic waste, or is anticipated to start accepting septic waste, an monthly septic waste acceptance (gallons or millions of gallons) of the BOD <sub>5</sub> concentration of the septic waste, and the design attration of the influent from the collection system. Also note if attom has or has not changed since the last permit action.
	s that accept sludge from other wastewater treatment plants ired to have influent flow and organic loading monitoring.
•	nce of other wastes (not including septic, grease, grit, A, CERCLA or as discharged by IUs listed in Let 6)
	accepting or will it accept wastes that are not domestic in ling the categories listed above?  No 🗵
estimate how of gallons), a distinguishin	le the date that the plant started accepting the waste, an much waste is accepted on a monthly basis (gallons or millions description of the entities generating the waste, and any g chemical or other physical characteristic of the waste. Also aformation has or has not changed since the last permit action.

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

Is the facility in operation? Yes  $\square$  No  $\boxtimes$ 

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

If yes, provide effluent analysis data for the listed pollutants. *Wastewater treatment facilities* complete Table 1.0(2). *Water treatment facilities* discharging filter backwash water, complete Table 1.0(3).

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

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

Pollutant	Average	Max	No. of	Sample	Sample
Tonutant	Conc.	Conc.	Samples	Туре	Date/Time
CBOD <sub>5</sub> , mg/l					
Total Suspended Solids, mg/l					
Ammonia Nitrogen, mg/l					
Nitrate Nitrogen, mg/l					
Total Kjeldahl Nitrogen, mg/l					
Sulfate, mg/l					
Chloride, mg/l					
Total Phosphorus, mg/l					
pH, standard units					
Dissolved Oxygen*, mg/l					
Chlorine Residual, mg/l					
E.coli (CFU/100ml) freshwater					
Entercocci (CFU/100ml)					

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
saltwater	***				
Total Dissolved Solids, mg/l					
Electrical Conductivity, µmohs/cm, †					
Oil & Grease, mg/l					
Alkalinity (CaCO <sub>3</sub> )*, mg/l					

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

†TLAP permits only

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l					Name of the state
Total Dissolved Solids, mg/l					
pH, standard units					
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity (CaCO3), mg/l					

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

Facility Operator Name: TCEQ Licensed Operator TBD

Facility Operator's License Classification and Level: <u>TBD</u>

Facility Operator's License Number:  $\underline{\text{TBD}}$ 

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

## A. Sludge disposal method

Identify the current or anticipated sludge disposal method or methods from the

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follow	ring list. Check all that apply.
	Permitted landfill
	Permitted or Registered land application site for beneficial use
	Land application for beneficial use authorized in the wastewater permit
	Permitted sludge processing facility
	Marketing and distribution as authorized in the wastewater permit
	Composting as authorized in the wastewater permit
	Permitted surface disposal site (sludge monofill)
	Surface disposal site (sludge monofill) authorized in the wastewater
	permit
	Transported to another permitted wastewater treatment plant or permitted sludge processing facility. If you selected this method, a written statement or contractual agreement from the wastewater treatment plant or permitted sludge processing facility accepting the sludge must be included with this application.
	Other:
В. 9	Sludge disposal site
Dispos	al site name: <u>TBD</u>
TCEQ 1	permit or registration number:
	where disposal site is located:
C. S	Sludge transportation method
Method	l of transportation (truck, train, pipe, other): <u>TBD</u>
Name o	of the hauler:
Hauler	registration number:
Sludge	is transported as a:
L	iquid □ semi-liquid □ semi-solid □ solid □

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

## A. Beneficial use authorization

Does the existing permit include authorization for sludge for beneficial use? Yes $\square$ No $\boxtimes$	or land app	olication of sewage			
If yes, are you requesting to continue this authorization to land apply sewage sludge for beneficial use?  Yes  No					
If yes, is the completed <b>Application for Permit f</b> Sewage Sludge (TCEQ Form No. 10451) attached the instructions for details)? Yes □ No □					
B. Sludge processing authorization					
Does the existing permit include authorization for processing, storage or disposal options?	or any of th	ne following sludge			
Sludge Composting	Yes □	No 🗵			
Marketing and Distribution of sludge	Yes 🗆	No 🖾			
Sludge Surface Disposal or Sludge Monofill	Yes □	No 🗵			
Temporary storage in sludge lagoons	Yes 🗖	No 🖾			
If yes to any of the above sludge options and the applicant is requesting to continue this authorization, is the completed <b>Domestic Wastewater Permit Application: Sewage Sludge Technical Report (TCEQ Form No. 10056)</b> attached to this permit application?  Yes □ No □					
Section 11. Sewage Sludge Lagoons (	Instructio	ons Page 61)			
Does this facility include sewage sludge lago	ons?				
Yes □ No ⊠		•			
If yes, complete the remainder of this section	a. If no, pro	ceed to Section 12.			
A. Location information					
The following maps are required to be submitted each map, provide the Attachment Number.	l as part of	the application. For			

<ul> <li>Original General Highway (County) Map:</li> </ul>
Attachment:
<ul> <li>USDA Natural Resources Conservation Service Soil Map:</li> </ul>
Attachment:
<ul> <li>Federal Emergency Management Map:</li> </ul>
Attachment:
• Site map:
Attachment:
Discuss in a description if any of the following exist within the lagoon area.
Check all that apply.
Overlap a designated 100-year frequency flood plain
Soils with flooding classification
Overlap an unstable area
□ Wetlands
Located less than 60 meters from a fault
□ None of the above
Attachment:
If a portion of the lagoon(s) is located within the 100-year frequency flood plain, provide the protective measures to be utilized including type and size of protective structures:
B. Temporary storage information  Provide the results for the pollutant screening of sludge lagoons. These results are in addition to pollutant results in Section 7 of Technical Report 1.0.  Nitrate Nitrogen, mg/kg:  Total Kjeldahl Nitrogen, mg/kg:
Total Nitrogen, mg/kg.  Total Nitrogen (=nitrate nitrogen + TKN), mg/kg:
Phosphorus, mg/kg:

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Potassium, mg/kg:
pH, standard units:
Ammonia Nitrogen mg/kg:
Arsenic: (Blob like to be a least to be a le
Cadmium:
Chromium:
Copper: The state of the state
Lead:
Mercury:
Molybdenum:
Nickel:
Selenium:
Zinc:
Total PCBs:
Provide the following information:  Volume and frequency of sludge to the lagoon(s):
Total dry tons stored in the lagoons(s) per 365-day period:
Total dry tons stored in the lagoons(s) over the life of the unit:
C. Liner information
Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity of $1x10^7$ cm/sec?  Yes $\square$ No $\square$
If yes, describe the liner below. Please note that a liner is required.

## D. Site development plan

Provide a detailed description of the methods used to deposit sludge in the

lagoon(s):
Attach the following documents to the application.
<ul> <li>Plan view and cross-section of the sludge lagoon(s)</li> </ul>
Attachment:
<ul> <li>Copy of the closure plan</li> </ul>
Attachment:
<ul> <li>Copy of deed recordation for the site</li> </ul>
Attachment:
<ul> <li>Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons</li> </ul>
Attachment:
<ul> <li>Description of the method of controlling infiltration of groundwater and surface water from entering the site</li> </ul>
Attachment:
<ul> <li>Procedures to prevent the occurrence of nuisance conditions</li> </ul>
Attachment:
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  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:

# Section 12. Authorizations/Compliance/Enforcement

# (Instructions Page 63)

#### A. Additional authorizations

A. Authumai authorizations	
Does the permittee have additional authorization reuse authorization, sludge permit, etc? Yes   No   Ves	s for this facility, such as
If yes, provide the TCEQ authorization number a authorization:	nd description of the
	1
B. Permittee enforcement status	
Is the permittee currently under enforcement for Yes $\square$ No $\boxtimes$	this facility?
Is the permittee required to meet an implementat or enforcement? Yes □ No ⊠	ion schedule for compliance
If yes to either question, provide a brief summar implementation schedule, and the current status:	
Section 13. RCRA/CERCLA Wastes (Ir	structions Page 63)
A. RCRA hazardous wastes	
Has the facility received in the past three years, d it receive RCRA hazardous waste? Yes □ No ⊠	oes it currently receive, or will
B. Remediation activity wastewater	
Has the facility received in the past three years, d it receive CERCLA wastewater, RCRA remediation or other remediation activity wastewater? Yes □ No ⊠	oes it currently receive, or will /corrective action wastewater

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### C. Details about wastes received

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

Attachment:

# Section 14. Laboratory Accreditation (Instructions Page 64)

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

- The laboratory is an in-house laboratory and is:
  - o 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
  - o 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 N	ame:		
Title:			
Signature: _		 	
Date:			

## **DOMESTIC TECHNICAL REPORT 1.1**

The following is required for new and amendment applications

## Section 1. Justification for Permit (Instructions Page 66)

#### A. Justification of permit need

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

The Crossroads Industrial Park will be a collection of office buildings and warehouses to serve the people of the city of Mustang Ridge. There is no Waste CCN's in the area to connect to.

#### B. Regionalization of facilities

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: Mustang Ridge

If yes, attach correspondence from the city.

Attachment:

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:

## 2. Utility CCN areas

Is any p CCN are	ortion of	the proposed service area located inside another utility's
	*:	No 🗵
of exper	nditures t	astification for the proposed facility and a cost analysis that includes the cost of connecting to the CCN facilities of the proposed facility or expansion.
$\mathbf{A}^{\mathbf{c}}$	ttachmer	nt: A Section of the Control of the
3. Nearby	v WWTP	es or collection systems
collectio facility?	e any don n system es 🗆	mestic permitted wastewater treatment facilities or is located within a three-mile radius of the proposed
If yes, a	ttach a lis nit numb	st of these facilities that includes the permittee's name er, and an area map showing the location of these
At	tachmen	t: (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)
<b>If yes,</b> at response	ttach cop e letters c	ies of your certified letters to these facilities <b>and</b> their concerning connection with their system.
At	tachmen	t:
system le have the of waste	ocated wi capacity water pro	domestic wastewater treatment facility or a collection ithin three (3) miles of the proposed facility currently to accept or is willing to expand to accept the volume posed in this application?  No   No
permitte	d wastew	malysis of expenditures required to connect to a rater treatment facility or collection system located sus the cost of the proposed facility or expansion.
At	tachment	
Section 2, Or	ganic II	oading (Instructions Page 67)
Is this facili		
Yes	s 🗆	No 🖾
<b>If no</b> , proce	ed to Iter	n B, Proposed Organic Loading.

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

### A. Current organic loading

Facility Design Flow (flow being requested in application): .12 MGD

Average Influent Organic Strength or BOD<sub>5</sub> Concentration in mg/l: 300

Average Influent Loading (lbs/day = total average flow X average  $BOD_5$  conc. X 8.34):

Provide the source of the average organic strength or BOD<sub>5</sub> concentration.

Package Plant Design Peramaters

## 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 BOD <sub>5</sub> Concentration (mg/l)
Municipality		THE STATE OF THE S
Subdivision		
Trailer park - transient		
Mobile home park		
School with cafeteria and showers		7 THE STATE OF THE
School with cafeteria, no showers		
Recreational park,		

Source	Total Average Flow (MGD)	Influent BOD <sub>5</sub> Concentration (mg/l)
overnight use		
Recreational park, day use		
Office building or factory	.0010	300
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources	.0010	
AVERAGE BOD₅ from all sources		300

# Section 3. Proposed Effluent Quality and Disinfection (Instructions Page 68)

## A. Existing/Interim I Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: 300

Total Suspended Solids, mg/l: 300

Ammonia Nitrogen, mg/l: 60

Total Phosphorus, mg/l: <u>TBD</u>

Dissolved Oxygen, mg/l: Click here to enter text.

Other: Click here to enter texts

B. Interim II Phase Design Effluent Quality
Biochemical Oxygen Demand (5-day), mg/l:
Total Suspended Solids, mg/l:
Ammonia Nitrogen, mg/l:
Total Phosphorus, mg/l: White the control of the co
Dissolved Oxygen, mg/l:
Other: @####################################
C. Final Phase Design Effluent Quality
Biochemical Oxygen Demand (5-day), mg/l: <u>??</u>
Total Suspended Solids, mg/l: _??
Ammonia Nitrogen, mg/l:
Total Phosphorus, mg/l:
Dissolved Oxygen, mg/l:
Other:
D. Disinfection Method
Identify the proposed method of disinfection.
Chlorine: ? mg/l after ? minutes detention time at peak flow
Dechlorination process: <u>NA</u>
☐ Ultraviolet Light: seconds contact time at peak flow
□ Other:
Section 4. Design Calculations (Instructions Page 68)
Attach design calculations and plant features for each proposed phase. Example 4 of the instructions includes sample design calculations and plant features.
Attachment:

# Section 5. Facility Site (Instructions Page 68)

A. 100-year floodplain
Will the proposed facilities be located <u>above</u> the 100-year frequency flood level?
Yes ⊠ No □
If no, describe measures used to protect the facility during a flood event. Include a site map showing the location of the treatment plant within the 100-year frequency flood level. If applicable, provide the size and types of protective structures.
Provide the source(s) used to determine 100-year frequency flood plain.
FEMA Flood Plain map See attachments
For a new or expansion of a facility, will a wetland or part of a wetland be filled? Yes $\square$ No $\boxtimes$
IES LI NO M
<b>If yes</b> , has the applicant applied for a US Corps of Engineers 404 Dredge and Fill Permit?
Yes □ No □
If yes, provide the permit number:
<b>If no,</b> provide the approximate date you anticipate submitting your application to the Corps:
B. Wind rose
Attach a wind rose. Attachment:

# Section 6. Permit Authorization for Sewage Sludge Disposal (Instructions Page 69)

#### 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)

Attachment:

### 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 a completed DOMESTIC WASTEWATER PERMIT APPLICATION: SEWAGE SLUDGE TECHNICAL REPORT (TCEQ Form No. 10056).

Attachment:

# Section 7. Sewage Sludge Solids Management Plan (Instructions Page 69)

Attach a solids management plan to the application.

Attachment:

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 TECHNICAL REPORT WORKSHEET 2.0**

#### **RECEIVING WATERS**

The following is required for all TPDES permit applications

# Section 1. Domestic Drinking Water Supply (Instructions Page 73)

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				
f <b>yes</b> , provide the following: Owner of the drinking water supply:				
ristance and direction to the intake:				
Attach a USGS map that identifies the location of the intake.				
Attachment:				
Section 2. Discharge into Tidally Affected Waters (Instructions Page 73)				
Does the facility discharge into tidally affected waters?				
Yes □ No ⊠				
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:				
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).				

C. S	Sea grasses		
Are	e there any sea	a grasses within the vicinity of the point of discharg	ge?
	Yes □	No ⊠	
If y	v <b>es</b> , provide the	ne distance and direction from the outfall(s).	
	The same and the s	ied Segments (Instructions Page 73)	
Is the c	lischarge direc	ctly into (or within 300 feet of) a classified segmen	t?
	Yes 🗆	No 🗵	
If yes,	this Workshee	et is complete.	
If no, c	complete Sectio	ons 4 and 5 of this Worksheet.	
Qayatika	va // Daveaulia	ption of Immediate Receiving Waters	
	Instructions		50 1 37 5 1 50 1 37 5 1
		nediate receiving waters:	
A. I	Receiving wate	er type	
Ide	ntify the appro	opriate description of the receiving waters.	
	Stream		
	Freshwater S	Swamp or Marsh	
	Lake or Pond	d	
	Surface are	ea, in acres:	
	Average de	epth of the entire water body, in feet:	
	Average de point, in fe	epth of water body within a 500-foot radius of disc eet:	harge
$\boxtimes$	Man-made C	Channel or Ditch	

	Open Bay
	Tidal Stream, Bayou, or Marsh
	Other, specify:
B. F.	low characteristics
followir characte	am, man-made channel or ditch was checked above, provide the ag. For existing discharges, check one of the following that best erizes the area <i>upstream</i> of the discharge. For new discharges, erize the area <i>downstream</i> of the discharge (check one).  Intermittent - dry for at least one week during most years
Ï	Intermittent with Perennial Pools - enduring pools with sufficient habitat to maintain significant aquatic life uses
	Perennial - normally flowing
	he method used to characterize the area upstream (or downstream for chargers). USGS flow records
	Historical observation by adjacent landowners
$\boxtimes$	Personal observation
	Other, specify:
C. De	ownstream perennial confluences
List the three mi	names of all perennial streams that join the receiving water within les downstream of the discharge point.
D. De	ownstream characteristics
	eceiving water characteristics change within three miles downstream of large (e.g., natural or man-made dams, ponds, reservoirs, etc.)? Yes $\square$ No $\boxtimes$
If yes, d	iscuss how.

	e regely de trade from the reservation		
	Normal dry weather charac		
Provide conditi	_	e wate	r body during normal dry weather
Dry			
Date ar	nd time of observation: <u>Jan</u>	19 - Ju	<u>ıly 19</u>
Was th	e water body influenced by	storm	water runoff during observations?
	Yes ⊠ No □		
	n 5. General Character Page 74)	istics	of the Waterbody (Instructions
A. U	Jpstream influences		
Is the i discha	mmediate receiving water u ge site influenced by any o	pstrea f the fo	m of the discharge or proposed ollowing? Check all that apply.
	Oil field activities		Urban runoff
	Upstream discharges		Agricultural runoff
	Septic tanks		Other(s), specify <u>County Ditch</u>
В. У	Waterbody uses		
Observ	red or evidences of the follo	wing t	ises. Check all that apply.
	Livestock watering		Contact recreation
	Irrigation withdrawal		Non-contact recreation
	Fishing	:	Navigation

	Domestic water supply		Industrial water supply
	Park activities		Other(s), specify <u>Storm water</u>
C. V	Waterbody aesthetics		
	eck one of the following that eiving water and the surround		describes the aesthetics of the area.
	Wilderness: outstanding nat area; water clarity exceptio		beauty; usually wooded or unpastured
			e vegetation; some development dwellings); water clarity discolored
	Common Setting: not offens be colored or turbid	sive;	developed but uncluttered; water may
	Offensive: stream does not developed; dumping areas;		nce aesthetics; cluttered; highly er discolored

## **DOMESTIC WORKSHEET 2.1**

#### STREAM PHYSICAL CHARACTERISTICS

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

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

Section 1. General Information (Instructions Page 75)
Date of study:
Stream name:
Location:
Type of stream upstream of existing discharge or downstream of proposed discharge (check one).  □ Perennial □ Intermittent with perennial pools
Section 2. Data Collection (Instructions Page 75)
Number of stream bends that are well defined:
Number of stream bends that are moderately defined:
Number of stream bends that are poorly defined:
Number of riffles:
Evidence of flow fluctuations (check one):
☐ Minor ☐ moderate ☐ severe
Indicate the observed stream uses and if there is evidence of flow fluctuations or channel obstruction/modification.
Stream transects In the table below, provide the following information for each transect
downstream of the existing or proposed discharges. Use a separate row for each transect.

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Table 2.1(1) - Stream Transect Records

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

# Section 3. Summarize Measurements (Instructions Page 76)

Streambed slope of entire reach, from USGS map in feet/feet:

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

Length of stream evaluated, in feet:

Number of lateral transects made:

Average stream width, in feet:

Average stream depth, in feet:

Average stream velocity, in feet/second:

Instantaneous stream flow, in cubic feet/second:

Indicate flow measurement method (type of meter, floating chip timed over a fixed distance, etc.):

Size of pools (large, small, moderate, none):

Maximum pool depth, in feet:

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## **DOMESTIC WORKSHEET 3.0**

#### LAND DISPOSAL OF EFFLUENT

# The following is required for all permit applications Renewal, New, and Amendments

# Section 1. Type of Disposal System (Instructions Page 77)

Iden	tify the method of land dispo	sal:	
	Surface application		Subsurface application
	Irrigation	, 🗆	Subsurface soils absorption
	Drip irrigation system		Subsurface area drip dispersal system
	Evaporation		
	Evapotranspiration beds		
$\boxtimes$	Other (describe in detail): <u>H</u>	oldin	ng Pond
	E: All applicants without au urface disposal MUST compl		ization or proposing new/amended and submit Worksheet 7.0.
For e	existing authorizations, provid	de Re	gistration Number:

## Section 2. Land Application Site(s) (Instructions Page 77)

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

## Table 3.0(1) - Land Application Site Crops

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

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

# Section 3. Storage and Evaporation Lagoons/Ponds (Instructions Page 77)

Table 3.0(2) - Storage and Evaporation Ponds

Pond Number	Surface Area (acres)	Storage Volume (acre-feet)	Dimensions	Liner Type
1	1Acre	??	??	None

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

Attachment:

Section 4. Flood and Runoff Protection (Instructions Page 77)
Is the land application site <u>within</u> the 100-year frequency flood level?
Yes 🗆 No 🖾
If yes, describe how the site will be protected from inundation.

Provide the source used to	determine the 100-year frequency flood level:
FEMA Flood Plain Map	
1 Marie Trans	
	7.0
<del>-</del>	lwater controls and rainfall run-on controls used for
the land application site.	lwater controls and rainfall run-on controls used for
Provide a description of tai the land application site.	lwater controls and rainfall run-on controls used for
the land application site.	lwater controls and rainfall run-on controls used for
the land application site.	lwater controls and rainfall run-on controls used for

## Section 5. Annual Cropping Plan (Instructions Page 77)

Attach an Annual Cropping Plan which includes a discussion of each of the following items. If not applicable, provide a detailed explanation indicating why.

#### Attachment:

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

## Section 6. Well and Map Information (Instructions Page 78)

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation (on a separate page) indicating why.

### Attachment:

• The boundaries of the land application site(s)

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

List and cross reference all water wells shown on the USGS map in the following table. Attach additional pages as necessary to include all of the wells.

Table 3.0(3) - Water Well Data

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

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

Attachment:

# Section 7. Groundwater Quality (Instructions Page 79)

Attach a Groundwater Quality Technical Report which assesses the impact of the wastewater disposal system on groundwater. This report shall include an evaluation of the water wells (including the information in the well table

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Attachment: ([] kin
Are groundwater monitoring wells available onsite? Yes $\square$ No $\boxtimes$
Do you plan to install ground water monitoring wells or lysimeters around the land application site? Yes $\Box$ No $\boxtimes$
If yes, then provide the proposed location of the monitoring wells or lysimeters on a site map.
Attachment:

provided in Item 6. above), the wastewater application rate, and pond liners.

Indicate by a check mark that this report is provided.

# Section 8. Soil Map and Soil Analyses (Instructions Page 79)

#### A. Soil map

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

#### Attachment:

#### B. Soil analyses

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

#### Attachment:

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

## Table 3.0(4) - Soil Data

	Depth		Available	Curve
Soil Series	from	Permeability	Water	Number
	Surface		Capacity	
				11 424 111 121

	Depth		Available	Curve
Soil Series	from	Permeability	Water	Number
	Surface		Capacity	

# Section 9. Effluent Monitoring Data (Instructions Page 80)

Is the facility in operation? Yes  $\square$  No  $\boxtimes$ 

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

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

Table 3.0(5) - Effluent Monitoring Data

Date	30 Day Avg Flow MGD	BOD <sub>5</sub>	TSS mg/l	рН	Chlorine Residual mg/l	Acres irrigated

Date	30 Day Avg Flow MGD	BOD <sub>5</sub>	TSS mg/l	рН	Chlorine Residual mg/l	Acres irrigated
					1	
				1 1 1		
						rmitted limits

<u></u>					
Provide a dis	cussion of a	m ll persistent $ m e$	excursions ab	ove the permi	tted limits and
any correctiv	ve actions tal	ken.			

## **DOMESTIC WORKSHEET 3.1**

#### SURFACE LAND DISPOSAL OF EFFLUENT

The following is required for new and major amendment applications.

Renewal and minor amendments applicants may be asked for the worksheet on a case by case basis.

# Section 1. Surface Disposal (Instructions Page 81)

Complete the item that applies for the method of disposal being used.
A. Irrigation
Area under irrigation, in acres:
Design application frequency:
hours/day And days/week
Land grade (slope):
average percent (%):
maximum percent (%):
Design application rate in acre-feet/acre/year:
Design total nitrogen loading rate, in lbs N/acre/year:
Soil conductivity (mmhos/cm):
Method of application:
Attach a separate engineering report with the water balance and storage volume calculations, method of application, irrigation efficiency, and nitrogen balance.
Attachment:
B. Evaporation ponds
Daily average effluent flow into ponds, in gallons per day:

Attach a separate engineering report with the water balance and storage volume calculations.	
Attachment:	
C. Evapotranspiration beds	
Number of beds:	
Area of bed(s), in acres:	
Depth of bed(s), in feet:	
Void ratio of soil in the beds:	
Storage volume within the beds, in acre-feet:	
Attach a separate engineering report with the water balance and storage volume calculations, and a description of the lining.	
Attachment:	
D. Overland flow	
Area used for application, in acres:	
Slopes for application area, percent (%):	
Design application rate, in gpm/foot of slope width:	
Slope length, in feet:	
Design BOD <sub>5</sub> loading rate, in lbs BOD <sub>5</sub> /acre/day:	
Design application frequency:	
hours/day: And days/week:	
Attach a separate engineering report with the method of application and design requirements according to 30 TAC Chapter 217.  Attachment:	
Section 2. Edwards Aquifer (Instructions Page 82)	
Is the facility subject to 30 TAC Chapter 213, Edwards Aquifer Rules?	
Yes □ No ⊠	

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If yes, attach a report concerning the recharge zone.

Attachment:

### **DOMESTIC WORKSHEET 3.2**

### SUBSURFACE LAND DISPOSAL OF EFFLUENT

The following is required for new and major amendment applications.

Renewal and minor amendments may require the worksheet on a case by case basis.

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

### Section 1. Subsurface Application (Instructions Page 83)

Identify the type of system:
Conventional Gravity Drainfield, Beds, or Trenches (new systems
must be less than 5,000 GPD)
☐ Low Pressure Dosing
□ Other, specify:
Application area, in acres:
Area of drainfield, in square feet:
Application rate, in gal/square foot/day:
Depth to groundwater, in feet:
Area of trench, in square feet:
Dosing duration per area, in hours:
Number of beds:
Dosing amount per area, in inches/day:
Infiltration rate, in inches/hour:
Storage volume, in gallons:
Area of bed(s), in square feet:

Soil Classification:

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

Attachment:

			ctions Page 83)
		THE REPARTMENT OF THE PARTMENT	
A Y - Y & B B B B B B B B B B B B B B B B B B	5 M 7 A T. YAC I M N L ~ 207 A T I H R T. I S		
3.9 7 acred 11 f 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* E 、		and an annual configuration of the configuration of
Convert Convert Brown Brown Street Control Convert Control Convert Control Con			

Is the subsurface system located on the Edwards Aquifer Recharge Zone as mapped by the TCEQ?
Yes □ No □
Is the subsurface system located on the Edwards Aquifer Transition Zone as mapped by the TCEQ? Yes $\Box$ No $\Box$
<b>If yes to either question</b> , the subsurface system may be prohibited by <i>30 TAC §213.8</i> . Please call the Municipal Permits Team, at 512-239-4671, to schedule a pre-application meeting.

### **DOMESTIC WORKSHEET 3.3**

# SUBSURFACE AREA DRIP DISPERSAL SYSTEM (SADDS) LAND DISPOSAL OF EFFLUENT

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

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

## Section 1. Administrative Information (Instructions Page 84)

373	ellon 1. Administrative information (histractions rage 61)
A.	Provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the treatment facility.
В.	Is the owner of the land where the treatment facility is located the same as the owner of the treatment facility? Yes $\square$ No $\square$
	If <b>no</b> , provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the land where the treatment facility is located.
C.	Owner of the subsurface area drip dispersal system:
D.	Is the owner of the subsurface area drip dispersal system the same as the owner of the wastewater treatment facility or the site where the wastewater treatment facility is located? Yes $\square$ No $\square$
	If <b>no</b> , identify the names of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in Item 1.C.

E.	Owner of the land where the subsurface area drip dispersal system is located:
F.	Is the owner of the land where the subsurface area drip dispersal system is located the same as owner of the wastewater treatment facility, the site where the wastewater treatment facility is located, or the owner of the subsurface area drip dispersal system?
	Yes □ No □
	If <b>no</b> , identify the name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in item 1.E.
Se	ction 2. Subsurface Area Drip Dispersal System (Instructions Page 84)
	A. Type of system
	☐ Subsurface Drip Irrigation
	☐ Surface Drip Irrigation
	☐ Other, specify:
	B. Irrigation operations
	Application area, in acres:
	Infiltration Rate, in inches/hour:
	Average slope of the application area, percent (%):
	Maximum slope of the application area, percent (%):
	Storage volume, in gallons:
	Major soil series:
	Depth to groundwater, in feet:
	C. Application rate
	Is the facility located <b>west</b> of the boundary shown in <i>30 TAC § 222.83</i> and also using a vegetative cover of non-native grasses over seeded with cool

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season grasses during the winter months (October-March)? Yes □ No □
If yes, then the facility may propose a hydraulic application rate not to exceed 0.1 gal/square foot/day.
Is the facility located <b>east</b> of the boundary shown in <i>30 TAC § 222.83</i> <b>or</b> in any part of the state when the vegetative cover is any crop other than non-native grasses?
Yes  No  No
If $yes$ , the facility must use the formula in 30 TAC §222.83 to calculate the maximum hydraulic application rate.
Do you plan to submit an alternative method to calculate the hydraulic application rate for approval by the executive director? Yes $\square$ No $\square$
Hydraulic application rate, in gal/square foot/day:
Nitrogen application rate, in lbs/gal/day:
D. Dosing information
Number of doses per day:
Dosing duration per area, in hours:
Rest period between doses, in hours:
Dosing amount per area, in inches/day:
Number of zones:
Does the proposed subsurface drip irrigation system use tree vegetative cover as a crop?
Yes □ No □
If <b>yes</b> , provide a vegetation survey by a certified arborist. Please call the Water Quality Assessment Team at (512) 239-4671 to schedule a preapplication meeting.
Attachment:

# Section 3. Required Plans (Instructions Page 84)

### A. Recharge feature plan

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

Attachment:

### B. Soil evaluation

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

Attachment:

### C. Site preparation plan

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

Attachment:

### D. Soil sampling/testing

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

Attachment:

# Section 4. Floodway Designation (Instructions Page 85)

### A. Site location

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

Yes □ No □

### B. Flood map

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

Attachment:

# Section 5. Surface Waters in the State (Instructions Page 85)

### A. Buffer Map

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

	Attachment: (1.74)   Attachmen
	B. Buffer variance request
	Do you plan to request a buffer variance from water wells or waters in the
	state?
	Yes □ No □
	If yes, then attach the additional information required in 30 TAC § 222.81(c).
	Attachment:
Se	ection 6. Edwards Aquifer (Instructions Page 85)
A.	Is the SADDS located on the Edwards Aquifer Recharge Zone as mapped by
	$+b \circ TCTO$
	the TCEQ? Yes □ No □
В.	Yes □ No □  Is the SADDS located on the Edwards Aquifer Transition Zone as mapped by
В.	Yes □ No □

# **DOMESTIC WORKSHEET 4.0**

### POLLUTANT ANALYSES REQUIREMENTS\*

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

This worksheet is not required for minor amendments without renewal

# Section 1. Toxic Pollutants (Instructions Page 87)

For pollutants ident	ified in Table $4.0(1)$ , indicate the type of sample	e.
Grab □	Composite □	
Date and time samp	le(s) collected:	

Table 4.0(1) - Toxics Analysis

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (μg/l)	Number of Samples	MAL (μg/l)
Acrylonitrile				50
Aldrin				0.01
Aluminum				2.5
Anthracene				10
Antimony				5
Arsenic				0.5
Barium				3
Benzene			·	10
Benzidine				50
Benzo(a)anthracene				5

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (μg/l)
Benzo(a)pyrene				5
Bis(2-chloroethyl)ether				10
Bis(2-ethylhexyl)phthalate				10
Bromodichloromethane				10
Bromoform				10
Cadmium				1
Carbon Tetrachloride				2
Carbaryl				5
Chlordane*				0.2
Chlorobenzene				10
Chlorodibromomethane				10
Chloroform			3 1 2/1	10
Chlorpyrifos		18.180.4711		0.05
Chromium (Total)				3
Chromium (Tri) (*1)				N/A
Chromium (Hex)				3
Copper				2
Chrysene				5
p-Chloro-m-Cresol				10
4,6-Dinitro-o-Cresol				50
p-Cresol				10

Pollutant	AVG Effluent Conc. (μg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Cyanide (*2)				10
4,4'- DDD				0.1
4,4'- DDE				0.1
4,4'- DDT				0.02
2,4-D				0.7
Demeton (O and S)				0.20
Diazinon				0.5/0.1
1,2-Dibromoethane				10
m-Dichlorobenzene				10
o-Dichlorobenzene				10
p-Dichlorobenzene				10
3,3'-Dichlorobenzidine				5
1,2-Dichloroethane				10
1,1-Dichloroethylene				10
Dichloromethane				20
1,2-Dichloropropane				10
1,3-Dichloropropene				10
Dicofol				1
Dieldrin				0.02
2,4-Dimethylphenol				10
Di-n-Butyl Phthalate				10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (μg/l)	Number of Samples	MAL (μg/l)
Diuron				0.09
Endosulfan I (alpha)				0.01
Endosulfan II (beta)				0.02
Endosulfan Sulfate				0.1
Endrin				0.02
Ethylbenzene	12	, and the second		10
Fluoride	A.A. 2017 A.A. 1017 A.A. 1			500
Guthion				0.1
Heptachlor				0.01
Heptachlor Epoxide				0.01
Hexachlorobenzene			1.18	5
Hexachlorobutadiene				10
Hexachlorocyclohexane (alpha)				0.05
Hexachlorocyclohexane (beta)				0.05
gamma-Hexachlorocyclohexane (Lindane)				0.05
Hexachlorocyclopentadiene			13042711111	10
Hexachloroethane				20
Hexachlorophene			:	10
Lead				0.5
Malathion				0.1

Pollutant	AVG Effluent Conc.	MAX Effluent Conc.	Number of Samples	MAL (μg/l)
	(μg/l)	(µg/l)	baxxpres	
Mercury				0.005
Methoxychlor				2
Methyl Ethyl Ketone				50
Mirex				0.02
Nickel				2
Nitrate-Nitrogen				100
Nitrobenzene				10
N-Nitrosodiethylamine				20
N-Nitroso-di-n-Butylamine				20
Nonylphenol				333
Parathion (ethyl)				0.1
Pentachlorobenzene				20
Pentachlorophenol				5
Phenanthrene				10
Polychlorinated Biphenyls (PCB's) (*3)				0.2
Pyridine				20
Selenium				5
Silver				0.5
1,2,4,5-Tetrachlorobenzene				20
1,1,2,2-Tetrachloroethane				10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (μg/l)
Tetrachloroethylene				10
Thallium				0.5
Toluene				10
Toxaphene				0.3
2,4,5-TP (Silvex)				0.3
Tributyltin (see instructions for explanation)				0.01
1,1,1-Trichloroethane			A MATTER STATE OF THE STATE OF	10
1,1,2-Trichloroethane				10
Trichloroethylene				10
2,4,5-Trichlorophenol				50
TTHM (Total Trihalomethanes)				10
Vinyl Chloride				10
Zinc				5

<sup>(\*1)</sup> Determined by subtracting hexavalent Cr from total Cr.

<sup>(\*2)</sup> Cyanide, amenable to chlorination or weak-acid dissociable.

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

## **Section 2. Priority Pollutants**

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

Grab □ Composite □

Date and time sample(s) collected:

Table 4.0(2)A - Metals, Cyanide, Phenols

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Antimony				5
Arsenic		, O may A1		0.5
Beryllium				0.5
Cadmium				1
Chromium (Total)				3
Chromium (Hex)				3
Chromium (Tri) (*1)	u Vanaria		4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	N/A
Copper		100,01		2
Lead				0.5
Mercury		1141,000		0.005
Nickel				2
Selenium				5
Silver	711 ·			0.5
Thallium				0.5
Zinc				5
Cyanide (*2)				10
Phenols, Total				10

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

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

Table 4.0(2)B - Volatile Compounds

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrolein				50
Acrylonitrile				50
Benzene				10
Bromoform				10
Carbon Tetrachloride				2
Chlorobenzene				10
Chlorodibromomethane				10
Chloroethane	1000			50
2-Chloroethylvinyl Ether				10
Chloroform				10
Dichlorobromomethane				
[Bromodichloromethane]				10
1,1-Dichloroethane				10
1,2-Dichloroethane				10
1,1-Dichloroethylene				10
1,2-Dichloropropane				10
1,3-Dichloropropylene	911			
[1,3-Dichloropropene]				10
1,2-Trans-Dichloroethylene				10
Ethylbenzene				10
Methyl Bromide				50
Methyl Chloride				50
Methylene Chloride				20
1,1,2,2-Tetrachloroethane				10
Tetrachloroethylene				10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Toluene				10
1,1,1-Trichloroethane				10
1,1,2-Trichloroethane				10
Trichloroethylene				10
Vinyl Chloride				10

# Table 4.0(2)C - Acid Compounds

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

Table 4.0(2)D - Base/Neutral Compounds

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

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (μg/l)
Di-n-Butyl Phthalate				10
2,4-Dinitrotoluene				10
2,6-Dinitrotoluene				10
Di-n-Octyl Phthalate				10
1,2-Diphenylhydrazine (as Azo-		.,,		
benzene)				20
Fluoranthene				10
Fluorene				10
Hexachlorobenzene				5
Hexachlorobutadiene				10
Hexachlorocyclo-pentadiene				10
Hexachloroethane				20
Indeno(1,2,3-cd)pyrene				5
Isophorone				10
Naphthalene				10
Nitrobenzene		-		10
N-Nitrosodimethylamine				50
N-Nitrosodi-n-Propylamine	195-1			20
N-Nitrosodiphenylamine				20
Phenanthrene				10
Pyrene				10
1,2,4-Trichlorobenzene				10

Table 4.0(2)E - Pesticides

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (μg/l)
Aldrin				0.01
alpha-BHC				
(Hexachlorocyclohexane)				0.05
beta-BHC				
(Hexachlorocyclohexane)				0.05
gamma-BHC				and the second of the second o
(Hexachlorocyclohexane)			:	0.05
delta-BHC				
(Hexachlorocyclohexane)				0.05
Chlordane				0.2
4,4-DDT				0.02
4,4-DDE				0.1
4,4,-DDD				0.1
Dieldrin	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		and the state of t	0.02
Endosulfan I (alpha)		electrical description and the second se		0.01
Endosulfan II (beta)				0.02
Endosulfan Sulfate				0.1
Endrin				0.02
Endrin Aldehyde				0.1
Heptachlor				0.01
Heptachlor Epoxide				0.01
PCB-1242				0.2
PCB-1254	·			0.2
PCB-1221				0.2
PCB-1232	au * * * * * * * * * * * * * * * * * * *			0.2

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (μg/l)
PCB-1248				0.2
PCB-1260				0.2
PCB-1016				0.2
Toxaphene				0.3

<sup>\*</sup> For PCBS, if all are non-detects, enter the highest non-detect preceded by a "<".

<b>461(0)172</b> 3	. Dioxin/Furan Compounds
influ	ate which of the following compounds from may be present in the ent from a contributing industrial user or significant industrial user. k all that apply.
	2,4,5-trichlorophenoxy acetic acid Common Name 2,4,5-T, CASRN 93-76-5
	2-(2,4,5-trichlorophenoxy) propanoic acid Common Name Silvex or 2,4,5-TP, CASRN 93-72-1
	2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate Common Name Erbon, CASRN 136-25-4
	0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate Common Name Ronnel, CASRN 299-84-3
	2,4,5-trichlorophenol Common Name TCP, CASRN 95-95-4
	hexachlorophene Common Name HCP, CASRN 70-30-4
For e	each compound identified, provide a brief description of the litions of its/their presence at the facility.

<b>B.</b> Do you know or have any reason to believe that 2,3,7,8 Tetrachlorodibenzo-P-Dioxin (TCDD) or any congeners of TCDD may be present in your effluent?
Yes □ No □
If <b>yes</b> , provide a brief description of the conditions for its presence.
If any of the compounds in Subsection A <b>or</b> B are present, complete Table 4.0(2)F.
For pollutants identified in Table 4.0(2)F, indicate the type of sample.
Grab □ Composite □
Date and time sample(s) collected:

TABLE 4.0(2)F - DIOXIN/FURAN COMPOUNDS

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

Compound	Toxic Equivalency Factors	Wastewater Concentration (ppq)	Wastewater Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Equivalents (ppt)	MAL (ppq)
PCB 126	0.1					0.5
PCB 169	0.03					0.5
Total						

### **DOMESTIC WORKSHEET 5.0**

### TOXICITY TESTING REQUIREMENTS

The following is required for facilities with a currently-operating design flow greater than or equal to 1.0 MGD, with an EPA-approved pretreatment program (or those that are required to have one under 40 CFR Part 403), or are required by the TCEQ to perform Whole Effluent Toxicity testing. This worksheet is not required for minor amendments without renewal.

## Section 1. Required Tests (Instructions Page 97)

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

7-day Chronic:	
48-hour Acute:	
Section 2. Toxicity Reduction Evaluations (TREs)	
Has this facility completed a TRE in the past four and a half years? Or is the facility currently performing a TRE?	
Yes □ No □	
If yes, describe the progress to date, if applicable, in identifying and confirmithe toxicant.	ng

# **Section 3. Summary of WET Tests**

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

Table 5.0(1) - Summary of WET Tests

Test Date	Test Species	NOEC Survival	NOEC Sub- lethal

# **DOMESTIC WORKSHEET 6.0**

### INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works (POTWs)

# Section 1. All POTWs (Instructions Page 99)

### A. Industrial users

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

C. Treatment plant pass unrough
In the past three years, has your POTW experienced pass through (see instructions)?
Yes □ No □
If yes, identify the dates, duration, a description of the pollutants passing through the treatment plant, and probable cause(s) and possible source(s) of each pass through event. Include the names of the IUs that may have caused pass through.
D. Pretreatment program
Does your POTW have an approved pretreatment program?  Yes □ No □
If yes, complete Section 2 only of this Worksheet.
Is your POTW required to develop an approved pretreatment program? Yes $\square$ No $\square$
If yes, complete Section 2.c. and 2.d. only, and skip Section 3.
If no to either question above, skip Section 2 and complete Section 3 for each significant industrial user and categorical industrial user.
Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 100)
A. Substantial modifications
Have there been any <b>substantial modifications</b> to the approved pretreatment program that have not been submitted to the TCEQ for approval according to 40 CFR §403.18?
Yes □ No □
If yes, identify the modifications that have not been submitted to TCEQ, including the purpose of the modification.

B. Non-substantial modifications  Have there been any non-substantial modifications to the approved pretreatment program that have not been submitted to TCEQ for review and acceptance?  Yes □ No □  If yes, identify all non-substantial modifications that have not been submitted to TCEQ, including the purpose of the modification.  C. Effluent parameters above the modification.  C. Effluent parameters measured above the MAL in the POTW's effluent monitoring during the last three years. Submit an attachment if necessary.  Table 6.0(1) – Parameters Above the MAL  Pollutant Concentration MAL Units Date					
Have there been any non-substantial modifications to the approved pretreatment program that have not been submitted to TCEQ for review and acceptance?  Yes \( \text{No} \) \( \text{No} \) \( \text{I} \)  If yes, identify all non-substantial modifications that have not been submitted to TCEQ, including the purpose of the modification.  C. Effluent parameters above the MAL  In Table 6.0(1), list all parameters measured above the MAL in the POTW's effluent monitoring during the last three years. Submit an attachment if necessary.  Table 6.0(1) - Parameters Above the MAL					,
Pretreatment program that have not been submitted to TCEQ for review and acceptance?  Yes No No I  If yes, identify all non-substantial modifications that have not been submitted to TCEQ, including the purpose of the modification.  C. Effluent parameters above the MAL  In Table 6.0(1), list all parameters measured above the MAL in the POTW's effluent monitoring during the last three years. Submit an attachment if necessary.  Table 6.0(1) - Parameters Above the MAL	B. Non-subs	tantial modification	ons		
C. Effluent parameters above the MAL.  In Table 6.0(1), list all parameters measured above the MAL in the POTW's effluent monitoring during the last three years. Submit an attachment if necessary.  Table 6.0(1) – Parameters Above the MAL.	pretreatment pr				
C. Effluent parameters above the MAL.  In Table 6.0(1), list all parameters measured above the MAL in the POTW's effluent monitoring during the last three years. Submit an attachment if necessary.  Table 6.0(1) – Parameters Above the MAL.	Yes	□ No □			
In Table 6.0(1), list all parameters measured above the MAL in the POTW's effluent monitoring during the last three years. Submit an attachment if necessary.  Table 6.0(1) - Parameters Above the MAL.	If yes, identify a	ll non-substantial			en submitted
In Table 6.0(1), list all parameters measured above the MAL in the POTW's effluent monitoring during the last three years. Submit an attachment if necessary.  Table 6.0(1) - Parameters Above the MAL.					
In Table 6.0(1), list all parameters measured above the MAL in the POTW's effluent monitoring during the last three years. Submit an attachment if necessary.  Table 6.0(1) - Parameters Above the MAL.	C. Effluent r	oarameters above	the MAL		
	In Table 6.0(1), l	list all parameters	measured abov		
Pollutant Concentration MAL Units Date		Table 6.0(1) -	- Parameters A	bove the MAL	
	Pollutant	Concentration	MAL	Units	Date
	1				
			1. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1		

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D. Industrial user interruptions
Has any SIU, CIU, or other IU caused or contributed to any problems (excluding interferences or pass throughs) at your POTW in the past three years?
Yes □ No □
If yes, identify the industry, describe each episode, including dates, duration, description of the problems, and probable pollutants.
,
Section 3. Significant Industrial User (SIU) Information and
Categorical Industrial User (CIU) (Instructions Page 100)
A. General information
Company Name:
SIC Code:
Telephone number:
Contact name:
Address:
City, State, and Zip Code:
B. Process information
Describe the industrial processes or other activities that affect or contribute to the SIU(s) or CIU(s) discharge (i.e., process and non-process wastewater).

# C. Product and service information

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

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•				
D. Flow rate informati	ion			
See the Instructions for de	efinitions of "proc	ess" and "non-pr	oces	s wastewater."
Process Wastewater:				
Discharge, in gallon	s/day:			
Discharge Type: □	Continuous 🗆	Batch		Intermittent
Non-Process Wastewater:				
Discharge, in gallon	ıs/day:			
Discharge Type: □	Continuous 🗓	Batch		Intermittent
E. Pretreatment stand Is the SIU or CIU subject to instructions?		ed local limits as	defin	ed in the
Yes 🗆 🗈 N	√o □			
Is the SIU or CIU subject to Parts 405-471?	to categorical pret	reatment standa	rds fo	ound in 40 CFR
Yes 🗀 💮				
If subject to categorical particular category and subcategory	<b>pretreatment star</b> for each categori	idards, indicate t cal process.	the aj	pplicable
Category: Subcategories:				

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F. Industrial user interruptions
Has the SIU or CIU caused or contributed to any problems (e.g., interferences, pass through, odors, corrosion, blockages) at your POTW in the past three years?
Yes □ No □
If yes, identify the SIU, describe each episode, including dates, duration, description of problems, and probable pollutants.

### **WORKSHEET 7.0**

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

CLASS VINJECTION	(TELLI III TANK I SOLL)
Submit to: TCEQ IUC Permits Team Radioactive Materials Division MC-233 PO Box 13087 Austin, Texas 78711-3087 512-239-6466	For TCEQ Use Only  Reg. No.  Date Received  Date Authorized
Section 1. General Infor	mation (Instructions Page 102)
1. TCEQ Program Area	
Program Area (PST, VCP, I Program ID: Contact Name: Phone Number: Agent/Consultant Contact	
Contact Name:	
Address:	
City, State, and Zip Code:	
Phone Number:	
3. Owner/Operator Contact	Information
Owner □ Ope	rator 🗆
Owner/Operator Name:	
Contact Name:	
Address:	
City, State, and Zip Code:	
Phone Number:	

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Facility Name:

4. Facility Contact Information

	Address: 18 18 18 18 18 18 18 18 18 18 18 18 18				
City, State, and Zip Code: And State of the Code					
Location description (if no address is available):					
Facility Contact Person:					
	Phone Number:				
5.	Latitude and Longitude, in degrees-minutes-seconds				
	Latitude: Longitude:				
	Method of determination (GPS, TOPO, etc.):				
	Attach topographic quadrangle map as attachment A.				
6.	Well Information				
	Type of Well Construction, select one:				
	☐ Vertical Injection				
	☐ Subsurface Fluid Distribution System				
	☐ Infiltration Gallery				
	☐ Temporary Injection Points				
	□ Other, Specify:				
	Number of Injection Wells:				
7.	Purpose				
	Detailed Description regarding purpose of Injection System:				
	I Down disting Plan				
	Attach a Site Map as Attachment B (Attach the Approved Remediation Plan,				
	if appropriate.)				
8.	Water Well Driller/Installer				
	Water Well Driller/Installer Name:				
	City, State, and Zip Code:				
	Phone Number:				

TCEQ-10054 (06/01/2017) Domestic Wastewater Permit Application, Technical Reports Page 77 of 80

License Number:

# Section 2. Proposed Down Hole Design

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

### Table 7.0(1) -Down Hole Design Table

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

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

Attach a diagram signed and sealed by a licensed engineer as Attachment D. System(s) Dimensions:

System(s) Construction:

Section 4. Site Hydrogeological and Inj		
	A PARTY OF	m
(a) A THE TOTAL SCHOOL BEAT FULLY AVAILABLE GRAYAL BANK		ē
		2
	The state of the s	499

- Name of Contaminated Aquifer:
   Receiving Formation Name of Injection Zone:
   Well/Trench Total Depth:
- 4. Surface Elevation:
- 5. Depth to Ground Water:
- 6. Injection Zone Depth:
- 7. Injection Zone vertically isolated geologically? Yes  $\Box$  No  $\Box$

Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:

Name:

Thickness:

8. Provide a list of contaminants and the levels (ppm) in contaminated aquifer

Attach as Attachment E.

- 9. Horizontal and Vertical extent of contamination and injection plume

  Attach as Attachment F.
- **10.** Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc. Attach as Attachment G.
- 11. Injection Fluid Chemistry in PPM at point of injection Attach as Attachment H.
- 12. Lowest Known Depth of Ground Water with < 10,000 PPM TDS:
- 13. Maximum injection Rate/Volume/Pressure:
- 14. Water wells within 1/4 mile radius (attach map as Attachment I):
- 15. Injection wells within 1/4 mile radius (attach map as Attachment J):
- 16. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K):
- 17. Sampling frequency:
- 18. Known hazardous components in injection fluid:

### Section 5. Site History

- 1. Type of Facility:
- 2. Contamination Dates:
- 3. Original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations (attach as Attachment L):
- 4. Previous Remediation:

Attach results of any previous remediation as attachment M

NOTE: Authorization Form should be completed in detail and authorization given by the TCEQ before construction, operation, and/or conversion can

TCEQ-10054 (06/01/2017) Domestic Wastewater Permit Application, Technical Reports

# begin. Attach additional pages as necessary.

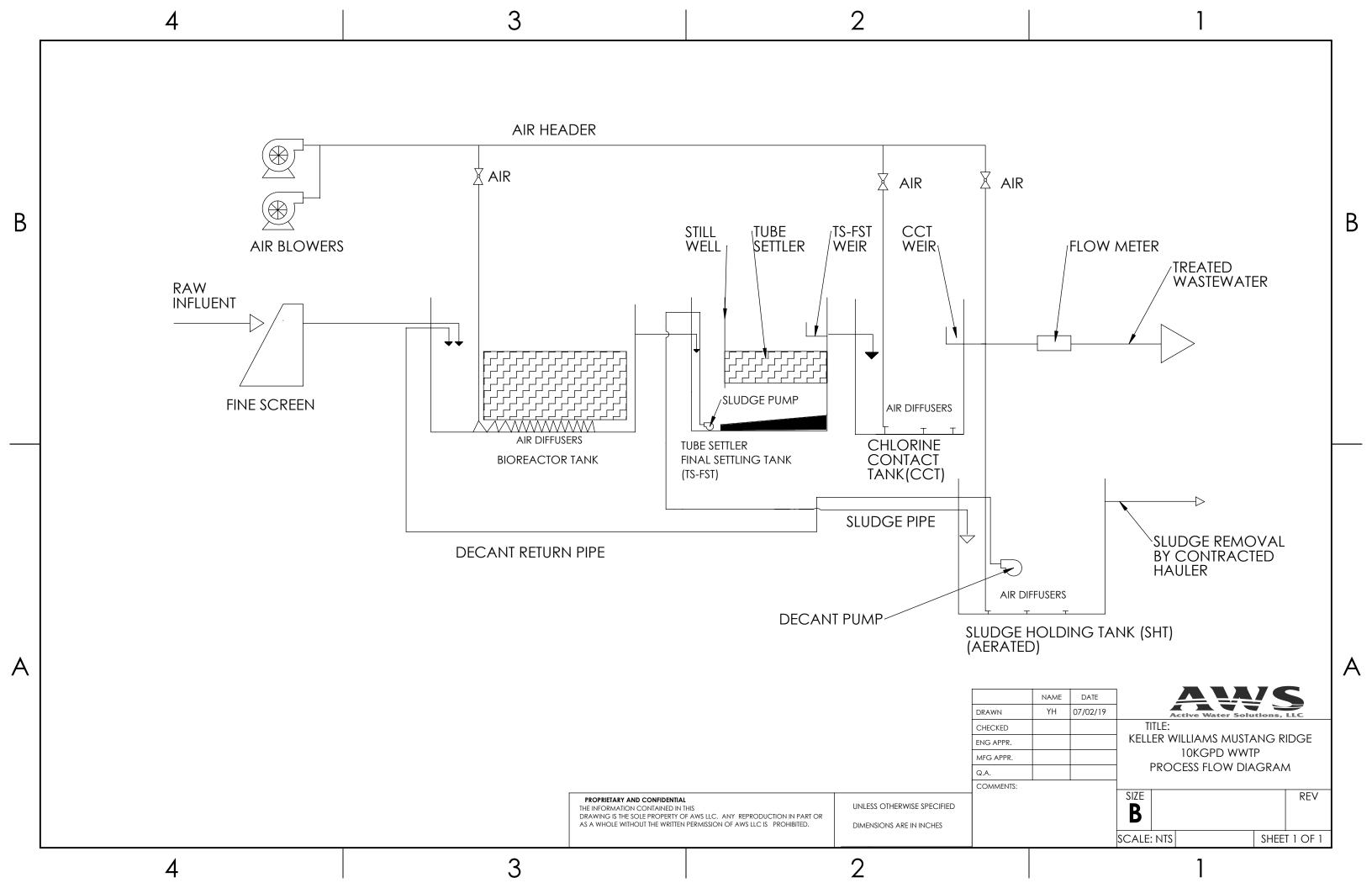
Class V Injection Well Designations

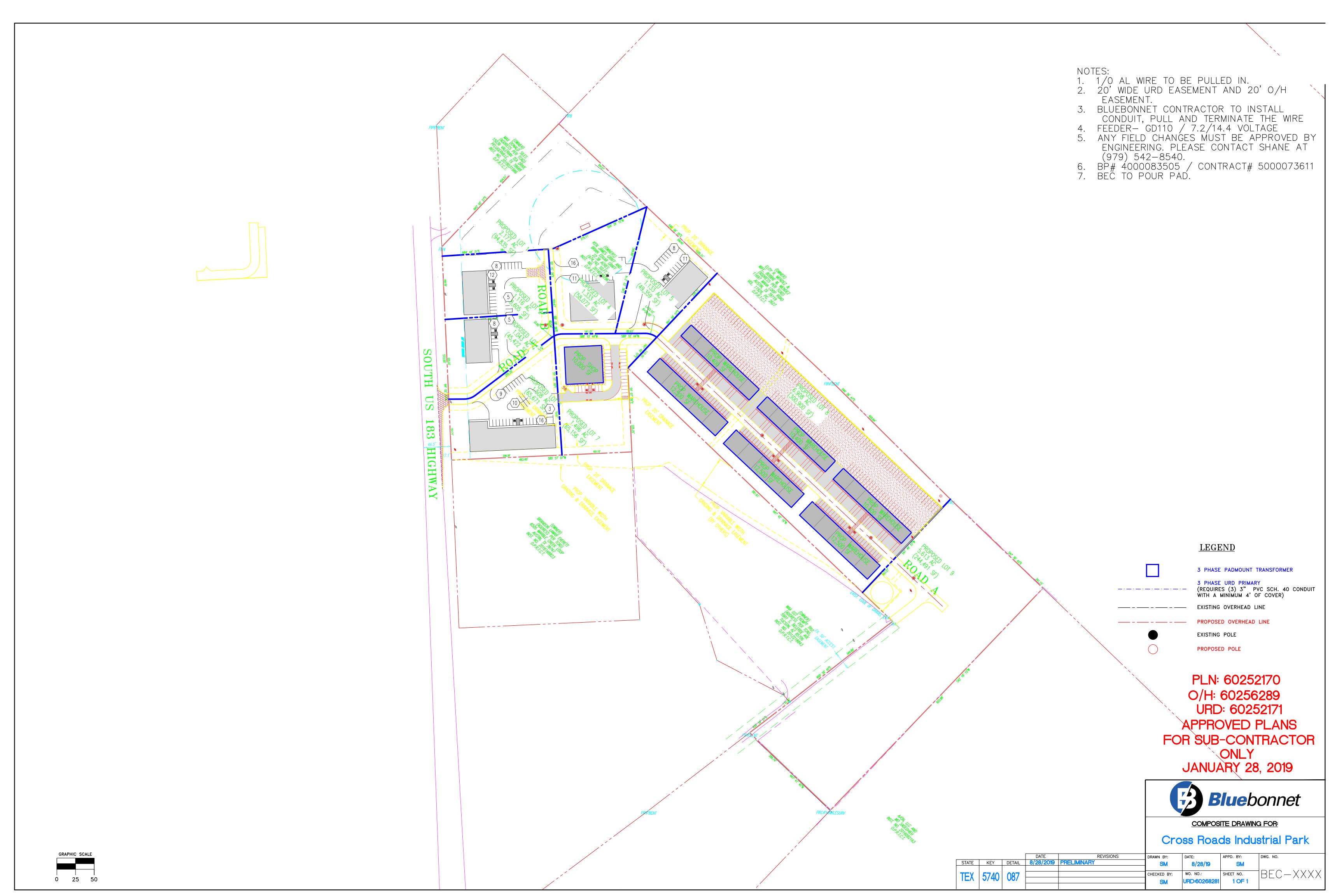
5A07	Heat Pump/AC return (IW used for groundwater to heat and/or cool buildings)
5A19	Industrial Cooling Water Return Flow (IW used to cool industrial process
5B22	Salt Water Intrusion Barrier (IW used to inject fluids to prevent the intrusion of salt water into an aquifer)
5D02	Storm Water Drainage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

# **Mustang Ridge 10K GPD Wastewater Treatement Plant Calculatations**

Sludge Calculation					
Solids Production	0.028MGD				
AWS Tests;	0.45 sludge/lb BOD				
Dry Solids	0.03	% of lb/day			
Solids Production	7.5	lb/day			
sludge weight / day	250	lb/day			
sludge unit weight	63.2	lb/cf			
sludge volume / day	4	cf/d			
Holding time	38	days			

Capacity	Units	Effective Volume, cf	Dimensions
	1. Aeration Tank (BRT)	425	5'L x 10'W x 10'H
0.01MGD	2. Tube Settler Final SettlingTank (TS-FST)	300	5'L x 10'W x 10'H
0.011000	3. Chlorine contact tank (CCT)	150	4'L x 5'Wx 10'H
	4. Sludge Holding tank (SHT)	150	4'L x 5'Wx 10'H





#### **Candice Calhoun**

From: Hilary Bond <a href="hilary@reuseeng.com">hilary@reuseeng.com</a> **Sent:** Friday, August 15, 2025 3:25 PM

**To:** Candice Calhoun

Subject: Re: Application to Renew Permit No. WQ0015810001 (Crossroads 10445, LP) - Notice of

Deficiency

#### Excellent, thank you for the prompt responses!

- 1. I am not a Technical Contact or a DMR Contact, so I will not replace Randall or make any changes to the existing contacts. I will simply ask them to forward any relevant information to me if they need my support.
- 2. I will send an updated 10053 Admin Report 1.0, Section 8(D). Since this portion of the application was submitted via STEERS, should I complete the rest of the information on page 6 of the Admin Report based on the STEERS submission, or will completing only the Public Viewing Information section be sufficient?

Thank you, Hilary



# **Hilary Bond**

Director, Permitting & Entitlements



**Office** 737-275-2271 **Mobile** 512-285-0302

Address 4411 South IH-35 Suite 100, Georgetown, TX 78626

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

**Sent:** Friday, August 15, 2025 9:06 AM **To:** Hilary Bond <hilary@reuseeng.com>

Cc: Grant <grant@jwdevelopmentinc.com>; Randall Nelson <randall@reuseinn.com>

Subject: RE: Application to Renew Permit No. WQ0015810001 (Crossroads 10445, LP) - Notice of Deficiency

Good morning, Hilary,

I wanted to respond to your voicemail via email so that I had visual confirmation regarding the contacts. Please see below.

- 1. You mentioned wanting to keep all the current contacts and add you as an additional contact. So, you are wanting to keep Randall Nelson as the technical and DMR contact? Also, the thing with just adding you as an extra contact, we have specific contact titles in our system, and the ones listed in the application would take priority. So, essentially, you would not even be listed on the contact sheet or in our system, as there can only be one of those contacts entered in.
- 2. You mentioned the new public viewing location, so, yes, an updated section of TCEQ form number 10053 would be needed to show the new public viewing location information.

Please let me know if you have any additional questions or if I missed anything from your voicemail.

# Regards,



#### Candice Courville

License & Permit Specialist ARP Team | Water Quality Division Texas Commission on Environmental Quality 512-239-4312

candice.calhoun@tceq.texas.gov

How is our customer service? Fill out our online customer satisfaction survey at

zkoWveqUqdMPDzvhTC4g?u=http://www.tceq.texas.gov/customersurvey

From: Hilary Bond <a href="mailto:hilary@reuseeng.com">hilary@reuseeng.com</a>>
Sent: Saturday, August 9, 2025 9:02 PM

https://link.edgepilot.com/s/5f181b83/1-

To: Candice Calhoun < Candice. Calhoun@tceq.texas.gov>

Cc: Grant <grant@jwdevelopmentinc.com>; Randall Nelson <randall@reuseinn.com>

Subject: Re: Application to Renew Permit No. WQ0015810001 (Crossroads 10445, LP) - Notice of Deficiency

Candice,

Thank you for sending this over! I am happy to get this information together for you ASAP.

Is there a copy of the current Admin report that you could share to determine what has already been provided to TCEQ and what I need to update?

Thank you, Hilary



# **Hilary Bond**

Director, Permitting & Entitlements





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Office 737-275-2271 Mobile 512-285-0302 Address 4411 South IH-35 Suite 100, Georgetown, TX 78626

From: Candice Calhoun < Candice.Calhoun@tceg.texas.gov>

Sent: Friday, August 8, 2025 12:35 PM To: Hilary Bond <a href="mailto:hilary@reuseeng.com">hilary@reuseeng.com</a>>

Cc: Grant <grant@jwdevelopmentinc.com>; Randall Nelson <randall@reuseinn.com>

Subject: FW: Application to Renew Permit No. WQ0015810001 (Crossroads 10445, LP) - Notice of Deficiency

Good morning, Hilary,

I just spoke with Randall, and he informed me that he was going to get with you and pass off this permit application over to you. He is currently listed as the technical and DMR contacts on the application. I forwarded over the original NOD email and letter for you, but since we are changing some of the contacts, we will need updated pages. Since this was a STEERS application, you will have to provide updated pages from TCEO form number 10053.

Please let me know if you have any questions.

# Regards,



#### Candice Courville

License & Permit Specialist ARP Team | Water Quality Division Texas Commission on Environmental Quality 512-239-4312

candice.calhoun@tceq.texas.gov

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From: Candice Calhoun

**Sent:** Friday, August 8, 2025 10:13 AM **To:** <a href="mailto:grant@jwdevelopmentinc.com">grant@jwdevelopmentinc.com</a>

Cc: randall@reuseinn.com

Subject: Application to Renew Permit No. WQ0015810001 (Crossroads 10445, LP) - Notice of Deficiency

Importance: High

Good morning, Mr. Williams,

The attached Notice of Deficiency (NOD) letter dated <u>August 8, 2025</u>, requests additional information needed to declare the application administratively complete. Please send complete response no later than <u>August 22, 2025</u>.

Please let me know if you have any questions.

# Regards,



#### Candice Courville

License & Permit Specialist ARP Team | Water Quality Division Texas Commission on Environmental Quality 512-239-4312

candice.calhoun@tceq.texas.gov

How is our customer service? Fill out our online customer satisfaction survey at <a href="https://link.edgepilot.com/s/8876a96f/-9mJfK6Rz0Kc6u4NXQRr4A?u=http://www.tceq.texas.gov/customersurvey">https://link.edgepilot.com/s/8876a96f/-9mJfK6Rz0Kc6u4NXQRr4A?u=http://www.tceq.texas.gov/customersurvey</a>

Links contained in this email have been replaced. If you click on a link in the email above, the link will be analyzed for known threats. If a known threat is found, you will not be able to proceed to the destination. If suspicious content is detected, you will see a warning.

Links contained in this email have been replaced. If you click on a link in the email above, the link will be analyzed for known threats. If a known threat is found, you will not be able to proceed to the destination. If suspicious content is detected, you will see a warning.

#### **Candice Calhoun**

From: Hilary Bond <a href="hilary@reuseeng.com">hilary@reuseeng.com</a>
Sent: Tuesday, August 26, 2025 1:14 PM

To: Candice Calhoun
Cc: Grant; Randall Nelson

Subject: Re: Application to Renew Permit No. WQ0015810001 (Crossroads 10445, LP) - Notice of

Deficiency

**Attachments:** WQ0015810001 NOD Reply Letter.pdf

#### Candice,

Thank you for your assistance and flexibility in providing the requested documents. Please see attached for the NOD reply letter and the link below for the USGS map. If anything else is needed, please let me know.



# Best, Hilary



# **Hilary Bond**

Director, Permitting & Entitlements



Office 737-275-2271 Mobile 512-285-0302

Address 4411 South IH-35 Suite 100, Georgetown, TX 78626

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

**Sent:** Friday, August 15, 2025 9:06 AM **To:** Hilary Bond <hilary@reuseeng.com>

Cc: Grant <grant@jwdevelopmentinc.com>; Randall Nelson <randall@reuseinn.com>

Subject: RE: Application to Renew Permit No. WQ0015810001 (Crossroads 10445, LP) - Notice of Deficiency

Good morning, Hilary,

I wanted to respond to your voicemail via email so that I had visual confirmation regarding the contacts. Please see below.

#### **Candice Calhoun**

Hilary Bond <hilary@reuseeng.com> From: Friday, August 29, 2025 8:57 AM Sent:

Candice Calhoun To: Cc: Grant; Randall Nelson

**Subject:** Re: Application to Renew Permit No. WQ0015810001 (Crossroads 10445, LP) - Notice of

Deficiency

Candice,

A quick correction:

Both addresses are correct for the treatment facility. So, the 10223 U.S. Hwy 183 South can remain for the NORI as initially written.

Thank you! Hilary



# **Hilary Bond**

Director, Permitting & Entitlements



Office 737-275-2271 Mobile 512-285-0302

Address 4411 South IH-35 Suite 100, Georgetown, TX 78626

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

Sent: Thursday, August 28, 2025 3:08 PM To: Hilary Bond <a href="mailto:hilary@reuseeng.com">hilary@reuseeng.com</a>

Cc: Grant < Grant@JWDEVELOPMENTINC.COM>; Randall Nelson < randall@reuseinn.com>

Subject: RE: Application to Renew Permit No. WQ0015810001 (Crossroads 10445, LP) - Notice of Deficiency

Sounds good, thank you. 😊



Regards,

# Candice Courville



License & Permit Specialist ARP Team | Water Quality Division Texas Commission on Environmental Ouality

512-239-4312

candice.calhoun@tceq.texas.gov

How is our customer service? Fill out our online customer satisfaction survey at https://link.edgepilot.com/s/83f66a80/zdn512jmnk23gXm6TNjtfg?u=http://www.tceq.texas.gov/custom ersurvey

From: Hilary Bond <a href="mailto:hilary@reuseeng.com">hilary@reuseeng.com</a> Sent: Thursday, August 28, 2025 1:39 PM

To: Candice Calhoun < Candice. Calhoun@tceq.texas.gov>

Cc: Grant < Grant@JWDEVELOPMENTINC.COM>; Randall Nelson < randall@reuseinn.com>

Subject: Re: Application to Renew Permit No. WQ0015810001 (Crossroads 10445, LP) - Notice of Deficiency

Thank you! Let me check and confirm which information is correct and get the document(s) back to you.

# Best, Hilary



### **Hilary Bond**

Director, Permitting & Entitlements







Office 737-275-2271 Mobile 512-285-0302

Address 4411 South IH-35 Suite 100, Georgetown, TX 78626

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

Sent: Thursday, August 28, 2025 2:27 PM To: Hilary Bond <a href="mailto:hilary@reuseeng.com">hilary@reuseeng.com</a>>

Cc: Grant <Grant@JWDEVELOPMENTINC.COM>; Randall Nelson <randall@reuseinn.com>

Subject: RE: Application to Renew Permit No. WQ0015810001 (Crossroads 10445, LP) - Notice of Deficiency

Hilary,

The application we received was a STEERS application. Please see attached as well as the snip-it below.

# Site Information (Regulated Entity)

What is the name of the site to be authorized? CROSSROADS

WWTF

Does the site have a physical address? Yes

Physical Address

10223 US HIGHV Number and Street

City AUSTIN

State TX

ZIP 78747

TRAVIS County

30.096388 Latitude (N) (##,#####) Longitude (W) (-###.#####) 97.693888

Primary SIC Code

Secondary SIC Code

Primary NAICS Code

Secondary NAICS Code

Regulated Entity Site Information

What is the Regulated Entity's Number (RN)? RN110809761

What is the name of the Regulated Entity (RE)? CROSSROADS

> WWTF Yes

78747

Does the RE site have a physical address?

Physical Address

Number and Street 10223 US HIGH\

City AUSTIN

State TX

ZIP

TRAVIS County

30.096388

Latitude (N) (##\_#####)

Longitude (W) (-###.#####) 97.693888

Facility NAICS Code

What is the primary business of this entity? NDUSTRIAL WA

OFFICES

Regards,

# Candice Courville



License & Permit Specialist ARP Team | Water Quality Division Texas Commission on Environmental Quality 512-239-4312

candice.calhoun@tceq.texas.gov

How is our customer service? Fill out our online customer satisfaction survey at <a href="https://link.edgepilot.com/s/d37805ec/RJOcKSoJIECfKBKNWZlmCg?u=http://www.tceq.texas.gov/customersurvey">https://link.edgepilot.com/s/d37805ec/RJOcKSoJIECfKBKNWZlmCg?u=http://www.tceq.texas.gov/customersurvey</a>

From: Hilary Bond < <a href="mailto:hilary@reuseeng.com">hilary@reuseeng.com</a>>
Sent: Thursday, August 28, 2025 12:15 PM

To: Candice Calhoun < Candice.Calhoun@tceq.texas.gov >

Cc: Grant < Grant@JWDEVELOPMENTINC.COM >; Randall Nelson < randall@reuseinn.com >

Subject: Re: Application to Renew Permit No. WQ0015810001 (Crossroads 10445, LP) - Notice of Deficiency

Good afternoon Candice,

I apologize, but I do not see the spot where street number 10223 was used. I saw 10445 in the following places on the application:

ndustrial Park 10445 S US Hwy 183 Mustang Ridge TX 78747	
vnohung tippinets with all processors.	ı
ermittee: <u>Crossroads 10445 LP</u>	
ermit No. WQ00 <u>0015810001</u> EPA ID No. TX <u>TX0139432</u>	
ddress of the project (or a location description that includes street/highway, city/vic ad county): 0445 U.S. Highway 183 South, Austin, TX 78747	inity,

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

Crossroads 10445 LP (CN605676071) operates CROSSROADS INDUSTRIAL PARK WWTF (RN110809761), a ) Wastewater Treatment Facility. The facility is at 10445 U.S. Highway 183 South, in Austin, Travis County, Texas 78747. The applicant has applied to the TCEQ for a renewal of a permit to authorize the discharge of treated domestic wastewater at an average daily flow not to exceed 0.010 million gallons per day (MGD). The wastewater treatment facility will serve the Crossroads Industrial Park.

Discharges from the facility are expected to contain Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD $_5$ ), total suspended solids (TSS), ammonia nitrogen (NH $_3$ -N), and *Escherichia coli*. Domestic Wastewater will be treated by a submerged fixed- bed biofilm reactor(SFBBR) operated as an attached biological system configured as a package plant. Treatment units will include a bar screen, an aeration basin, a tube settler final tank, a sludge holding tank, and a chlorine contact chamber. The facility has not been constructed.

Can you please confirm where the 10223 U.S. Highway 183 South address was used and I will get everything corrected?

Thank you, Hilary



Office 737-275-2271 Mobile 512-285-0302

Address 4411 South IH-35 Suite 100, Georgetown, TX 78626

From: Candice Calhoun < <a href="mailto:Candice.Calhoun@tceq.texas.gov">Candice.Calhoun@tceq.texas.gov</a>>

**Sent:** Wednesday, August 27, 2025 10:09 AM **To:** Hilary Bond <a href="mailto:hilary@reuseeng.com">hilary@reuseeng.com</a>

Cc: Grant < Grant@JWDEVELOPMENTINC.COM >; Randall Nelson < randall@reuseinn.com >

Subject: RE: Application to Renew Permit No. WQ0015810001 (Crossroads 10445, LP) - Notice of Deficiency

Good morning, Hilary,

Thank you for your response. Your response to each item is sufficient. However, based on a comment regarding the NORI, more information is needed. Please see below.

• I have corrected the facility address in the NORI to the 10445 U.S. Highway 183 South address, however, the address for the facility used in the application was the 10223 U.S. Highway 183 South. Since there was conflicting information, could you please provide a complete, signed, and dated CDF to show the correct physical address, that way we have the proper documentation for the update within the application? I have also placed the updated NORI below.

APPLICATION. Crossroads 10445, LP, 7801 North Capital of Texas Highway, Suite 390, Austin, Texas 78731, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0015810001 (EPA I.D. No. TX0139432) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 10,000 gallons per day. The domestic wastewater treatment facility is located at 10445 U.S. Highway 183 South, near the city of Austin, in Travis County, Texas 78747. The discharge route is from the plant site to a detention pond; thence to an unnamed ditch; thence to an unnamed tributary; thence to Dry Creek; thence to the Colorado River Below Lady Bird Lake/Town Lake. TCEQ received this application on August 5, 2025. The permit application will be available for viewing and copying at Elroy Community Library, Front Desk, 13512 Farm-to-Market Road 812, Del Valle, in Travis 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:



August 25,2025

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

RE: Application to Renew Permit No.: WQ0015810001 (EPA I.D. No. TX0139432)

Applicant Name: Crossroads 10445, LP (CN605676071)

Site Name: Crossroads Industrial Park WWTF (RN110809761)

Type of Application: Renewal without changes

#### VIA EMAIL

Dear Ms. Calhoun:

Please see below for the responses to the NOD dated August 8, 2025:

1. Public Viewing Location: While the public viewing location is an office that is open to the public, it is not taxpayer funded. Instead, we would like to use the public viewing location listed below:

Front Desk Elroy Community Library 13512 FM 812, Del Valle, TX 78617

Please see **Attachment 1** for the revised section of 10053 Admin Report.

- 2. USGS Topographic Map: Please see Attachment 2 for the USGS Topo map.
- 3. Please see below for the updated NORI:

**APPLICATION.** Crossroads 10445, LP, 7801 North Capital of Texas Highway, Suite 390, Austin, Texas 78731, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0015810001 (EPA I.D. No. TX0139432) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 10,000 gallons per day. The domestic wastewater treatment facility is located at 10223 10445 U.S. Highway 183 South, near the city of Austin, in Travis County, Texas 78747. The discharge route is from the plant site to a detention pond; thence to an unnamed

ditch; thence to an unnamed tributary; thence to Dry Creek; thence to the Colorado River Below Lady Bird Lake/Town Lake. TCEQ received this application on August 5, 2025.

The permit application will be available for viewing and copying at the Front Desk, Elroy Community Library, 13512 FM 812 Rd, Del Valle, in Travis 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: <a href="https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications">https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications</a>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

<a href="https://gisweb.tceq.texas.gov/LocationMapper/?marker=97.693888,30.096388&lev">https://gisweb.tceq.texas.gov/LocationMapper/?marker=97.693888,30.096388&lev</a>

https://gisweb.tceq.texas.gov/LocationMapper/?marker=97.693888,30.096388&level=18

Further information may also be obtained from Crossroads 10445, LP at the address stated above or by calling Mr. Richard Gary, Crossroads 10445, LP, at 512-901-9800.

If you have any questions, please do not hesitate to reach out.

Sincerely,

Hilary Bond

reUse Engineering, Inc Director, Permitting & Entitlements 4411 S IH-35 Suite 100 Georgetown, TX 78626

#### Enclosures(s):

- 1. 10053 Admin 1.0 § 8D
- 2. 8.5x11 USGS Topo Map

cc: Mr. Grant Williams, Partner, JW Development Partners, 7801 N Capital of Texas Hwy Suite 390, Austin, TX 78731

Mr. Randall Nelson, President of Sales and Marketing, reUse Innovations, Inc., 4411 S IH-35 Suite 100, Georgetown, TX 78626

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.	C. Contact permit to be listed in the Notices						
	Pre	ix: Click to enter text.  Last Name, First Name: Click to enter text.					
	Tit	e: Click to enter text. Credential: Click to enter text.					
	Org	anization Name: Click to enter text.					
	Ma	ling Address: Click to enter text. City, State, Zip Code: Click to enter text.					
	Pho	ne No.: Click to enter text. E-mail Address: Click to enter text.					
D.	Pu	lic Viewing Information					
If the facility or outfall is located in more than one county, a public viewing place for ecounty must be provided.							
	Pul	lic building name: <u>Elroy Community Library</u>					
	Loc	ation within the building: <u>Front Desk</u>					
	Phy	sical Address of Building: <u>13512 FM 812</u>					
	Cit	: <u>Del Valle</u> County: <u>Travis</u>					
	Co	tact (Last Name, First Name): Click to enter text.					
		ne No.: <u>(512) 243-1981</u> Ext.: Click to enter text.					
E.		ngual Notice Requirements					
		s information <b>is required</b> for <b>new, major amendment, minor amendment or minor</b> <b>dification, and renewal</b> applications.					
This section of the application is only used to determine if alternative language notices will be needed. Complete instructions on publishing the alternative language notices will be in your public notice package.							
Please call the bilingual/ESL coordinator at the nearest elementary and middle schools a obtain the following information to determine whether an alternative language notices a required.							
1. Is a bilingual education program required by the Texas Education Code at the element or middle school nearest to the facility or proposed facility?							
		□ Yes □ No					
<ul><li>If no, publication of an alternative language notice is not required; skip to Section 9 below.</li><li>2. Are the students who attend either the elementary school or the middle school enrolled a bilingual education program at that school?</li></ul>							

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

Crossroads 10445 LP (CN605676071) operates CROSSROADS INDUSTRIAL PARK WWTF (RN110809761), a ) Wastewater Treatment Facility. The facility is at 10223 U.S. Highway 183 South, in Austin, Travis County, Texas 78747. The applicant has applied to the TCEQ for a renewal of a permit to authorize the discharge of treated domestic wastewater at an average daily flow not to exceed 0.010 million gallons per day (MGD). The wastewater treatment facility will serve the Crossroads Industrial Park.

Discharges from the facility are expected to contain Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD<sub>5</sub>), total suspended solids (TSS), ammonia nitrogen (NH<sub>3</sub>-N), and *Escherichia coli*. Domestic Wastewater will be treated by a submerged fixed- bed biofilm reactor(SFBBR) operated as an attached biological system configured as a package plant. Treatment units will include a bar screen, an aeration basin, a tube settler final tank, a sludge holding tank, and a chlorine contact chamber. The facility has not been constructed.

# 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:RenewalMajor Ar	mendment Minor Amendment Now
County:	
Admin Complete Date:	_
Agency Receiving SPIF:	
Texas Historical Commission	
Texas Parks and Wildlife Department	U.S. Army Corps of Engineers
This form applies to TPDES permit application	as only. (Instructions, Page 53)
	CEQ will mail a copy to each agency as required by not completely addressed or further information formation before issuing the permit. Address
Do not refer to your response to any item in tattachment for this form separately from the A application will not be declared administratively completed in its entirety including all attachme may be directed to the Water Quality Division's email at WO-ARPTeam@tceq.texas.gov or by pho-	dministrative Report of the application. The y complete without this SPIF form being ents. Questions or comments concerning this form Application Review and Processing Team by
The following applies to all applications:	
1. Permittee: <u>Crossroads 10445 LP</u>	
Permit No. WQ00 <u>0015810001</u>	EPA ID No. TX <u>TX0139432</u>
and county):	tion that includes street/highway, city/vicinity,
10223 U.S. Highway 183 South, Austin, TX	<u>78747</u>

		r specific questions about the property.	macted to			
	Prefix	(Mr., Ms., Miss): MR				
	First a	nd Last Name: <u>Grant Williams</u>				
	Crede	ntial (P.E, P.G., Ph.D., etc.):				
	Title: <u>I</u>	<u>Partner</u>				
	Mailin,	g Address: 7801 N Capital of TX HWY #390				
	City, S	tate, Zip Code: <u>Austin, TX,78731</u>				
	Phone	No.: <u>512-470-8449</u> Ext.: Fax No.:				
	E-mail	Address: Grant@jwdevelopmentinc.com				
2.	List th	e county in which the facility is located: <u>Travis</u>				
3.	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 form 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 identities the classified segment number.						
	thenc	reated effluent will be discharged to a detention pond, thence to an unname te to an unnamed tributary, thence to dry creek, thence to the Colorado Riv Bird Lake/ Town Lake in Segment No 1428 of the Colorado River Basin				
5.	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).					
	Provid	e original photographs of any structures 50 years or older on the property				
	Does y	our 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 inte	egrity			
		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				
TCE Was	EQ-20971 stewater I	(08/31/2023) ndividual Permit Application, Supplemental Permit Information Form (SPIF)	Page $2$ of $3$			

	☐ Disturbance of vegetation or wetlands	
1.	List proposed construction impact (surface acres to be impacted, depth of excavation, seal of caves, or other karst features):  Less than 1/5 of an acre to be utilized for a package plant configuration that is 8' X 20'. No caves or Karst features have been located on the property.	
2.	Describe existing disturbances, vegetation, and land use:  Currently raw land with scrub grass, formerly used for agricultural grazing.	
AN	IE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJO MENDMENTS TO TPDES PERMITS  List construction dates of all buildings and structures on the property:	)R
4.	Provide a brief history of the property, and name of the architect/builder, if known.	

MILES

4000 5000

FEET

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.

entering private lands.

Hydrography.....

...........NAIP, September 2016 - November 2016 U.S. Census Bureau, 2015 - 2019 .......GNIS, 1979 - 2022

..FWS National Wetlands Inventory Not Available

UTM GRID AND 2019 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

Grid Zone Designation

1,000.00 ft

Imagery.... Roads..... Names.....

Boundaries....



State Route

Interstate Route

QUADRANGLE LOCATION

ADJOINING QUADRANGLES

1 Oak Hill

4 Buda

8 Dale

7 8 6 Uhland 7 Lockhart North

2 Montopolis

3 Webberville

5 Lytton Springs