

# **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



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

# ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS DOMESTIC WASTEWATER/STORMWATER

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

Travis County MUD No.26 (CN605703602) operates Stallion Run WWTP (RN110859113), a Wastewater Treatment Plant. The facility is located at 12012 Unbridled Ave, in Buda, Travis County, Texas 78610. Wastewater Treatment Renewal.

Discharges from the facility are expected to contain Carbonaceous Biochemical oxygen demand (5-day), Total suspended solids, ammonia nitrogen, E.Coli. Domestic Wastwater is treated by Raw water into the WWTP enters at the splitter and into 2 fine screens (2mm openings), debris dewatered and removed. Screened water is gravity fed to the anoxic/EQ basin. Mixed Liquor is recycled from the MBR to the Anoxic/EQ basin (removes nitrogen, with PH adjustment and Lime addition). Mixed Liquor is pumped from the EQ basin to the Aeration Basin where air is introduced with 3 blowers to maintain aeration. The mixed liquor then gravity flows by preset weirs to the Membrane Bioreactor. Which provides a physical solids-liquid separation barrier to any solids larger than the pore size. Telescoping valves recycle Mixed liquor to the EQ/Anoxic basin while clear permeate is drawn through the membranes, disinfected and sent to the chlorine contact channel. Disinfection is provided by liquid sodium hypochlorite. Effluent from the Chlorine Contact Channel will overflow at the end and be discharged into the to the effluent disposal system. Two Waste Activated Sludge pumps will be used to waste sludge from the MBR to the Sludge digestor tank. Solid waste will be removed and hauled off by the contracted waste hauling service on a regular basis.

# **TEXAS COMMISSION ON ENVIRONMENTAL QUALITY**



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

## PERMIT NO. WQ0015822001

**APPLICATION.** Travis County Municipal Utility District No. 26, 901 South MoPac Expressway, Suite 225, Austin, Texas 78746, has applied to the Texas Commission on Environmental Ouality (TCEO) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WO0015822001 (EPA I.D. No. TX0139564) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 180,000 gallons per day. The domestic wastewater treatment facility is located at 12012 Unbridled Avenue, near the city of Buda, in Travis County, Texas. The discharge route is from the plant site to an unnamed tributary of Maha Creek; thence to Maha Creek; thence to Cedar Creek; thence to Colorado River Above La Grange. TCEQ received this application on June 24, 2025. The permit application will be available for viewing and copying at Buda City Hall and Library, 405 East Loop Street, Buda, in Hays 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/pendingpermits/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=-97.7183,30.0688&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

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 Travis County Municipal Utility District No. 26 at the address stated above or by calling Mr. Prabin Basnet, P.E., Jones-Heroy & Associates, Inc., at 512-989-2200.

Issuance Date: July 17, 2025



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

<b>APPLICANT</b>	NAME:	Travis	County	MUD	No. 26

PERMIT NUMBER (If new, leave blank): WQ0000015822001

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

	Y	N		Y	N
Administrative Report 1.0	$\boxtimes$		Original USGS Map	$\boxtimes$	270-4 270-4 240-5
Administrative Report 1.1			Affected Landowners Map		$\boxtimes$
SPIF	$\boxtimes$		Landowner Disk or Labels	24350 173 16330	$\boxtimes$
Core Data Form	$\boxtimes$	93 (70 C) (40 C) (40 C)	Buffer Zone Map	$\boxtimes$	
Summary of Application (PLS)	$\boxtimes$	Early Child	Flow Diagram	$\boxtimes$	26.500
Public Involvement Plan Form			Site Drawing	$\boxtimes$	
Technical Report 1.0	$\boxtimes$	CSC 7-340 CSC 7-340 Facility of I	Original Photographs	ESS.	$\boxtimes$
Technical Report 1.1	$\boxtimes$		Design Calculations	23 3456	$\boxtimes$
Worksheet 2.0	Tolera Mile anten		Solids Management Plan	Sin	$\boxtimes$
Worksheet 2.1			Water Balance	200	$\boxtimes$
Worksheet 3.0					
Worksheet 3.1					
Worksheet 3.2					
Worksheet 3.3					
Worksheet 4.0	PSINS SARRO				
Worksheet 5.0					
Worksheet 6.0					
Worksheet 7.0					
For TCEQ Use Only					The state of the s
Segment Number Expiration Date			County Region		

# PALIFORMENTAL OUR

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

# Section 1. Application Fees (Instructions Page 26)

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

Flow	New/Major Amendment	Renewal				
< 0.05 MGD	\$350.00 □	\$315.00 □				
≥0.05 but <0.10 M	GD \$550.00 □	\$515.00 □				
≥0.10 but <0.25 M	GD \$850.00 □	\$815.00 ⊠				
≥0.25 but <0.50 M	GD \$1,250.00 □	\$1,215.00				
≥0.50 but <1.0 MG	D \$1,650.00 □	\$1,615.00 □				
≥1.0 MGD	\$2,050.00 □	\$2,015.00				
Minor Amendment (for any flow) $$150.00 \square$						
<b>Payment Informati</b>	on:					
Mailed	Check/Money Order Number: 4061					
	Check/Money Order Amount: 815.00					
	Name Printed on Check: <u>Jones-Heroy &amp; As</u>	ssc, Inc				

EPAY Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed? Yes □

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

a.	Che	eck the box next to the appropriate authorization type.						
	$\boxtimes$	Publicly Owned Domestic Wastewater						
		Privately-Owned Domestic Wastewater						
		Conventional Water Treatment						
b.	Che	ck the box next to the appropriate facility status.						
	$\boxtimes$	Active   Inactive						

<b>c.</b> Check the box next to the appropriate permit type.								
	$\boxtimes$	TPDES Permit						
		TLAP						
		TPDES Permit with TLAP component						
		Subsurface Area Drip Dispersal System (SAD	DS)					
d.	Che	eck the box next to the appropriate application	typ	e				
		New						
		Major Amendment <u>with</u> Renewal		Minor Amendment with Renewal				
		Major Amendment <u>without</u> Renewal		Minor Amendment without Renewal				
	$\boxtimes$	Renewal without changes		Minor Modification of permit				
e.	For	amendments or modifications, describe the p	ropo	osed changes: Click to enter text.				
f.	For	existing permits:						
	Per	mit Number: WQ00 <u>0015822001</u>						
	EPA	A I.D. (TPDES only): TX <u>0139564</u>						
	Exp	oiration Date: 12/30/25						
C.	, .		1					
56	KG(II)	on 3. Facility Owner (Applicant) a (Instructions Page 26)	na	Co-Applicant Information				
			<u>-</u>					
A.		e owner of the facility must apply for the per						
		at is the Legal Name of the entity (applicant) a	pply	ing for this permit?				
	Service Control	vis County Municipal Utility District 26						
		te legal name must be spelled exactly as filed w legal documents forming the entity.)	ith t	he Texas Secretary of State, County, or in				
		he applicant is currently a customer with the T 1 may search for your CN on the TCEQ website						
		CN: <u>605797398</u>						
		at is the name and title of the person signing tecutive official meeting signatory requirements						

Prefix: Mr.

Last Name, First Name: Rosenberg, Rick

Title: Board President

Credential: President

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

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

Click to enter text.

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

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

CN: Click to enter text.

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

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

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

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

#### C. Core Data Form

Complete the Core Data Form for each customer and include as an attachment. If the customer type selected on the Core Data Form is **Individual**, complete **Attachment 1** of Administrative Report  $1.0.\ \underline{1}$ 

# Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: Mr. Last Name, First Name: Basnet, Prabin

Title: <u>Project Engineer</u> Credential: <u>P.E</u>

Organization Name: Jones-Heroy & Assc, Inc

Mailing Address: 13915 N Mopac Expy, suite 200 City, State, Zip Code: Austin, Texas 78728

Phone No.: 512-989-2200 E-mail Address: PrabinB@Jones-Herov.com

B. Prefix: Mr. Last Name, First Name: Raveney, James

Title: Project Engineer Credential: E.I.T

Organization Name: <u>Jones-Heroy & Assc, Inc</u>

Mailing Address: 13915 N Mopac Expy, suite 200 City, State, Zip Code: Austin, TX 78728

Phone No.: <u>512-989-2200</u> E-mail Address: <u>JamesR@jones-heroy.com</u>

Check one or both:  $\square$  Administrative Contact  $\bowtie$  Technical Contact

# Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Click to enter text. Last Name, First Name: Basnet, Prabin

Title: Project Engineer Credential: P.E.

Organization Name: Jones-Heroy & Assc

Mailing Address: 13915 N Mopac Expy, suite 200 City, State, Zip Code: Austin, Texas 78728

Phone No.: <u>512-989-2200</u> E-mail Address: <u>PrabinB@jones-herov.com</u>

**B.** Prefix: Click to enter text. Last Name, First Name: Raveney, James

Title: <u>Project Engineer</u> Credential: <u>E.I.T</u>

Organization Name: Jones-Heroy & Assc, Inc

Mailing Address: 13915 N. Mopac Expy, suite 200 City, State, Zip Code: Austin, TX 78610

Phone No.: <u>512-989-2200</u> E-mail Address: <u>JamesR@Jones-heroy.com</u>

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

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

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

Title: <u>Bookkeeper</u> Credential: <u>Accountant</u>
Organization Name: <u>Municipal Accounts & Consulting, L. P.</u>

Mailing Address: 6500 River Place Blvd., Bldg. 4 suite 104 City, State, Zip Code: Austin, TX

<u>78730</u>

Phone No.: <u>512-782-2400</u> E-mail Address: <u>Tkolmdin@municipalaccounts.com</u>

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

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

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

Title: <u>Vice President</u> Credential: <u>Operator</u>

Organization Name: SI Enviro, LLC

Mailing Address: 2306 RR 620 N. City, State, Zip Code: Austin, TX 78734

Phone No.: <u>512-738-8840</u> E-mail Address: <u>WAbshire@sienviro.com</u>

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

## A. Individual Publishing the Notices

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

Title: Engineer Credential: P.E.

Organization Name: Jones-Heroy & Assc, Inc

Mailing Address: 13915 N. Mopac Expy

City, State, Zip Code: Austin, TX 78728

Phone No.: <u>512-989-2200</u> E-mail Address: <u>PrabinB@jones-herov.com</u>

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:								
	$\boxtimes$	E-mail Address							
		Fax							
	$\boxtimes$	Regular Mail							
C.	Co	ontact permit to be listed in the Notices							
		refix: <u>Mr.</u> Last Name, First Name: <u>Basnet, Pr</u>	abin						
	Title: Engineer Credential: P.E								
	Org	rganization Name: <u>Jones-Heroy &amp; Assc, Inc</u>							
	Ma	ailing Address: <u>13915 N. Mopac Expy</u> City, State, Zip Code: <u>A</u>	ustin, TX 78728						
	Pho	none No.: <u>512-989-2200</u> E-mail Address: <u>PrabinB@jones-h</u>	eroy.com						
D.	Pu	ablic Viewing Information							
		the facility or outfall is located in more than one county, a public rounty must be provided.	viewing place for each						
	Pul	ıblic building name: <u>Buda City Hall and Library</u>							
	Loc	ocation within the building: <u>Front Fourier</u>							
	Phy	nysical Address of Building: <u>405 E Loop St</u>							
	Cit	ty: <u>Buda</u> County: <u>Hays</u>							
	Co	ontact (Last Name, First Name): <u>Reception</u>							
	Pho	none No.: <u>512-2955-5899</u> Ext.: Click to enter text.							
E.	Bil	lingual Notice Requirements							
		nis information <b>is required</b> for <b>new, major amendment, minor a</b> <b>odification, and renewal</b> applications.	mendment or minor						
	This section of the application is only used to determine if alternative language notices will be needed. Complete instructions on publishing the alternative language notices will be in your public notice package.								
	Please call the bilingual/ESL coordinator at the nearest elementary and middle schools and obtain the following information to determine whether an alternative language notices are required.								
	1.	Is a bilingual education program required by the Texas Education or middle school nearest to the facility or proposed facility?	on Code at the elementary						
		□ Yes ⊠ No							
		If <b>no</b> , publication of an alternative language notice is not requir below.	ed; <b>skip to</b> Section 9						
	2.	Are the students who attend either the elementary school or the a bilingual education program at that school?	e middle school enrolled in						

No

Yes

	Pa	ckage						
	Inc	dicate by	y a check ma	ark th	ne preferred met	thod for receivin	ng the first notic	e and instructions:
	$\boxtimes$	E-mai	l Address					
		Fax						
	$\boxtimes$	Regul	ar Mail					
C.	Co	ntact p	ermit to be	listed	l in the Notices			
	Pre	efix: <u>Mr.</u>			Last Nam	ie, First Name: <u>B</u> a	asnet, Prabin	
	Tit	le: <u>Engi</u>	neer		Credentia	al: <u>P.E</u>		
	Or	ganizati	ion Name: <u>J</u>	ones-I	Heroy & Assc, Inc			
	Ma	iling Ac	ldress: <u>1391</u> 5	5 N. M	lopac Expy	City, State, Zip	Code: <u>Austin, TX</u>	<u> 78728</u>
	Ph	one No.	512-989-22	00	E-mail A	ddress: <u>PrabinB@</u>	@jones-heroy.com	<u>1</u>
D.	Pu	blic Vie	wing Inforr	natio	n			
	•		ity or outfal ist be provid		cated in more th	an one county, a	a public viewing	place for each
	Pu	blic buil	lding name:	<u>Buda</u>	City Hall and Lib	rary		
	Lo	cation w	vithin the bu	uildin	g: <u>Front Fourier</u>			
	Ph	ysical A	ddress of Bı	uildin	g: <u>405 E Loop St</u>			
	Cit	ty: <u>Buda</u>			Count	ty: <u>Hays</u>		
	Co	ntact (L	ast Name, F	irst N	ame): <u>Reception</u>			
	Ph	one No.	: <u>512-2955-5</u> 8	<u>899</u> Ex	xt.: Click to ente	r text.		
E.	Bil	ingual l	Notice Requ	irem	ents			
					ed for <b>new, maj</b> o applications.	or amendment, 1	minor amendm	ent or minor
	be	needed		instru	ictions on publi	l to determine if shing the alterna		guage notices will otices will be in
	ob					the nearest elem nine whether an		ldle schools and uage notices are
	1.	Is a bil	ingual educa dle school n	ation leares	program require t to the facility	ed by the Texas or proposed fac	Education Code ility?	at the elementary
			Yes	$\boxtimes$	No			
		If <b>no</b> , p	oublication o	of an	alternative lang	uage notice is no	ot required; <b>skip</b>	to Section 9
	2.				tend either the ogram at that so		ool or the middle	e school enrolled ir
		(15) (17) (17) (17) (17) (17) (17) (17) (17	Yes		No			

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

	3. Do the students at these schools attend a bilingual education program at another location?										
			Yes		No						
	4.				uired to provide a bilingual education program but the school has ement under 19 TAC §89.1205(g)?						
			Yes		No						
	5.				<b>lestion 1, 2, 3, or 4</b> , public notices in an alternative language are is required by the bilingual program? Click to enter text.						
F.	Su	mmary	of Applie	cation in	Plain Language Template						
	Complete the F. Summary of Application in Plain Language Template (TCEQ Form 20972), also known as the plain language summary or PLS, and include as an attachment.										
	At	tachme	nt: <u>2</u>								
G.	Pu	blic Inv	olvemen	t Plan Fo	rm						
		-			ment Plan Form (TCEQ Form 20960) for each application for a <b>lment to a permit</b> and include as an attachment.						
	At	tachme	nt: Click t	to enter to	ext.						
Se	cti	on 9.	Regu Page		ntity and Permitted Site Information (Instructions						
Α.			is current N <u>11085</u> 9		ted by TCEQ, provide the Regulated Entity Number (RN) issued to						
					egistry at <a href="http://www15.tceq.texas.gov/crpub/">http://www15.tceq.texas.gov/crpub/</a> to determine if d by TCEQ.						
B.	Na	me of p	roject or	site (the	name known by the community where located):						
	Sta	llion Ru	<u>n</u>								
C.	Ov	vner of	treatment	facility:	Travis County Municipal Utility District 26						
	Ov	vnership	of Facili	ty: 🖂	Public □ Private □ Both □ Federal						
D.	Ov	vner of l	land wher	re treatm	ent facility is or will be:						
	Pre	efix: <u>Mr.</u>			Last Name, First Name: Rosenberg, Rick						
	Tit	le: <u>Boar</u>	d Presiden	<u>ıt</u>	Credential: Click to enter text.						
	Or	ganizati	ion Name	: <u>Travis Co</u>	ounty MUD No. 26						
		iling Ac 7 <u>31</u>	ldress: <u>C/</u>	<u>O 4301 Bı</u>	ull Creek Road, Suite 1500 City, State, Zip Code: Austin, TX						
	Ph	one No.	: 512-328-	2008	E-mail Address: <u>Tcorbett@mcleanhowardlaw.com</u>						
					ame person as the facility owner or co-applicant, attach a lease easement. See instructions.						
		Attach	ment: Cli	ck to ent	er text.						

F.

	Prefix: <u>Mr.</u>	Last Name, First Name: <u>Rosenberg, Rick</u>
	Title: <u>Board President</u>	Credential: Click to enter text.
	Organization Name: Travis Count	y MUD No. 26
	Mailing Address: <u>C/O 4301 Bull C</u>	reek Road City, State, Zip Code: <u>Austin, TX 78731</u>
	Phone No.: <u>512-328-2008</u>	E-mail Address: Click to enter text.
	If the landowner is not the same agreement or deed recorded ease	person as the facility owner or co-applicant, attach a lease ement. See instructions.
	Attachment: Click to enter te	ext.
F.	Owner sewage sludge disposal si property owned or controlled by	ite (if authorization is requested for sludge disposal on the applicant)::
	Prefix: Not Applicable	Last Name, First Name: Click to enter text.
	Title: Click to enter text.	Credential: Click to enter text.
	Organization Name: Click to ente	er text.
	Mailing Address: Click to enter t	ext. City, State, Zip Code: Click to enter text.
	Phone No.: Click to enter text.	E-mail Address: Click to enter text.
	If the landowner is not the same agreement or deed recorded ease	person as the facility owner or co-applicant, attach a lease
	Attachment: Click to enter te	
	Attachment energy contents	
Se	ection 10. TPDES Dischar	ge Information (Instructions Page 31)
Α.	Is the wastewater treatment facil	lity location in the existing permit accurate?
	⊠ Yes □ No	
	If no, or a new permit application	on, please give an accurate description:
	Click to enter text.	
В.	Are the point(s) of discharge and	the discharge route(s) in the existing permit correct?
	⊠ Yes □ No	
		<b>Dermit application</b> , provide an accurate description of the arge route to the nearest classified segment as defined in 30
	CHER to enter text.	
	City nearest the outfall(s): Click	to enter text.
	City nearest the outfall(s): Click County in which the outfalls(s) is	
C.	County in which the outfalls(s) is	s/are located: Click to enter text. discharge to a city, county, or state highway right-of-way, or
C.	County in which the outfalls(s) is Is or will the treated wastewater	s/are located: Click to enter text. discharge to a city, county, or state highway right-of-way, or

E. Owner of effluent disposal site:

If <b>yes</b> , indicate by a check mark if:							
$\square$ Authorization granted $\square$ Authorization pending							
For <b>new and amendment</b> applications, provide copies of letters that show proof of contact and the approval letter upon receipt.							
Attachment: Click to enter text.							
For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: Click to enter text.							
ction 11. TLAP Disposal Information (Instructions Page 32)							
For TLAPs, is the location of the effluent disposal site in the existing permit accurate?							
□ Yes □ No							
If <b>no, or a new or amendment permit application</b> , provide an accurate description of the disposal site location:							
N/A							
City nearest the disposal site: Click to enter text.							
County in which the disposal site is located: Click to enter text.							
For <b>TLAPs</b> , describe the routing of effluent from the treatment facility to the disposal site:							
Click to enter text.							
For <b>TLAPs</b> , please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: Click to enter text.							
ction 12. Miscellaneous Information (Instructions Page 32)							
Is the facility located on or does the treated effluent cross American Indian Land?							
□ Yes ⊠ No							
If the existing permit contains an onsite sludge disposal authorization, is the location of the sewage sludge disposal site in the existing permit accurate?							
□ Yes □ No ⊠ Not Applicable							
If No, or if a new onsite sludge disposal authorization is being requested in this permit application, provide an accurate location description of the sewage sludge disposal site.							
application, provide an accurate location description of the sewage studge disposal site.							

-	Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?											
	□ Yes ⊠ No											
	If yes, list each person formerly employed by the TCEQ who represented your comp was paid for service regarding the application: Click to enter text.	any and										
D.	Do you owe any fees to the TCEQ?											
	□ Yes ⊠ No											
	If <b>yes</b> , provide the following information:											
	Account number: Click to enter text.											
	Amount past due: Click to enter text.											
E.	Do you owe any penalties to the TCEQ?											
	□ Yes ⊠ No											
	If <b>yes</b> , please provide the following information:											
	Enforcement order number: Click to enter text.											
	Amount past due: Click to enter text.											
Co	ection 13. Attachments (Instructions Page 33)											
	ection 13. Attachments (instructions rage 33)											
T	dicate which attackments are included with the Administrative Deposit Cheek all the	t opply										
	dicate which attachments are included with the Administrative Report. Check all that											
Ind	dicate which attachments are included with the Administrative Report. Check all that Lease agreement or deed recorded easement, if the land where the treatment facili located or the effluent disposal site are not owned by the applicant or co-applican	ity is										
	Lease agreement or deed recorded easement, if the land where the treatment facili	ity is										
2376.0 2776.0 2960.04	Lease agreement or deed recorded easement, if the land where the treatment facili located or the effluent disposal site are not owned by the applicant or co-applicant Original full-size USGS Topographic Map with the following information:  • Applicant's property boundary  • Treatment facility boundary	ity is										
2376.0 2776.0 2960.04	Lease agreement or deed recorded easement, if the land where the treatment facili located or the effluent disposal site are not owned by the applicant or co-applicant Original full-size USGS Topographic Map with the following information:  • Applicant's property boundary  • Treatment facility boundary  • Labeled point of discharge for each discharge point (TPDES only)	ity is										
2376.0 2776.0 2960.04	Lease agreement or deed recorded easement, if the land where the treatment facili located or the effluent disposal site are not owned by the applicant or co-applicant Original full-size USGS Topographic Map with the following information:  • Applicant's property boundary  • Treatment facility boundary  • Labeled point of discharge for each discharge point (TPDES only)  • Highlighted discharge route for each discharge point (TPDES only)	ity is										
2376.0 2776.0 2960.04	Lease agreement or deed recorded easement, if the land where the treatment facili located or the effluent disposal site are not owned by the applicant or co-applicant Original full-size USGS Topographic Map with the following information:  • Applicant's property boundary  • Treatment facility boundary  • Labeled point of discharge for each discharge point (TPDES only)  • Highlighted discharge route for each discharge point (TPDES only)  • Onsite sewage sludge disposal site (if applicable)  • Effluent disposal site boundaries (TLAP only)	ity is										
2376.0 2776.0 2960.04	Lease agreement or deed recorded easement, if the land where the treatment facili located or the effluent disposal site are not owned by the applicant or co-applicant Original full-size USGS Topographic Map with the following information:  • Applicant's property boundary  • Treatment facility boundary  • Labeled point of discharge for each discharge point (TPDES only)  • Highlighted discharge route for each discharge point (TPDES only)  • Onsite sewage sludge disposal site (if applicable)  • Effluent disposal site boundaries (TLAP only)  • New and future construction (if applicable)	ity is										
2376.0 2776.0 2960.04	Lease agreement or deed recorded easement, if the land where the treatment facili located or the effluent disposal site are not owned by the applicant or co-applicant Original full-size USGS Topographic Map with the following information:  • Applicant's property boundary  • Treatment facility boundary  • Labeled point of discharge for each discharge point (TPDES only)  • Highlighted discharge route for each discharge point (TPDES only)  • Onsite sewage sludge disposal site (if applicable)  • Effluent disposal site boundaries (TLAP only)	ity is										
2376.0 2776.0 2960.04	Lease agreement or deed recorded easement, if the land where the treatment facili located or the effluent disposal site are not owned by the applicant or co-applicant Original full-size USGS Topographic Map with the following information:  • Applicant's property boundary  • Treatment facility boundary  • Labeled point of discharge for each discharge point (TPDES only)  • Highlighted discharge route for each discharge point (TPDES only)  • Onsite sewage sludge disposal site (if applicable)  • Effluent disposal site boundaries (TLAP only)  • New and future construction (if applicable)  • 1 mile radius information  • 3 miles downstream information (TPDES only)	ity is										
	Lease agreement or deed recorded easement, if the land where the treatment facili located or the effluent disposal site are not owned by the applicant or co-applicant.  Original full-size USGS Topographic Map with the following information:  Applicant's property boundary  Treatment facility boundary  Labeled point of discharge for each discharge point (TPDES only)  Highlighted discharge route for each discharge point (TPDES only)  Onsite sewage sludge disposal site (if applicable)  Effluent disposal site boundaries (TLAP only)  New and future construction (if applicable)  1 mile radius information  3 miles downstream information (TPDES only)  All ponds.	ity is										
	Lease agreement or deed recorded easement, if the land where the treatment facili located or the effluent disposal site are not owned by the applicant or co-applicant.  Original full-size USGS Topographic Map with the following information:  Applicant's property boundary  Treatment facility boundary  Labeled point of discharge for each discharge point (TPDES only)  Highlighted discharge route for each discharge point (TPDES only)  Onsite sewage sludge disposal site (if applicable)  Effluent disposal site boundaries (TLAP only)  New and future construction (if applicable)  1 mile radius information  3 miles downstream information (TPDES only)  All ponds.  Attachment 1 for Individuals as co-applicants	ity is										

# Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ000015822001

Applicant: Travis County Municipal Utility District No. 26

Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

Signatory name (typed or printed): Rick Rosenberg

Signatory title: Travis County MUD No. 26 Board President

Signature:	Meg	Date:	6/18/25	
	(Use blue ink)			

Subscribed and Sworn to before	me by the	said Rick	Rosenberg
on this		June	, 20 25.
My commission expires on the	16	day of Notice	ber , 2027.

Notary Public

County, Texas

# DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

A.

B.

C.

D.

E.

# Section 1. Affected Landowner Information (Instructions Page 36)

	cate by a check mark that the landowners map or drawing, with scale, includes the owing information, as applicable:						
$\boxtimes$	The applicant's property boundaries						
$\boxtimes$	The facility site boundaries within the applicant's property boundaries						
$\boxtimes$	The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone						
	The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)						
$\boxtimes$	The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream						
TOTAL STREET	The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge						
100 mg	The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides						
	The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property						
	The property boundaries of all landowners surrounding the effluent disposal site						
	The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located						
6.14 6.14 20.14	The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located						
□ add	Indicate by a check mark that a separate list with the landowners' names and mailing resses cross-referenced to the landowner's map has been provided.						
☐ Indicate by a check mark that the landowners list has also been provided as mailing labels in electronic format (Avery 5160).							
Prov	Provide the source of the landowners' names and mailing addresses: Click to enter text.						
	As required by $Texas\ Water\ Code\ \S\ 5.115$ , is any permanent school fund land affected by this application?						
	□ Yes ⊠ No						

	If <b>yes</b> , provide the location and foreseeable impacts and effects this application has on the land(s):
	Click to enter text.
Sa	ection 2. Original Photographs (Instructions Page 38)
	ovide original ground level photographs. Indicate with checkmarks that the following
	formation is provided.
	At least one original photograph of the new or expanded treatment unit location
	At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.
	☐ At least one photograph of the existing/proposed effluent disposal site
	☐ A plot plan or map showing the location and direction of each photograph
90	ection 3. Buffer Zone Map (Instructions Page 38)
a challenge de la	Buffer zone map. Provide a buffer zone map on 8.5 x 11-inch paper with all of the following information. The applicant's property line and the buffer zone line may be distinguished by using dashes or symbols and appropriate labels.
В.	<ul> <li>The applicant's property boundary;</li> <li>The required buffer zone; and</li> <li>Each treatment unit; and</li> <li>The distance from each treatment unit to the property boundaries.</li> </ul> Buffer zone compliance method. Indicate how the buffer zone requirements will be met.
	Check all that apply.
	○ Ownership     □ Description
	Restrictive easement
	□ Nuisance odor control
	□ Variance
C.	Unsuitable site characteristics. Does the facility comply with the requirements regarding unsuitable site characteristic found in 30 TAC § 309.13(a) through (d)?
	□ Yes □ No

# DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

application until the items below have been addressed.		
Core Data Form (TCEQ Form No. 10400) (Required for all application types. Must be completed in its entirety and signed. Note: Form may be signed by applicant representative.)		Yes
Correct and Current Industrial Wastewater Permit Application Forms (TCEQ Form Nos. 10053 and 10054. Version dated 6/25/2018 or later.)	$\boxtimes$	Yes
Water Quality Permit Payment Submittal Form (Page 19) (Original payment sent to TCEQ Revenue Section. See instructions for mailing ac	⊠ ldress	Yes
7.5 Minute USGS Quadrangle Topographic Map Attached (Full-size map if seeking "New" permit. 8 ½ x 11 acceptable for Renewals and Amendments)		Yes
Current/Non-Expired, Executed Lease Agreement or Easement 🖂 N/A		Yes
Landowners Map (See instructions for landowner requirements)	$\boxtimes$	Yes
<ul> <li>Things to Know:</li> <li>All the items shown on the map must be labeled.</li> <li>The applicant's complete property boundaries must be delineated whoundaries of contiguous property owned by the applicant.</li> <li>The applicant cannot be its own adjacent landowner. You must ident landowners immediately adjacent to their property, regardless of how from the actual facility.</li> <li>If the applicant's property is adjacent to a road, creek, or stream, the on the opposite side must be identified. Although the properties are applicant's property boundary, they are considered potentially affect If the adjacent road is a divided highway as identified on the USGS to map, the applicant does not have to identify the landowners on the other highway.</li> </ul>	ify the far landen and	e they are owners djacent to ndowners. aphic
Landowners Labels and Cross Reference List (See instructions for landowner requirements)		Yes
Electronic Application Submittal	$\boxtimes$	Yes

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

(See application submittal requirements on page 23 of the instructions.)

Original signature per 30 TAC § 305.44 - Blue Ink Preferred

Summary of Application (in Plain Language)

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

Yes

Yes

# Attachment 1 Of Administrative Report Section 3 Item: C

Core Data Form



Owner

15. Mailing

Address:

Occupational Licensee

City

Operator

901 South MoPac Expy., Suite 225

c/o McLean & Howard, LLP

Austin

16. Country Mailing Information (if outside USA)

Responsible Party

# **TCEQ Core Data Form**

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

SECTION 1: General In	<u>rormation</u>					
1. Reason for Submission (If other is checked	l please describe in space provided.)					
New Permit, Registration or Authorization	(Core Data Form should be submitted w	vith the progr	ram application.)			
Renewal (Core Data Form should be submi	tted with the renewal form)	□ o	ther			
2. Customer Reference Number (if issued)	Follow this link to searc		gulated Entity Ref	erence	Number (if issued)	
CN 605703602	for CN or RN numbers in  Central Registry**		10859113			
SECTION II: Customer	Information					
4. General Customer Information	5. Effective Date for Customer In	formation	Updates (mm/dd/	уууу)		
Change in Legal Name (Verifiable with the Te	New Customer Update to Customer Information Change in Regulated Entity Ownership Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)  The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).					
	nclust name just. eg. Doe, John)	= <sub>k</sub>	ij new customer,	enter pre	evious Customer below:	
Travis County Municipal Utility District No. 26						
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)		9. Federal Tax II (9 digits)	D	10. DUNS Number (if applicable)	
11. Type of Customer:	tion	☐ Individ	ual	Partne	rship:    General   Limited	
Government: City County Federal	Local State Other	Sole Pr	oprietorship	Otl	her:	
12. Number of Employees			13. Independer	tly Ow	ned and Operated?	
⋈ 0-20       101-250       251-100	500		⊠ Yes [	□ No		
14. Customer Role (Proposed or Actual) – as i	it relates to the Regulated Entity listed o	on this form.	Please check one of	the follo	owing	

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

ZIP

78746

17. E-Mail Address (if applicable)

TCorbett@mcleanhowardlaw.com

Other:

5776

**ZIP + 4** 

Owner & Operator

State

( ) -						( )	-		
SECTION III: I	Regula	ated Ent	ity Inforn	nation					
21. General Regulated En	tity Informa	tion (If 'New Reg	ulated Entity" is selec	ted, a new pe	ermit applica	ition is also	required.)		
☐ New Regulated Entity	☑ Update to	Regulated Entity	Name 🛮 Update t	o Regulated I	Entity Inform	ation			
The Regulated Entity Nan as Inc, LP, or LLC).	The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).								
22. Regulated Entity Nam	22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)								
Travis County Municipal Utilit	y District No.	26							
23. Street Address of	Same as 15								
the Regulated Entity:									
(No PO Boxes)	City		State		ZIP			ZIP + 4	
24. County		1			L			L	
		If no Stree	et Address is provid	led, fields 2	5-28 are re	quired.			
25. Description to	Located enti	irely within the co	rporate boundary of	the City of M	ustang Ridge	, south wes	t of intersect	tion of State	Highway 45 and 130
Physical Location:	and just wes	st Old Lockhart Ro	ad						
26. Nearest City						State		Nea	rest ZIP Code
City of Mustang Ridge TX 78610									
Latitude/Longitude are re used to supply coordinate	-	-	-		ata Stando	ards. (Geod	coding of th	he Physical	Address may be
27. Latitude (N) In Decima	al:	30.064676		28. Lo	ongitude (\	V) In Decir	mal:	-97.7241	78
Degrees	Minutes		Seconds	Degre	es	M	linutes		Seconds
29. Primary SIC Code	30.	Secondary SIC (	Code	31. Primar	-	ode	32. Seco	ondary NAIC	CS Code
(4 digits)	(4 d	igits)		(5 or 6 digit	S)		(5 or 6 di <sub>i</sub>	gits)	
33. What is the Primary B	usiness of t	his entity? (Do	not repeat the SIC o	r NAICS descr	iption.)				
TWC Ch. 54 Municipal Utility	Distric								
34. Mailing									
Address:									
	City		State		ZIP			ZIP + 4	
35. E-Mail Address:	TCo	rbett@Mcleanho	wardlaw.com						
36. Telephone Number			37. Extension or	Code	38. F	ax Numbe	er (if applical	ble)	
( 512 ) 328-2008					(	) -			

19. Extension or Code

20. Fax Number (if applicable)

18. Telephone Number

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

☐ Dam Safety	,	Districts	Edwards Aquifer		nventory Air	☐ Industrial Hazardous Waste		
☐ Municipal S	Solid Waste	☐ New Source Review Air	OSSF	☐ Petroleum Storag		Storage Tank	☐ PWS	
Sludge		Storm Water	☐ Title V Air		Tires		Used Oil	
☐ Voluntary (	Cleanup	<b>⊠</b> Wastewater	☐ Wastewater Agricu	lture	] Water Right	T.S	Other:	
SECTIO	V IV: Pr	eparer In	<u>formation</u>					
40. Name:	James Raveney	1		41. Title:	Engineer			
42. Telephone	Number	43. Ext./Code	44. Fax Number	45. E-Mail	Address			
(512)989-2200	<u> </u>		(512)547-9213	JamesR@jo	nes-heroy.co	m		
SECTIO	V V: Au	thorized S	<u>Signature</u>	-				
			owledge, that the information of the contraction II, Field 6 and/or as re				e, and that I have signature authorit entified in field 39.	
Company:	Jones - H	eroy & Asc, Inc		Job Title:	Project E	ngineer		
Name (In Print)	: James Ra	veney	and the second s			Phone:	( 512 ) 547- <b>9213</b>	
Signature:	<i>G</i> n					Date:	6/23/25	

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this

Attachment 2 Of Administrative Report
Supplemental Permit Information Form

# 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 AmendmentMinor AmendmentNew
County: Segment Number:
Admin Complete Date:
Agency Receiving SPIF:
Texas Historical Commission U.S. Fish and Wildlife
Texas Parks and Wildlife Department U.S. Army Corps of Engineers
This form applies to TPDES permit applications only. (Instructions, Page 53)
Complete this form as a separate document. TCEQ will mail a copy to each agency as required by our agreement with EPA. If any of the items are not completely addressed or further information is needed, we will contact you to provide the information before issuing the permit. Address each item completely.
Do not refer to your response to any item in the permit application form. Provide each attachment for this form separately from the Administrative Report of the application. The application will not be declared administratively complete without this SPIF form being completed in its entirety including all attachments. Questions or comments concerning this form may be directed to the Water Quality Division's Application Review and Processing Team by email at

	rovide the name, address, phone and fax number of an individual that can be contacted to nswer specific questions about the property.				
	Prefix (Mr., Ms., Miss): Mr.				
	irst and Last Name: <u>Tony Corbett</u>				
	redential (P.E, P.G., Ph.D., etc.):				
	itle: <u>Attorney</u>				
	failing Address: <u>4301 Bull Creek Road, suite 150</u>				
	ity, State, Zip Code: <u>Austin, Tx 78731</u>				
	hone No.: <u>512-538-2505</u> Ext.: Fax No.:				
	-mail Address: <u>TCorbett@mcleanhowardlaw.com</u>				
2.	ist the county in which the facility is located: <u>Travis</u>				
3.	the property is publicly owned and the owner is different than the permittee/applicant, lease list the owner of the property.				
4.	Provide a description of the effluent discharge route. The discharge route must follow the flow of effluent from the point of discharge to the nearest major watercourse (from the point of discharge to a classified segment as defined in 30 TAC Chapter 307). If known, please identify the classified segment number.				
	Effluent discharge pipe discharges into perennial stream.				
5.	lease provide a separate 7.5-minute USGS quadrangle map with the project boundaries lotted and a general location map showing the project area. Please highlight the discharge oute from the point of discharge for a distance of one mile downstream. (This map is equired in addition to the map in the administrative report).				
	rovide original photographs of any structures 50 years or older on the property.				
	oes your project involve any of the following? Check all that apply.				
	☐ Proposed access roads, utility lines, construction easements				
	☐ Visual effects that could damage or detract from a historic property's integrity				
	☐ Vibration effects during construction or as a result of project design				
	☐ Additional phases of development that are planned for the future				
	☐ Sealing caves, fractures, sinkholes, other karst features				

	☐ Disturbance of vegetation or wetlands
1.	List proposed construction impact (surface acres to be impacted, depth of excavation, sealing of caves, or other karst features):
	Existing
2.	Describe existing disturbances, vegetation, and land use:
۷.	Existing disturbances were for construction of the existing WWTP and discharge line.
	IE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR MENDMENTS TO TPDES PERMITS
3.	List construction dates of all buildings and structures on the property:
4.	Provide a brief history of the property, and name of the architect/builder, if known.

# Attachment 3 Of Administrative Report Section 8 Item F Plain Language Summary



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

# ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS DOMESTIC WASTEWATER/STORMWATER

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

Travis County MUD No.26 (CN605703602) operates Stallion Run WWTP (RN110859113), a Wastewater Treatment Plant. The facility is located at Old Lockhart Road, in Mustang Ridge, Travis County, Texas 78610. Wastewater Treatment Renewal .

Discharges from the facility are expected to contain Carbonaceous Biochemical oxygen demand (5-day), Total suspended solids, ammonia nitrogen, E.Coli. Domestic Wastwater is treated by Raw water into the WWTP enters at the splitter and into 2 fine screens (2mm openings), debris dewatered and removed. Screened water is gravity fed to the anoxic/EQ basin. Mixed Liquor is recycled from the MBR to the Anoxic/EQ basin (removes nitrogen, with PH adjustment and Lime addition). Mixed Liquor is pumped from the EQ basin to the Aeration Basin where air is introduced with 3 blowers to maintain aeration. The mixed liquor then gravity flows by preset weirs to the Membrane Bioreactor. Which provides a physical solids-liquid separation barrier to any solids larger than the pore size. Telescoping valves recycle Mixed liquor to the EQ/Anoxic basin while clear permeate is drawn through the membranes, disinfected and sent to the chlorine contact channel. Disinfection is provided by liquid sodium hypochlorite. Effluent from the Chlorine Contact Channel will overflow at the end and be discharged into the to the effluent disposal system. Two Waste Activated Sludge pumps will be used to waste sludge from the MBR to the Sludge digestor tank. Solid waste will be removed and hauled off by the contracted waste hauling service on a regular basis.

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



# DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

## A. Existing/Interim I Phase

Design Flow (MGD): o.6

2-Hr Peak Flow (MGD): .149

Estimated construction start date: August, 2022

Estimated waste disposal start date: September, 2024

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

Design Flow (MGD): 0.12

2-Hr Peak Flow (MGD): .299

Estimated construction start date: August, 2022

Estimated waste disposal start date: September, 2024

#### C. Final Phase

Design Flow (MGD): 0.18

2-Hr Peak Flow (MGD): .449

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

## D. Current Operating Phase

Provide the startup date of the facility: 9/24

# Section 2. Treatment Process (Instructions Page 42)

#### A. Current Operating Phase

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

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

Raw water into the WWTP enters at the splitter and into 2 fine screens (2mm openings), debris dewatered and removed. Screened water is gravity fed to the anoxic/EQ basin. Mixed Liquor is recycled from the MBR to the Anoxic/EQ basin (removes nitrogen, with PH adjustment and Lime addition). Mixed Liquor is pumped from the EQ basin to the Aeration Basin where air is introduced with 3 blowers to maintain aeration. The mixed liquor then gravity flows by preset weirs to the Membrane Bioreactor. Which provides a physical solids-liquid separation barrier to any solids larger than the pore size. Telescoping valves recycle Mixed liquor to the EQ/Anoxic basin while clear permeate is drawn through the membranes, disinfected and sent to the chlorine contact channel. Disinfection is provided by liquid sodium hypochlorite. Effluent from the Chlorine Contact Channel will overflow at the end and be discharged into the to the effluent disposal system. Two Waste Activated Sludge pumps will be used to waste sludge from the MBR to the Sludge digestor tank. Solid waste will be removed and hauled off by the contracted waste hauling service on a regular basis.

#### **B.** Treatment Units

In Table 1.0(1), provide the treatment unit type, the number of units, and dimensions (length, width, depth) of each treatment unit, accounting for *all* phases of operation.

Table 1.0(1) - Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Bar Screen	2	Fine screen with manual bypass
Equalization Basin	1	14'x35'2"x12'
Aeration Basin	2	16'x17'x12'
Membrane Bioreactor Basin	2	8'x17'x12'
Chlorine Contact Channel	1	3'x50'7-1/4"x9'
Aerated Sludge Holding Basin	1	9'x32'2"x12'

## C. Process Flow Diagram

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

Attachment: Click to enter text.

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

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

• Latitude: <u>30.0780</u>

• Longitude: <u>97.7091</u>

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

Latitude: <u>Click to enter text.</u>

• Longitude: Click to enter text.

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

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

#### Attachment: Click to enter text.

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

Travis County Municipal Utility District No. 26	

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

#### **Collection System Information**

Collection System Name	Owner Name	Owner Type	Population Served
Stallion Run WWTP	Travis County MUD No. 26	Publicly Owned	700
		Choose an item.	
		Choose an item.	
		Choose an item.	

# Section 4. Unbuilt Phases (Instructions Page 44)

Is the	applic	ation	for	a renewal	of a	permit	that	contains	an i	unbuilt	phase or	phases?
	Yes	$\boxtimes$	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		NT-
1550	YAC	1857.2	No
\$4000	1 (.)	25.00	110

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

Click to enter text.
Section 5. Closure Plans (Instructions Page 44)
Have any treatment units been taken out of service permanently, or will any units be taken out of service in the next five years?
□ Yes ⊠ No
If yes, was a closure plan submitted to the TCEQ?
□ Yes □ No
If yes, provide a brief description of the closure and the date of plan approval.
Section 6. Permit Specific Requirements (Instructions Page 44)
For applicants with an existing permit, check the Other Requirements or Special Provisions of the permit.
A. Summary transmittal
Have plans and specifications been approved for the existing facilities and each proposed phase?
⊠ Yes □ No
If yes, provide the date(s) of approval for each phase: 4/19/2022
Provide information, including dates, on any actions taken to meet a <i>requirement or provision</i> pertaining to the submission of a summary transmittal letter. <b>Provide a copy of</b> an approval letter from the TCEQ, if applicable.

	С	lick to enter text.
В.	Bu	ffer zones
	На	ve the buffer zone requirements been met?
		⊠ Yes □ No
	the	ovide information below, including dates, on any actions taken to meet the conditions of buffer zone. If available, provide any new documentation relevant to maintaining the ffer zones.
	С	lick to enter text.
C.	Ot	her actions required by the current permit
	su	bes the Other Requirements or Special Provisions section in the existing permit require bmission of any other information or other required actions? Examples include tification of Completion, progress reports, soil monitoring data, etc.
		□ Yes ⊠ No
		y <b>es</b> , provide information below on the status of any actions taken to meet the nditions of an <i>Other Requirement</i> or <i>Special Provision</i> .
	C	lick to enter text.
D.	Gr	it and grease treatment
	1.	Acceptance of grit and grease waste
		Does the facility have a grit and/or grease processing facility onsite that treats and decants or accepts transported loads of grit and grease waste that are discharged directly to the wastewater treatment plant prior to any treatment?
		□ Yes ⊠ No
		If No, stop here and continue with Subsection E. Stormwater Management.
	2.	Grit and grease processing
		Describe below how the grit and grease waste is treated at the facility. In your description, include how and where the grit and grease is introduced to the treatment

Page **5** of **19** 

		works and how it is separated or processed. Provide a flow diagram showing how grit and grease is processed at the facility.
		Click to enter text.
	3.	Grit disposal
		Does the facility have a Municipal Solid Waste (MSW) registration or permit for grit disposal?
		□ Yes □ No
		<b>If No</b> , contact the TCEQ Municipal Solid Waste team at 512-239-2335. Note: A registration or permit is required for grit disposal. Grit shall not be combined with treatment plant sludge. See the instruction booklet for additional information on grit disposal requirements and restrictions.
		Describe the method of grit disposal.
	4.	Grease and decanted liquid disposal
		Note: A registration or permit is required for grease disposal. Grease shall not be combined with treatment plant sludge. For more information, contact the TCEQ Municipal Solid Waste team at 512-239-2335.
		Describe how the decant and grease are treated and disposed of after grit separation.
		Click to enter text.
E.	Sto	ormwater management
		Applicability
		Does the facility have a design flow of 1.0 MGD or greater in any phase?
		□ Yes ⊠ No
		Does the facility have an approved pretreatment program, under 40 CFR Part 403?

	□ Yes ⊠ No
	If no to both of the above, then skip to Subsection F, Other Wastes Received.
2.	MSGP coverage
	Is the stormwater runoff from the WWTP and dedicated lands for sewage disposal currently permitted under the TPDES Multi-Sector General Permit (MSGP), TXR050000?
	□ Yes □ No
	<b>If yes</b> , please provide MSGP Authorization Number and skip to Subsection F, Other Wastes Received:
	TXR05 Click to enter text. or TXRNE Click to enter text.
	If no, do you intend to seek coverage under TXR050000?
	□ Yes □ No
3.	Conditional exclusion
	Alternatively, do you intend to apply for a conditional exclusion from permitting based TXR050000 (Multi Sector General Permit) Part II B.2 or TXR050000 (Multi Sector General Permit) Part V, Sector T 3(b)?
	□ Yes □ No
	If yes, please explain below then proceed to Subsection F, Other Wastes Received:
4.	Click to enter text.  Existing coverage in individual permit
	Is your stormwater discharge currently permitted through this individual TPDES or TLAP permit?
	□ Yes □ No
	<b>If yes</b> , provide a description of stormwater runoff management practices at the site that are authorized in the wastewater permit then skip to Subsection F, Other Wastes Received.
	Click to enter text.
5 <b>.</b>	Zero stormwater discharge
	Do you intend to have no discharge of stormwater via use of evaporation or other means?
	□ Yes □ No
	If ves. explain below then skip to Subsection F. Other Wastes Received.

		Click to enter text.
		Note: If there is a potential to discharge any stormwater to surface water in the state as the result of any storm event, then permit coverage is required under the MSGP or an individual discharge permit. This requirement applies to all areas of facilities with treatment plants or systems that treat, store, recycle, or reclaim domestic sewage, wastewater or sewage sludge (including dedicated lands for sewage sludge disposal located within the onsite property boundaries) that meet the applicability criteria of above. You have the option of obtaining coverage under the MSGP for direct discharges, (recommended), or obtaining coverage under this individual permit.
	<i>6.</i>	Request for coverage in individual permit
		Are you requesting coverage of stormwater discharges associated with your treatment plant under this individual permit?
		□ Yes □ No
		If yes, provide a description of stormwater runoff management practices at the site for which you are requesting authorization in this individual wastewater permit and describe whether you intend to comingle this discharge with your treated effluent or discharge it via a separate dedicated stormwater outfall. Please also indicate if you intend to divert stormwater to the treatment plant headworks and indirectly discharge it to water in the state.
		Click to enter text.
		Note: Direct stormwater discharges to waters in the state authorized through this individual permit will require the development and implementation of a stormwater pollution prevention plan (SWPPP) and will be subject to additional monitoring and reporting requirements. Indirect discharges of stormwater via headworks recycling will require compliance with all individual permit requirements including 2-hour peak flow limitations. All stormwater discharge authorization requests will require additional information during the technical review of your application.
F.	Di	charges to the Lake Houston Watershed
	Do	es the facility discharge in the Lake Houston watershed?
		□ Yes ⊠ No
	11/5003220004	es, attach a Sewage Sludge Solids Management Plan. See Example 5 in the instructions. ek to enter text.
G.	Ot	ner wastes received including sludge from other WWTPs and septic waste
	7	Accordance of chidge from other WWTDs

#### G. Ot

#### 1. Acceptance of sludge from other WWTPs

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

	If yes, attach sewage sludge solids management plan. See Example 5 of instructions.
	In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an
	estimate of the $BOD_5$ concentration of the sludge, and the design $BOD_5$ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.
	Click to enter text.
	Note: Permits that accept sludge from other wastewater treatment plants may be required to have influent flow and organic loading monitoring.
2.	Acceptance of septic waste
	Is the facility accepting or will it accept septic waste?
	□ Yes ⊠ No
	If yes, does the facility have a Type V processing unit?
	□ Yes □ No
	If yes, does the unit have a Municipal Solid Waste permit?
	□ Yes □ No
	If yes to any of the above, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD <sub>5</sub> concentration of the septic waste, and the
	design $BOD_5$ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.
	Click to enter text.
	Note: Permits that accept sludge from other wastewater treatment plants may be required to have influent flow and organic loading monitoring.
<i>3.</i>	Acceptance of other wastes (not including septic, grease, grit, or RCRA, CERCLA or as discharged by IUs listed in Worksheet 6)
	Is or will the facility accept wastes that are not domestic in nature excluding the categories listed above?
	□ Yes □ No
	<b>If yes</b> , provide the date that the plant started accepting the waste, an estimate how much waste is accepted on a monthly basis (gallons or millions of gallons), a description of the entities generating the waste, and any distinguishing chemical or

□ Yes ⊠ No

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

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

Is the facility in operation?

⊠ Yes □ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l	<1	<1	1	Grab	6/10/25
Total Suspended Solids, mg/l	<1	<1	1	Grab	5/29/25
Ammonia Nitrogen, mg/l	<0.05	<0.05	1	Grab	6/2/25
Nitrate Nitrogen, mg/l	<.07	< 0.07	1	Grab	5/26/25
Total Kjeldahl Nitrogen, mg/l	N/A				
Sulfate, mg/l	N/A				
Chloride, mg/l	N/A				
Total Phosphorus, mg/l	.066	.066	1	Grab	6/2/25
pH, standard units	7.5	8	2	Grab	5/21/25
Dissolved Oxygen*, mg/l	6.6	6.9	5	Grab	5/21/25
Chlorine Residual, mg/l	2.3	2.3	5	Grab	5/28/25
E.coli (CFU/100ml) freshwater	.1	.1	1	Grab	5/28/25
Entercocci (CFU/100ml) saltwater	N/A				
Total Dissolved Solids, mg/l	N/A				
Electrical Conductivity, µmohs/cm, †	N/A				

Oil & Grease, mg/l	N/A		
Alkalinity (CaCO <sub>3</sub> )*, mg/l	N/A		

<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					
Total Dissolved Solids, mg/l					
pH, standard units					
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity (CaCO <sub>3</sub> ), mg/l					

#### Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: William Abshire

Facility Operator's License Classification and Level: Wastewater, Grade A

Facility Operator's License Number: WW0014404

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

A.	WW	TP's Sewage Sludge or Biosolids Management Facility Type					
	Che	ck all that apply. See instructions for guidance					
		Design flow>= 1 MGD					
	□ Serves >= 10,000 people						
	☐ Class I Sludge Management Facility (per 40 CFR § 503.9)						
	□ Biosolids generator						
	☐ Biosolids end user – land application (onsite)						
☐ Biosolids end user – surface disposal (onsite)							
		Biosolids end user – incinerator (onsite)					
B.	ww	TP's Sewage Sludge or Biosolids Treatment Process					
	Che	ck all that apply. See instructions for guidance.					
	$\boxtimes$	Aerobic Digestion					
☐ Air Drying (or sludge drying beds)							
	25574 250 2504	Lower Temperature Composting					
		Lime Stabilization					
		Higher Temperature Composting					

3000	Heat Drying
	Thermophilic Aerobic Digestion
3005 - 100 -	Beta Ray Irradiation
	Gamma Ray Irradiation
(2000) (100)	Pasteurization
	Preliminary Operation (e.g. grinding, de-gritting, blending)
	Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)
101-129 100-1	Sludge Lagoon
	Temporary Storage (< 2 years)
2000 (000)	Long Term Storage (>= 2 years)
NATURA NATURA NATURA	Methane or Biogas Recovery
ODA	Other Treatment Process: Click to enter text.

#### C. Sewage Sludge or Biosolids Management

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

#### **Biosolids Management**

II - - + D -----

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

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

#### D. Disposal site

Disposal site name: Wilbarger WWTP

TCEQ permit or registration number: <u>0012900001</u>

County where disposal site is located: <u>Travis</u>

#### E. Transportation method

Method of transportation (truck, train, pipe, other): <u>Truck</u>

	Name of the hauler: <u>Wastewater Transport Service</u>								
	Hauler re	gistrati	on number: <u>24343</u>						
	Sludge is	transp	orted as a:						
	Liquid	$\mathbb{Z}$	semi-liquid 🗆	semi-solid I		sol	id □		
		(In	rmit Authoriza structions Pag uthorization		wag	ge Slu	dge I	Disposa	
A.			g permit include at	ithorization fo	ır lər	nd annli	cation	of biosol	ide for
	beneficia		g periint include at		n iai	iu appii	cation	OI DIOSOI	105 101
	$\Box$ Y	es 🗵	No						
	<b>If yes</b> , are beneficial		equesting to contin	ue this author	izati	on to la	ınd ap	ply bioso	lids for
	□ Y	es 🗆	No						
			npleted <b>Applicatio</b> . <b>10451)</b> attached t						
	$\square$ Y	es 🗆	No						
В.	Sludge p	rocessi	ng authorization						
			g permit include au sal options?	ıthorization fo	or an	y of the	follow	ving sludį	ge processing,
	Sludge	e Comp	osting			Yes	251005 234 151404	No	
	Marke	ting an	d Distribution of B	iosolids	9656	Yes	TEVER	No	
	Sludge	e Surfac	ce Disposal or Slud	ge Monofill		Yes	III de la companya de	No	
	Temp	orary st	torage in sludge lag	goons	2275	Yes	221	No	
	authoriza <b>Technica</b>	ation, is	the above sludge of the completed <b>Do</b> r <b>t (TCEQ Form No.</b> No	mestic Waster	wate	r Permi	t App	lication: S	Sewage Sludge
Se	ction 1	1. Sev	wage S <mark>lud</mark> ge La	igoons (Ins	tru	ctions	Page	e 53)	
Do	es this fac	cility in	clude sewage sludg	e lagoons?					
	□ Yes	⊠ N	O						
If y	es, compl	lete the	remainder of this	section. If no,	proc	eed to S	Section	12.	
A.	Location	inform	ation						
	The follo	wing m	aps are required to	be submitted	as p	art of t	he app	lication.	For each map,

#### A.

If

provide the Attachment Number.

• Original General Highway (County) Map:

Attachment: Click to enter text.

USDA Natural Resources Conservation Service Soil Map:

Attachment: Click to enter text.

• Federal Emergency Management Map:

Attachment: Click to enter text.

• Site map:

Attachment: Click to enter text.

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

200	Overlan	a designated	100-year	frequency	v flood	plain
	Overrap	a acoiginatea	100 fcui	ricqueric	, IIOOa	PIGIL

- ☐ Soils with flooding classification
- □ Overlap an unstable area
- □ Wetlands
- □ Located less than 60 meters from a fault
- $\square$  None of the above

Attachment: Click to enter text.

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

Click to enter text.			

#### B. Temporary storage information

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

Nitrate Nitrogen, mg/kg: Click to enter text.

Total Kjeldahl Nitrogen, mg/kg: Click to enter text.

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

Phosphorus, mg/kg: Click to enter text.

Potassium, mg/kg: Click to enter text.

pH, standard units: Click to enter text.

Ammonia Nitrogen mg/kg: Click to enter text.

Arsenic: <u>Click to enter text.</u>

Cadmium: Click to enter text.

Chromium: Click to enter text.

Copper: Click to enter text.

Mercury: Click to enter text.
Molybdenum: Click to enter text.
Nickel: Click to enter text.
Selenium: Click to enter text.
Zinc: Click to enter text.
Total PCBs: Click to enter text.
Provide the following information:
Volume and frequency of sludge to the lagoon(s): Click to enter text.
Total dry tons stored in the lagoons(s) per 365-day period: Click to enter text.
Total dry tons stored in the lagoons(s) over the life of the unit: Click to enter text.
C. Liner information
Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity of $1x10^{-7}$ cm/sec?
□ Yes □ No
If yes, describe the liner below. Please note that a liner is required.
Click to enter text.
D. Site development plan
D. Site development plan  Provide a detailed description of the methods used to deposit sludge in the lagoon(s):
Provide a detailed description of the methods used to deposit sludge in the lagoon(s):
Provide a detailed description of the methods used to deposit sludge in the lagoon(s):
Provide a detailed description of the methods used to deposit sludge in the lagoon(s):
Provide a detailed description of the methods used to deposit sludge in the lagoon(s):
Provide a detailed description of the methods used to deposit sludge in the lagoon(s):
Provide a detailed description of the methods used to deposit sludge in the lagoon(s):  Click to enter text.

• Copy of the closure plan

Attachment: Click to enter text.

• Copy of deed recordation for the site

Attachment: Click to enter text.

• Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons

**Attachment**: Click to enter text. Description of the method of controlling infiltration of groundwater and surface water from entering the site Attachment: Click to enter text.

Procedures to prevent the occurrence of nuisance conditions

Attachment: Click to enter text.

#### E. Groundwater monitoring

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

□ Yes □ No

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

Attachment: Click to enter text.

## Section 12. Authorizations/Compliance/Enforcement (Instructions

A A	dditions	lauthorizations	

. Additional authorizations
Does the permittee have additional authorizations for this facility, such as reuse authorization, sludge permit, etc?
□ Yes ⊠ No
If yes, provide the TCEQ authorization number and description of the authorization:
Click to enter text.

#### **B.** Permittee enforcement status

lS	the	permittee	currently	under	enforcement	for	this	facility	?

Yes □ No

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

No Yes □

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

Click to enter text.	
Section 13. RCRA/CERCLA Wastes (Instructions Page 55)	
A. RCRA hazardous wastes	
Has the facility received in the past three years, does it currently receive, RCRA hazardous waste?	or will it receive
□ Yes ⊠ No	
B. Remediation activity wastewater	
TT .1 0 11: . 1 1 .1 .1 .1 .1 .1 .1 .1 .1	.11

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

□ Yes □ No

#### C. Details about wastes received

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

Attachment: Click to enter text.

#### Section 14. Laboratory Accreditation (Instructions Page 55)

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

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

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

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

#### **CERTIFICATION:**

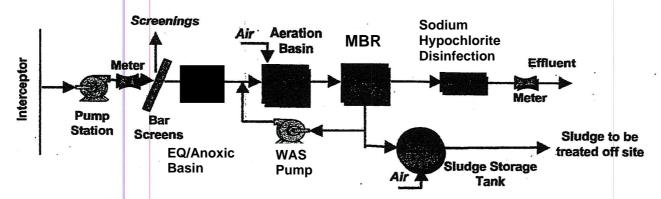
I certify that all laboratory tests submitted with this application meet the requirements of 30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification.

Printed Name: <u>William Abshire</u>
Title: <u>Vice President, SI Enviro</u>

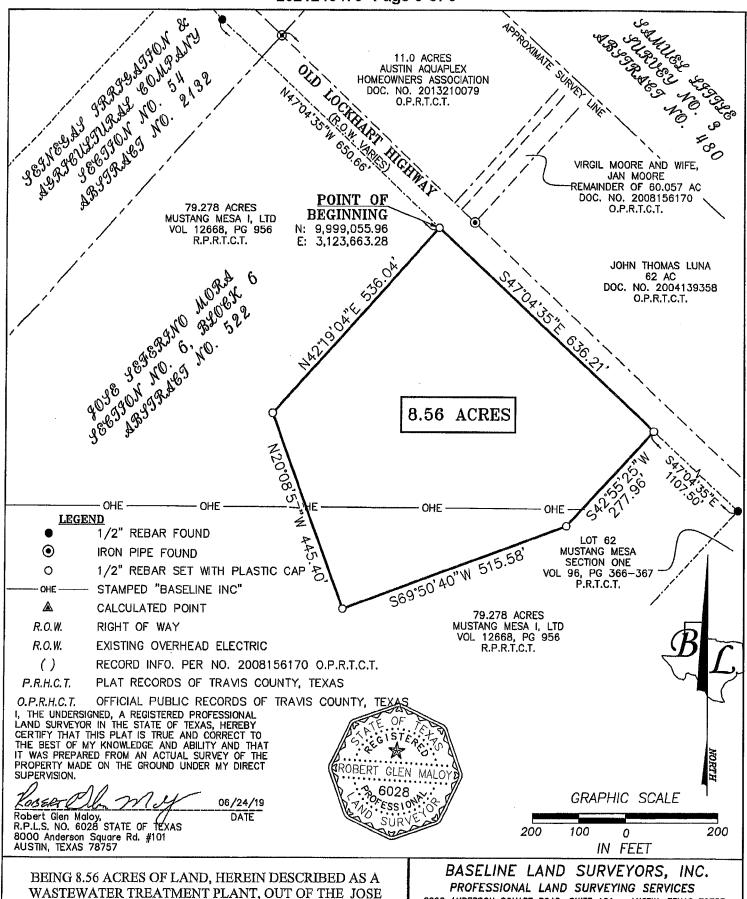
Signat	ure:	William Abshire
Date:	6/18/25	

# Attachment 1 Of Technical Report 1.0 Section 2 Flow Diagram

#### **Interim Phase II MBR Flow Chart**



# Attachment 2 Of Technical Report 1.0 Section 3 Site Drawing



WASTEWATER TREATMENT PLANT, OUT OF THE JOSE SEFERINO MORA SURVEY, SECTION NO. 6, BLOCK 6, ABSTRACT 522, AND BEING A PORTION OF A 79.279 ACRE TRACT OF LAND CONVEYED TO MUSTANG MESA 1, LTD BY INSTRUMENT OF RECORD IN VOLUME 12668, PAGE 956 OF THE REAL PROPERTY RECORDS OF TRAVIS COUNTY, TEXAS 8000 ANDERSON SQUARE ROAD, SUITE 101 AUSTIN, TEXAS 78757 OFFICE: (512) 374-9722 REGISTERED FIRM #10015100

roberi@baselinelandsurveyors.net

File: S:\Projects\Stallon Run\C	WG\Stallion	Run WWTP Esmt	C		
Job No.		Snapshot:		S	HEET
Scale (Hor.): 1"= 200"		Scale (Vert.):		2	of 2
Date: 06/24/19	Checked	By: RGM	Drawn By: RGM	_	UI Z

# Attachment 3 of Technical Report 1.0 TCEQ Approval Letter

Jon Niermann, *Chairman*Emily Lindley, *Commissioner*Bobby Janecka, *Commissioner*Toby Baker, *Executive Director* 



#### TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

April 19, 2022

Lauren Crone, P.E. LJA Engineering, Inc. 7500 Rialto Boulevard Building Ii, Suite 100 Austin, Tx 78735

Re:

Travis County Municipal Utility District 26

Stallion Run WWTP

Permit No. WQ0015822-001 WWPR Log No. 0122/075 CN605797398, RN110859113

**Travis County** 

Dear Ms. Crone:

We have received the project summary transmittal letter and plans dated January 19, 2022, for the above reference-project. The rules which regulate the design, installation and testing of domestic wastewater projects are found in 30 TAC, Chapter 217, of the Texas Commission on Environmental Quality (TCEQ) rules titled, <u>Design Criteria for Wastewater Systems</u>.

The proposed project consists of 120,000 gallons per day membrane bioreactor system (MBR) with flow equalization and chlorine contact basin. The plant is design to treat to the following parameters: 5 mg/l for both CBOD5 and TSS, 2 mg/l NH3-N and 1 mg/l of TP, and 126 cfu/100ml of *E. Coli*. The plant consists of the following units: screening, anoxic/EQ basin, preaeration basin, two membrane trains, chlorine contact basin, and a sludge digester tank. The project also consists of approximately 4,000 lf of effluent discharge line. Based on our review the project is approved for construction.

You must keep certain materials on file for the life of the project and provide them to TCEQ upon request. These materials include an engineering report, test results, a summary transmittal letter, and the final version of the project plans and specifications. These materials shall be prepared and sealed by a Professional Engineer licensed in the State of Texas and must show substantial compliance with Chapter 217. All plans and specifications must conform to any waste discharge requirements authorized in a permit by the TCEQ. Certain specific items which shall be addressed in the engineering report are discussed in §217.6(d). Additionally, the engineering report must include all constants, graphs, equations, and calculations needed to show substantial compliance with Chapter 217. The items which shall be included in the summary transmittal letter are addressed in §217.6(d)(1)-(9).

Lauren Crone, P.E. Page 2 April 19, 2022

Within 60 days of the completion of construction, an appointed engineer shall notify both the Wastewater Permits Section of the TCEQ and the appropriate Region Office of the date of completion. The engineer shall also provide written certification that all construction, materials, and equipment were substantially in accordance with the approved project, the rules of the TCEQ, and any change orders filed with the TCEQ. All notifications, certifications, and change orders must include the signed and dated seal of a Professional Engineer licensed in the State of Texas.

Please be reminded of 30 TAC §217.7(a) of the rules which states, "Approval given by the executive director or other authorized review authority does not relieve an owner of any liability or responsibility with respect to designing, constructing, or operating a collection system or treatment facility in accordance with applicable commission rules and the associated wastewater permit".

If you have any questions or if we can be of any further assistance, please call me at (512) 239-4552.

Sincer

Louis C. Herrin, III, P.E.

Wastewater Permits Section (MC 148)

Water Quality Division

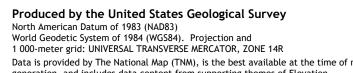
Texas Commission on Environmental Quality

LCHIII/tc

cc: TCEQ, Region 11 Office





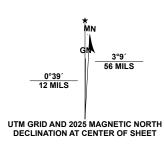


1 000-meter grid: UNIVERSAL TRANSVERSE MERCATOR, ZONE 14R

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

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

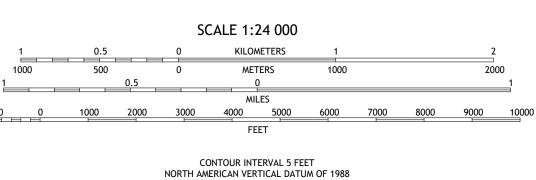
Learn About The National Map: https://nationalmap.gov



U.S. National Grid

PU

14R



CONTOUR SMOOTHNESS = Medium



ADJOINING QUADRANGLES



7.5-MINUTE TOPO, TX 2025

	3.	Do the locatio		these	e schools attend a bilingual education program at another
			Yes		No
	4.				quired to provide a bilingual education program but the school has rement under 19 TAC §89.1205(g)?
			Yes		No
	5.				<b>question 1, 2, 3, or 4</b> , public notices in an alternative language are ge is required by the bilingual program? Click to enter text.
F.	Su	mmary	of Applicat	tion i	n Plain Language Template
					of Application in Plain Language Template (TCEQ Form 20972), aguage summary or PLS, and include as an attachment.
	At	tachme	<b>nt:</b> <u>2</u>		
G.	Pu	blic Inv	olvement F	lan F	orm
					ement Plan Form (TCEQ Form 20960) for each application for a <b>ndment to a permit</b> and include as an attachment.
	At	tachme	nt: Click to	enter	text.
Se	cti	on 9.	Regula Page 29		Entity and Permitted Site Information (Instructions
Α.			is currently N <u>110859113</u>		lated by TCEQ, provide the Regulated Entity Number (RN) issued to
					Registry at <a href="http://www15.tceq.texas.gov/crpub/">http://www15.tceq.texas.gov/crpub/</a> to determine if ed by TCEQ.
B.	Na	me of p	roject or sit	te (the	e name known by the community where located):
	Sta	ıllion Ru	n Wastewate	r Trea	tment plant
C.	Ov	vner of	treatment fa	acility	: <u>Travis County Municipal Utility District 26</u>
	Ov	vnership	of Facility:		Public □ Private □ Both □ Federal
D.	Ov	vner of l	land where	treatr	nent facility is or will be:
	Pre	efix: <u>Mr.</u>			Last Name, First Name: Rosenberg, Rick
	Tit	le: <u>Boar</u>	<u>d President</u>		Credential: Click to enter text.
	Or	ganizat	ion Name: <u>T</u>	<u>'ravis (</u>	County MUD No. 26
	_	iling Ac 7 <u>31</u>	ldress: <u>C/O</u>	4301 l	Bull Creek Road, Suite 1500 City, State, Zip Code: Austin, TX
	Ph	one No.	: 512-328-20	<u>08</u>	E-mail Address: <u>Tcorbett@mcleanhowardlaw.com</u>
					same person as the facility owner or co-applicant, attach a lease d easement. See instructions.
		Attach	ment: Click	to en	iter text.

F.

E.	Owner of effluent disposal site:	
	Prefix: Mr.	Last Name, First Name: <u>Rosenberg, Rick</u>
	Title: <u>Board President</u>	Credential: Click to enter text.
	Organization Name: Travis Count	y MUD No. 26
	Mailing Address: <u>C/O 4301 Bull C1</u>	reek Road City, State, Zip Code: <u>Austin, TX 78731</u>
	Phone No.: <u>512-328-2008</u>	E-mail Address: <u>TCorbett@mcleanhowardlaw.com</u>
	If the landowner is not the same agreement or deed recorded ease	person as the facility owner or co-applicant, attach a lease ement. See instructions.
	Attachment: Click to enter te	xt.
F.	Owner sewage sludge disposal si property owned or controlled by	te (if authorization is requested for sludge disposal on the applicant)::
	Prefix: Not Applicable	Last Name, First Name: Click to enter text.
	Title: Click to enter text.	Credential: Click to enter text.
	Organization Name: Click to ente	er text.
	Mailing Address: Click to enter to	ext. City, State, Zip Code: Click to enter text.
	Phone No.: Click to enter text.	E-mail Address: Click to enter text.
	If the landowner is not the same agreement or deed recorded ease	person as the facility owner or co-applicant, attach a lease ement. See instructions.
	Attachment: Click to enter te	xt.
Se	ction 10. TPDES Dischar	ge Information (Instructions Page 31)
A.	Is the wastewater treatment facil	ity location in the existing permit accurate?
	⊠ Yes □ No	
	If no, or a new permit application	on, please give an accurate description:
	12012 Unbridled Ave, Buda, Tx 786 1500 feet southeast of the intersect	ion of Aquaplex Dr and Old Lockhart Road
B.	Are the point(s) of discharge and	the discharge route(s) in the existing permit correct?
	⊠ Yes □ No	
	point of discharge and the discharge TAC Chapter 307:	<b>ermit application</b> , provide an accurate description of the arge route to the nearest classified segment as defined in 30
	Click to enter text.	
	City nearest the outfall(s): Musta	ng Ridge
	County in which the outfalls(s) is	s/are located: <u>Travis</u>
C.	Is or will the treated wastewater a flood control district drainage	discharge to a city, county, or state highway right-of-way, or ditch?
	□ Yes 🖾 No	



### **TCEQ Core Data Form**

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

#### **SECTION I: General Information**

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

_												
☐ New Perr	nit, Registra	ation or Authoria	zation ( <i>Co</i>	re Data Form	should be s	submitte	ed with	the prog	ram application.)			
	(Core Data	Form should be	submitted	with the ren	ewal form)			C	ther			
2. Customer	Reference	Number (if iss	sued)		ollow this li	l numbe	ers in	3. Re	gulated Entity R	eference	Number (if	issued)
CN 6057973	98				Central R	egistry*	**	RN 110859113				
SECTIO	N II:	Custom	<u>ier I</u>	nform	<u>ation</u>	<u>l</u>						
4. General Cւ	ıstomer Ir	formation	5	. Effective D	ate for Cu	ıstome	r Info	rmation	Updates (mm/d	d/yyyy)		
New Custon	mer		Upda	ate to Custom	er Informa	tion		Char	nge in Regulated E	ntity Own	ership	
☐Change in L	egal Name	(Verifiable with	the Texas	Secretary of S	State or Tex	as Com	ptrolle	of Public	: Accounts)			
The Custome	r Name su	ıbmitted here	may be	updated aut	tomatical	ly base	d on v	vhat is c	urrent and activ	e with th	ne Texas Sec	retary of State
(SOS) or Texa	s Comptro	oller of Public	Accounts	s (CPA).								
6. Customer	Legal Nam	ne (If an individu	ual, print l	ast name first	: eg: Doe, J	ohn)			<u>If new Custome</u>	r, enter pro	evious Custon	ner below:
Travis County N	Municipal U	tility District No	. 26									
7. TX SOS/CP	A Filing N	umber	8	. TX State Ta	te Tax ID (11 digits)				9. Federal Tax ID  (9 digits)		10. DUNS Number (if applicable)	
11. Type of C	ustomer:	□ co	orporation	1				☐ Individual Partnership: ☐ Ge			neral 🗌 Limited	
Government: [	City 🔲 (	County 🔲 Fede	ral 🔲 Loc	al 🔲 State [	Other			Sole P	roprietorship	Other:		
12. Number	of Employ	ees							13. Independ	ently Ow	ned and Op	erated?
□ 0-20    □ 2	21-100 [	] 101-250	251-500	)	nd higher				⊠ Yes	☐ No		
14. Customer	<b>r Role</b> (Pro	posed or Actual	) – as it re	lates to the R	egulated Er	ntity list	ed on t	his form.	Please check one	of the follo	owing	
⊠Owner ☐Occupation	al Licensee	☐ Operator ☐ Responsi	ble Party		er & Opera CP/BSA App				☐ Othe	r:		
	c/o McLe	an & Howard, L	LP									
15. Mailing	901 Sout	h MoPac Expy.,	Suite 225									
Address:	City	Austin			State	TX		ZIP	78746		ZIP + 4	5776
16. Country I	Mailing Int	formation (if $o$	utside US	4)			17.	-Mail A	ddress (if applica	ble)		
				7								
							TCor	bett@mc	leanhowardlaw.co	m		

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

18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)
( 512 ) 328-2008		( ) -

#### **SECTION III: Regulated Entity Information**

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

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

The Regulated Entity Nat as Inc, LP, or LLC).	me submit	ted may be upda	ted, in order to m	eet TCEC	Core I	Data Stan	dards (i	removal of o	rganizatio	nal endings such	
22. Regulated Entity Nan	<b>ne</b> (Enter no	ame of the site wher	re the regulated acti	on is takin	g place.	.)					
Stallion Run Wastewater Tre	atment Plar	nt									
23. Street Address of the Regulated Entity:	12012 Ur	bridled Ave									
(No PO Boxes)	City	Buda	State	ТХ		ZIP	78610		ZIP + 4		
24. County	Travis	I									
		If no Stre	et Address is prov	ided, fie	lds 25-	28 are red	quired.				
25. Description to Physical Location:	1500 feet southeast of the intersection of Aquaplex Dr and Old Lockhart Road										
26. Nearest City		State					Nearest ZIP Code				
City of Mustang Ridge				TX			TX	78610		510	
Latitude/Longitude are r used to supply coordinat	-	-	-			a Standa	rds. (Ge	ocoding of t	he Physica	l Address may be	
27. Latitude (N) In Decimal:		30.064676	30.064676			gitude (W	W) In Decimal:		-97.724178		
Degrees	Minutes		Seconds	[	Degrees			Minutes		Seconds	
29. Primary SIC Code 30. Secondary SIC			51. Primary NAICS Code					32. Seco	32. Secondary NAICS Code		
(4 digits) (4 digits)		digits)		(5 or 6	digits)		(5 or 6 digits		gits)	s)	
33. What is the Primary	Business o	f this entity? (D	o not reneat the SIC	or NAICS	descrint	ion )					
TWC Ch. 54 Municipal Utility											
34. Mailing											
Address:	City		State			ZIP			ZIP + 4		
35. E-Mail Address: TCorbett@Mcleanhowardlaw.com											
36. Telephone Number			37. Extension o	38. Fa	38. Fax Number (if applicable)						
( 512 ) 328-2008				( )	) -						
CEO-10400 (11/22)			ļ							Page 2 of 3	

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#### TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

### ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS DOMESTIC WASTEWATER/STORMWATER

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

Travis County MUD No.26 (CN605703602) operates Stallion Run WWTP (RN110859113), a Wastewater Treatment Plant. The facility is located at 12012 Unbridled Ave, in Buda, Travis County, Texas 78610. Wastewater Treatment Renewal.

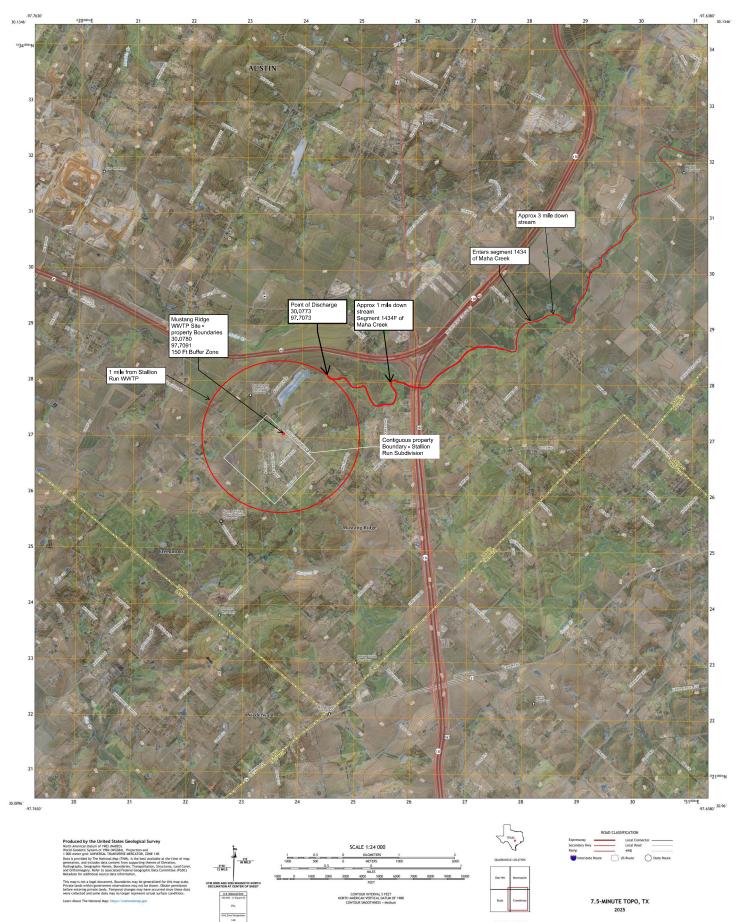
Discharges from the facility are expected to contain Carbonaceous Biochemical oxygen demand (5-day), Total suspended solids, ammonia nitrogen, E.Coli. Domestic Wastwater is treated by Raw water into the WWTP enters at the splitter and into 2 fine screens (2mm openings), debris dewatered and removed. Screened water is gravity fed to the anoxic/EQ basin. Mixed Liquor is recycled from the MBR to the Anoxic/EQ basin (removes nitrogen, with PH adjustment and Lime addition). Mixed Liquor is pumped from the EQ basin to the Aeration Basin where air is introduced with 3 blowers to maintain aeration. The mixed liquor then gravity flows by preset weirs to the Membrane Bioreactor. Which provides a physical solids-liquid separation barrier to any solids larger than the pore size. Telescoping valves recycle Mixed liquor to the EQ/Anoxic basin while clear permeate is drawn through the membranes, disinfected and sent to the chlorine contact channel. Disinfection is provided by liquid sodium hypochlorite. Effluent from the Chlorine Contact Channel will overflow at the end and be discharged into the to the effluent disposal system. Two Waste Activated Sludge pumps will be used to waste sludge from the MBR to the Sludge digestor tank. Solid waste will be removed and hauled off by the contracted waste hauling service on a regular basis.

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

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

T	CEQ USE ONLY:						
A	Application type:RenewalMajor AmendmentMinor AmendmentNew						
C	County: Segment Number:						
A	Admin Complete Date:						
A	agency Receiving SPIF:						
_	Texas Historical Commission U.S. Fish and Wildlife						
Texas Parks and Wildlife Department U.S. Army Corps of Engineers							
Th	is form applies to TPDES permit applications only. (Instructions, Page 53)						
ou is 1	implete this form as a separate document. TCEQ will mail a copy to each agency as required by r agreement with EPA. If any of the items are not completely addressed or further information needed, we will contact you to provide the information before issuing the permit. Address ch item completely.						
att ap co ma	not refer to your response to any item in the permit application form. Provide each cachment for this form separately from the Administrative Report of the application. The plication will not be declared administratively complete without this SPIF form being impleted in its entirety including all attachments. Questions or comments concerning this form by be directed to the Water Quality Division's Application Review and Processing Team by hail at <a href="mailto:WQ-ARPTeam@tceq.texas.gov">WQ-ARPTeam@tceq.texas.gov</a> or by phone at (512) 239-4671.						
Th	e following applies to all applications:						
1.	Permittee: <u>Travis County MUD No. 26</u>						
	Permit No. WQ00 <u>0015822001</u> EPA ID No. TX <u>0139564</u>						
	Address of the project (or a location description that includes street/highway, city/vicinity, and county):						
	12012 Unbridled Ave, Buda, TX 78610						





You entered:

901 SOUTH MOPAC EXPRESSWAY SUITE 225 AUSTIN TX 78746

If more than one address matches the information provided, try narrowing your search by entering a street address and, if applicable, a ur number. **Edit and search again.** 

Results per page:

10 🗸

Showing Results 1- 10 of 129

901 S MOPAC EXPY STE 225 AUSTIN TX **78746-5776** 

