

This file contains the following documents:

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



Este archivo contiene los siguientes documentos:

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

TCEQ

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

Plain Language Summary Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

Applicants should use this template to develop a plain language summary as required by Title 30, Texas Administrative Code (30 TAC), Chapter 39, Subchapter H. Applicants may modify the template as necessary to accurately describe their facility as long as the summary includes the following information: (1) the function of the proposed plant or facility; (2) the expected output of the proposed plant or facility; (3) the expected pollutants that may be emitted or discharged by the proposed plant or facility; and (4) how the applicant will control those pollutants, so that the proposed plant will not have an adverse impact on human health or the environment.

Fill in the highlighted areas below to describe your facility and application in plain language. Instructions and examples are provided below. Make any other edits necessary to improve readability or grammar and to comply with the rule requirements.

If you are subject to the alternative language notice requirements in 30 TAC Section 39.426, you must provide a translated copy of the completed plain language summary in the appropriate alternative language as part of your application package. For your convenience, a Spanish template has been provided below.

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS Enter 'INDUSTRIAL' or 'DOMESTIC' here WASTEWATER/STORMWATER

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

Wellville, LLC Company (CN605733161) proposes to operate the Wellville Wastewater Treatment Plant (RN110916962), a domestic wastewater treatment plant. The facility will be located at 26855 Westheimer Parkway, in Katy, Fort Bend County, Texas 77494. Request for renewal of permit authorizing the discharge of 100,000 GPD of treated domestic wastewater..

Discharges from the facility are expected to contain CBOD(5), Total Suspended Solids, Ammonia Nitrogen and E. coli.. Domestic wastewater will be treated by activated sludge operated in the nitrification mode.

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

AGUAS RESIDUALES Introduzca 'INDUSTRIALES' o 'DOMÉSTICAS' aquí /AGUAS PLUVIALES

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

Wellville, LLC Compania (CN605733161) propone operar la Planta de Tratamiento de Aguas Residuales de Wellville (RN110916962), una planta de tratamiento de aguas residuales domésticas. La instalación estará ubicada en 26855 Westheimer Parkway, en Katy, Condado de Fort Bend, Texas 77494. Solicitud de renovación de permiso que autoriza la descarga de 100,000 GPD de aguas residuales domésticas tratadas.

Se espera que las descargas de la instalación contengan CBOD(5), Sólidos Suspendidos Totales, Nitrógeno Amoniacal y E. coli. Las aguas residuales domésticas se tratarán con lodos activados operados en modo de nitrificación.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0015846001

APPLICATION. Wellville, LLC. Company, 25600 Westheimer Parkway, Suite 110, Katy, Texas 77494, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WO0015846001 (EPA I.D. No. TX0139807) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 100,000 gallons per day. The domestic wastewater treatment facility will be located at 26855 Westheimer Parkway, in the city of Katy, in Fort Bend County, Texas 77494. The discharge route will be from the plant site to Buffalo Bayou Above Tidal (unclassified); thence to Buffalo Bayou Above Tidal. TCEQ received this application on October 8, 2025. The permit application will be available for viewing and copying at Fort Bend Libraries-Cinco Ranch Branch Library, 2620 Commercial Center Boulevard, Katy, in Fort Bend County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdesapplications. 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=-95.816803,29.759197&level=18

ALTERNATIVE LANGUAGE NOTICE. Alternative language notice in Spanish is available at: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications. El aviso de idioma alternativo en español está disponible en https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications.

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

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

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

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

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

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

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

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

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

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

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

Further information may also be obtained from Wellville, LLC. Company at the address stated above or by calling Mr. Yunus Dogan, President, at 713-532-6000.

Issuance Date: October 23, 2025

Comisión de Calidad Ambiental del Estado de Texas



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

PERMISO NO. WQ0015846001

SOLICITUD. Wellville, LLC. Company, 25600 Westheimer Parkway, Suite 110, Katy, Texas 77494, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0015846001 (EPA I.D. No. TX0139807) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 100,000 galones por día. La instalación de tratamiento de aguas residuales domésticas estará ubicada en 26855 Westheimer Parkway, en la ciudad de Katy, en el condado de Fort Bend, Texas 77494. La ruta de descarga es del sitio de la planta a Buffalo Bayou Arriba de Marea (no clasificada); después a Buffalo Bayou Arriba de Marea. La TCEQ recibió esta solicitud el 8 de octubre de 2025. La solicitud para el permiso está disponible para leerla y copiarla en la Biblioteca Sucursal del Condado de Fort Bend-Cinco Ranch, 2620 Commercial Center Boulevard, Katy, en el condado de Fort Bend, Texas antes de la fecha de publicación de este aviso en el periódico. La solicitud, incluidas las actualizaciones y los avisos asociados, están disponibles electrónicamente en la siguiente página web: https://www.tceq.texas.gov/permitting/wastewater/pendingpermits/tpdes-applications. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.

https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.816803,29.759197&level=18

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

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

OPORTUNIDAD DE UNA AUDIENCIA ADMINISTRATIVA DE LO CONTENCIOSO.

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

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

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

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

designe cual lista(s) y envia por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

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

También se puede obtener información adicional del Wellville, LLC. Company a la dirección indicada arriba o llamando al Sr. Yunus Dogan, President, Company al 713-532-6000.

Fecha de emisión: 23 de octubre de 2025

DE THOMMENTAL OUNE

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT	NAME:	Wellville,	LLC

PERMIT NUMBER (If new, leave blank): WQ00<u>15846001</u>

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

Y	N		Y	N	
\boxtimes		Original USGS Map			
	\boxtimes	Affected Landowners Map		\boxtimes	
\boxtimes		Landowner Disk or Labels		\boxtimes	
\boxtimes		Buffer Zone Map		\boxtimes	
\boxtimes		Flow Diagram			
	\boxtimes	Site Drawing	\boxtimes		
\boxtimes		Original Photographs		\boxtimes	
П	\boxtimes	Design Calculations		\boxtimes	
\boxtimes		Solids Management Plan		\boxtimes	
	\boxtimes	Water Balance		\boxtimes	
	\boxtimes				
	\boxtimes			ï	
				2	
		County Region			
			□ □ Original USGS Map □ □ Affected Landowners Map □ □ Landowner Disk or Labels □ □ Buffer Zone Map □ □ Flow Diagram □ □ Original Photographs □ □ Design Calculations □ □ Solids Management Plan □ □ Water Balance □ □ □ <	□ Original USGS Map □ Affected Landowners Map □ Landowner Disk or Labels □ Buffer Zone Map □ Flow Diagram □ Site Drawing □ □ □ Original Photographs □ □ □ Design Calculations □ □ □ Solids Management Plan □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ County Region	Original USGS Map Affected Landowners Map Landowner Disk or Labels Buffer Zone Map Flow Diagram Site Drawing Design Calculations Design Calculations Solids Management Plan Water Balance

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

Section 1. Application Fees (Instructions Page 26)

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

Flow	New/Major Amendment	Renewal
<0.05 MGD	\$350.00 □	\$315.00
≥0.05 but <0.10 MGD	\$550.00 □	\$515.00
≥0.10 but <0.25 MGD	\$850.00 □	\$815.00 ⊠
≥0.25 but <0.50 MGD	\$1,250.00 □	\$1,215.00
≥0.50 but <1.0 MGD	\$1,650.00 □	\$1,615.00
≥1.0 MGD	\$2,050.00 □	\$2,015.00

Minor Amendment (for any flow) \$150.00 □

Payment Information:

Mailed Check/Money Order Number: Click to enter text.

Check/Money Order Amount: Click to enter text.

Name Printed on Check: Click to enter text.

EPAY Voucher Number: <u>786569/786570</u>

Copy of Payment Voucher enclosed? Yes ⋈

Section 2. Type of Application (Instructions Page 26)

Che	Check the box next to the appropriate authorization type.							
	Publicly Owned Domestic Wastewater							
\boxtimes	Privately-Ov	Privately-Owned Domestic Wastewater						
	Conventional Water Treatment							
Che □	ck the box no	ext t ⊠	o the appropriate facility status. Inactive					
		□ Publicly Ow☑ Privately-Ov□ ConventionCheck the box no	□ Publicly Owned☑ Privately-Owned□ Conventional WCheck the box next to the convention of the conventio					

TCEQ ePay

Questions or Comments >>

Shopping Cart

Select Fee

Search Transactions

Sign Out

Print this voucher for your records. If you are sending the TCEQ hardcopy documents related to this payment, include a copy of this voucher.

Transaction Information-

Voucher Number: 786569

Trace Number: 582EA000687961

Date: 10/07/2025 07:22 AM

Payment Method: CC - Authorization 0000536272

Voucher Amount: \$800.00

Fee Type: WW PERMIT - FACILITY WITH FLOW >= .10 & < .25 MGD - RENEWAL

ePay Actor: STEPHANIE LANDSMAN

Actor Email: stephanie@landsmanenviro.com

IP: 50.148.36.93

-Payment Contact Information -

Name: STEPHANIE LANDSMAN

Company: LANDSMAN ENVIRONMENTAL LLC

Address: 9597 JONES ROAD 962, JERSEY VILLAGE, TX 77065

Phone: 281-658-5899

-Site Information -

RN: RN110916962

Site Name: WELLVILLE WASTEWATER TREATMENT FACILITY
Site Address: 26855 WESTHEIMER PARKWAY, KATY, TX 77494
Site Location: 26855 WESTHEIMER PARKWAY KATY TX 77494

Customer Information -

CN: CN605733161

Customer Name: WELLVILLE LLC

Customer Address: 25600 WESTHEIMER PARKWAY, KATY, TX 77494

Questions or Comments >>

Shopping Cart

Select Fee

Search Transactions

Sign Out

Print this voucher for your records. If you are sending the TCEQ hardcopy documents related to this payment, include a copy of this voucher.

Transaction Information-

Voucher Number: 786570

Trace Number: 582EA000687961

Date: 10/07/2025 07:22 AM

Payment Method: CC - Authorization 0000536272

Voucher Amount: \$15.00

Fee Type: 30 TAC 305.53B WQ RENEWAL NOTIFICATION FEE

ePay Actor: STEPHANIE LANDSMAN

Actor Email: stephanie@landsmanenviro.com

IP: 50.148.36.93

Payment Contact Information-

Name: STEPHANIE LANDSMAN

Company: LANDSMAN ENVIRONMENTAL LLC

Address: 9597 JONES ROAD 962, JERSEY VILLAGE, TX 77065

Phone: 281-658-5899

Close

Site Help | Disclaimer | Web Policies | Accessibility | Our Compact with Texans | TCEQ Homeland Security | Contact Us Statewide Links: Texas.gov | Texas Homeland Security | TRAIL Statewide Archive | Texas Veterans Portal

© 2002-2025 Texas Commission on Environmental Quality

C.		eck the box next to the appropria TPDES Permit TLAP		2.	
		TPDES Permit with TLAP compo		20)	
d		Subsurface Area Drip Dispersal			
u.		ck the box next to the appropria New	te application	typ	e e
			1		W
		Major Amendment with Renewa			Minor Amendment <u>with</u> Renewal
		Major Amendment <u>without</u> Rene Renewal without changes			Minor Amendment <u>without</u> Renewal
_					Minor Modification of permit
e.	FOr	amendments or modifications, d	escribe the pr	opo	osed changes: Click to enter text.
f.		existing permits:			
		nit Number: WQ00 <u>15846001</u>			
		I.D. (TPDES only): TX <u>0139807</u>			
	Expi	iration Date: <u>5/17/2026</u>			
Se	ctio	on 3. Facility Owner (Ap (Instructions Page	oplicant) ar 26)	ıd	Co-Applicant Information
A.	The	owner of the facility must appl	y for the pern	nit.	
		t is the Legal Name of the entity ville, LLC	(applicant) ap	plyi	ing for this permit?
	(The	e legal name must be spelled exac legal documents forming the enti	tly as filed with	h th	ne Texas Secretary of State, County, or in
	If th You	e applicant is currently a custom may search for your CN on the T	er with the TC CEQ website a	CEQ at	, what is the Customer Number (CN)?
	C	CN: <u>605733161</u>			
	Wha exec	t is the name and title of the per utive official meeting signatory r	son signing th equirements i	e aj n <i>3</i>	pplication? The person must be an 0 TAC § 305.44.
	P	refix: <u>Mr.</u>	Last Name, Fii	st l	Name: <u>Dogan, Yunus</u>
	T	Title: <u>President</u>	Credential: Cl	ick	to enter text.
B.	Co-a	pplicant information. Complete oply as a co-permittee.	this section o	nly	if another person or entity is required
	to ar	opi, as a co perimetee.			

N/A

(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:

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{D}

Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: Ms.

Last Name, First Name: Landsman, Stephanie

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Landsman Environmental LLC

X

Mailing Address: 9597 Jones Road #962

City, State, Zip Code: Jersey Village, TX 77065

Phone No.: <u>281-658-5899</u>

E-mail Address: stephanie@landsmanenviro.com

Check one or both:

Administrative Contact

□ Technical Contact

B. Prefix: Mr.

Last Name, First Name: Orgun, Bilgin

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Broadway Construction

Mailing Address: <u>25600 Westheimer Parkway</u>, <u>Suite 100</u>

City, State, Zip Code: Katy, TX 77494

Phone No.: <u>713-532-6000</u>

Check one or both:

E-mail Address: <u>bill@broadwaycontructiontx.com</u>

□ 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.

Administrative Contact

A. Prefix: Mr.

Last Name, First Name: Dogan, Yunus

Title: President

Credential: Click to enter text.

Organization Name: Wellville, LLC

Mailing Address: 25600 Westheimer Parkway, Suite 110

City, State, Zip Code: Katy, TX 77494

Phone No.: <u>713-532-6000</u>

E-mail Address: yunus.dogan@gmail.com

TCEQ-10053 (10/17/2024) Domestic Wastewater Permit Application Administrative Report

Page 5 of 18

B. Prefix: Ms.

Last Name, First Name: Akpinar, Inci

Title: Vice President

Credential: Click to enter text.

Organization Name: Broadway Construction

Mailing Address: <u>25600 Westheimer Parkway</u>, Suite <u>110</u>

City, State, Zip Code: Katy, TX 77494

Phone No.: <u>713-532-6000</u>

E-mail Address: inci@atlas-texas.com

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mr.

Last Name, First Name: Dogan, Yunus

Title: President

Credential: Click to enter text.

Organization Name: Wellville, LLC

Mailing Address: 25600 Westheimer Parkway, Suite 110

City, State, Zip Code: Katy TX 77494

Phone No.: <u>713-532-6000</u>

E-mail Address: yunus.dogan@gmail.com

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

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

Prefix: Mr.

Last Name, First Name: Orgun, Bilgin

Title: Director

Credential: Click to enter text.

Organization Name: <u>Broadway Construction</u>

Mailing Address: 25600 Westheimer Parkway, Suite 110

City, State, Zip Code: Katy, TX 77494

Phone No.: <u>713-532-6000</u>

E-mail Address: bill@broadwayconstructiontx.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Ms.

Last Name, First Name: Landsman, Stephanie

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Landsman Environmental LLC

Mailing Address: 9597 Jones Road #962

City, State, Zip Code: Jersey Village, TX 77065

Phone No.: 281-658-5899

E-mail Address: stephanie@landsmanenviro.com

A.Pg	Pa	ckage
	In	dicate by a check mark the preferred method for receiving the first notice and instructions:
	\boxtimes	E-mail Address
		Fax
		Regular Mail
C.	Co	ontact permit to be listed in the Notices
		efix: Mr. Last Name, First Name: Dogan, Yunus
	Tit	le: <u>President</u> Credential: Click to enter text.
	Or	ganization Name: Wellville, LLC
		uling Address: 25600 Westheimer Parkway, Suite 110 City, State, Zip Code: Katy, TX 77494
		one No.: <u>713-532-6000</u> E-mail Address: <u>yunus.dogan@gmail.com</u>
D.	Pul	blic Viewing Information
	If t coi	he facility or outfall is located in more than one county, a public viewing place for each unty must be provided.
	Pul	olic building name: Fort Bend County-Cinco Ranch Branch Library
	Loc	cation within the building: Click to enter text.
	Phy	ysical Address of Building: <u>2620 Commercial Center Blvd.</u>
	Cit	y: <u>Katy</u> County: <u>Fort Bend</u>
	Coı	ntact (Last Name, First Name): Click to enter text.
	Pho	one No.: <u>281-395-1311</u> Ext.: Click to enter text.
E.		ingual Notice Requirements
	Thi mo	s information is required for new, major amendment, minor amendment or minor dification, and renewal applications.
	pe i	s section of the application is only used to determine if alternative language notices will needed. Complete instructions on publishing the alternative language notices will be in public notice package.
	opt	ase call the bilingual/ESL coordinator at the nearest elementary and middle schools and ain the following information to determine whether an alternative language notices are uired.
	1.	Is a bilingual education program required by the Texas Education Code at the elementary or middle school nearest to the facility or proposed facility?
		⊠ Yes □ No
		If no , publication of an alternative language notice is not required; skip to Section 9 below.
	2.	Are the students who attend either the elementary school or the middle school enrolled in a bilingual education program at that school?
		⊠ Yes □ No

	3.	loca	the itio	students at a	these	e schools attend a bilingual education program at another
		I	3	Yes	\boxtimes	No
	4.	Wou	ıld ved	the school b out of this r	e req equi	uired to provide a bilingual education program but the school has rement under 19 TAC §89.1205(g)?
		Ţ		Yes	\boxtimes	No
	5.	If th	ie a iire	nswer is yes d. Which lan	to q guag	uestion 1, 2, 3, or 4, public notices in an alternative language are ge is required by the bilingual program? <u>Spanish</u>
F.	Su	mma	ry	of Application	on ir	n Plain Language Template
	Co als	mple o kn	ete i	the F. Summ n as the plair	ary o	of Application in Plain Language Template (TCEQ Form 20972), guage summary or PLS, and include as an attachment.
	At	tachi	nei	nt: <u>E</u>		
G.	Pu	blic 1	[nv	olvement Pla	an Fo	orm
	Co	mple w pe	te t	the Public Inv it or major a	volve men	ement Plan Form (TCEQ Form 20960) for each application for a dement to a permit and include as an attachment.
	At	tachr	ner	nt: <u>N/A</u>		
6						
Se	cti	on 9	J.	Regulate Page 29)		Entity and Permitted Site Information (Instructions
A.	If t	he si s site	te i	s currently r N <u>110916962</u>	egula	ated by TCEQ, provide the Regulated Entity Number (RN) issued to
	Sea the	arch t e site	the is o	TCEQ's Cent currently reg	ral R ulate	registry at http://www15.tceq.texas.gov/crpub/ to determine if ed by TCEQ.
B.	Na	me o	f pı	roject or site	(the	name known by the community where located):
				astewater Trea		
C.	Ow	ner o	of t	reatment fac	ility:	Wellville, LLC
	Ow	ners	hip	of Facility:		Public ⊠ Private □ Both □ Federal
D.	Ow	ner (of la	and where tr	eatm	ent facility is or will be:
	Pre	fix: (Clic	k to enter te	xt.	Last Name, First Name: Click to enter text.
	Tit	le: Cl	ick	to enter text		Credential: Click to enter text.
	Org	ganiz	atio	on Name: <u>We</u>	llville	e, LLC
	Ma	iling	Ad	dress: <u>25600</u>	Wes	theimer Parkway, Suite 110 City, State, Zip Code: <u>Katy, TX 77494</u>
	Pho	one N	o.:	713-532-6000	<u>)</u>	E-mail Address: yunus.dogan@gmail.com
	If t	he la eeme	ndo ent	owner is not or deed reco	the s rded	same person as the facility owner or co-applicant, attach a lease leasement. See instructions.
		Atta	chr	nent: Click to	o ent	er text.

	Prefix: <u>N/A</u>	Last Name, First Name: Click to enter text.	
	Title: Click to enter text.	Credential: Click to enter text.	
	Organization Name: Click to ent	er text.	
	Mailing Address: Click to enter t	ext. City, State, Zip Code: Click to enter tex	t.
	Phone No.: Click to enter text.		
	If the landowner is not the same agreement or deed recorded ease	person as the facility owner or co-applicant, attacement. See instructions.	h a lease
	Attachment: Click to enter te	xt.	
F.	Owner sewage sludge disposal si property owned or controlled by	ite (if authorization is requested for sludge dispos the applicant)::	al on
	Prefix: Click to enter text.	Last Name, First Name: Click to enter text.	
	Title: Click to enter text.	Credential: Click to enter text.	
	Organization Name: Click to 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	person as the facility owner or co-applicant, attac	h a lease
	agreement or deed recorded ease	ement. See instructions.	
	Attachment: Click to enter te	xt.	
Sa	ction 10 TDDFS Dischard	To Information (Instruction - Dec. 21)	
		ge Information (Instructions Page 31)	
	Is the wastewater treatment facil	ge Information (Instructions Page 31) ity location in the existing permit accurate?	
	Is the wastewater treatment facil: ☑ Yes □ No	ity location in the existing permit accurate?	
	Is the wastewater treatment facil:		
	Is the wastewater treatment facil: ☑ Yes □ No	ity location in the existing permit accurate?	
A.	Is the wastewater treatment facilion ✓ Yes ✓ No If no, or a new permit application Click to enter text.	ity location in the existing permit accurate? on, please give an accurate description:	
A.	Is the wastewater treatment facilities Yes No If no, or a new permit application Click to enter text. Are the point(s) of discharge and	ity location in the existing permit accurate?	ct?
A.	Is the wastewater treatment facilion ✓ Yes ✓ No If no, or a new permit application Click to enter text. Are the point(s) of discharge and ✓ Yes ✓ No	ity location in the existing permit accurate? on, please give an accurate description: the discharge route(s) in the existing permit corre	
A.	Is the wastewater treatment facilion ✓ Yes	ity location in the existing permit accurate? on, please give an accurate description:	of the
A.	Is the wastewater treatment facil	ity location in the existing permit accurate? on, please give an accurate description: the discharge route(s) in the existing permit corre	of the
A.	Is the wastewater treatment facilion ✓ Yes	ity location in the existing permit accurate? on, please give an accurate description: the discharge route(s) in the existing permit corre	of the
A.	Is the wastewater treatment facilion ✓ Yes	ity location in the existing permit accurate? on, please give an accurate description: the discharge route(s) in the existing permit correction ermit application, provide an accurate description arge route to the nearest classified segment as defi	of the
A.	Is the wastewater treatment facilia ✓ Yes	ity location in the existing permit accurate? on, please give an accurate description: the discharge route(s) in the existing permit correction application, provide an accurate description arge route to the nearest classified segment as defined.	of the
A. B.	Is the wastewater treatment facilia ✓ Yes	ity location in the existing permit accurate? on, please give an accurate description: the discharge route(s) in the existing permit correction application, provide an accurate description arge route to the nearest classified segment as defined. Ind /are located: Fort Bend discharge to a city, county, or state highway right-or accurate to the result of the segment.	of the ined in 30
A. B.	Is the wastewater treatment facilially and the wastewater treatment facilially and the discharge and d	ity location in the existing permit accurate? on, please give an accurate description: the discharge route(s) in the existing permit correction application, provide an accurate description arge route to the nearest classified segment as defined. Ind /are located: Fort Bend discharge to a city, county, or state highway right-or accurate to the result of the segment.	of the ined in 30

E. Owner of effluent disposal site:

Prefix: <u>N/A</u>

	If yes , indicate by a check mark if:
	☐ Authorization granted ☒ Authorization pending
	For new and amendment applications, provide copies of letters that show proof of contact and the approval letter upon receipt.
	Attachment: Click to enter text.
D.	For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: N/A
Se	ection 11. TLAP Disposal Information (Instructions Page 32)
	For TLAPs, is the location of the effluent disposal site in the existing permit accurate?
2 3.1	☐ Yes ☐ No
	If no, or a new or amendment permit application , provide an accurate description of the
	disposal site location:
	Click to enter text.
B.	City nearest the disposal site: Click to enter text.
C.	County in which the disposal site is located: Click to enter text.
D.	For TLAPs , describe the routing of effluent from the treatment facility to the disposal site:
	Click to enter text.
Е.	For TLAPs , please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: Click to enter text.
Se	ction 12. Miscellaneous Information (Instructions Page 32)
A.	Is the facility located on or does the treated effluent cross American Indian Land?
	□ Yes ⊠ No
B.	If the existing permit contains an onsite sludge disposal authorization, is the location of the sewage sludge disposal site in the existing permit accurate?
	□ Yes □ No ⊠ Not Applicable
	If No, or if a new onsite sludge disposal authorization is being requested in this permit application, provide an accurate location description of the sewage sludge disposal site.
	Click to enter text.

C.	Did any service	y person fo regarding	orme this	erly employed by the TCEQ represent your company and get pass application?	id for
		Yes	X	No	
	If yes, l was pa	ist each pe id for servi	erso ice r	on formerly employed by the TCEQ who represented your comparegarding the application: Click to enter text.	any and
D.	Do you	owe any fe	ees 1	to the TCEQ?	
		Yes 🛭	₹	No	
	If yes, j	provide the	e fol	ollowing information:	
	Acce	ount numb	er: (Click to enter text.	
	Amo	ount past d	lue:	: Click to enter text.	
E.	Do you	owe any p	ena	alties to the TCEQ?	
		Yes 🗵	Ӡ	No	
	If yes, p	olease prov	⁄ide	e the following information:	
	Enfo	orcement o	rdei	er number: Click to enter text.	
	Amo	ount past d	lue:	: Click to enter text.	
Programme and the					
Se	ction	13. Atta	ch	ments (Instructions Page 33)	
Inc	licate wł	nich attach	mer	nts are included with the Administrative Report. Check all that	apply:
Inc	Lease	agreement	or c	nts are included with the Administrative Report. Check all that deed recorded easement, if the land where the treatment facilit ent disposal site are not owned by the applicant or co-applicant	y is
	Lease a	agreement d or the ef	or o	deed recorded easement, if the land where the treatment facilit	y is
	Lease a locate Origin Origin I I I I I I I I I I I I I	agreement of or the eftal full-size Applicant's Treatment full-size belief poing the consite sewarfluent dis lew and furmile radiustic several s	or of flue use profacilint of disage stares	deed recorded easement, if the land where the treatment facilit ent disposal site are not owned by the applicant or co-applicant	y is
	Lease a locate Origin Origin I I I I I I I I I I I I I	agreement of or the efter al full-size Applicant's Treatment for abeled poing abeled poing abeled poing the seward furth of the mile radius of the mile radius of the seward furth of the miles down all ponds.	or of flue USO profacil int of l disage spos ture us ir	deed recorded easement, if the land where the treatment facility ent disposal site are not owned by the applicant or co-applicant GGS Topographic Map with the following information: operty boundary ility boundary of discharge for each discharge point (TPDES only) scharge route for each discharge point (TPDES only) sludge disposal site (if applicable) sal site boundaries (TLAP only) e construction (if applicable) information	y is
	Lease a locate Origin	agreement of or the ef- al full-size. Applicant's Treatment for abeled pointing the displighted Donsite seward furtural mile radius miles down all ponds. The ment 1 for abeled ponds.	or of flue USO profacility of disages is possitured as ir winst	deed recorded easement, if the land where the treatment facility ent disposal site are not owned by the applicant or co-applicant GGS Topographic Map with the following information: operty boundary ility boundary of discharge for each discharge point (TPDES only) scharge route for each discharge point (TPDES only) sludge disposal site (if applicable) sal site boundaries (TLAP only) te construction (if applicable) information (TPDES only)	y is

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0015846001

Applicant: Wellville, LLC

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): Yunus Dogan
Signatory title: President

Signature: Date: 3 30 207

(Use blue ink)

Subscribed and Sworn to before me by the said on this 30 40 day of September 20 25

My commission expires on the 19 day of February 20 25.

Notary Public For Lead County, Texas

DOMESTIC WASTEWATER PERMIT APPLICATION SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

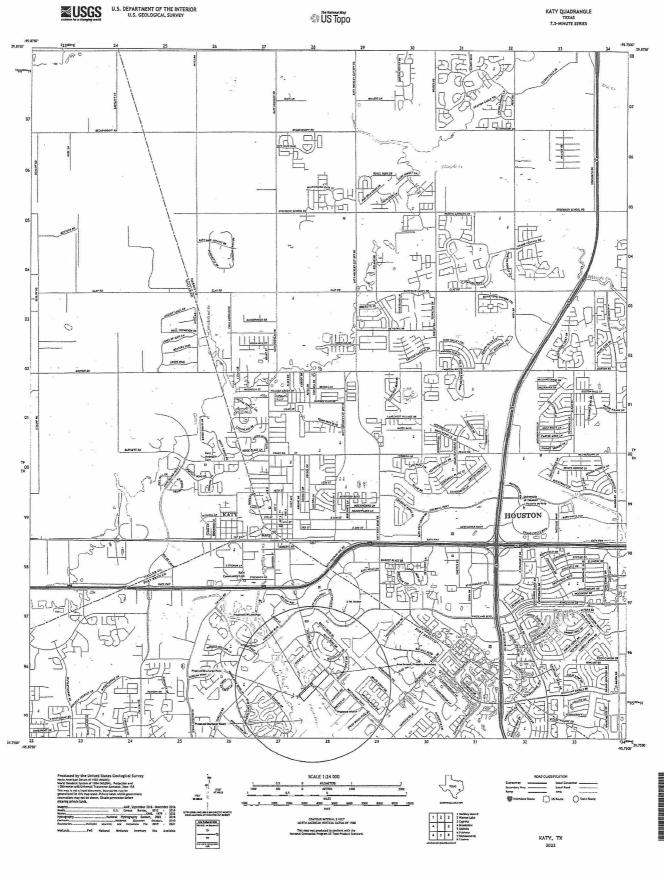
Attachment: F

Attachment Index

Attachment	Title
Α	Original USGS Topographic Map
В	Site Drawing
С	Flow Diagram
D	Core Data Form
E	PLS
F	SPIF

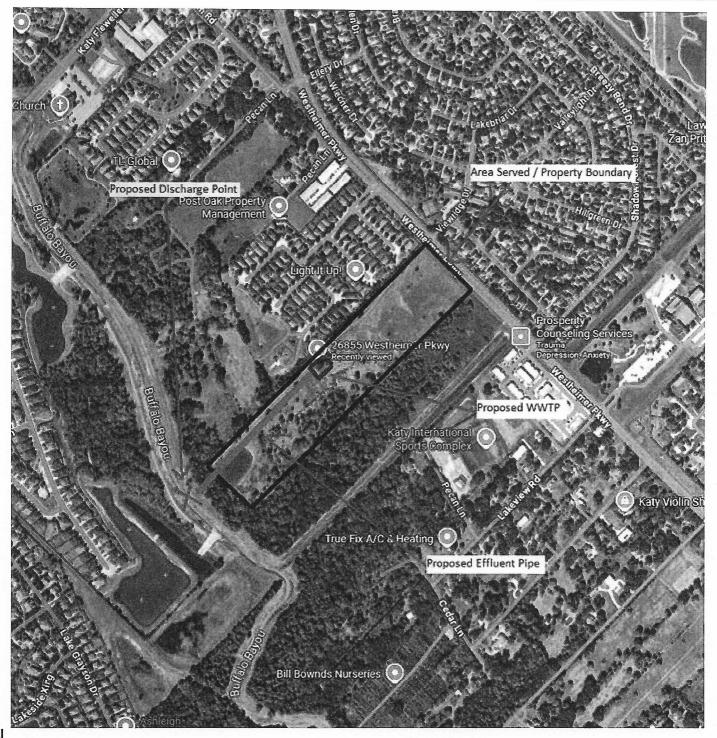
Attachment A

Original USGS Topographic Map



Attachment B

Site Drawing	

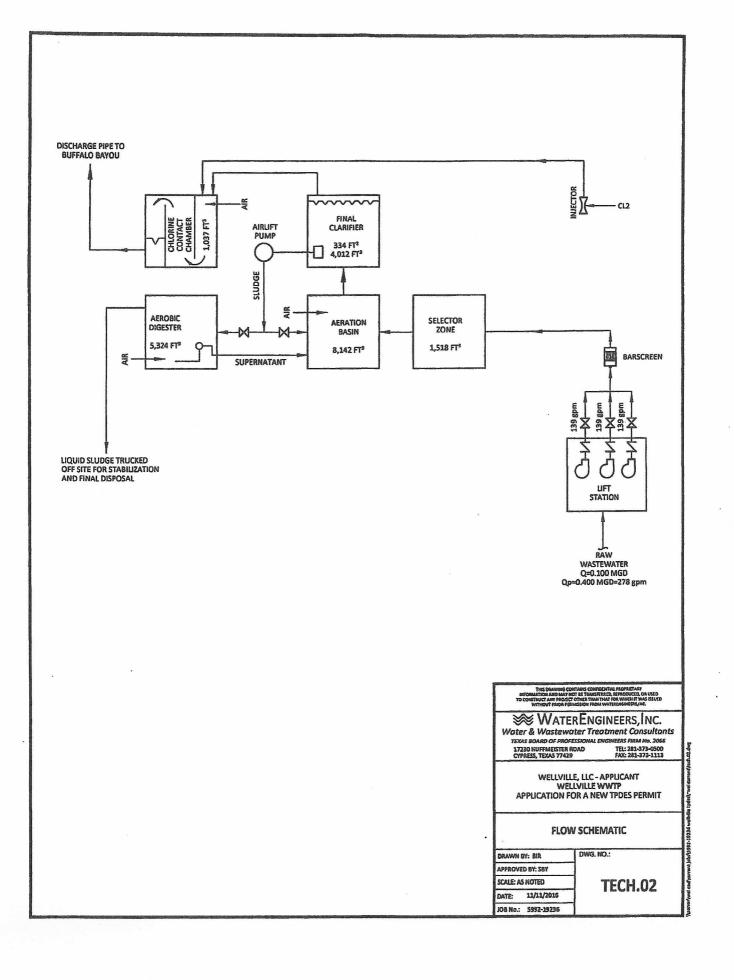


Wellville, LLC. Company WQ0015846001 September 2025



Attachment C

	Flow Diagram	
CONTRACTOR AND		



Attachment D

Core	Data	Form
CUIC	Dala	I UIIII

TCEQ Use Only



TCEQ Core Data Form

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

SECTION I: General Information

		on (If other is checked tion or Authorization			8	d with	the prog	ram apı	plication.)		341			
Renewal (Core Data Form should be submitted with the renewal form)								Other						
2. Customer Reference Number (if issued) Follow this link to s for CN or RN numb CN 605733161 Cn 605733161 Follow this link to s						rs in								
SECTIO	N II:	Custome	r Infor	matio	<u>1</u>		L							
4. General Cu	stomer In	formation	5. Effective	Date for Cu	ıstomer	r Infor	mation	Updat	es (mm/dd/	уууу)				
New Custon		U Verifiable with the Te	pdate to Custo xas Secretary o			ptrolle			egulated Ent nts)	ity Own	ership			
200		bmitted here may l Iller of Public Accou		utomaticall	y based	d on w	hat is c	urrent	and active	with th	e Texas Sec	retary of State		
				rst: eg: Doe, J	ohn)			If new	Customer, e	enter pre	evious Custom	er below:		
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) If new Customer, enter previous Customer below:														
Wellville, LLC 7. TX SOS/CP	Δ Filing Nu	ımher	8. TX State	Tax ID (11 d	igits\			9. Fe	deral Tax II	D	10. DUNS	Number (if		
0803479831			3207264682		.B.1.3)			(9 dig			applicable)			
				-										
11. Type of C	ustomer:		tion				Individ	lual		Partne	rship: Ger	neral Limited		
		ounty Federal	Local State	Other			Sole Pr	roprieto		Oth				
12. Number o ☑ 0-20 ☐ 2		ees 101-250 251-	500 🔲 501	and higher				13. lt		tly Owi	ned and Ope	erated?		
	Role (Pro	posed or Actual) – as i	t relates to the	Regulated Er	ntity liste	ed on t	his form.	Please (check one of	the follo	owing			
Occupational	al Licensee	Perator Responsible Pa	1 1	vner & Opera VCP/BSA App					Other:					
	25600 We	estheimer Parkway Su	ite 110											
15. Mailing Address:				li .										
Addiessi	City	Katy		State	TX		ZIP	77494			ZIP + 4			
16. Country N	/lailing Inf	ormation (if outside	USA)			17. E	-Mail Ad	ddress	(if applicable	e)				
						yunus	.dogan@	gmail.c	om		_			
18. Telephone Number 19. Extension or 0						ode		20. Fax Number (if applicable)						
(713) 532-60	2 100								()	-				
		: Regulate												
New Regula		Entity Information Update to Regu		J			w permit ted Entity			equirea.)			
The Regulate as Inc, LP, or		ame submitted ma	y be updated	d, in order to	o meet	TCEQ	Core Da	ıta Staı	ndards (ren	noval o	f organizati	onal endings such		
22. Regulated	d Entity Na	ame (Enter name of t	he site where t	he regulated	action is	taking	place.)							
Wellville Waste	ewater Trea	tment Facility												
23. Street Ad		26855 Westheim	er Parkway							n (100 - 104 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 -	Maritie III III III II II II II II II II II II			

(No PO Boxes)															
	City		Katy		State	TX	711		77404		710 . 4	T			
24. County	Fort E	Rond	Katy		State	I IX	ZII		77494		ZIP + 4				
24. County		If no Street Address is provided, fields 25-28 are required.													
05 0			If no Str	eet Ad	dress is provid	led, fields 2	25-28	are requ	uired.						
25. Description to Physical Location:															
26. Nearest City								9	State		N	earest ZIF	Code		
									*						
Latitude/Longitude used to supply coord							Data .	Standard	ls. (Geo	coding of	the Physic	al Addres	s may be		
27. Latitude (N) In D	ecimal:	2	29.759197			28. L	28. Longitude (W) In			n Decimal:		-95.816803			
Degrees	Minut	es		Seco	nds	Degre	ees		N	linutes		Seconds			
29. Primary SIC Cod (4 digits)	е	30. Se (4 digi	condary SI	C Code			1. Primary NAICS Code 5 or 6 digits)			32. Secondary NAICS Code (5 or 6 digits)			1		
4952						22132									
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)															
Wastewater Treatmen	t Provider														
24 Baction	2560	00 Westh	eimer Parkv	ay, Suit	te 110										
34. Mailing Address:															
Address:	Ci	City Katy			State	TX	ZIP 7749		77494	21P + 4					
35. E-Mail Address:		yunus.	.dogan@gma	ail.com							0				
36. Telephone Num	ber			37.	Extension or	Code 38. Fax Number (if applicable)									
(713)532-6000					·			()	-						
39. TCEQ Programs a form. See the Core Data	nd ID Numb	ers Cher	ck all Prograr	ns and v	write in the perm	nits/registrat	ion nu	umbers th	at will be	affected l	by the updat	es submitt	ed on this		
Dam Safety		Distric		-	wards Aquifer	☐ Emissions Inventory Air ☐ Industrial Hazard					lous Waste				
					•								160		
Municipal Solid Wa	ste R	New S eview Ai		Oss	SF		Petroleum Sto			Tank	PWS	I_{PWS}			
Sludge		Storm	Water	Titl	le V Air		Tires				Used	Used Oil			
		71				1	_			Пол					
L Voluntary Cleanup	☐ Voluntary Cleanup ☐ Wastewater ☐ Wastewater A							ture Water Rights					LJ Other:		
SECTION I		vQ00158) rm	ation						J				
			CI ZIII	91111	acion								1		
	er 43	A 58	Name Land	41. Title:		Wastewa	ter Spec	alist							
42. Telephone Numb (281) 658-5899	Number	45. E-M		ndsmaner	wire con	,									
SECTION V	/- Aud-	hori	zod Si	ians	tura	stephan	еша		iviro.con						
46. By my signature bel	ow, I certify, t	to the be	st of my kno	wledge,	that the informa								ture authorit		
		artity spe	cineu in Sect	.1011 11, F	ieiu o aliu/or as					annoers Ide	uneu m ne				
	Wellville, LLC	***************************************				Job Title	<u> </u>	Presider			/742 \ 755				
Name (In Print):	Yunus Dogan	s Dogan Phone: (713)532-6000													
Signature:	-/	Lane 111	1						Dat	1			1		

A	tta	-16		_	4	Page 1
1	TTS	CD	m		mt	g _{an}
	V 40° NE" NE" NE	Car H H	BBB	4	H B E.	El-m

PLS

TCEQ

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

Plain Language Summary Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

Applicants should use this template to develop a plain language summary as required by . Applicants may

modify the template as necessary to accurately describe their facility as long as the summary includes the following information: (1) the function of the proposed plant or facility; (2) the expected output of the proposed plant or facility; (3) the expected pollutants that may be emitted or discharged by the proposed plant or facility; and (4) how the applicant will control those pollutants, so that the proposed plant will not have an adverse impact on human health or the environment.

Fill in the highlighted areas below to describe your facility and application in plain language. Instructions and examples are provided below. Make any other edits necessary to improve readability or grammar and to comply with the rule requirements.

If you are subject to the alternative language notice requirements in you must provide a translated copy of the completed plain language summary in the appropriate alternative language as part of your application package. For your convenience, a Spanish template has been provided below.

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS Enter 'INDUSTRIAL' or 'DOMESTIC' here WASTEWATER/STORMWATER

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

Wellville, LLC (CN605733161) proposes to operate the Wellville Wastewater Treatment Plant (RN110916962), a domestic wastewater treatment plant. The facility will be located at 26855 Westheimer Parkway, in Katy, Fort Bend County, Texas 77494. Request for renewal of permit authorizing the discharge of 100,000 GPD of treated domestic wastewater..

Discharges from the facility are expected to contain CBOD(5), Total Suspended Solids, Ammonia Nitrogen and E. coli.. Domestic wastewater will be treated by activated sludge operated in the nitrification mode.

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

AGUAS RESIDUALES Introduzca 'INDUSTRIALES' o 'DOMÉSTICAS' aquí /AGUAS PLUVIALES

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

Wellville, LLC (CN605733161) propone operar la Planta de Tratamiento de Aguas Residuales de Wellville (RN110916962), una planta de tratamiento de aguas residuales domésticas. La instalación estará ubicada en 26855 Westheimer Parkway, en Katy, Condado de Fort Bend, Texas 77494. Solicitud de renovación de permiso que autoriza la descarga de 100,000 GPD de aguas residuales domésticas tratadas.

Se espera que las descargas de la instalación contengan CBOD(5), Sólidos Suspendidos Totales, Nitrógeno Amoniacal y E. coli. Las aguas residuales domésticas se tratarán con lodos activados operados en modo de nitrificación.

Attachment F	
SPIF	

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

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ON				
		-	Minor Amendment	
			Number:	
Admin Comple	ete Date:			
Agency Receivi	ng SPIF:			
Texas I	listorical Commissio	on U.S	. Fish and Wildlife	
Texas F	arks and Wildlife De	epartment U.S	S. Army Corps of Engineer	rs
This form appli	es to TPDES permit	applications only. (Ins	structions, Page 53)	
our agreement v	vith EPA. If any of th ill contact you to pro	ne items are not comple	il a copy to each agency a etely addressed or furthe before issuing the permit.	r information
attachment for t application will completed in its	this form separately not be declared adm entirety including a	from the Administratively complete all attachments. Questic	application form. Providence we Report of the application without this SPIF form become or comments concern Review and Processing (239-4671.	ion. The eing ning this form
The following a	oplies to all applicat	ions:		
1. Permittee: W	<u>ellville, LLC</u>			
Permit No. W	/Q00 <u>15846001</u>	EPA II	O No. TX <u>139807</u>	
and county):		-	cludes street/highway, c	ity/vicinity,
Located at 2	26855 Westheimer P	arkway, Fort Bend, Fort	Bend County	
				ě

	Provid- answe	e the name, address, phone and fax number of an individual that can be correctly respectively.	ontacted to
	Prefix	(Mr., Ms., Miss): <u>Ms.</u>	
	First a	nd Last Name: <u>Yunus Dogan</u>	
	Creder	ntial (P.E, P.G., Ph.D., etc.):	
	Title: P	President	
	Mailing	g Address: <u>25600 Westheimer Parkway Suite 110</u>	
	City, St	tate, Zip Code: <u>Katy, TX 77494</u>	
	Phone	No.: <u>713-532-6000</u> Ext.: Fax No.:	
	E-mail	Address: <u>yunus.dogan@gmail.com</u>	
2.	List the	e county in which the facility is located: <u>Fort Bend</u>	
3.	please	property is publicly owned and the owner is different than the permittee/a list the owner of the property.	pplicant,
	N/A		
4.	of effludischarthe class	le a description of the effluent discharge route. The discharge route must fol nent from the point of discharge to the nearest major watercourse (from the rge to a classified segment as defined in 30 TAC Chapter 307). If known, pla ssified segment number.	point of ease identify
		uffalo Bayou Above Tidal (unclassified), thence to Buffalo Bayou Above Tident No. 1014 of the San Jacinto River Basin.	al in
5.	plotted route f	provide a separate 7.5-minute USGS quadrangle map with the project bound and a general location map showing the project area. Please highlight the from the point of discharge for a distance of one mile downstream. (This need in addition to the map in the administrative report).	discharge
	Provide	e original photographs of any structures 50 years or older on the property	
	Does y	our project involve any of the following? Check all that apply.	
		Proposed access roads, utility lines, construction easements	
		Visual effects that could damage or detract from a historic property's int	egrity
		Vibration effects during construction or as a result of project design	
		Additional phases of development that are planned for the future	
		Sealing caves, fractures, sinkholes, other karst features	
TC: Wa	EQ-20971 stewater I	(08/31/2023) Individual Permit Application, Supplemental Permit Information Form (SPIF)	Page 2 of 3

	☐ Disturbance of vegetation or wetlands	
1.	List proposed construction impact (surface acres to be impacted, depth of excavation, sealing of caves, or other karst features):	ing
2.	Describe existing disturbances, vegetation, and land use:	
	TE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR MENDMENTS TO TPDES PERMITS	R
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.	

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 0.100

2-Hr Peak Flow (MGD): 0.400

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

B. Interim II Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

C. Final Phase

Design Flow (MGD): .0.100

2-Hr Peak Flow (MGD): .400

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

D. Current Operating Phase

Provide the startup date of the facility: N/A-not yet operational

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**.

Flow will enter the plug flow activated sludge with nitrification process through a bar screen into the equalization basin; thence to aeration basin number 1, thence to aeration basin number 2, thence to the clarifier, thence to the chlorine contact chamber for disinfection and discharge. Sludge from the bottom of the clarifier will either be returned to the selector zone or wasted to the digester.

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)
Selector Zone Basin	1	144.54 sq ft x 10.5' SWD
Aeration Basins	2 in series	796 sq ft x 10.23' SWD (total)
Secondary Clarifier	1	21' diam x 11.58' SWD
Chlorine Contact	1	118 sq ft x 8.80' SWD
Digesters	2	254 sq ft x 10.5' SWD (each)

C. Process Flow Diagram

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

Attachment: C

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

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

- Latitude: 29.75791
- Longitude: <u>-95.81887</u>

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

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

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

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

This to dility, yazıl pamotado yazı	actorizator treatmen	t to a proposed multi-use	facility.
This facility will provide we	asicwaici ircaimen	t to a proposed mate ase	acveropine.
		TOPO FO	ride information for
Collection System Informati each uniquely owned collec	on for wastewater ction system, existin	ng and new, served by thi	s facility, including
satellite collection systems.	Please see the inst	ructions for a detailed e	xplanation and
examples.			
Collection System Informatio	n		
Collection System Name	Owner Name	Owner Type	Population Served
*** *********************************		Privately Owned	
		Choose an item.	
		Choose an item.	
		Choose an item.	
Section 4. Unbuilt F	hases (Instruc	tions Page 44)	
			12
Is the application for a rene	ewal of a permit tha	t contains an unbuilt pha	se or phases?
□ Yes ⊠ No			
If yes, does the existing per	rmit contain a phas	e that has not been const	ructed within five
years of being authorized b	y the TCEQ?		
⊠ Yes □ No			
If yes, provide a detailed di	iscussion regarding	the continued need for t	he unbuilt phase.
Failure to provide sufficient	nt justification may	y result in the Executive	Director
recommending denial of tl	he unbuilt phase o	r phases.	
Click to enter text.			
Click to enter text.			
Click to enter text.			
Click to enter text.			
Click to enter text.			
Click to enter text.			
Click to enter text.			
Click to enter text.			
Click to enter text.			
		iona Paga (14)	
Section 5. Closure	Plans (Instruct		
Section 5. Closure Have any treatment units b	een taken out of se		l any units be taken
	een taken out of se		l any units be taken

If y	res, was a closure plan submitted to the TCEQ?
	□ Yes □ No
If y	ves, provide a brief description of the closure and the date of plan approval.
Cl	ick to enter text.
Se	ction 6. Permit Specific Requirements (Instructions Page 44)
	r applicants with an existing permit, check the Other Requirements or Special ovisions 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: Not yet submitted
	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. Provide a copy of an approval letter from the TCEQ, if applicable.
	Click to enter text.
В.	Buffer zones
	Have the buffer zone requirements been met?
	⊠ Yes □ No
	Provide information below, including dates, on any actions taken to meet the conditions of the buffer zone. If available, provide any new documentation relevant to maintaining the buffer zones.
	Click to enter text.

	sub	es the <i>Other Requirements</i> or <i>Special Provisions</i> section in the existing permit require omission of any other information or other required actions? Examples include tification of Completion, progress reports, soil monitoring data, etc.
		□ Yes ⊠ No
	If y	ves, provide information below on the status of any actions taken to meet the aditions of an Other Requirement or Special Provision.
	CI	ick 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 works and how it is separated or processed. Provide a flow diagram showing how grit and grease is processed at the facility.
		Click to enter text.
	3.	Grit disposal
		Does the facility have a Municipal Solid Waste (MSW) registration or permit for grit disposal?
		□ Yes ⊠ No
		If No, contact the TCEQ Municipal Solid Waste team at 512-239-2335. Note: A registration or permit is required for grit disposal. Grit shall not be combined with treatment plant sludge. See the instruction booklet for additional information on grit disposal requirements and restrictions.

C. Other actions required by the current permit

		Describe the method of grit disposal.
		Click to enter text.
	4.	Grease and decanted liquid disposal
		Note: A registration or permit is required for grease disposal. Grease shall not be combined with treatment plant sludge. For more information, contact the TCEQ Municipal Solid Waste team at 512-239-2335.
		Describe how the decant and grease are treated and disposed of after grit separation.
		Click to enter text.
E.	Sto	ormwater management
	1.	Applicability
		Does the facility have a design flow of 1.0 MGD or greater in any phase?
		□ Yes ⊠ No
		Does the facility have an approved pretreatment program, under 40 CFR Part 403?
		□ Yes ⊠ No
		If no to both of the above, then skip to Subsection F, Other Wastes Received.
	2.	MSGP coverage
		Is the stormwater runoff from the WWTP and dedicated lands for sewage disposal currently permitted under the TPDES Multi-Sector General Permit (MSGP), TXR050000?
		□ Yes □ No
		If yes , please provide MSGP Authorization Number and skip to Subsection F, Other Wastes Received:
		TXR05 Click to enter text. or TXRNE Click to enter text.
		If no, do you intend to seek coverage under TXR050000?
		□ Yes □ No
	3.	Conditional exclusion
		Alternatively, do you intend to apply for a conditional exclusion from permitting based TXR050000 (Multi Sector General Permit) Part II B.2 or TXR050000 (Multi Sector General Permit) Part V, Sector T 3(b)?
		T Ves T No

	if yes, please explain below their proceed to subsection r, other wastes received.
	Click to enter text.
4.	Existing coverage in individual permit
	Is your stormwater discharge currently permitted through this individual TPDES or TLAP permit?
	□ Yes □ No
	If yes, provide a description of stormwater runoff management practices at the site that are authorized in the wastewater permit then skip to Subsection F, Other Wastes Received.
	Click to enter text.
5	Zero stormwater discharge
IJa.	Do you intend to have no discharge of stormwater via use of evaporation or other
	means?
	□ Yes □ No
	If yes, explain below then skip to Subsection F. Other Wastes Received.
	Click to enter text.
	Note: If there is a potential to discharge any stormwater to surface water in the state as the result of any storm event, then permit coverage is required under the MSGP or an individual discharge permit. This requirement applies to all areas of facilities with treatment plants or systems that treat, store, recycle, or reclaim domestic sewage, wastewater or sewage sludge (including dedicated lands for sewage sludge disposal located within the onsite property boundaries) that meet the applicability criteria of above. You have the option of obtaining coverage under the MSGP for direct discharges, (recommended), or obtaining coverage under this individual permit.
6.	Request for coverage in individual permit
	Are you requesting coverage of stormwater discharges associated with your treatment plant under this individual permit?
	□ Yes □ No
	If yes, provide a description of stormwater runoff management practices at the site for which you are requesting authorization in this individual wastewater permit and describe whether you intend to comingle this discharge with your treated effluent or discharge it via a separate dedicated stormwater outfall. Please also indicate if you

	intend to divert stormwater to the treatment plant headworks and indirectly discharge it to water in the state.
	Click to enter text.
	Note: Direct stormwater discharges to waters in the state authorized through this individual permit will require the development and implementation of a stormwater pollution prevention plan (SWPPP) and will be subject to additional monitoring and reporting requirements. Indirect discharges of stormwater via headworks recycling will require compliance with all individual permit requirements including 2-hour peak flow limitations. All stormwater discharge authorization requests will require additional
	information during the technical review of your application.
F. :	Discharges to the Lake Houston Watershed
	Does the facility discharge in the Lake Houston watershed?
	□ Yes ⊠ No
	If yes, attach a Sewage Sludge Solids Management Plan. See Example 5 in the instructions. Click to enter text.
G.	Other wastes received including sludge from other WWTPs and septic waste
	1. Acceptance of sludge from other WWTPs
	Does or will the facility accept sludge from other treatment plants at the facility site?
	□ Yes ⊠ No
	If yes, attach sewage sludge solids management plan. See Example 5 of instructions.
	In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an
	estimate of the 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 ₅ concentration of the septic waste, and the
	design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.
	Click to enter text.
	Note: Permits that accept sludge from other wastewater treatment plants may be required to have influent flow and organic loading monitoring.
3.	Acceptance of other wastes (not including septic, grease, grit, or RCRA, CERCLA or as discharged by IUs listed in Worksheet 6)
	Is or will the facility accept wastes that are not domestic in nature excluding the categories listed above?
	□ Yes ⊠ No
	If yes, provide the date that the plant started accepting the waste, an estimate how much waste is accepted on a monthly basis (gallons or millions of gallons), a description of the entities generating the waste, and any distinguishing chemical or other physical characteristic of the waste. Also note if this information has or has not changed since the last permit action.
	Click to enter text.
Secti	on 7. Pollutant Analysis of Treated Effluent (Instructions Page 49)
Is the	facility in operation?
	Yes ⊠ No
	this section is not applicable. Proceed to Section 8.
facilit	, provide effluent analysis data for the listed pollutants. <i>Wastewater treatment ties</i> complete Table 1.0(2). <i>Water treatment facilities</i> discharging filter backwash water, lete Table 1.0(3). Provide copies of the laboratory results sheets. These tables are not cable 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	1 K V CLOCK	No. of Samples	Sample Type	Sample Date/Time	
CBOD ₅ , mg/l					
Total Suspended Solids, mg/l					
Ammonia Nitrogen, mg/l			,		
Nitrate Nitrogen, mg/l					
Total Kjeldahl Nitrogen, mg/l					
Sulfate, mg/l					
Chloride, mg/l					
Total Phosphorus, mg/l					
pH, standard units					
Dissolved Oxygen*, mg/l					
Chlorine Residual, mg/l					
E.coli (CFU/100ml) freshwater				-	
Entercocci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, µmohs/cm, †					
Oil & Grease, mg/l					
Alkalinity (CaCO ₃)*, mg/l					

^{*}TPDES permits only †TLAP permits only

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 ₃), mg/l					

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: <u>TBD</u>

Facility Operator's License Classification and Level: $\underline{\text{TBD}}$

Facility Operator's License Number: <u>TBD</u>

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
	\boxtimes	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)
		Lower Temperature Composting
		Lime Stabilization
		Higher Temperature Composting
		Heat Drying
		Thermophilic Aerobic Digestion
		Beta Ray Irradiation
		Gamma Ray Irradiation
		Pasteurization
		Preliminary Operation (e.g. grinding, de-gritting, blending)
		Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)
		Sludge Lagoon
	\Box	Temporary Storage (< 2 years)
		Long Term Storage (>= 2 years)
		Methane or Biogas Recovery
	\boxtimes	Other Treatment Process: <u>Transported to a permitted site for disposal.</u>
C		wage Sludge or Biosolids Management
	Pro	ovide information on the <i>intended</i> sewage sludge or biosolids management practice. Do t enter every management practice that you want authorized in the permit, as the

permit will authorize all sewage sludge or biosolids management practices listed in the instructions. Rather indicate the management practice the facility plans to use.

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option	
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.	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>Transmitted to a permitted site for disposal</u>

D. Disposal site

Disposal site name: City of Rosenberg WWTP

TCEQ permit or registration number: WQ0010607002

County where disposal site is located: Fort Bend

E. Transportation method

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

Name of the hauler: Magna Flow Environmental

Hauler registration number: 21484

Sludge is transported as a:

Liquid ⊠	semi-liquid □	semi-solid \square	solid □

Section 10. Permit Authorization for Sewage Sludge Disposal (Instructions Page 52)

A. Beneficial use authorization

Does tl benefic		_	permit include authorization for land application of biosolids for
	Yes	\boxtimes	No
If yes, benefic	-		questing to continue this authorization to land apply biosolids for
	Yes		No
If yes, (TCEQ details	Form	com No.	pleted Application for Permit for Beneficial Land Use of Sewage Sludge 10451) attached to this permit application (see the instructions for
	Yes		No

D.	•	processing authorization					
		e existing permit include authorization fo or disposal options?	r an	y of the	follow	ring sludge processing,	
	Slud	lge Composting		Yes	\boxtimes	No	
	Marl	keting and Distribution of Biosolids		Yes	\boxtimes	No	
	Slud	lge Surface Disposal or Sludge Monofill		Yes	\boxtimes	No	
	Tem	porary storage in sludge lagoons		Yes	\boxtimes	No	
	authori	o any of the above sludge options and the zation, is the completed Domestic Waste v cal Report (TCEQ Form No. 10056) attach	vate	r Permi	t Appl	ication: Sewage Sludge	
		Yes □ No					
Se	ction	11. Sewage Sludge Lagoons (Ins	tru	ctions	Page	e 53)	
Do	es this f	acility include sewage sludge lagoons?					
	□ Yes	s ⊠ No					
If	yes, com	plete the remainder of this section. If no,	proc	eed to S	Section	12.	
A.		on information					
	The fol	lowing maps are required to be submitted e the Attachment Number.	as I	oart of t	he app	olication. For each map,	
	Original General Highway (County) Map:						
	,	Attachment: Click to enter text.					
		USDA Natural Resources Conservation Ser	vice	Soil Ma	p:		
		Attachment: Click to enter text.					
	•	Federal Emergency Management Map:					
		Attachment: <u>Click to enter text.</u>					
	•	Site map:					
		Attachment: <u>Click to enter text.</u>					
	Discus apply.	s in a description if any of the following e	xist	within t	he lag	oon area. Check all that	
		Overlap a designated 100-year frequency	floo	od plain			
		Soils with flooding classification					
	ļ	Overlap an unstable area					
		Wetlands					
	Ċ	Located less than 60 meters from a fault					
		None of the above					
	Att	achment: Click to enter text.					

	Click to enter text.
	Temporary storage information
]	Provide the results for the pollutant screening of sludge lagoons. These results are in addition to pollutant results in Section 7 of Technical Report 1.0 .
	Nitrate Nitrogen, mg/kg: Click to enter text.
	Total Kjeldahl Nitrogen, mg/kg: Click to enter text.
	Total Nitrogen (=nitrate nitrogen + TKN), mg/kg: Click to enter text.
	Phosphorus, mg/kg: Click to enter text.
	Potassium, mg/kg: Click to enter text.
	pH, standard units: Click to enter text.
	Ammonia Nitrogen mg/kg: Click to enter text.
	Arsenic: Click to enter text.
	Cadmium: Click to enter text.
	Chromium: Click to enter text.
	Copper: Click to enter text.
	Lead: Click to enter text.
	Mercury: Click to enter text.
	Molybdenum: Click to enter text.
	Nickel: Click to enter text.
	Selenium: Click to enter text.
	Zinc: Click to enter text.
	Total PCBs: Click to enter text.
	Provide the following information:
	Volume and frequency of sludge to the lagoon(s): Click to enter text.
	Total dry tons stored in the lagoons(s) per 365-day period: Click to enter text.
	Total dry tons stored in the lagoons(s) over the life of the unit: <u>Click to enter text.</u>
	Liner information
	Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity of $1x10^{-7}$ cm/sec?
	□ Yes □ No

1	ı yes,	describe the liner below. Please note that a micr is required.
	Click	to enter text.
		evelopment plan
	Provid	e a detailed description of the methods used to deposit sludge in the lagoon(s):
	Click	to enter text.
2	Attacl	the following documents to the application.
	•	Plan view and cross-section of the sludge lagoon(s)
		Attachment: Click to enter text.
	•	Copy of the closure plan
		Attachment: Click to enter text.
	•	Copy of deed recordation for the site
		Attachment: Click to enter text.
	•	Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons
		Attachment: Click to enter text.
	•	Description of the method of controlling infiltration of groundwater and surface water from entering the site
		Attachment: Click to enter text.
	•	Procedures to prevent the occurrence of nuisance conditions
		Attachment: Click to enter text.
E.		ndwater monitoring
	groui	oundwater monitoring currently conducted at this site, or are any wells available for adwater monitoring, or are groundwater monitoring data otherwise available for the ge lagoon(s)?
	types	oundwater monitoring data are available, provide a copy. Provide a profile of soil sencountered down to the groundwater table and the depth to the shallowest address a separate attachment.
	-	ttachment: Click to enter text.

Page 54)

A	. Additio	onal a	utho	rizations
	Does th	ne peri	mitte	ee have additional authorizations for this facility, such as reuse adge permit, etc?
		Yes	\boxtimes	No
	If yes,	provid	le th	e TCEQ authorization number and description of the authorization:
	Click to e	enter t	ext.	
B				cement status
	Is the	permi	ttee	currently under enforcement for this facility?
		Yes		No
	Is the enforce	permi emen	ttee t?	required to meet an implementation schedule for compliance or
		Yes		
	If yes sched	to eitl ule, ar	ner c	question, provide a brief summary of the enforcement, the implementation the current status:
Γ	Click to	enter	text.	

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

A. RCRA hazardous wastes

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

□ Yes ⊠ No

B. Remediation activity wastewater

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

□ Yes ⊠ No

C. Details about wastes received

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

Attachment: Click to enter text.

Section 14. Laboratory Accreditation (Instructions Page 55)

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

- The laboratory is an in-house laboratory and is:
 - 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: N/A-not in operation

Title: Click to enter text.

Signature:	where party plants there have been severy regard liber trade makes party to the trade severy behalf to the makes delice trade to the trade and below to the trade and
Date:	

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

Section 1. Domestic Drinking Water Supply (Instructions Page 63)
Is there a surface water intake for domestic drinking water supply located within 5 miles downstream from the point or proposed point of discharge?
□ Yes ⊠ No
If no , proceed it Section 2. If yes , provide the following:
Owner of the drinking water supply: Click to enter text.
Distance and direction to the intake: <u>Click to enter text.</u>
Attach a USGS map that identifies the location of the intake.
Attachment: Click to enter text.
Section 2. Discharge into Tidally Affected Waters (Instructions Page 63)
Does the facility discharge into tidally affected waters?
□ Yes ⊠ No
If no , proceed to Section 3. If yes , complete the remainder of this section. If no, proceed to Section 3.
A. Receiving water outfall
Width of the receiving water at the outfall, in feet: <u>Click to enter text.</u>
B. Oyster waters
Are there oyster waters in the vicinity of the discharge?
□ Yes □ No
If yes, provide the distance and direction from outfall(s).
Click to enter text.
C. Sea grasses
Are there any sea grasses within the vicinity of the point of discharge?
□ Yes □ No
If yes, provide the distance and direction from the outfall(s).
Click to enter text

Section 3. Classified Segments (Instructions Page 63) Is the discharge directly into (or within 300 feet of) a classified segment? Yes □ No If yes, this Worksheet is complete. If no, complete Sections 4 and 5 of this Worksheet. **Description of Immediate Receiving Waters (Instructions** Section 4. Page 63) Name of the immediate receiving waters: A. Receiving water type Identify the appropriate description of the receiving waters. Stream Freshwater Swamp or Marsh П Lake or Pond Surface area, in acres: Click to enter text. Average depth of the entire water body, in feet: Click to enter text. Average depth of water body within a 500-foot radius of discharge point, in feet: Click to enter text. Man-made Channel or Ditch Open Bay Tidal Stream, Bayou, or Marsh Other, specify: Click to enter text. **B.** Flow characteristics If a stream, man-made channel or ditch was checked above, provide the following. For existing discharges, check one of the following that best characterizes the area upstream of the discharge. For new discharges, characterize the area downstream of the discharge (check one). Intermittent - dry for at least one week during most years Intermittent with Perennial Pools - enduring pools with sufficient habitat to maintain significant aquatic life uses Perennial - normally flowing Check the method used to characterize the area upstream (or downstream for new dischargers). USGS flow records Historical observation by adjacent landowners Personal observation Other, specify: Click to enter text.

DATE TO AMENTAL OUT.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Wellville, LLC Company

PERMIT NUMBER (If new, leave blank): WQ00<u>15846001</u>

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		
Administrative Report 1.1		\boxtimes	Affected Landowners Map		\boxtimes	
SPIF	\boxtimes		Landowner Disk or Labels		\boxtimes	
Core Data Form	\boxtimes		Buffer Zone Map		\boxtimes	
Summary of Application (PLS)	\boxtimes		Flow Diagram	\boxtimes		
Public Involvement Plan Form		\boxtimes	Site Drawing	\boxtimes		
Technical Report 1.0	\boxtimes		Original Photographs		\boxtimes	
Technical Report 1.1		\boxtimes	Design Calculations			
Worksheet 2.0	\boxtimes		Solids Management Plan		\boxtimes	
Worksheet 2.1		\boxtimes	Water Balance		\boxtimes	
Worksheet 3.0		\boxtimes				
Worksheet 3.1		\boxtimes				
Worksheet 3.2		\boxtimes				
Worksheet 3.3		\boxtimes				
Worksheet 4.0		\boxtimes				
Worksheet 5.0		\boxtimes				
Worksheet 6.0		\boxtimes				
Worksheet 7.0		\boxtimes				
For TCEQ Use Only						
Segment Number Expiration Date Permit Number			County Region			

	101 M21							
C.	Check the box next to the appropriate permit type.							
	□ TPDES Permit							
		TLAP						
		TPDES Permit with TLAP component						
	□ Subsurface Area Drip Dispersal System (SADDS)							
d.	l. Check the box next to the appropriate application type							
		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 prop	osed changes: Click to enter text.				
f.	For	existing permits:						
	Per	mit Number: WQ00 <u>15846001</u>						
	EPA	A I.D. (TPDES only): TX <u>0139807</u>						
	Exp	iration Date: <u>5/17/2026</u>						
Se	ctio	[2]	int) and	Co-Applicant Information				
		(Instructions Page 26)						
A.	The	e owner of the facility must apply for t	he permit	•				
	What is the Legal Name of the entity (applicant) applying for this permit?							
	Wellville, LLC Company							
	(The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal documents forming the entity.)							
	If the applicant is currently a customer with the TCEQ, what is the Customer Number (CN)? You may search for your CN on the TCEQ website at http://www15.tceq.texas.gov/crpub/							
		CN: <u>605733161</u>						
		at is the name and title of the person sig cutive official meeting signatory require						
		Prefix: <u>Mr.</u> Last N	ame, First	Name: <u>Dogan, Yunus</u>				
		Title: <u>President</u> Crede	ntial: Click	to enter text.				
В.		applicant information. Complete this sapply as a co-permittee.	ection only	if another person or entity is required				
	What is the Legal Name of the co-applicant applying for this permit?							

N/A

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

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

CN: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

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

C. Core Data Form

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

Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: Ms.

Last Name, First Name: Landsman, Stephanie

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Landsman Environmental LLC

Mailing Address: 9597 Jones Road #962

City, State, Zip Code: Jersey Village, TX 77065

Phone No.: <u>281-658-5899</u>

E-mail Address: stephanie@landsmanenviro.com

Check one or both:

Administrative Contact

☐ Technical Contact

B. Prefix: Mr.

Last Name, First Name: Orgun, Bilgin

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Broadway Construction

ci <u>Diodailla) gollollaviloll</u>

Mailing Address: 25600 Westheimer Parkway, Suite 100

 \boxtimes

City, State, Zip Code: Katy, TX 77494

Phone No.: <u>713-532-6000</u>

E-mail Address: bill@broadwaycontructiontx.com

Check one or both:

☐ Administrative Contact

□ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Mr.

Last Name, First Name: <u>Dogan, Yunus</u>

Title: President

Credential: Click to enter text.

Organization Name: Wellville, LLC Company

Mailing Address: 25600 Westheimer Parkway, Suite 110

City, State, Zip Code: Katy, TX 77494

Phone No.: 713-532-6000

E-mail Address: yunus.dogan@gmail.com

TCEQ-10053 (10/17/2024) Domestic Wastewater Permit Application Administrative Report

Page 5 of 18

B. Prefix: Ms.

Last Name, First Name: Akpinar, Inci

Title: Vice President

Credential: Click to enter text.

Organization Name: Broadway Construction

Mailing Address: 25600 Westheimer Parkway, Suite 110

City, State, Zip Code: Katy, TX 77494

Phone No.: <u>713-532-6000</u>

E-mail Address: inci@atlas-texas.com

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mr.

Last Name, First Name: Dogan, Yunus

Title: President

Credential: Click to enter text.

Organization Name: Wellville, LLC Company

Mailing Address: 25600 Westheimer Parkway, Suite 110

City, State, Zip Code: Katy TX 77494

Phone No.: <u>713-532-6000</u>

E-mail Address: yunus.dogan@gmail.com

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

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

Prefix: Mr.

Last Name, First Name: Orgun, Bilgin

Title: Director

Credential: Click to enter text.

Organization Name: Broadway Construction

Mailing Address: 25600 Westheimer Parkway, Suite 110

City, State, Zip Code: Katy, TX 77494

Phone No.: 713-532-6000

E-mail Address: bill@broadwayconstructiontx.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Ms.

Last Name, First Name: Landsman, Stephanie

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Landsman Environmental LLC

Mailing Address: 9597 Jones Road #962

City, State, Zip Code: Jersey Village, TX 77065

Phone No.: 281-658-5899

E-mail Address: stephanie@landsmanenviro.com

В.	Method for Receiving Notice of Receipt and Intent to Obtain a Water Quality Permit Package								
	Indicate by a check mark the preferred method for receiving the first notice and instructions:								
	⊠ E-mail Address								
		Fax							
		Regul	ar Mail						
C.	. Contact permit to be listed in the Notices								
	Pre	efix: <u>Mr.</u>			Last Name, First Name: <u>Dogan, Yunus</u>				
Title: President Credential: Click to enter text.									
	Or	ganizati	ion Name: <u>W</u>	ellvil	le, LLC Company				
	Ma	iling Ad	ldress: <u>2560</u>	o We	stheimer Parkway, Suite 110 City, State, Zip Code: Katy, TX 77494				
	Ph	one No.:	713-532-600	00	E-mail Address: yunus.dogan@gmail.com				
D.	Pu	blic Vie	wing Inform	aatio	n				
			ity or outfall ist be provid		cated in more than one county, a public viewing place for each				
	Pu	blic buil	ding name:	Fort :	Bend County-Cinco Ranch Branch Library				
	Lo	cation w	ithin the bu	ildin	g: Click to enter text.				
	Ph	ysical A	ddress of Bu	ıildir	g: <u>2620 Commercial Center Blvd.</u>				
	Cit	y: <u>Katy</u>		*	County: Fort Bend				
	Co	ontact (Last Name, First Name): Click to enter text.							
	Phone No.: <u>281-395-1311</u> Ext.: Click to enter text.								
E.	Bil	ingual l	Notice Requ	irem	ents				
	This information is required for new, major amendment, minor amendment or minor modification, and renewal applications.								
	be	needed		nstrı	tion is only used to determine if alternative language notices will actions on publishing the alternative language notices will be in				
	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.				program required by the Texas Education Code at the elementary to the facility or proposed facility?				
		\boxtimes	Yes		No				
		If no , p	oublication o	f an	alternative language notice is not required; skip to Section 9				
	2.				ttend either the elementary school or the middle school enrolled in ogram at that school?				
		\boxtimes	Yes		No				

	3.	Do the location	e students a on?	these	e schools	attend	a bilingual	eauca	ation prog	gram a	t another
			Yes	\boxtimes	No						
	4.		the school l out of this							gram l	out the school has
			Yes	\boxtimes	No						
	5.		answer is ye ed. Which la								tive language are
F.	Su	mmary	of Applica	tion in	n Plain La	nguage	Template				
		-	the F. Sum n as the pla	-			_	_	_) Form 20972), ment.
	At	tachme	nt: <u>E</u>								
G.	Pu	blic Inv	olvement I	lan F	orm						
			the Public I iit or major								plication for a t.
	At	tachme	nt: <u>N/A</u>								
Se	cti	on 9.	Regula Page 29		Entity a	nd Pe	rmitted	Site	Inform	ation	(Instructions
A.			is currently N <u>11091696</u>		ated by T	CEQ, pr	ovide the	Regula	ated Entit	y Num	ber (RN) issued to
			TCEQ's Cer currently re				/www15.to	eq.tex	kas.gov/ci	pub/	to determine if
B.	Na	me of p	roject or sit	e (the	name kn	own by	the comm	unity	where lo	cated):	
	We	ellville W	astewater Tr	eatme	nt Facility						
C	_				-						
-	OM	vner of	treatment fa	acility	: Wellville,	LLC Co	mpany				
<u>.</u>			treatment facility:	30667		LLC Co	<u>mpany</u> Private		Both		Federal
	Ow	vnership			Public	\boxtimes	Private		Both		Federal
	Ow Ow	vnership	of Facility	□ treatn	Public nent facili	⊠ ty is or	Private	Desire.		Email:	
	Ow Ow Pre	vnership vner of l efix: Clic	of Facility land where	treatn	Public nent facili Las	⊠ ity is or it Name	Private will be:	ne: Cli	ck to ente	Email:	
	Ow Ow Pre	vnership vner of l efix: Click le: Click	o of Facility: land where ck to enter t	treatnext.	Public nent facili Las Cre	⊠ ity is or it Name	Private will be: , First Nan	ne: Cli	ck to ente	Email:	
	Ow Ow Pre Tit Or	vnership vner of l efix: Click le: Click ganizati	o of Facility: land where ck to enter to k to enter te	treatnext.	Public nent facili Las Cre	⊠ ity is or it Name edential:	Private will be: , First Nam : Click to e	ne: Clie	ck to ente ext.	er text.	
	Ow Ow Pre Tit Or Ma	vnership vner of l efix: Click le: Click ganizati tiling Ac	o of Facility: land where ck to enter to to enter te ion Name: <u>V</u>	treatnext. xt. Vellvillo Wes	Public nent facili Las Cre le, LLC stheimer P	⊠ ity is or it Name edential: arkway,	Private will be: , First Nam : Click to e	ne: Clienter to	ck to ente ext. y, State, Z	er text.	
	Ow Ow Pre Tit Or; Ma Phe If t	vnership vner of lefix: Click le: Click ganizati tiling Acone No.	o of Facility: land where ck to enter to to enter te ion Name: <u>V</u> ldress: <u>2560</u>	treatmext. xt. Vellvill oo Wes oo ot the	Public nent facili Las Cre le, LLC stheimer Pa	ity is or it Name dential: arkway, mail Adson as t	Private will be: First Nan Click to e Suite 110 dress: yund	ne: Clienter to City	ck to ente ext. y, State, Z an@gmail	er text. Sip Coom	

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: <u>WQ0015846001</u> Applicant: <u>Wellville</u>, <u>LLC Company</u>

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): 1	unus Dogan	
Signatory title: <u>President</u>		
Signature:	I	Date:
(Use blue ink)		
Subscribed and Sworn to before me	by the said	
on thisd	ay of	, 20
My commission expires on the	day of	, 20
Notary Public		[SEAL]
Trotaly Labite		
County, Texas		

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 Ame	endmentNinor 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. TCE our agreement with EPA. If any of the items are n is needed, we will contact you to provide the info each item completely.	ot completely addressed or further information
Do not refer to your response to any item in the attachment for this form separately from the Adrapplication will not be declared administratively completed in its entirety including all attachment may be directed to the Water Quality Division's A email at WO-ARPTeam@tceq.texas.gov or by phore	ninistrative Report of the application. The complete without this SPIF form being is. Questions or comments concerning this form pplication Review and Processing Team by
The following applies to all applications:	
1. Permittee: Wellville, LLC Company	
Permit No. WQ00 <u>15846001</u>	EPA ID No. TX <u>139807</u>
Address of the project (or a location descripti and county):	
Located at 26855 Westheimer Parkway, Fort	Bend, Fort Bend County

TCEQ-20971 (08/31/2023) Wastewater Individual Permit Application, Supplemental Permit Information Form (SPIF)

Francesca Findlay

From: Stephanie Landsman < stephanie@landsmanenviro.com>

Sent: Friday, October 17, 2025 8:07 AM

To: Francesca Findlay

Subject: Wellville LLC Company NOD Response

Attachments: Wellville Spanish wq notice.docx; Wellville PLS ENGLISH SPANISH.docx; Wellville Revised

Pages.pdf

Attached are the application pages with the name revised and the PLS with the name revised. The paper copy was delivered at 4:40 pm on 10/9. Also attached is the Hispanic NORI. Please let me know if I missed anything!

--

Stephanie Landsman Wastewater Specialist Landsman Environmental LLC 9597 Jones Road #962 Jersey Village, TX 77065 (281)-658-5899

