



Administrative Package Cover Page

This file contains the following documents:

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

Summary of Application (in plain language) Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

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

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

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

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

City of Stamford (CN600633861) operates Stamford Water Treatment Plant (RN101920130), a municipal drinking water treatment facility. The facility is located at 702 North McKinley Street, in Stamford, Jones County, Texas 79553. The City of Stamford has applied for a renewal of the existing permit number WQ0015856001 (EPA I.D. No. TX0139921) that authorizes the discharge of treated wastewater at a volume not to exceed a daily average flow of 200,000 gallons per day.

Discharges from the facility are expected to contain Total Suspended Solids. Filter backwash wastewaters are treated by settling in a backwash holding ponds.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0015856001

APPLICATION. City of Stamford, P.O. Box 191, Stamford, Texas 79553, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0015856001 (EPA I.D. No. TX0139921) to authorize the discharge of treated filter backwash effluent from a water treatment plant at a volume not to exceed a daily average flow of 200,000 gallons per day. The water treatment facility is located at 702 North McKinley Street, in the city of Stamford, in Jones County, Texas 79553. The discharge route is from the plant site to an unnamed tributary of Stink Creek; thence to Stink Creek; thence to Paint Creek; thence to Lake Stamford. TCEQ received this application on April 21, 2025. The permit application will be available for viewing and copying at Stamford City Hall, front desk, 201 East McHarg Street, Stamford, in Jones County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-99.795833,32.953333&level=18>

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

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

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

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

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

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

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

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

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

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

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

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

Further information may also be obtained from City of Stamford at the address stated above or by calling Mr. Steve Norwood, City Manager, at 325-773-2591.

Issuance Date: May 7, 2025



April 17, 2025

Via TCEQ FTP Server Upload (Share to WQDeCopy@tceq.texas.gov) and with Hard Copies to Follow

Executive Director
Applications Review and Processing Team (MC148)
Texas Commission on Environmental Quality
12100 Park 35 Circle
Austin, Texas 78753

Re: TPDES Permit Renewal Application
Applicant: City of Stamford (CN600633861)
Permit No.: WQ0015856001 (EPA I.D. No. TX0139921)
Site Name: Stamford Water Treatment Plant (RN101920130)

Dear Sir / Madam:

Enclosed with this letter are one original and two copies of the TCEQ Municipal Wastewater Permit Renewal Application and applicable attachments. Per the new rule requirements under Title 30 Texas Administrative Code (TAC) Chapter 39 relating to public notices, the Plain Language Summary (PLS) Form TCEQ-20972 in Word format in English is attached as a separate file in the FTPS upload; the PLS hard copy is found in Attachment DAR 1.0-8.F. If there are any questions, please let me know at luci.dunn@e-ht.com or at (817) 694-8382.

Sincerely,

Enprotec / Hibbs & Todd, Inc.

A handwritten signature in blue ink that reads 'Luci Dunn'.

Luci Dunn, P.E.
Senior Project Manager

LD/jd

c: Mr. Steve Norwood, City Manager, via email to steve.norwood@stamfordtx.net
Casey Chambers, Public Works Director, via email to casey.chambers@stamfordtx.net
Project File 9106

P:\Projects\TPDES Permit Applications\Stamford WTP\9106 WTP Permit Renewal\1. Correspondence\TPDES Permit Renewal Submittal Ltr to TCEQ.docx

TPDES PERMIT RENEWAL APPLICATION

CITY OF STAMFORD WATER TREATMENT PLANT

Permit No. WQ0015856001

APRIL 2025

Abilene | Lubbock | Granbury
PE Firm Registration No. 1151
PG Firm Registration No. 50103
RPLS Firm Registration No. 10011900

Corporate Headquarters
402 Cedar Street
Abilene, Texas 79601
T: (325) 698-5560
F: (325) 690-3240

www.e-ht.com



Enprotec | Hibbs & Todd

**City of Stamford Water Treatment Plant
TPDES Permit Renewal Application
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Domestic Administrative Report (DAR) 1.0
Supplemental Information Form (SPIF)
Domestic Technical Report (DTR) 1.0
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Attachments

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DAR 1.0-3.C	Core Data Form
DAR 1.0-8.F	Plain Language Summary Form TCEQ-20972
DAR 1.0-13	USGS Topographic Map
SPIF	Supplemental Permit Information Form TCEQ-20971
SPIF 5	USGS Topographic Map
DTR 1.0-2.C	Flow Diagram
DTR 1.0-3	Site Drawing
DTR 1.0-6.C	Notification of Completion Form TCEQ-20007
DTR 1.0-7	Pollutant Analyses Analytical Results



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of Stamford

PERMIT NUMBER (If new, leave blank): WQ0015856001

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

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

For TCEQ Use Only

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00

Payment Information:

Mailed Check/Money Order Number: 1768
 Check/Money Order Amount: \$815.00
 Name Printed on Check: City of Stamford

EPAY Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed? Yes

Section 2. Type of Application (Instructions Page 26)

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

- Publicly Owned Domestic Wastewater
- Privately-Owned Domestic Wastewater
- Conventional Water Treatment

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

- Active Inactive

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

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

d. Check the box next to the appropriate application type

- New
- Major Amendment *with* Renewal
- Major Amendment *without* Renewal
- Renewal without changes
- Minor Amendment *with* Renewal
- Minor Amendment *without* Renewal
- Minor Modification of permit

e. For amendments or modifications, describe the proposed changes: N/A

f. For existing permits:

Permit Number: WQ00 15856001

EPA I.D. (TPDES only): TX 0139921

Expiration Date: 10/15/2025

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

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

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

City of Stamford

(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: 600633861

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

Prefix: Mr.

Last Name, First Name: Decker, James

Title: Mayor

Credential: N/A

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

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

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: N/A

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: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Provide a brief description of the need for a co-permittee: N/A

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. See Attachment DAR 1.0-3.C

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: Dunn, Luci
Title: Senior Project Manager Credential: PE
Organization Name: Enprotec / Hibbs & Todd, Inc. (eHT)
Mailing Address: PO Box 3097 City, State, Zip Code: Abilene, TX 79604
Phone No.: 817-694-8382 E-mail Address: luci.dunn@e-ht.com
Check one or both: Administrative Contact Technical Contact

B. Prefix: Mr. Last Name, First Name: Norwood, Steve
Title: City Manager Credential: N/A
Organization Name: City of Stamford
Mailing Address: PO Box 191 City, State, Zip Code: Stamford, TX 79553
Phone No.: 325-773-2591 E-mail Address: steve.norwood@stamfordtx.net
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: Norwood, Steve
Title: City Manager Credential: N/A
Organization Name: City of Stamford
Mailing Address: PO Box 191 City, State, Zip Code: Stamford, TX 79553
Phone No.: 325-773-2591 E-mail Address: steve.norwood@stamfordtx.net

B. Prefix: Mr. Last Name, First Name: Chambers, Casey
Title: Public Works Director Credential: N/A
Organization Name: City of Stamford
Mailing Address: PO Box 191 City, State, Zip Code: Stamford, TX 79553
Phone No.: 325-773-2591 E-mail Address: casey.chambers@stamfordtx.net

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: Norwood, Steve
Title: City Manager Credential: N/A
Organization Name: City of Stamford
Mailing Address: PO Box 191 City, State, Zip Code: Stamford, TX 79553
Phone No.: 325-773-2591 E-mail Address: steve.norwood@stamfordtx.net

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: Chambers, Casey
Title: Public Works Director Credential: N/A
Organization Name: City of Stamford
Mailing Address: PO Box 191 City, State, Zip Code: Stamford, TX 79553
Phone No.: 325-773-2591 E-mail Address: casey.chambers@stamfordtx.net

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Ms. Last Name, First Name: Dunn, Luci
Title: Senior Project Manager Credential: PE
Organization Name: Enprotec / Hibbs & Todd, Inc. (eHT)
Mailing Address: PO Box 3097 City, State, Zip Code: Abilene, TX 79604
Phone No.: 817-694-8382 E-mail Address: luci.dunn@e-ht.com

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

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

- E-mail Address
- Fax
- Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Mr. Last Name, First Name: Norwood, Steve

Title: City Manager Credential: N/A

Organization Name: City of Stamford

Mailing Address: PO Box 3097 City, State, Zip Code: Stamford, TX 79553

Phone No.: 325-773-2591 E-mail Address: steve.norwood@stamfordtx.net

D. Public Viewing Information

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

Public building name: Stamford City Hall

Location within the building: Front Desk

Physical Address of Building: 201 East McHarg Street

City: Stamford County: Jones

Contact (Last Name, First Name): Norwood, Steve

Phone No.: 325-773-2591 Ext.: N/A

E. Bilingual Notice Requirements

This information is required for new, major amendment, minor amendment or minor modification, and renewal applications.

This section of the application is only used to determine if alternative language notices will be needed. Complete instructions on publishing the alternative language notices will be in your public notice package.

Please call the bilingual/ESL coordinator at the nearest elementary and middle schools and obtain the following information to determine whether an alternative language notices are required.

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

- Yes No

If **no**, publication of an alternative language notice is not required; **skip to** Section 9 below.

2. Are the students who attend either the elementary school or the middle school enrolled in a bilingual education program at that school?

- Yes No

3. Do the students at these schools attend a bilingual education program at another location?
- Yes No
4. Would the school be required to provide a bilingual education program but the school has waived out of this requirement under 19 TAC §89.1205(g)?
- Yes No
5. If the answer is **yes** to **question 1, 2, 3, or 4**, public notices in an alternative language are required. Which language is required by the bilingual program?

F. Summary of Application in Plain Language Template

Complete the F. Summary of Application in Plain Language Template (TCEQ Form 20972), also known as the plain language summary or PLS, and include as an attachment.

Attachment: DAR 1.0-8.F

G. Public Involvement Plan Form

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

Attachment: N/A - renewal

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

- A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 101920130
- Search the TCEQ’s Central Registry at <http://www15.tceq.texas.gov/crpub/> to determine if the site is currently regulated by TCEQ.
- B. Name of project or site (the name known by the community where located):
- Stamford Water Treatment Plant
- C. Owner of treatment facility: City of Stamford
- Ownership of Facility: Public Private Both Federal
- D. Owner of land where treatment facility is or will be:
- Prefix: Mr. Last Name, First Name: Norwood, Steve
- Title: City Manager Credential: N/A
- Organization Name: City of Stamford
- Mailing Address: PO Box 191 City, State, Zip Code: Stamford, TX 79553
- Phone No.: 325-773-2591 E-mail Address: steve.norwood@stamfordtx.net
- If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions.
- Attachment:** N/A

E. Owner of effluent disposal site:

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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

Attachment: N/A

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

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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

Attachment: N/A

Section 10. TPDES Discharge Information (Instructions Page 31)

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

Yes No

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

N/A

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

Yes No

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

N/A

City nearest the outfall(s): Stamford

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

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

Yes No

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

Authorization granted Authorization pending

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

Attachment: N/A

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

Yes No

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

N/A

- B. City nearest the disposal site: N/A

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

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

N/A

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

Yes No

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

Yes No Not Applicable

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

N/A

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

Yes No

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

- D. Do you owe any fees to the TCEQ?

Yes No

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

Account number: N/A

Amount past due: N/A

E. Do you owe any penalties to the TCEQ?

Yes No

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

Enforcement order number: N/A

Amount past due: N/A

Section 13. Attachments (Instructions Page 33)

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

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

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

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

Attachment 1 for Individuals as co-applicants

Other Attachments. Please specify: See Table of Contents

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0015856001

Applicant: City of Stamford

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): James Decker

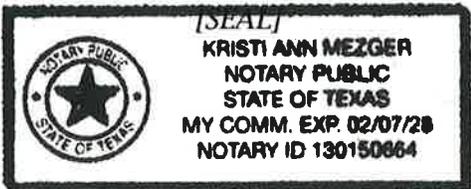
Signatory title: Mayor

Signature:  Date: 4/10/25
(Use blue ink)

Subscribed and Sworn to before me by the said James M. Decker
on this 10 day of April, 2025.
My commission expires on the 2th day of February, 2028.


Notary Public

Jones
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: SPIF



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): 0.2

2-Hr Peak Flow (MGD): N/A

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

B. Interim II Phase

Design Flow (MGD): N/A

2-Hr Peak Flow (MGD): N/A

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

C. Final Phase

Design Flow (MGD): N/A

2-Hr Peak Flow (MGD): N/A

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

D. Current Operating Phase

Provide the startup date of the facility: May 2021

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.**

The WTP consists of a raw water storage tank, a sedimentation basin, strainers, ultrafiltration (UF) membranes, associated piping, chemical equipment, and pumps. The wastewater is generated from UF backwash and drain lines. Filter backwash wastewater from the WTP is treated in sedimentation ponds.

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)
Raw Water Storage Tank	1	52' Diam. X 24' Depth
Sedimentation Basin	1	170' x 40' x 15'
Ultrafiltration Membranes	2 trains	20' x 12' x 11'
Clearwell	1	78' D x 18' Depth
Backwash Settling Pond 1	1	100' x 200' x 6' (max SWD)
Backwash Settling Pond 2	1	130' x 165' x 6' (max SWD)

C. Process Flow Diagram

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

Attachment: DTR 1.0-2.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: 32.954738
- Longitude: -99.794505

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

- Latitude: N/A
- Longitude: N/A

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

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

Attachment: DTR 1.0-3

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

City of Stamford

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

Collection System Information

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

Section 4. Unbuilt Phases (Instructions Page 44)

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

Yes No

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

Yes No

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

N/A

Section 5. Closure Plans (Instructions Page 44)

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

Yes No

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

Yes No

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

N/A

Section 6. Permit Specific Requirements (Instructions Page 44)

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

A. Summary transmittal

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

Yes No

If yes, provide the date(s) of approval for each phase: 1/15/2020

Provide information, including dates, on any actions taken to meet a *requirement or provision* pertaining to the submission of a summary transmittal letter. **Provide a copy of an approval letter from the TCEQ, if applicable.**

N/A

B. Buffer zones

Have the buffer zone requirements been met?

Yes No

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

N/A for WTP

C. Other actions required by the current permit

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

Yes No

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

Other Requirement #4 notes that a Notification of Completion Form 20007 (NOC) must be submitted to TCEQ. The NOC has been submitted and is found in Attachment DTR 1.0-6.C.

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

Yes No

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

2. Grit and grease processing

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

Click to enter text.

3. Grit disposal

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

Yes No

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

Describe the method of grit disposal.

Click to enter text.

4. Grease and decanted liquid disposal

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

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

[Click to enter text.](#)

E. Stormwater management

1. *Applicability*

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

Yes No

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

Yes No

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

2. *MSGP coverage*

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

Yes No

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

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

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

Yes No

3. *Conditional exclusion*

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

Yes No

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

[Click to enter text.](#)

4. *Existing coverage in individual permit*

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

Yes No

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

[Click to enter text.](#)

5. *Zero stormwater discharge*

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

Yes No

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

Click to enter text.

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

6. Request for coverage in individual permit

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

Yes No

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

Click to enter text.

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

Yes No

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

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

1. Acceptance of sludge from other WWTPs

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

Yes No

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

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

N/A

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

2. *Acceptance of septic waste*

Is the facility accepting or will it accept septic waste?

Yes No

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

Yes No

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

Yes No

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

N/A for WTPs

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

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

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

Yes No

If **yes**, provide the date that the plant started accepting the waste, an estimate how much waste is accepted on a monthly basis (gallons or millions of gallons), a description of the entities generating the waste, and any distinguishing chemical or other physical characteristic of the waste. Also note if this information has or has not changed since the last permit action.

N/A for WTPs

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

Is the facility in operation?

Yes No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , mg/l	N/A	N/A	N/A	N/A	N/A
Total Suspended Solids, mg/l	N/A	N/A	N/A	N/A	N/A
Ammonia Nitrogen, mg/l	N/A	N/A	N/A	N/A	N/A
Nitrate Nitrogen, mg/l	N/A	N/A	N/A	N/A	N/A
Total Kjeldahl Nitrogen, mg/l	N/A	N/A	N/A	N/A	N/A
Sulfate, mg/l	N/A	N/A	N/A	N/A	N/A
Chloride, mg/l	N/A	N/A	N/A	N/A	N/A
Total Phosphorus, mg/l	N/A	N/A	N/A	N/A	N/A
pH, standard units	N/A	N/A	N/A	N/A	N/A
Dissolved Oxygen*, mg/l	N/A	N/A	N/A	N/A	N/A
Chlorine Residual, mg/l	N/A	N/A	N/A	N/A	N/A
<i>E.coli</i> (CFU/100ml) freshwater	N/A	N/A	N/A	N/A	N/A
Enterococci (CFU/100ml) saltwater	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l	N/A	N/A	N/A	N/A	N/A
Electrical Conductivity, µmohs/cm, †	N/A	N/A	N/A	N/A	N/A
Oil & Grease, mg/l	N/A	N/A	N/A	N/A	N/A
Alkalinity (CaCO ₃)*, mg/l	N/A	N/A	N/A	N/A	N/A

*TPDES permits only

†TLAP permits only

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l	17.0	45.0	5	C	Feb DMR & 3.12.25/0800
Total Dissolved Solids, mg/l	760	760	1	G	3.12.25/0800
pH, standard units	8.83	8.90	4	G	Feb DMR
Fluoride, mg/l	<1	<1	1	G	3.12.25/0800
Aluminum, mg/l	0.553	0.553	1	G	3.12.25/0800
Alkalinity (CaCO ₃), mg/l	121	121	1	G	3.12.25/0800

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Casey ChambersFacility Operator's License Classification and Level: Surface Water Treatment Operator BFacility Operator's License Number: WS0002086

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

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

Check all that apply. See instructions for guidance

- Design flow \geq 1 MGD
- Serves \geq 10,000 people
- Class I Sludge Management Facility (per 40 CFR § 503.9)
- Biosolids generator
- Biosolids end user - land application (onsite)
- Biosolids end user - surface disposal (onsite)
- Biosolids end user - incinerator (onsite)

B. WWTP's Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

- Aerobic Digestion
- Air Drying (or sludge drying beds)
- Lower Temperature Composting
- Lime Stabilization
- Higher Temperature Composting
- Heat Drying
- Thermophilic Aerobic Digestion
- Beta Ray Irradiation
- Gamma Ray Irradiation
- Pasteurization
- Preliminary Operation (e.g. grinding, de-gritting, blending)
- Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)
- Sludge Lagoon
- Temporary Storage ($<$ 2 years)
- Long Term Storage (\geq 2 years)
- Methane or Biogas Recovery
- Other Treatment Process: N/A for WTP

C. Sewage Sludge or Biosolids Management

Provide information on the *intended* sewage sludge or biosolids management practice. Do not enter every management practice that you want authorized in the permit, as the

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

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
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): N/A for WTP

D. Disposal site

Disposal site name: City of Stamford WTP Residuals Land Application Site

TCEQ permit or registration number: 730389

County where disposal site is located: Haskell

E. Transportation method

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

Name of the hauler: City of Stamford

Hauler registration number: 21839

Sludge is transported as a:

Liquid semi-liquid semi-solid solid

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

A. Beneficial use authorization

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

Yes No

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

Yes No

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

Yes No

B. Sludge processing authorization

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

- | | | | | |
|--|--------------------------|-----|-------------------------------------|----|
| Sludge Composting | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| Marketing and Distribution of Biosolids | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| Sludge Surface Disposal or Sludge Monofill | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| Temporary storage in sludge lagoons | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |

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

- Yes No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

- Yes No

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

A. Location information

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

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

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

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

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

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

[Click to enter text.](#)

B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

C. Liner information

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

Yes No

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

[Click to enter text.](#)

D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

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

E. Groundwater monitoring

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

Yes No

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

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

Section 12. Authorizations/Compliance/Enforcement (Instructions Page 54)

A. Additional authorizations

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

Yes No

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

N/A

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

Yes No

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

Yes No

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

N/A

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

A. RCRA hazardous wastes

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

Yes No

B. Remediation activity wastewater

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

Yes No

C. Details about wastes received

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

Attachment: N/A

Section 14. Laboratory Accreditation (Instructions Page 55)

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

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

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

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

CERTIFICATION:

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

Printed Name: James Decker

Title: Mayor

Signature: _____

Date: 4/7/25

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 to Section 2. If **yes**, provide the following:

Owner of the drinking water supply: N/A

Distance and direction to the intake: N/A

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

Attachment: N/A

Section 2. Discharge into Tidally Affected Waters (Instructions Page 63)

Does the facility discharge into tidally affected waters?

Yes No

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

A. Receiving water outfall

Width of the receiving water at the outfall, in feet: N/A

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

Yes No

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

N/A

C. Sea grasses

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

Yes No

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

N/A

Section 3. Classified Segments (Instructions Page 63)

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

- Yes No

If yes, this Worksheet is complete.

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

Section 4. Description of Immediate Receiving Waters (Instructions Page 63)

Name of the immediate receiving waters: Unnamed Tributary of Stink Creek

A. Receiving water type

Identify the appropriate description of the receiving waters.

- Stream
- Freshwater Swamp or Marsh
- Lake or Pond
- Surface area, in acres:
- Average depth of the entire water body, in feet:
- Average depth of water body within a 500-foot radius of discharge point, in feet:
- Man-made Channel or Ditch
- Open Bay
- Tidal Stream, Bayou, or Marsh
- Other, specify:

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:

C. Downstream perennial confluences

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

The unnamed tributary joins Stink Creek within three miles downstream of the discharge point.

D. Downstream characteristics

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

- Yes No

If yes, discuss how.

The intermittent stream joins Stink Creek within three miles downstream of the discharge, which is a perennial stream.

E. Normal dry weather characteristics

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

Discharge was clear. The bottom of the discharge area was visible through the effluent. There were no visible signs of floating solids, settled solids, or foam at the outfall area.

Date and time of observation: 3/12/2025 at 8 AM

Was the water body influenced by stormwater runoff during observations?

- Yes No

Section 5. General Characteristics of the Waterbody (Instructions Page 65)

A. Upstream influences

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

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

B. Waterbody uses

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

- | | |
|--|---|
| <input type="checkbox"/> Livestock watering | <input type="checkbox"/> Contact recreation |
| <input type="checkbox"/> Irrigation withdrawal | <input type="checkbox"/> Non-contact recreation |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Navigation |

Domestic water supply

Industrial water supply

Park activities

Other(s), specify: [Click to enter text.](#)

C. Waterbody aesthetics

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

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

Attachment DAR 1.0-1
Fee Payment



April 17, 2025

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

Re: TPDES Renewal Application
Applicant: City of Stamford (CN600633861)
Permit No.: WQ0015856001 (EPA I.D. No. TX0139921)
Site Name: Stamford Water Treatment Plant (RN101920130)
Fee Code: WQP

Dear Sir / Madam:

The enclosed check is submitted on behalf of the City of Stamford. The check, made payable to the Texas Commission on Environmental Quality, is the required permit renewal application fee for the Stamford Water Treatment Plant (RN101920130). The permit application has been or will soon be submitted to the Water Quality Application Team.

If you have any questions, please contact me at 817-694-8382.

Sincerely,

Enprotec / Hibbs & Todd, Inc.

Luci Dunn, P.E.
Senior Project Manager

LD/jd

c: Project File 9106

P:\Projects\TPDES Permit Applications\Stamford WTP\9106 WTP Permit Renewal\1. Correspondence\Fee Transmittal Letter to TCEQ.docx

Attachment DAR 1.0-3.C

Core Data Form



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other	
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 600633861		RN 101920130

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		04/01/2025	
<input type="checkbox"/> New Customer		<input checked="" type="checkbox"/> Update to Customer Information		<input type="checkbox"/> Change in Regulated Entity Ownership	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
City of Stamford					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
11. Type of Customer:		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:	
12. Number of Employees				13. Independently Owned and Operated?	
<input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner		<input type="checkbox"/> Operator		<input checked="" type="checkbox"/> Owner & Operator	
<input type="checkbox"/> Occupational Licensee		<input type="checkbox"/> Responsible Party		<input type="checkbox"/> VCP/BSA Applicant	
<input type="checkbox"/> Other:					
15. Mailing Address:	City of Stamford				
	PO Box 191				
City	Stamford	State	TX	ZIP	79553
				ZIP + 4	
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)	
				steve.norwood@stamfordtx.net	

18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)
(325) 773-2591		() -

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.)								
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information								
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>								
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)								
City of Stamford Water Treatment Plant								
23. Street Address of the Regulated Entity: (No PO Boxes)	City of Stamford Water Treatment Plant							
	702 N. McKinley St.							
	City	Stamford	State	TX	ZIP	79553	ZIP + 4	
24. County	Jones							

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

25. Description to Physical Location:	N/A							
26. Nearest City					State	Nearest ZIP Code		
Stamford					TX	79553		
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
27. Latitude (N) In Decimal:	32.953283			28. Longitude (W) In Decimal:	99.795968			
Degrees	Minutes	Seconds		Degrees	Minutes	Seconds		
32	57	11.82		99	47	45.48		
29. Primary SIC Code	30. Secondary SIC Code		31. Primary NAICS Code		32. Secondary NAICS Code			
(4 digits)	(4 digits)		(5 or 6 digits)		(5 or 6 digits)			
4941			221310					
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)								
Municipal water treatment								
34. Mailing Address:	City of Stamford							
	PO Box 191							
	City	Stamford	State	TX	ZIP	79553	ZIP + 4	
35. E-Mail Address:	steve.norwood@stamfordtx.net							
36. Telephone Number	37. Extension or Code			38. Fax Number (if applicable)				
(325) 773-2591				() -				

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

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
	WQ0015856001			

SECTION IV: Preparer Information

40. Name:	Luci Dunn, PE	41. Title:	Senior Project Manager with eHT
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(817) 694-8382		() -	luci.dunn@e-ht.com

SECTION V: Authorized Signature

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

Company:	City of Stamford	Job Title:	Mayor
Name (In Print):	James Decker	Phone:	(325) 773- 2591
Signature:		Date:	4/7/25

Attachment DAR 1.0-8.F

Plain Language Summary form TCEQ-20972



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

Summary of Application (in plain language) Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

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

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

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

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

City of Stamford (CN600633861) operates Stamford Water Treatment Plant (RN101920130), a municipal drinking water treatment facility. The facility is located at 702 North McKinley Street, in Stamford, Jones County, Texas 79553. The City of Stamford has applied for a renewal of the existing permit number WQ0015856001 (EPA I.D. No. TX0139921) that authorizes the discharge of treated wastewater at a volume not to exceed a daily average flow of 200,000 gallons per day.

Discharges from the facility are expected to contain Total Suspended Solids. Filter backwash wastewaters are treated by settling in a backwash holding ponds.

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

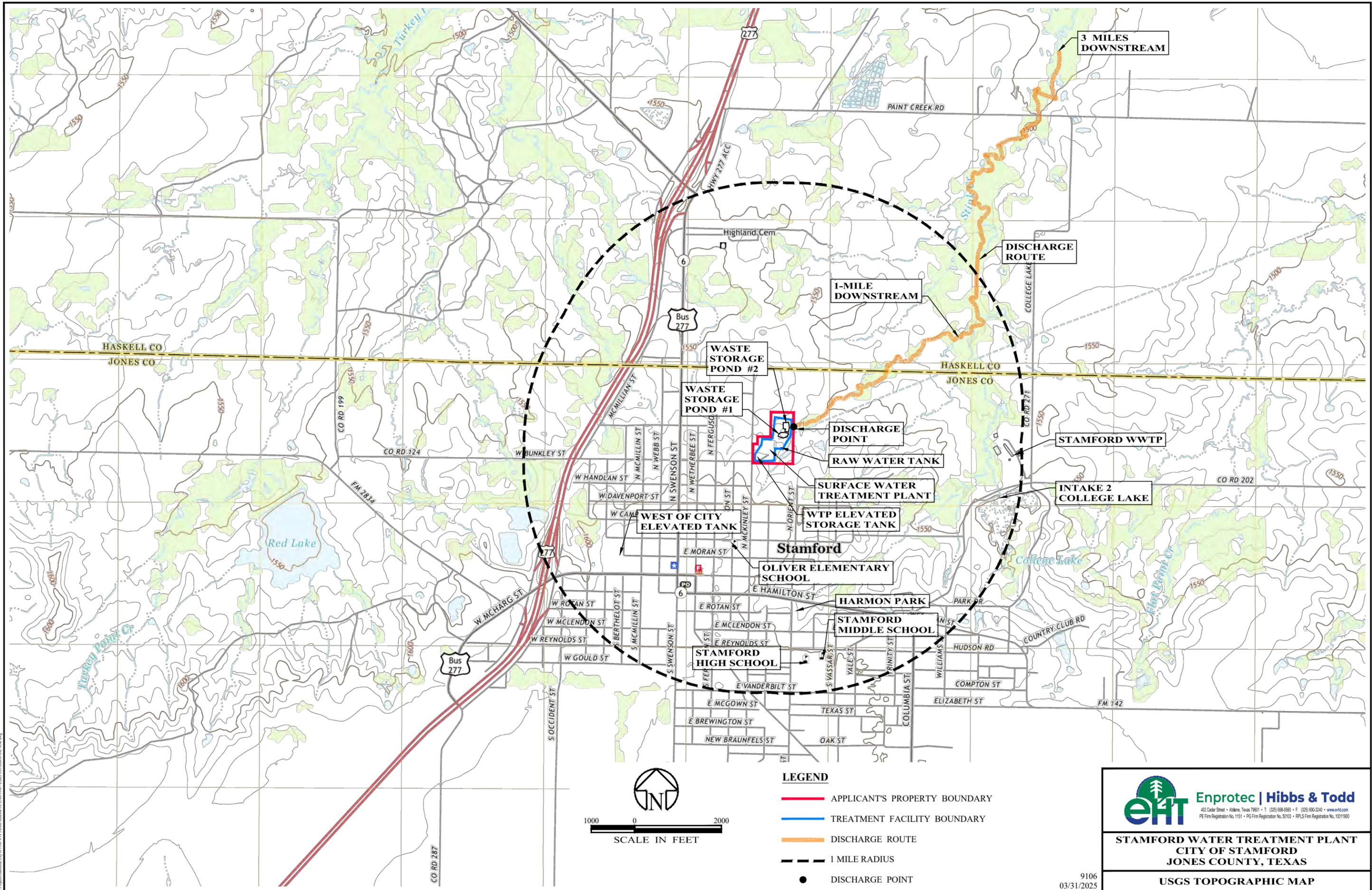
AGUAS RESIDUALES Introduzca 'INDUSTRIALES' o 'DOMÉSTICAS' aquí /AGUAS PLUVIALES

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.

City of Stamford (CN600633861) opera Stamford Water Treatment Plant RN101920130, una instalación de tratamiento de agua potable. La instalación está ubicada en 702 North McKinley Street, en Stamford, Condado de Jones, Texas 79553. City of Stamford ha solicitado la renovación del permiso existente número WQ0015856001 (EPA I.D. No. TX0139921) que autoriza la descarga de aguas residuales tratadas en un volume que no exceda un flujo promedio diario de 200,000 galones por día..

Se espera que las descargas de la instalación contengan sólidos suspendidos totales. Aguas residuales de retrolavado de filtros. están tratado por asentándose en estanques de retención de retrolavado.

Attachment DAR 1.0-13
USGS Topographic Map



Project: Stamford, City of 0106 WTP Permit Renewal II, C091116 - ISSS TOPOGRAPHIC MAP 24

Enprotec | Hibbs & Todd

402 Cedar Street • Abilene, Texas 79601 • T: (325) 698-6550 • F: (325) 693-3240 • www.eht.com
 PE Firm Registration No. 1151 • PG Firm Registration No. 50103 • RPLS Firm Registration No. 10011900

STAMFORD WATER TREATMENT PLANT
CITY OF STAMFORD
JONES COUNTY, TEXAS

USGS TOPOGRAPHIC MAP

9106
03/31/2025

Attachment SPIF5

Supplemental Permit Information Form TCEQ-20971

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

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

TCEQ USE ONLY:

Application type: Renewal Major Amendment Minor Amendment New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

Texas Historical Commission

U.S. Fish and Wildlife

Texas Parks and Wildlife Department

U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: City of Stamford

Permit No. WQ00 15856001

EPA ID No. TX 0139921

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

702 N McKinley St., Stamford, Jones County, Texas 79553

Provide the name, address, phone and fax number of an individual that can be contacted to answer specific questions about the property.

Prefix (Mr., Ms., Miss): Mr.

First and Last Name: Casey Chambers

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

Title: Public Works Director

Mailing Address: PO Box 191

City, State, Zip Code: Stamford, Texas 79553

Phone No.: 325-773-2591 Ext.: N/A Fax No.: N/A

E-mail Address: casey.chambers@stamfordtx.net

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

N/A

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

To an unnamed tributary of Stink Creek; thence to Stink Creek; thence to Paint Creek; thence to Lake Stamford in Segment No. 1235 of the Brazos River Basin.

5. Please provide a separate 7.5-minute USGS quadrangle map with the project boundaries plotted and a general location map showing the project area. Please highlight the discharge route from the point of discharge for a distance of one mile downstream. (This map is required in addition to the map in the administrative report).

Provide original photographs of any structures 50 years or older on the property.

Does your project involve any of the following? Check all that apply.

- Proposed access roads, utility lines, construction easements
- Visual effects that could damage or detract from a historic property's integrity
- Vibration effects during construction or as a result of project design
- Additional phases of development that are planned for the future
- Sealing caves, fractures, sinkholes, other karst features
- Disturbance of vegetation or wetlands

1. List proposed construction impact (surface acres to be impacted, depth of excavation, sealing of caves, or other karst features):

N/A

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

Existing Water Treatment Plant

THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

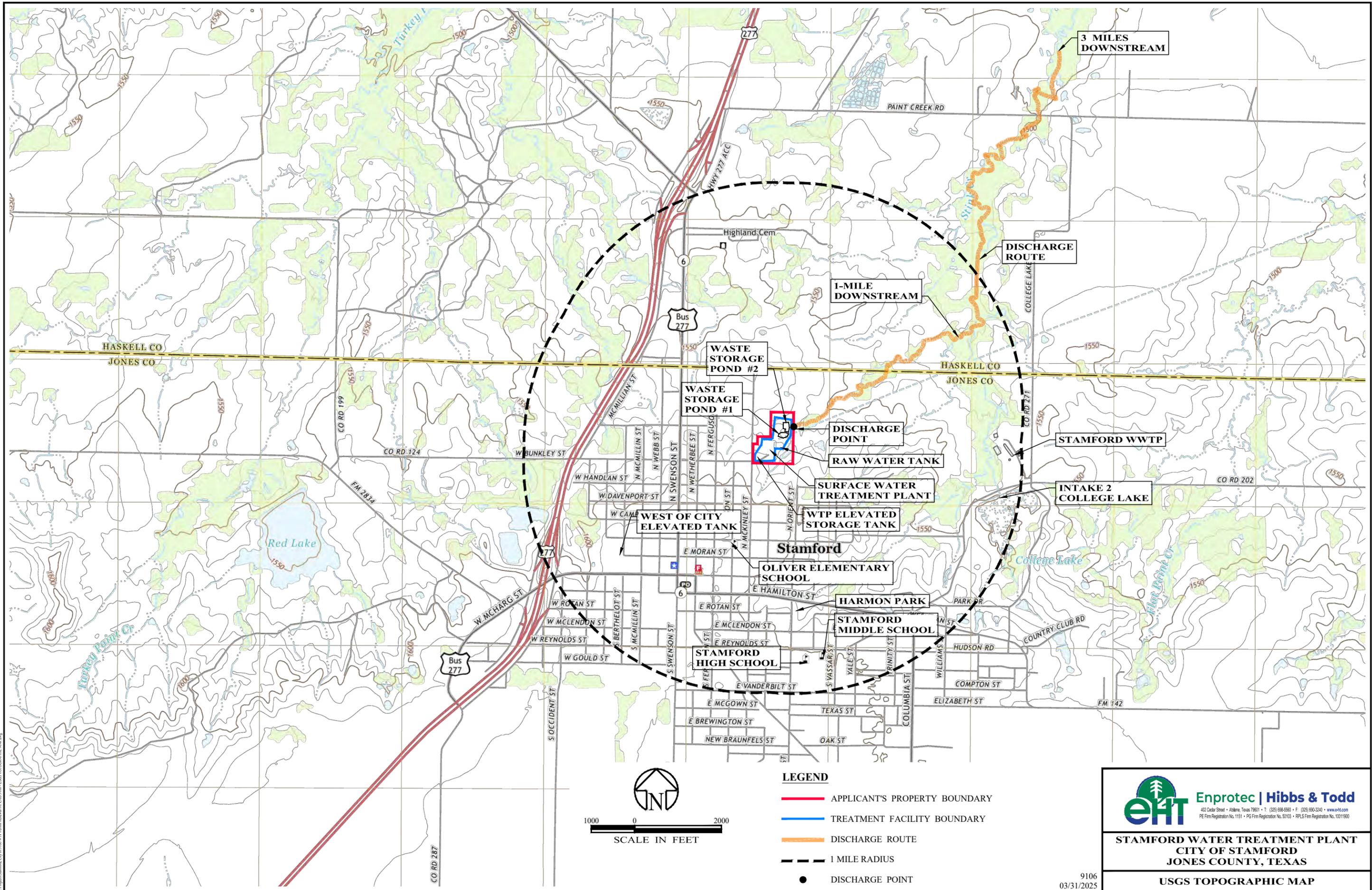
3. List construction dates of all buildings and structures on the property:

N/A

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

N/A

Attachment SPIF5
USGS Topographic Map



Project: Stamford, City of 0106 WTP Permit Renewal II, C091116 - ISSS TOPOGRAPHIC MAP 24



1000 0 2000
SCALE IN FEET

LEGEND

- APPLICANT'S PROPERTY BOUNDARY
- TREATMENT FACILITY BOUNDARY
- DISCHARGE ROUTE
- 1 MILE RADIUS
- DISCHARGE POINT

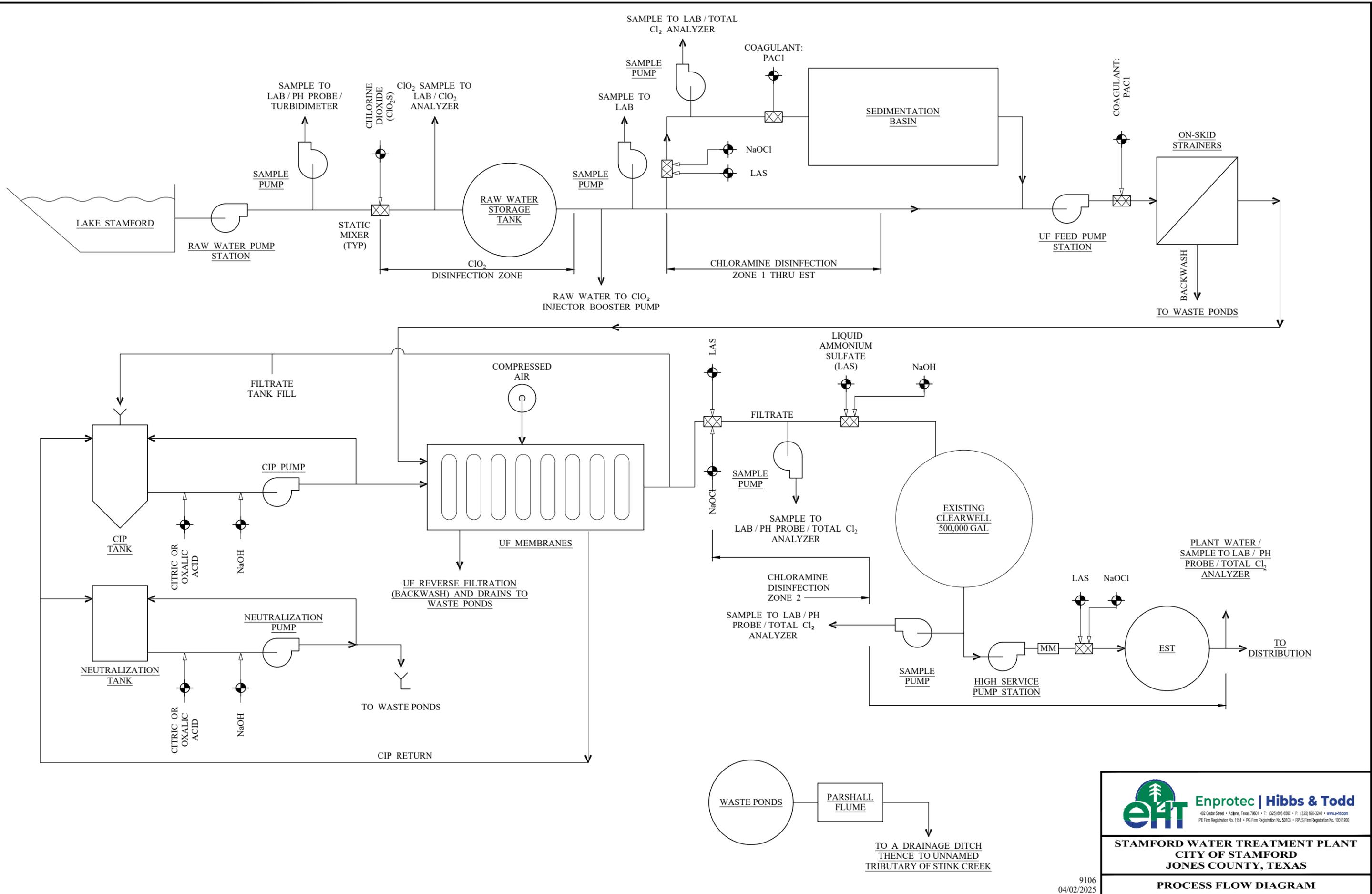

Enrotec | Hibbs & Todd
402 Cedar Street • Abilene, Texas 79601 • T: (325) 698-6550 • F: (325) 690-3240 • www.eht.com
 PE Firm Registration No. 1151 • PG Firm Registration No. 50103 • RPLS Firm Registration No. 10011900

STAMFORD WATER TREATMENT PLANT
CITY OF STAMFORD
JONES COUNTY, TEXAS

USGS TOPOGRAPHIC MAP

9106
03/31/2025

Attachment DTR 1.0-2.C
Flow Diagram



P:\Projects\Stamford, City of\0106\WTP Permit Renewal\11_C09110 - FLOW DIAGRAM.dwg

9106
04/02/2025

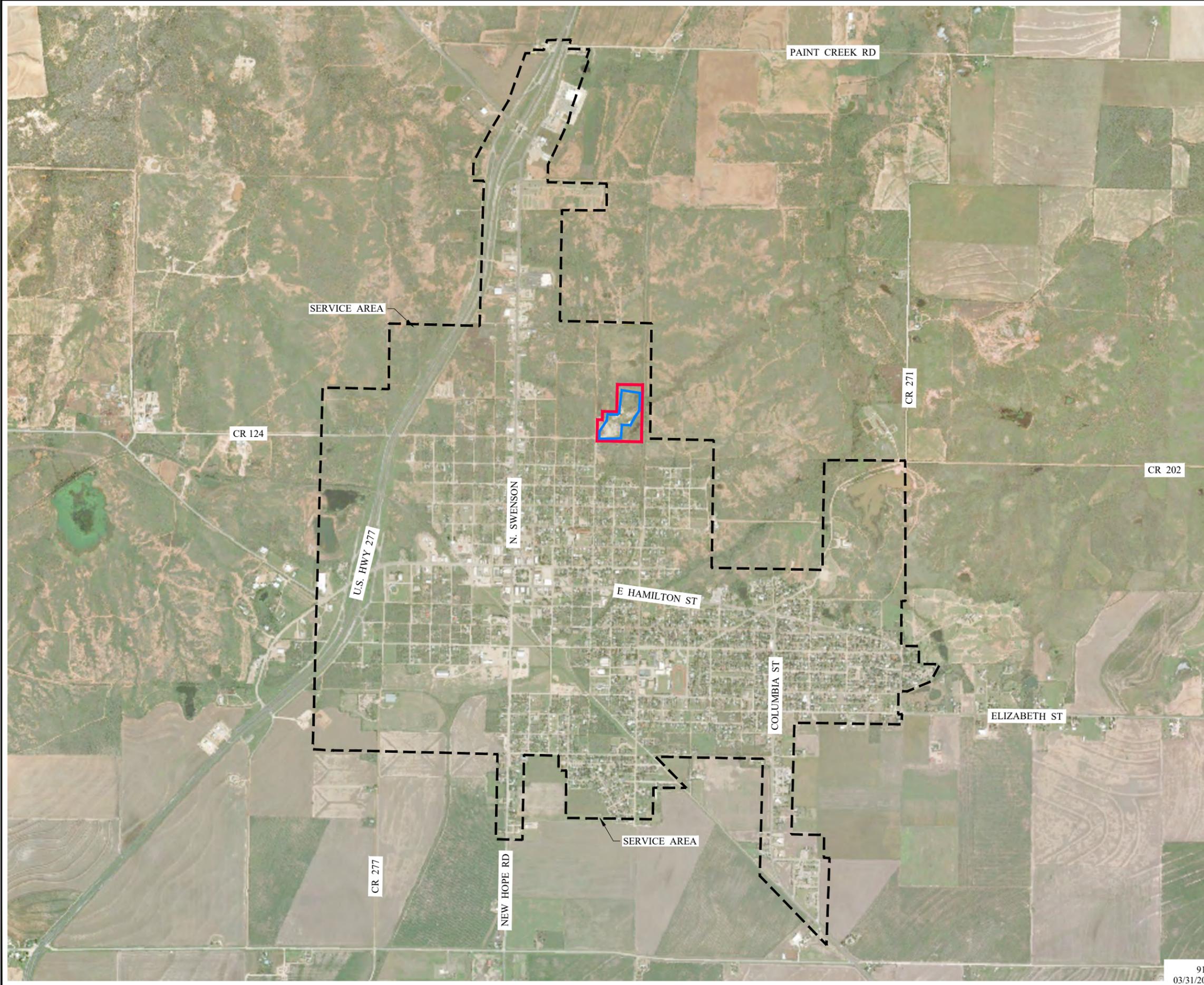


STAMFORD WATER TREATMENT PLANT
CITY OF STAMFORD
JONES COUNTY, TEXAS
PROCESS FLOW DIAGRAM

Attachment DTR 1.0-3
Site Drawing



1000 0 2000
SCALE IN FEET



LEGEND

- APPLICANT'S PROPERTY BOUNDARY
- TREATMENT FACILITY BOUNDARY
- - - SERVICE AREA



Enprotec | Hibbs & Todd
402 Cedar Street • Abilene, Texas 79601 • T: (325) 698-6660 • F: (325) 693-3240 • www.eht.com
PE Firm Registration No. 1151 • PG Firm Registration No. 50103 • RPLS Firm Registration No. 1001900

**STAMFORD WATER TREATMENT PLANT
CITY OF STAMFORD
JONES COUNTY, TEXAS**

SITE DRAWING

9106
03/31/2025

Attachment DTR 1.0-6.C

Notification of Completion Form TCEQ-20007



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
**NOTIFICATION OF COMPLETION/PHASE OF
 WASTEWATER TREATMENT FACILITY**

Contact the Application Review and Processing Team at 512-239-4671 for assistance with this form.

Current Permit Information

Permit Number: WQ0015856001
 EPA I.D. Number: TX0139921
 Expiration Date: 10/15/2025
 Current Name on Permit: City of Stamford
 Pending application: No Yes
 If yes, provide submittal date: N/A

Notification

Indicate the type of notification being provided.

- Activate Effluent Limitations
 Specify the Outfall number(s):
- Interim Phase I Flow: MGD
- Interim Phase II Flow: MGD
- Interim Phase III Flow: MGD
- Final Phase Flow: 0.2 MGD

Indicate the date that the operation began or will begin operating under the selected phase:
 Month/Day/Year: 05/26/2024

Comments: Date based on the Texas Water Development Board Letter, dated 9/16/2024, Final Site Visit Report - CID 04 - Water Treatment Plant Improvements (Contract D) (TWDB DWSRF Project No. 62685).

Certification and Signature

Responsible Official Name (Print or Type): Casey Chambers
 Responsible Official Title: Public Works Director
 Responsible Official Email: casey.chambers@stamfordtx.net

I 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.

Signature (use blue ink): 

Date: 3-31-2025

Email completed form to: WQD-ICIS@tceq.texas.gov

Or

Mail completed form to: Texas Commission on Environmental Quality
 Applications Review and Processing Team (MC-148)
 P.O. Box 13087
 Austin TX 78711-3087

Attachment DTR 1.0-7
Pollutant Analyses Analytical Results



STAF-W

City of Stamford
 Casey Chamber 325-721-2207
 711 N. Hobart
 P.O. Box Drawer 191
 Stamford, TX 79553

Project
1139690

Printed: 03/24/2025

2389577 Special Testing

Received: 03/13/2025

Drinking Water
 Collected by: Client City of Stamford
 Taken: 03/12/2025 08:00:00

PO:

EPA 200.8 5.4 Prepared: 1165320 03/14/2025 05:00:00 Analyzed: 1163603 03/14/2025 21:24:00 ESG

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Aluminum, Total	0.553	mg/L	0.005		7429-90-5	03

EPA 300.0 2.1 Prepared: 1165633 03/14/2025 21:28:00 Analyzed: 1163635 03/14/2025 21:28:00 KRA

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Fluoride	<1.00	mg/L	1.00			01

SM 2540 C-2015 Prepared: 1166059 03/17/2025 10:20:00 Analyzed: 1166059 03/17/2025 10:20:00 JMB

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Total Dissolved Solids	760	mg/L	50.0			01

SM 2540 D-2015 Prepared: 1165825 03/17/2025 13:05:00 Analyzed: 1165825 03/17/2025 13:05:00 BEK

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Total Suspended Solids	45.0	mg/L	7.14			01

Sample Preparation

2389571 Sampling/Transport

Received: 03/13/2025

03/12/2025

Prepared: 03/13/2025 11:30:40 Calculated: 03/13/2025 11:30:40 CAL

Sampling/Transport

Verified



STAF-W

City of Stamford
 Casey Chamber 325-721-2207
 711 N. Hobart
 P.O. Box Drawer 191
 Stamford, TX 79553

Project
1139690

Printed: 03/24/2025

2389574 510N MCKINLEY

Received: 03/13/2025

03/12/2025

Prepared: 03/13/2025 12:01:26 Calculated 03/13/2025 12:01:26 CAL

Enviro Fee (per Sampling Group) Verified

2389577 Special Testing

Received: 03/13/2025

03/12/2025

EPA 200.2.2.8 Prepared: 1165320 03/14/2025 05:00:00 Analyzed 1165320 03/14/2025 05:00:00 HLT

Liquid Metals Digestion 50/50 ml 02

SM 2540 C-2015 Prepared: 1165577 03/17/2025 10:20:00 Analyzed 1165577 03/17/2025 10:20:00 JMB

NELAC **Total Dissolved Solids Started Started**

SM 2540 D-2011 Prepared: 1164926 03/17/2025 13:05:00 Analyzed 1164926 03/17/2025 13:05:00 BEK

NELAC **TSS Set Started Started**



STAF-W

City of Stamford
Casey Chamber 325-721-2207
711 N. Hobart
P.O. Box Drawer 191
Stamford, TX 79553



Printed: 03/24/2025

Qualifiers:

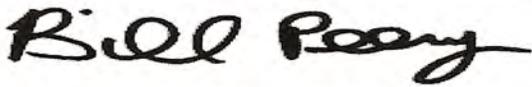
We report results on an As Received (or Wet) basis unless marked Dry Weight.

Unless otherwise noted, testing was performed at SPL, Inc. - Kilgore laboratory which holds International, Federal, and state accreditations. Please see our Website for details.

(N)ELAC - Covered in our NELAC scope of accreditation
Z -- Not covered by our NELAC scope of accreditation

These analytical results relate to the sample tested. This report may NOT be reproduced EXCEPT in FULL without written approval of SPL Kilgore. Unless otherwise specified, these test results meet the requirements of NELAC.

RL is the Reporting Limit (sample specific quantitation limit) and is at or above the Method Detection Limit (MDL). CAS is Chemical Abstract Service number. RL is our Reporting Limit, or Minimum Quantitation Level. The RL takes into account the Instrument Detection Limit (IDL), Method Detection Limit (MDL), and Practical Quantitation Limit (PQL), and any dilutions and/or concentrations performed during sample preparation (EQL). Our analytical result must be above this RL before we report a value in the 'Results' column of our report (without a 'J' flag). Otherwise, we report ND (Not Detected above RL), because the result is "<" (less than) the number in the RL column. MAL is Minimum Analytical Level and is typically from regulatory agencies. Unless we report a result in the result column, or interferences prevent it, we work to have our RL at or below the MAL.



Bill Peery, MS, VP Technical Services



QUALITY CONTROL



STAF-W

Page 1 of 4

City of Stamford
 Casey Chamber 325-721-2207
 711 N. Hobart
 P.O. Box Drawer 191
 Stamford, TX 79553



Printed 03/24/2025

Analytical Set **1165825**

SM 2540 D-2015

Blank						
Parameter	PrepSet	Reading	MDL	MDL	Units	File
Total Suspended Solids	1165825	ND	2	2	mg/L	127414483
ControlBlk						
Parameter	PrepSet	Reading	MDL	MDL	Units	File
Total Suspended Solids	1165825	-0.0002			grams	127414482
Duplicate						
Parameter	Sample	Result	Unknown	Unknown	Unit	RPD
Total Suspended Solids	2389465	27.3	23.3		mg/L	15.8
Total Suspended Solids	2389527	104	114		mg/L	9.17
Total Suspended Solids	2390150	7440	7300		mg/L	1.90
LCS						
Parameter	PrepSet	Reading	Known	Units	Recover%	Limits
Total Suspended Solids	1165825	48.0	50.0	mg/L	96.0	90.0 - 110
Standard						
Parameter	Sample	Reading	Known	Units	Recover%	Limits%
Total Suspended Solids		94.0	100	mg/L	94.0	90.0 - 110

Analytical Set **1166059**

SM 2540 C-2015

Blank						
Parameter	PrepSet	Reading	MDL	MDL	Units	File
Total Dissolved Solids	1166059	5.00	5.00	5.00	mg/L	127418802
ControlBlk						
Parameter	PrepSet	Reading	MDL	MDL	Units	File
Total Dissolved Solids	1166059	0.0004			grams	127418789
Duplicate						
Parameter	Sample	Result	Unknown	Unknown	Unit	RPD
Total Dissolved Solids	2389338	388	336		mg/L	14.4
LCS						
Parameter	PrepSet	Reading	Known	Units	Recover%	Limits
Total Dissolved Solids	1166059	196	200	mg/L	98.0	85.0 - 115
Standard						
Parameter	Sample	Reading	Known	Units	Recover%	Limits%
Total Dissolved Solids		94.0	100	mg/L	94.0	90.0 - 110

Analytical Set **1165633**

EPA 300.0 2.1

AWRL/LOQ C						
Parameter	Reading	Known	Units	Recover%	Limits%	File
Fluoride	0.101	0.100	mg/L	101	70.0 - 130	127410025

Email: Kilgore.ProjectManagement@spilabs.com



Report Page 7 of 16

QUALITY CONTROL



STAF-W

City of Stamford
 Casey Chamber 325-721-2207
 711 N. Hobart
 P.O. Box Drawer 191
 Stamford, TX 79553

Project
1139690

Printed 03/24/2025

Blank											
Parameter	PrepSet	Reading	MDL	MQL	Units	File					
Fluoride	1165633	ND	0.0112	0.100	mg/L	127410026					
CCB											
Parameter	PrepSet	Reading	MDL	MQL	Units	File					
Fluoride	1165633	0	0.0112	0.100	mg/L	127410022					
Fluoride	1165633	0	0.0112	0.100	mg/L	127410042					
Fluoride	1165633	0	0.0112	0.100	mg/L	127410054					
CCV											
Parameter	Reading	Known	Units	Recover%	Limits%	File					
Fluoride	10.2	10.0	mg/L	102	90.0 - 110	127410021					
Fluoride	10.5	10.0	mg/L	105	90.0 - 110	127410041					
Fluoride	10.5	10.0	mg/L	105	90.0 - 110	127410053					
LCS Dup											
Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%	
Fluoride	1165633	5.64	5.53	5.00	88.0 - 118	113	111	mg/L	1.97	20.0	
MSD											
Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Fluoride	2388755	102	96.8	ND	100	80.0 - 120	102	96.8	mg/L	5.23	20.0
Fluoride	2388756	99.9	99.7	ND	100	80.0 - 120	99.9	99.7	mg/L	0.200	20.0

Analytical Set **1166752**

EPA 300.1 1

AWRL/LOQ C											
Parameter	Reading	Known	Units	Recover%	Limits%	File					
Chlorite	4.84	5.00	ug/L	96.8	75.0 - 125	127434169					
Blank											
Parameter	PrepSet	Reading	MDL	MQL	Units	File					
Chlorite	1166752	ND	0.836	5.00	ug/L	127434172					
Chlorite	1166752	ND	0.836	5.00	ug/L	127434175					
CCV											
Parameter	Reading	Known	Units	Recover%	Limits%	File					
Chlorite	519	500	ug/L	104	85.0 - 115	127434168					
Chlorite	516	500	ug/L	103	85.0 - 115	127434188					
Chlorite	519	500	ug/L	104	85.0 - 115	127434201					
LCS Dup											
Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%	
Chlorite	1166752	95.0	94.4	100	85.0 - 115	95.0	94.4	ug/L	0.634	25.0	
MSD											
Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Chlorite	2389466	199	197	ND	200	75.0 - 125	99.5	98.5	ug/L	1.01	20.0
Chlorite	2389574	220	240	ND	200	75.0 - 125	110	120	ug/L	8.70	20.0

Email: Kilgore.ProjectManagement@spilabs.com



QUALITY CONTROL



STAF-W

City of Stamford
 Casey Chamber 325-721-2207
 711 N. Hobart
 P.O. Box Drawer 191
 Stamford, TX 79553

Project
1139690

Printed 03/24/2025

Surrogate								
Parameter	Sample	Type	Reading	Known	Units	Recover%	Limits%	File
Dichloroacetate (Surrogate)		Blank	1010	1000	ug/L	101	85.0 - 130	127434172
Dichloroacetate (Surrogate)		Blank	1040	1000	ug/L	104	85.0 - 130	127434175
Dichloroacetate (Surrogate)	2389466	Unknown	1010	1000	ug/L	101	85.0 - 130	127434176
Dichloroacetate (Surrogate)	2389574	Unknown	1030	1000	ug/L	103	85.0 - 130	127434189
Dichloroacetate (Surrogate)	2389575	Unknown	1010	1000	ug/L	101	85.0 - 130	127434192
Dichloroacetate (Surrogate)	2389576	Unknown	1010	1000	ug/L	101	85.0 - 130	127434193

Analytical Set 1165603

EPA 200.8 5.4

Blank						
Parameter	PrepSet	Reading	MDL	MQL	Units	File
Aluminum, Total	1165603	ND	0.0039	0.005	mg/L	127409160
Aluminum, Total	1165320	ND	0.0039	0.005	mg/L	127409238

CCV						
Parameter	Reading	Known	Units	Recover%	Limits%	File
Aluminum, Total	0.0525	0.05	mg/L	105	90.0 - 110	127409173
Aluminum, Total	0.0534	0.05	mg/L	107	90.0 - 110	127409214
Aluminum, Total	0.0526	0.05	mg/L	105	90.0 - 110	127409224
Aluminum, Total	0.0529	0.05	mg/L	106	90.0 - 110	127409233
Aluminum, Total	0.0527	0.05	mg/L	105	90.0 - 110	127409237
Aluminum, Total	0.0523	0.05	mg/L	105	90.0 - 110	127409247
Aluminum, Total	0.0522	0.05	mg/L	104	90.0 - 110	127409248

ICV						
Parameter	Reading	Known	Units	Recover%	Limits%	File
Aluminum, Total	0.0542	0.05	mg/L	108	90.0 - 110	127409169

LCS Dup										
Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Aluminum, Total	1165320	0.504	0.503	0.500	85.0 - 115	101	101	mg/L	0.199	20.0

LDR						
Parameter	Reading	Known	Units	Recover%	Limits%	File
Aluminum, Total	10.9	10	mg/L	109	90.0 - 110	127409170

MSD											
Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Aluminum, Total	2389473	0.966	0.967	0.484	0.500	70.0 - 130	96.4	96.6	mg/L	0.207	20.0

* Out RPD is Relative Percent Difference: $\text{abs}(r1-r2) / \text{mean}(r1,r2) * 100\%$

Recover% is Recovery Percent: $\text{result} / \text{known} * 100\%$



QUALITY CONTROL



STAF-W

City of Stamford
Casey Chamber 325-721-2207
711 N. Hobart
P.O. Box Drawer 191
Stamford, TX 79553

Project
1139690

Printed 03/24/2025

Blank - Method Blank (reagent water or other blank matrices that contains all reagents except standard(s) and is processed simultaneously with and under the same conditions as samples; carried through preparation and analytical procedures exactly like a sample; monitors); CCV - Continuing Calibration Verification (same standard used to prepare the curve; typically a mid-range concentration; verifies the continued validity of the calibration curve); MSD - Matrix Spike Duplicate (replicate of the matrix spike; same solution and amount of target analyte added to the MS is added to a third aliquot of sample; quantifies matrix bias and precision.); ICV - Initial Calibration Verification; LCS Dup - Laboratory Control Sample Duplicate (replicate LCS; analyzed when there is insufficient sample for duplicate or MSD; quantifies accuracy and precision.); LDR - Linear Dynamic Range Standard; CCB - Continuing Calibration Blank; AWRL/LOQ C - Ambient Water Reporting Limit/LOQ Check Std; LCS - Laboratory Control Sample (reagent water or other blank matrices that is spiked with a known quantity of target analyte(s) and carried through preparation and analytical procedures exactly like a sample; typically a mid-range concentration; verifies that bias and precision of the analytical process are within control limits; determines usability of the data.); Surrogate - Surrogate (mimics the analyte of interest but is unlikely to be found in environmental samples; added to analytical samples for QC purposes. **ANSI/ASQC E4 1994, Ref #4 TRADE QA Resources Guide.)



1139690 CoC Print Group 001 of 001

2600 Dudley Rd. Kilgore, Texas 75662
Office: 903-984-0551 * Fax: 903-984-5914



CHAIN OF CUSTODY

Printed 03/04/2025 Page 1 of 1

City of Stamford
Casey Chamber 325-721-2207
711 N. Hobart
P.O. Box Drawer 191
Stamford, TX 79553

**STAF-W
010**

Lab Number 2389571
PO Number _____
Phone _____ 325-773-3592

Sampling/Transport

Hand Delivered by Client to Region or LAB

Matrix: Non-Potable Water

Sample Collection Start

Date: 3/12/25 Time: 10:55

Sampler Printed Name: Bne Wallace

Sampler Affiliation: SPL

Sampler Signature: BWallace

Samples Radioactive? Samples Contains Dioxin? Samples Biological Hazard?

0 Z -- No bottle required

PuCh Sampling/Transport

Ambient Conditions/Comments

Date	Time	Relinquished	Received
3/12/25	1800	Printed Name: <u>Bne Wallace</u> Affiliation: <u>SPL</u>	Printed Name: <u>Xps</u> Affiliation: _____
		Signature: <u>BWallace</u>	Signature: _____
3/13/25	0540	Printed Name: _____ Affiliation: _____	Printed Name: <u>Doris Stoker - SPL, Inc.</u> Affiliation: _____
		Signature: _____	Signature: <u>[Signature]</u>
		Printed Name: _____ Affiliation: _____	Printed Name: _____ Affiliation: _____
		Signature: _____	Signature: _____
		Printed Name: _____ Affiliation: _____	Printed Name: _____ Affiliation: _____
		Signature: _____	Signature: _____

Sample Received on Ice? Yes No
Cooler/Sample Secure? Yes No IF Shipped: Tracking Number & Temp - See Attached

The accredited column designates accreditation by A - A2LA, N - NELAP, or Z - not listed under scope of accreditation. Unless otherwise specified, SPL shall provide these ordered services pursuant to our Standard Terms & Conditions Agreement. SPL personnel collect samples as specified by SPL SOP #000523.

Comments



1139690 CoC Print Group 001 of 001

2600 Dudley Rd. Kilgore, Texas 75602
 24 Waterway Avenue, Suite 375 The Woodlands, TX 77380
 Office: 903-984-0551 * Fax: 903-984-5914



CHAIN OF CUSTODY

City of Stamford
 Casey Chamber 325-721-2207
 711 N. Hobart
 P.O. Box Drawer 191
 Stamford, TX 79553

**STAF-W
106**

02/14/2024

Page 1 of 2

Phone

325-773-3592

PO Number

Distribution Chlorite Monthly

Hand Delivered by Client to Region or Lab

Matrix: Drinking Water

Sampler Printed Name: Casey Chamber
 Sampler Affiliation: Stamford
 Sampler Signature: [Signature]

Samples Radioactive? Samples Contains Dioxin? Samples Biological Hazard?

Ana-Lab #
(Lab Only)

Sample ID

Bottles

Date

Time

Notes

Ana-Lab # (Lab Only)	Sample ID	Bottles	Date	Time	Notes
0389574	510 N McKinley	1	3-12-25	0815	
0389575	210 E McHenry	1	3-12-25	0830	
0389576	513 Porter	1	3-12-25	0845	

1 EDA Preserved 250 Amber Polyethylene

NEELAC

ICIL

Chlorite

EPA 300.11 (14.0 days)

Date	Time	Relinquished		Received	
3/12/25	1055	Printed Name: Casey Chamber	Affiliation: Stamford	Printed Name: Brie Wallace	Affiliation: SPL
		Signature: [Signature]		Signature: BWallace	
3/12/25	1800	Printed Name: Brie Wallace	Affiliation: SPL	Printed Name: [Signature]	Affiliation: [Signature]
		Signature: BWallace		Signature: Doris Stoker - SPL, Inc.	
3/13/25	0845	Printed Name:	Affiliation:	Printed Name: [Signature]	Affiliation:
		Signature:		Signature:	
		Printed Name:	Affiliation:	Printed Name:	Affiliation:
		Signature:		Signature:	



West Texas-Abilene: 521 S Access Rd W STE 105 Clyde TX 79510

1139690 CoC Print Group 001 of 001

2600 Dudley Rd. Kilgore, Texas 75662
24 Waterway Avenue, Suite 375 The Woodlands, TX 77380
Office: 903-984-0551 * Fax: 903-984-5914



CHAIN OF CUSTODY

City of Stamford
Casey Chamber 325-721-2207
711 N. Hobart
P.O. Box Drawer 291
Stamford, TX 79553

STAF-W
106

02/14/2024

Page 2 of 2

Phone

325-773-3592

Distribution Chlorite Monthly

Sample Received on Ice? Yes No
Cooler/Sample Secure? Yes No If Shipped: Tracking Number & Temp - See Attached

The accredited column designates accreditation by A - A2LA, N - NELAP, or Z - not listed under scope of accreditation. Unless otherwise specified, ANA-LAB shall provide these ordered services pursuant to our Standard Terms & Conditions Agreement (available for download from the welcome page at <http://www.ana-lab.com>). Ana-Lab personnel collect samples as specified by Ana-Lab SOP #000323.

Comments



West Texas-Abilene: 521 S Access Rd W STE 105 Clyde TX 79510

1139690 CoC Print Group 001 of 001

2600 Dudley Rd. Kilgore, Texas 75662
Office: 903-984-0551 * Fax: 903-984-5914



CHAIN OF CUSTODY

Printed 03/04/2025 Page 1 of 2

City of Stamford
Casey Chamber 325-721-2207
711 N. Hobart
P.O. Box Drawer 191
Stamford, TX 79553

STAF-W
120

Lab Number 238957
PO Number _____
Phone 325-773-3592

Special Testing

Hand Delivered by Client to Region or LAB

Matrix: Drinking Water

Sample Collection Start

Date: 3-12-2025 Time: 8:00
Sampler Printed Name: Casey Chamber
Sampler Affiliation: Stamford
Sampler Signature: [Signature]

Samples Radioactive? Samples Contains Dioxin? Samples Biological Hazard?

1 Polyethylene 1/2 gal (White)

NELAC	!FIL	Fluoride	EPA 300.0 2.1 (28.0 days)
NELAC	TDS	Total Dissolved Solids	SM 2540 C-2015 (7.00 days)
NELAC	TSS	Total Suspended Solids	SM 2540 D-2015 (7.00 days)

1 HNO3 to pH <2 Polyethylene 500 mL for Metals

NELAC	*AIM	Aluminum, Total	EPA 200.8 5.4 CAS:7429-90-5 (180 days)
	301L	Liquid Metals Digestion	EPA 200.2 2.8 (180 days)

Ambient Conditions Comments



1139690 CoC Print Group 001 of 001

2600 Dudley Rd. Kilgore, Texas 75662
Office: 903-984-0551 * Fax: 903-984-5914



Printed 03/04/2025

Page 2 of 2

CHAIN OF CUSTODY

City of Stamford
Casey Chamber 325-721-2207
711 N. Hobart
P.O. Box Drawer 191
Stamford, TX 79553

**STAF-W
120**

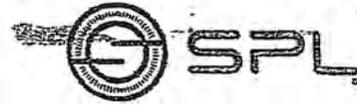
Date	Time	Relinquished		Received	
7/25	1055	Printed Name: Casey Chambers Signature: [Signature]	Affiliation: STAF-W	Printed Name: Brie Wallace Signature: [Signature]	Affiliation: SPL
3/12/25	1800	Printed Name: Brie Wallace Signature: [Signature]	Affiliation: SPL	Printed Name: [Signature]	Affiliation: [Signature]
3-13-25	0540	Printed Name: [Signature]	Affiliation: [Signature]	Printed Name: Doris Stoker - SPL, Inc. Signature: [Signature]	Affiliation: [Signature]
		Printed Name:	Affiliation:	Printed Name:	Affiliation:
		Signature:		Signature:	

Sample Received on Ice? Yes No
Cooler/Sample Secure? Yes No
If Shipped: Tracking Number & Temp - See Attached

The accredited column designates accreditation by A - A2LA, N - NFI AC, or x - not listed under scope of accreditation. Unless otherwise specified, SPL shall provide these ordered services pursuant to our Standard Terms & Conditions Agreement. SPL personnel collect samples as specified by SPL SOP #000323.

Comments





COOLER CHECKIN

Region/Driver/Client	Abilene
Date / Time:	3/13 1040
Cooler:	of
Shipping Company:	XPS

Temp Label:

3/13 1040 KR		
Date	Time	Tech
Temp: 0.0	0.3	C
Therm#: 6443 Corr Fact: -0.3 C		



STAF-W

City of Stamford
Casey Chamber 325-721-2207
711 N. Hobart
P.O. Box Drawer 191
Stamford, TX 79553

Printed 03/24/2025
15:34

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1139690_r03_03_ProjectResults	SPL Kilgore Project P:1139690 C:STAF Project Results t:304	4
1139690_r10_05_ProjectQC	SPL Kilgore Project P:1139690 C:STAF Project Quality Control Groups	4
1139690_r99_09_CoC_1_of_1	SPL Kilgore CoC STAF 1139690_1_of_1	6
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SAMPLE CROSS REFERENCE

Project
1139690

City of Stamford
 Casey Chamber 325-721-2207
 711 N. Hobart
 P.O. Box Drawer 191
 Stamford, TX 79553

3/24/2025 Page 1 of 1
 DW Special Testing Sampling/Transport

Sample	Sample ID	Taken	Time	Received
2389574	<i>510N MCKINLEY</i>	03/12/2025	08:15:00	03/13/2025

Bottle 01 EDA Preserved 250 Amber Polyethylene

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 300.1 1	01	1166752	03/21/2025	1166752	03/21/2025

Sample	Sample ID	Taken	Time	Received
2389575	<i>210 E MCHERG</i>	03/12/2025	08:30:00	03/13/2025

Bottle 01 EDA Preserved 250 Amber Polyethylene

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 300.1 1	01	1166752	03/22/2025	1166752	03/22/2025

Sample	Sample ID	Taken	Time	Received
2389576	<i>513 PORTER</i>	03/12/2025	08:45:00	03/13/2025

Bottle 01 EDA Preserved 250 Amber Polyethylene

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 300.1 1	01	1166752	03/22/2025	1166752	03/22/2025

Sample	Sample ID	Taken	Time	Received
2389577	<i>Special Testing</i>	03/12/2025	08:00:00	03/13/2025

Bottle 01 Polyethylene 1/2 gal (White)

Bottle 02 16 oz HNO3 Metals Plastic

Bottle 03 Prepared Bottle: ICP Preparation for Metals (Batch 1165320) Volume: 50.00000 mL <== Derived from 02 (50 ml)

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 300.0 2.1	01	1165633	03/14/2025	1165633	03/14/2025
EPA 200.8 5.4	03	1165320	03/14/2025	1165603	03/14/2025
SM 2540 C-2015	01	1166059	03/17/2025	1166059	03/17/2025
SM 2540 D-2015	01	1165825	03/17/2025	1165825	03/17/2025

Email: Kilgore.ProjectManagement@spllabs.com

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments**Attachments**

No attachments.

Report Last Saved By**STAMFORD, CITY OF**

User: CASEYJ1966
Name: Casey Chambers
E-Mail: casey.chambers@stamfordtx.net
Date/Time: 2025-03-14 15:28 (Time Zone:-05:00)

Report Last Signed By

User: CASEYJ1966
Name: Casey Chambers
E-Mail: casey.chambers@stamfordtx.net
Date/Time: 2025-03-14 15:28 (Time Zone:-05:00)

[View Certification](#) | [Download COR](#)

DMR Copy of Submission

Expand Notices

Form Approved OMB No. 2040-0004 expires on 07/31/2026

Backwash Ponds

Month/year: February 2025

	Flow	TSS	ph
1	.034		
2	.032		
3	.036		
4	.029	8.0	8.74
5	.027		
6	.033		
7	.026		
8	.026		
9	.022		
10	.015		
11	.010	2.50	8.82
12	.031		
13	.026		
14	.024		
15	.029		
16	.032		
17	.008		
18	.022	13.5	8.85
19	.011		
20	.021		
21	.169		
22	.070		
23	.019		
24	.041		
25	.042	16.0	8.90
26	.044		
27	.041		
28	.031		
29	—		
30	—		
31	—		

TSS

$$\begin{aligned}
 .029 \times 8.34 \times 8.0 &= 1.9 \\
 .010 \times 8.34 \times 2.5 &= .2 \\
 .022 \times 8.34 \times 13.5 &= 2.5 \\
 .042 \times 8.34 \times 16.0 &= 5.6
 \end{aligned}$$

$$4 \sqrt{10.2} \quad \text{2.6}$$

$$4 \sqrt{10} \quad \text{40}$$



ph 8.74
8.90

.169 max
28 $\sqrt{.979}$
.035 max

Candice Calhoun

From: Luci Dunn <luci.dunn@e-ht.com>
Sent: Thursday, May 1, 2025 4:35 PM
To: Candice Calhoun
Cc: Steve Norwood <steve.norwood@stamfordtx.net>; Casey Chambers (casey.chambers@stamfordtx.net)
Subject: RESPONSE: Stamford WTP Application to Renew Permit No. WQ0015856001 - NOD
Attachments: Response to Stamford WTP Admin NODWQ00139921.pdf

Good Day Candice,
Please see the attached response to the City of Stamford WTP Administrative Notice of Deficiency (WQ001585600).
Sincerely,

Luci Dunn, PE
Senior Project Manager
Enprotec / Hibbs & Todd, Inc.

From: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>
Sent: Thursday, April 24, 2025 8:16 AM
To: steve.norwood@stamfordtx.net
Cc: Luci Dunn <luci.dunn@e-ht.com>
Subject: Application to Renew Permit No. WQ0015856001 - Notice of Deficiency
Importance: High

Caution: This is an external email that originated outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning, Mr. Norwood,

The attached Notice of Deficiency (NOD) letter dated April 24, 2025, requests additional information needed to declare the application administratively complete. Please send complete response no later than May 8, 2025.

Please let me know if you have any questions.

Regards,



Candice Courville

License & Permit Specialist
ARP Team | Water Quality Division
Texas Commission on Environmental
Quality
512-239-4312
candice.calhoun@tceq.texas.gov

How is our customer service? Fill out our online customer satisfaction survey at www.tceq.texas.gov/customersurvey



May 1, 2025

Via Email to candice.calhoun@tceq.texas.gov

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

Re: Response to TCEQ Letter, dated April 24, 2025
Application to Renew Permit No.: WQ0015856001 (EPA I.D. No. TX0139921)
Applicant Name: City of Stamford (CN600633861)
Site Name: City of Stamford WTP (RN101920130)
Type of Application: Renewal without changes

Dear Ms. Calhoun:

The TCEQ emailed letter, dated April 24, 2025, indicates that additional information is required before the application can be declared administratively complete. A copy of the referenced TCEQ correspondence is attached for reference. The responses to each item listed in the referenced TCEQ correspondence are as follows:

- 1. We were unable to confirm payment of the application processing fee. The filing fee for your application is \$815.00. Please submit payment to: TCEQ, Revenue Section (MC 214), P.O. Box 13088, Austin, Texas 78711-3088. Also, provide a copy of the check along with the response to this letter.*

Payment of the \$815.00 application fee is confirmed. See the attached TCEQ fee payment receipt (M557043A & M557043B) provided by the TCEQ Revenue Section. A copy of the payment check was included in Attachment DAR 1.0-1.

- 2. The following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions. The complete notice will be sent to you once the application is declared administratively complete.*

APPLICATION. City of Stamford, P.O. Box 191, Stamford, Texas 79553, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0015856001 (EPA I.D. No. TX0139921) to authorize the discharge of treated filter backwash effluent from a water treatment plant at a volume not to exceed a daily average flow of 200,000 gallons per day. The water treatment facility is located at 702 North McKinley Street, in the city of Stamford, in Jones County, Texas 79553. The discharge route is from the plant site to an unnamed tributary of Stink Creek; thence to Stink Creek; thence to Paint Creek; thence to Lake Stamford. TCEQ received this application on April 21, 2025. The permit application



Ms. Candice Calhoun, TCEQ
May 1, 2025
Page 2

will be available for viewing and copying at Stamford City Hall, front desk, 201 East McHarg Street, Stamford, in Jones County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications> This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application. <https://gisweb.tceq.texas.gov/LocationMapper/?marker=-99.795833,32.953333&level=18> Further information may also be obtained from City of Stamford at the address stated above or by calling Mr. Steve Norwood, City Manager, at 325-773-2591.

The draft NORI appears to be correct; no changes are recommended.

The response is provided as requested by the TCEQ response deadline of May 8, 2025. Please feel free to call me at 817-694-8382, contact me in writing in the Abilene office, or email me at luci.dunn@e-ht.com with any questions or comments.

Sincerely,

Enprotec / Hibbs & Todd, Inc.

Luci Dunn, P.E.
Senior Project Manager

LD/jd

Attachments TCEQ Administrative Email and Letter, dated 4/24/2025
TCEQ Fee Payment Receipt (M557043A & M557043B)

c: Mr. Steve Norwood, City Manager, via email to steve.norwood@stamfordtx.net
Mr. Casey Chambers, Public Works Director, via email to casey.chambers@stamfordtx.net
Project File 9106

Luci Dunn

From: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>
Sent: Thursday, April 24, 2025 8:16 AM
To: steve.norwood@stamfordtx.net
Cc: Luci Dunn
Subject: Application to Renew Permit No. WQ0015856001 - Notice of Deficiency
Attachments: wq0015856001-nod1.pdf

Importance: High

Caution: This is an external email that originated outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning, Mr. Norwood,

The attached Notice of Deficiency (NOD) letter dated **April 24, 2025**, requests additional information needed to declare the application administratively complete. Please send complete response no later than **May 8, 2025**.

Please let me know if you have any questions.

Regards,



Candice Courville

License & Permit Specialist
ARP Team | Water Quality Division
Texas Commission on Environmental
Quality
512-239-4312
candice.calhoun@tceq.texas.gov

How is our customer service? Fill out our online customer satisfaction survey at www.tceq.texas.gov/customersurvey

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

April 24, 2025

Mr. Steve Norwood
City Manager
City of Stamford
P.O. Box 191
Stamford, Texas 79553

RE: Application to Renew Permit No.: WQ0015856001 (EPA I.D. No. TX0139921)
Applicant Name: City of Stamford (CN600633861)
Site Name: City of Stamford WTP (RN101920130)
Type of Application: Renewal without changes

VIA EMAIL

Dear Mr. Norwood:

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

1. We were unable to confirm payment of the application processing fee. The filing fee for your application is \$815.00. Please submit payment to: *TCEQ, Revenue Section (MC 214), P.O. Box 13088, Austin, Texas 78711-3088*. Also, provide a copy of the check along with the response to this letter.
2. The following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions. The complete notice will be sent to you once the application is declared administratively complete.

Mr. Steve Norwood
Page 2
April 24, 2025
Permit No. WQ0015856001

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<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-99.795833,32.953333&level=18>

Further information may also be obtained from City of Stamford at the address stated above or by calling Mr. Steve Norwood, City Manager, at 325-773-2591.

Please submit the complete response, addressed to my attention by May 8, 2025. If you should have any questions, please do not hesitate to contact me by phone at (512) 239-4312 or by email at candice.calhoun@tceq.texas.gov

Sincerely,



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

cgc

Enclosure(s)

cc: Ms. Luci Dunn, P.E., Senior Project Manager, Enprotec/Hibbs & Todd, Inc. (eHT), P.O. Box 3097, Abilene, Texas 79604