



# Administrative Package Cover Page

**This file contains the following documents:**

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



# Portada de Paquete Administrativo

**Este archivo contiene los siguientes documentos:**

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

## AGUAS RESIDUALES DOMESTICAS /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.*

Century Land Holdings of Texas, LLC. (CN6044695783) opera Betka Wastewater Treatment Plant (RN111448452), un planta de tratamiento de aguas residuales. La instalación está ubicada en ubicado aproximadamente a 200 pies al norte de Betka Rd y aproximadamente 6000 East of Mathis Rd. adyacente a Little Mound Creek, en Waller, Condado de Harris, Texas 77484. El flujo ingresa al proceso de mezcla completa de lodos activados a través de un tamiz de barras gruesas hacia los tanques de aireación; de allí al clarificador secundario para la sedimentación de sólidos; de allí a la cámara de contacto de cloro para su desinfección y descarga. Los lodos residuales se transportan por aire a los digestores para su estabilización antes de ser transportados.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno (CBOD5), sólidos suspendidos totales (SST), nitrógeno amoniacal (NH3-N) y E. coli. . Aguas residuales domésticas. está tratado por tratamiento de lodos activados. Las unidades de tratamiento incluirán balsa de aireación, clarificador, digestor y balsa de contacto de cloro.

## DOMESTIC WASTEWATER / STORMWATER

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

Century Land Holdings of Texas, LLC. (CN6044695783) operates Betka Wastewater Treatment Plant (RN111448452), a wastewater treatment plant. The facility is located at approximately 6000 feet east of the intersection of Betka Road and Mathis Road, in Waller, Harris County, Texas 77484. Flow enters the complete mix activated sludge process through a coarse bar screen into the aeration basins; thence to secondary clarifier for solids settling; thence to the chlorine contact chamber for disinfection and discharge. Waste sludge is airlifted to the digesters for stabilization before being hauled away.

Discharges from the facility are expected to contain biochemical oxygen demand (CBOD<sub>5</sub>), total suspended solids (TSS), Ammonia Nitrogen (NH<sub>3</sub>-N), and E. Coli.. Domestic wastewater is treated by activated sludge treatment. The treatment units shall include aeration basin, clarifier, digester, and chlorine contact basin.

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0016117001

**APPLICATION.** Century Land Holdings of Texas, LLC, 333 Cypress Run, Suite 200, Houston, Texas 77094, has applied to the Texas Commission on Environmental Quality (TCEQ) to amend Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0016117001 (EPA I.D. No. TX0142506) to authorize an increase in the discharge of treated wastewater to a volume not to exceed a daily average flow of 450,000 gallons per day. The domestic wastewater treatment facility is located approximately 6,000 feet east of the intersection of Betka Road and Mathis Road, near the City of Waller, in Harris County, Texas 77484. The discharge route is from the plant site to Little Mound Creek; thence to Mound Creek; thence to Cypress Creek. TCEQ received this application on December 5, 2024. The permit application will be available for viewing and copying at Lone Star College CyFair Library, 1st Floor Reference, 9191 Barker Cypress Road, Cypress, 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=-95.889444,30.022222&level=18>

**ALTERNATIVE LANGUAGE NOTICE.** Alternative language notice in Spanish is available at:

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

El aviso de idioma alternativo en español está disponible en

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

**ADDITIONAL NOTICE.** TCEQ's Executive Director has determined the application is administratively complete and will conduct a technical review of the application. After technical review of the application is complete, the Executive Director may prepare a draft permit and will issue a preliminary decision on the application. **Notice of the Application and Preliminary Decision will be published and mailed to those who are on the 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.**

**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](http://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](http://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 Century Land Holdings of Texas, LLC at the address stated above or by calling Ms. Abby Saker, Project Engineer, Pape-Dawson Engineers, at 713-428-2400.

Issuance Date: January 16, 2025

# Comisión de Calidad Ambiental del Estado de Texas



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

**PERMISO NO. WQ0016117001**

**SOLICITUD.** Century Land Holdings de Texas, LLC, at 333 Cypress Run, Suite 200, Houston, Texas 77094 ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para modificar el Permiso No. WQ0016117001 (EPA I.D. No. TX0142506) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 450,000 por día. La planta está ubicada Aproximadamente 6000 pies al este de la intersección de Betka Road y Mathis Road en el condado de Harris, Texas 77484 en el Condado de Harris, Texas 77484. La ruta de descarga es del sitio de la planta a Little Mound Creek; de allí a Mound Creek; y de allí a Cypress Creek. La TCEQ recibió esta solicitud el 5 de diciembre de 2024. La solicitud para el permiso está disponible para leerla y copiarla en 9191 Barker Cypress Road, Cypress, TX, 77433. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web:

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.889444,30.022222&level=18>

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

**COMENTARIO PUBLICO / REUNION PUBLICA.** Usted puede presentar comentarios públicos o pedir una reunión pública sobre esta solicitud. El

propósito de una reunión pública es dar la oportunidad de presentar comentarios o hacer preguntas acerca de la solicitud. La TCEQ realiza una reunión pública si el Director Ejecutivo determina que hay un grado de interés público suficiente en la solicitud o si un legislador local lo pide. Una reunión pública no es una audiencia administrativa de lo contencioso.

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

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

Después del cierre de todos los períodos de comentarios y de petición que aplican, el Director Ejecutivo enviará la solicitud y cualquier petición para reconsideración o para una audiencia de caso impugnado a los Comisionados de la TCEQ para su consideración durante una reunión programada de la Comisión. La Comisión sólo puede conceder una solicitud de una audiencia de caso impugnado sobre los temas que el solicitante haya presentado en sus comentarios oportunos que no fueron retirados posteriormente. Si se

**concede una audiencia, el tema de la audiencia estará limitado a cuestiones de hecho en disputa o cuestiones mixtas de hecho y de derecho relacionadas a intereses pertinentes y materiales de calidad del agua que se hayan presentado durante el período de comentarios.**

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

**CONTACTOS E INFORMACIÓN DE LA TCEQ. Todos los comentarios escritos del público y los para pedidos una reunión deben ser presentados a la Oficina del Secretario Principal, MC 105, TCEQ, P.O. Box 13087, Austin, TX 78711-3087 o por el internet at [www.tceq.texas.gov/about/comments.html](http://www.tceq.texas.gov/about/comments.html).** Tenga en cuenta que cualquier información personal que usted proporcione, incluyendo su nombre, número de teléfono, dirección de correo electrónico y dirección física pasarán a formar parte del registro público de la Agencia. Si necesita más información en Español sobre esta solicitud para un permiso o el proceso del permiso, por favor llame a El Programa de Educación Pública de la TCEQ, sin cobro, al 1-800-687-4040. La información general sobre la TCEQ puede ser encontrada en nuestro sitio de la red: [www.tceq.texas.gov](http://www.tceq.texas.gov).

También se puede obtener más información de Century Land Holdings of Texas, LLC en la dirección indicada anteriormente o llamando a la Sra. Abby Saker, Ingeniera de Proyectos, Pape-Dawson Engineers, al 713-428-2400.

Fecha de emission 16 de enero de 2025

## Abesha Michael

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**From:** Abby Saker <asaker@pape-dawson.com>  
**Sent:** Monday, January 6, 2025 3:54 PM  
**To:** Abesha Michael  
**Cc:** Hal Walker  
**Subject:** RE: Application to Amend Permit No. WQ0016117001 - Notice of Deficiency Letter  
**Attachments:** ADMIN.02 Core Data Form.pdf; SPIF.01 - SPIF.pdf; ADMIN.03 Plain Language Summary.pdf; Admin Report.pdf; ADMIN.06 Landowners Map and List.pdf; ADMIN.07 Landowners Labels.docx; ADMIN.07 Landowners Labels 2.docx; Spanish NORI.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Abesha,

1. TX SOS/CPA Filing Number – Updated Core Data Form Attached
2. Description of Physical Location – Updated Core Data Form Attached, Updated SPIF, Updated Plain language summary
3. Updated Admin Report Attached
4. Updated Admin Report Attached
5. Updated Admin Report Attached
6. Updated Admin Report Attached
7. Updated Landowners list and landowner labels attached

Spanish NORI has been attached.

Abby Saker, EIT, ENV SP | Engineer I



O: 713.428.2400 | D: 346.444.3664 | E: [asaker@pape-dawson.com](mailto:asaker@pape-dawson.com)

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**From:** Abesha Michael <Abesha.Michael@tceq.texas.gov>  
**Sent:** Tuesday, December 10, 2024 3:36 PM  
**To:** Abby Saker @PD <asaker@pape-dawson.com>  
**Cc:** Harry B. "Hal" Walker @PD <HWalker@pape-dawson.com>  
**Subject:** Application to Amend Permit No. WQ0016117001 - Notice of Deficiency Letter

**Dear Ms. Saker:**

The attached Notice of Deficiency letter sent on December 10, 2024, requests additional information needed to declare the application administratively complete. Please send the complete response to my attention by December 24, 2024.

Thank you,





Abesha H. Michael  
Applications Review & Processing Team  
Water Quality Division Support Section  
Water Quality Division, MC 148  
PO Box 13087  
Austin, Texas 78711  
Phone: o: 512-239-4912; c: 346-802-8446  
Email: [abesha.michael@tceq.texas.gov](mailto:abesha.michael@tceq.texas.gov)

**How is our customer service? Fill out our online customer satisfaction survey at**  
**[www.tceq.texas.gov/customerurvey](http://www.tceq.texas.gov/customerurvey)**



# 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

<b>1. Reason for Submission</b> (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 type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input checked="" type="checkbox"/> Other	
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 604695783		RN 111448452

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)		9/26/2024	
<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>					
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
Century Land Holdings of Texas, LLC.					
<b>7. TX SOS/CPA Filing Number</b>		<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b>	<b>10. DUNS Number</b> (if applicable)
0802040961		32054834604		(9 digits)	
<b>11. Type of Customer:</b>		<input checked="" type="checkbox"/> Corporation		<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input 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:	
<b>12. Number of Employees</b>				<b>13. Independently Owned and Operated?</b>	
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input checked="" type="checkbox"/> 501 and higher				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
<b>15. Mailing Address:</b>	333 Cypress Run				
	Suite 200				
	<b>City</b>	Houston	<b>State</b>	TX	<b>ZIP</b> 77094 <b>ZIP + 4</b>
<b>16. Country Mailing Information</b> (if outside USA)				<b>17. E-Mail Address</b> (if applicable)	
				louis.trapolino@centurycommunities.com	

<b>18. Telephone Number</b>	<b>19. Extension or Code</b>	<b>20. Fax Number (if applicable)</b>
( 281 ) 698-6296		(   ) -

## SECTION III: Regulated Entity Information

<b>21. General Regulated Entity Information</b> (If 'New Regulated Entity' is selected, a new permit application is also required.)								
<input type="checkbox"/> New Regulated Entity <input checked="" type="checkbox"/> Update to Regulated Entity Name <input 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>								
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.)								
Betka Wastewater Treatment Plant								
<b>23. Street Address of the Regulated Entity:</b>  (No PO Boxes)	N/A							
	<b>City</b>	Waller	<b>State</b>	TX	<b>ZIP</b>	77484	<b>ZIP + 4</b>	
<b>24. County</b>	Harris							

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

<b>25. Description to Physical Location:</b>	Approximately 6000 feet East of the intersection of Betka Road and Mathis Road in Harris County, Texas, 77484							
<b>26. Nearest City</b>	<b>State</b>				<b>Nearest ZIP Code</b>			
Waller	TX				77484			
<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>								
<b>27. Latitude (N) In Decimal:</b>		300120.58			<b>28. Longitude (W) In Decimal:</b>		955322.15	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
30	1	20.58	95	53	22.15			
<b>29. Primary SIC Code</b> (4 digits)	<b>30. Secondary SIC Code</b> (4 digits)		<b>31. Primary NAICS Code</b> (5 or 6 digits)			<b>32. Secondary NAICS Code</b> (5 or 6 digits)		
4952			221320					
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)								
Wastewater Treatment								
<b>34. Mailing Address:</b>	333 Cypress Run							
	Suite 200							
	<b>City</b>	Houston	<b>State</b>	TX	<b>ZIP</b>	77094	<b>ZIP + 4</b>	
<b>35. E-Mail Address:</b>	louis.trapolino@centurycommunities.com							
<b>36. Telephone Number</b>	<b>37. Extension or Code</b>				<b>38. Fax Number (if applicable)</b>			
( 281 ) 698-6296					(   ) -			

**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:

### **SECTION IV: Preparer Information**

<b>40. Name:</b>	Abby Saker	<b>41. Title:</b>	Graduate Engineer
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 346 ) 444-3664		( ) -	asaker@pape-dawson.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.

<b>Company:</b>	Century Land Holdings of Texas, LLC.	<b>Job Title:</b>	Vice President of Land - Houston
<b>Name (In Print):</b>	Louis Trapolino	<b>Phone:</b>	( 281 ) 698- 6296
<b>Signature:</b>		<b>Date:</b>	11/21/24

Mailing Address: [Click to enter text.](#) City, State, Zip Code: [Click to enter text.](#)

Phone No.: [Click to enter text.](#) E-mail Address: [Click to enter text.](#)

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

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

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

Prefix: [Click to enter text.](#) Last Name, First Name: N/A

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

Organization Name: [Click to enter text.](#)

Mailing Address: [Click to enter text.](#) City, State, Zip Code: [Click to enter text.](#)

Phone No.: [Click to enter text.](#) E-mail Address: [Click to enter text.](#)

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

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

## Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

[Click to enter text.](#)

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

☒ Yes ☐ No

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

Latitude: 30119.21 N Longitude: 955329.24 W

City nearest the outfall(s): Waller

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

- 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.

**Adjacent Landowners Addresses**

<b>No.</b>	<b>Land Owner</b>	<b>Mailing Address</b>	<b>City</b>	<b>Zip</b>
1	EISEMANN JENNIFER	PO BOX 1111	WALLER TX	77484
2	EISEMANN JENNIFER	PO BOX 1111	WALLER TX	77484
3	RUSTIN JO C & JOHN P	PO BOX 1309	HEMPSTEAD TX	77445
4	PEIL RALPH G C/O PEIL CHARLOTTE H	25819 KAREN RD	KATY TX	77494
5	LARRY JOSEPH PEIL TESTAMENTARY TRUST C/O LARRY JOSEPH PEIL	12106 DA VINA LN	CYPRESS TX	77429
6	BUTLER RICHARD LEE	PO BOX 202011	HOUSTON TX	77220
7	BUTLER EDDIE LEE	PO BOX 202011	HOUSTON TX	77220
8	BUTLER EDDIE LEE	PO BOX 202011	HOUSTON TX	77220
9	MERITAGE HOMES OF TEXAS LLC C/O CENTURY LAND HOLDINGS	3250 BRIARPARK DR STE 100	HOUSTON TX	77042
10	STORY BRADFORD J & CAROL K	29815 BETKA RD	WALLER TX	77484
11	STORY LINDSEY FAMILY LP	29815 BETKA RD	WALLER TX	77484

**Within 1 Mile Downstream**

1A	MERIT NDT LLC	1511 LAKE GRAYSON DR	KATY TX	77494
2A	HORACE DINERO	PO BOX 1557	WALLER TX	77484



Jennifer Eisemann  
PO Box 1111  
Waller, TX, 77484

Jo C & John P Rustin  
PO Box 1309  
Hempstead, TX, 77445

Ralph Peil C/O Charlotte H Peil  
25819 Karen Road  
Katy, TX, 77494

Larry Joseph Peil Testamentary Trust  
C/O Larry Joseph Peil  
12106 Da Vin Lane  
Cypress, TX, 77429

Richard Butler  
PO Box 202011  
Houston, TX, 77220

Carol & Bradford Story & Family  
29815 Betka Road  
Waller TX, 77484

Jennifer Eisemann  
PO Box 1111  
Waller, TX, 77484

Jo C & John P Rustin  
PO Box 1309  
Hempstead, TX, 77445

Ralph Peil C/O Charlotte H Peil  
25819 Karen Road  
Katy, TX, 77494

Larry Joseph Peil Testamentary Trust  
C/O Larry Joseph Peil  
12106 Da Vin Lane  
Cypress, TX, 77429

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PO Box 202011  
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Ralph Peil C/O Charlotte H Peil  
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C/O Larry Joseph Peil  
12106 Da Vin Lane  
Cypress, TX, 77429

Richard Butler  
PO Box 202011  
Houston, TX, 77220

Carol & Bradford Story & Family  
29815 Betka Road  
Waller TX, 77484

MERIT NDT LLC  
1511 Lake Grayson Drive  
Katy, TX, 77494

MERIT NDT LLC  
1511 Lake Grayson Drive  
Katy, TX, 77494

MERIT NDT LLC  
1511 Lake Grayson Drive  
Katy, TX, 77494

MERIT NDT LLC  
1511 Lake Grayson Drive  
Katy, TX, 77494

Horace Dinero  
PO BOX 1557  
Waller, TX, 77484

Horace Dinero  
PO BOX 1557  
Waller, TX, 77484

Horace Dinero  
PO BOX 1557  
Waller, TX, 77484

Horace Dinero  
PO BOX 1557  
Waller, TX, 77484

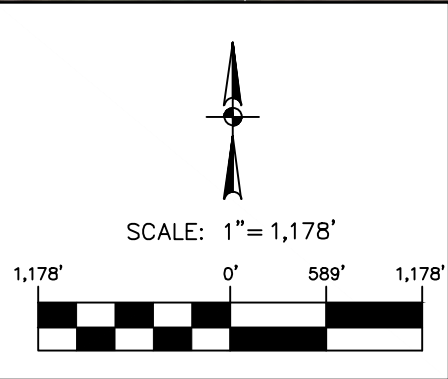
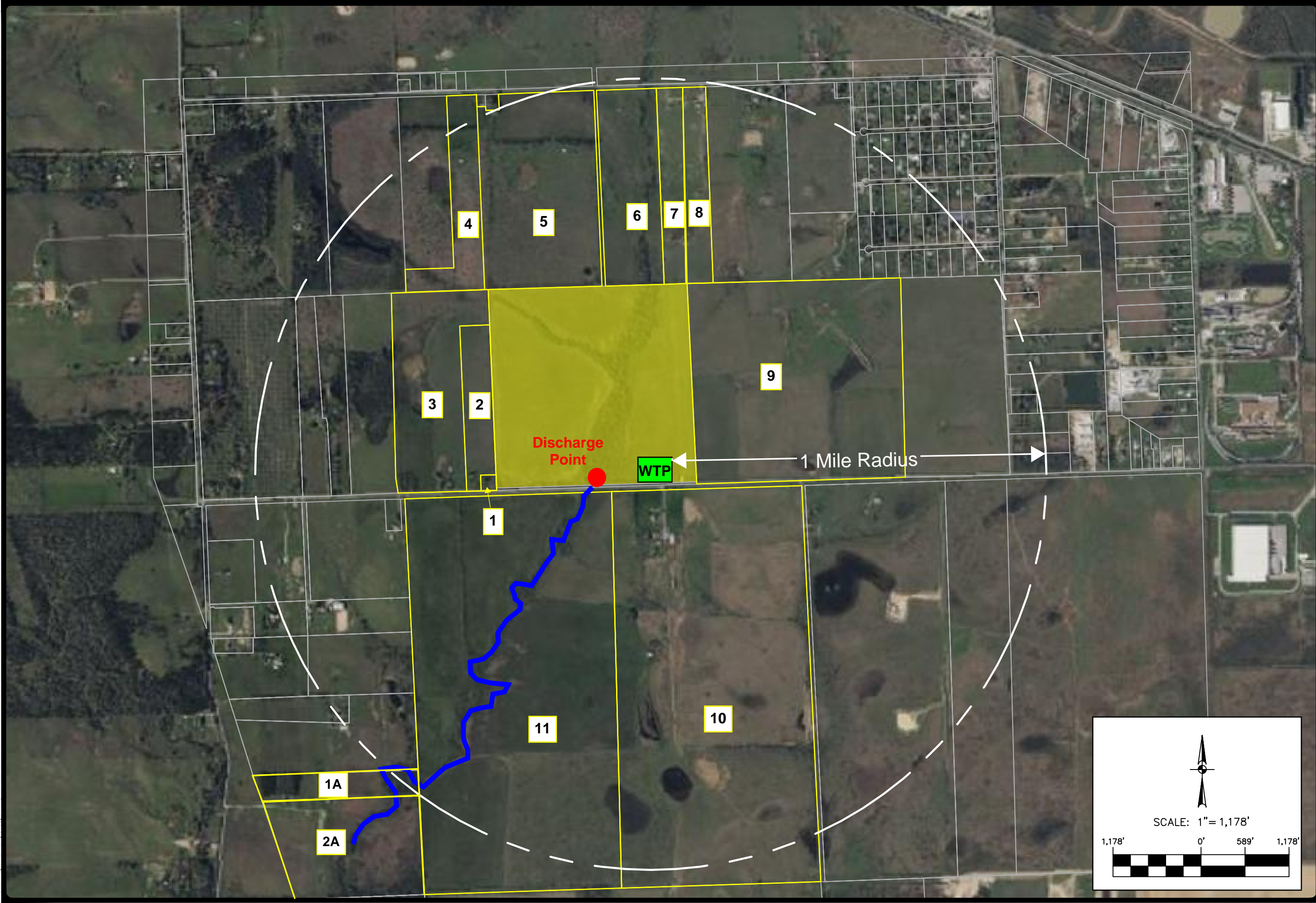
Eddie Butler  
PO Box 202011  
Houston, TX, 77220

Eddie Butler  
PO Box 202011  
Houston, TX, 77220

Eddie Butler  
PO Box 202011  
Houston, TX, 77220

Eddie Butler  
PO Box 202011  
Houston, TX, 77220

Date: October 18, 2024, 1:30 PM -- User: ID: ASiker  
File: K:\Projects\42212\02 Major Permit



# BETKA TRACT WWTP MAJOR AMENDMENT

HARRIS COUNTY, TEXAS  
LANDOWNER MAP



2107 CITYWEST BLVD, 3RD FLR | HOUSTON, TX 77042 | 713.428.2400  
TEXAS ENGINEERING FIRM #470 | TEXAS SURVEYING FIRM #10028800

JOB NO. 42212-02  
DATE OCT. 2024  
DESIGNER  
CHECKED HW  
DRAWN AGS  
SHEET 1 of 1

### Adjacent Landowners Addresses

No.	Land Owner	Mailing Address	City	Zip
1	EISEMANN JENNIFER	PO BOX 1111	WALLER TX	77484
2	EISEMANN JENNIFER	PO BOX 1111	WALLER TX	77484
3	RUSTIN JO C & JOHN P	PO BOX 1309	HEMPSTEAD TX	77445
4	PEIL RALPH G C/O PEIL CHARLOTTE H	25819 KAREN RD	KATY TX	77494
5	LARRY JOSEPH PEIL TESTAMENTARY TRUST C/O LARRY JOSEPH PEIL	12106 DA VINA LN	CYPRESS TX	77429
6	BUTLER RICHARD LEE	PO BOX 202011	HOUSTON TX	77220
7	BUTLER EDDIE LEE	PO BOX 202011	HOUSTON TX	77220
8	BUTLER EDDIE LEE	PO BOX 202011	HOUSTON TX	77220
9	MERITAGE HOMES OF TEXAS LLC C/O CENTURY LAND HOLDINGS	3250 BRIARPARK DR STE 100	HOUSTON TX	77042
10	STORY BRADFORD J & CAROL K	29815 BETKA RD	WALLER TX	77484
11	STORY LINDSEY FAMILY LP	29815 BETKA RD	WALLER TX	77484

### Within 1 Mile Downstream

1A	MERIT NDT LLC	1511 LAKE GRAYSON DR	KATY TX	77494
2A	HORACE DINERO	PO BOX 1557	WALLER TX	77484

# 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](mailto:WQ-ARPTeam@tceq.texas.gov) or by phone at (512) 239-4671.

The following applies to all applications:

1. Permittee: Century Land Holdings of Texas, LLC.

Permit No. WQ00 16117001EPA ID No. TX 0142506

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

Approximately 6000 feet east of the intersection of Betka Road and Mathis Road in Harris County, Texas 77484

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): Ms.

First and Last Name: Saker, Abby

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

Title: Graduate Engineer

Mailing Address: 2107 CityWest Blvd. Third Floor

City, State, Zip Code: Houston, TX, 77042

Phone No.: 346-444-3664 Ext.:

Fax No.:

E-mail Address: asaker@pape-dawson.com

2. List the county in which the facility is located: Harris
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.

The effluent discharges to K166-02-00 (Little Mound Creek); thence to K166-00-00 (Mound Creek); and thence to K100-0-00 (Cypress Creek, Segment 1009 to the San Jacinto 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):

The Wastewater Treatment Plant is located on approximately 0.68 Acres.

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

Undeveloped grass land

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:

Wastewater Treatment Plant construction to begin in 2025

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



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Century Land Holdings of Texas, LLC.

PERMIT NUMBER (If new, leave blank): WQ00 16117001

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

	Y	N		Y	N
Administrative Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original USGS Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Administrative Report 1.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Affected Landowners Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SPIF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landowner Disk or Labels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Core Data Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Buffer Zone Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Involvement Plan Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flow Diagram	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Technical Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Site Drawing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Technical Report 1.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original Photographs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Design Calculations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 2.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Solids Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 4.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 5.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 6.0	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>
≥0.25 but <0.50 MGD	\$1,250.00 <input checked="" 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: 403512  
Check/Money Order Amount: 1250.00  
Name Printed on Check: **Pape-Dawson Engineers ADMIN.01**

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 Wastewater Treatment

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

- ☒ Active      ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

e. For amendments or modifications, describe the proposed changes: Increase in flow to the plant due to the increase in area served

f. For existing permits:

Permit Number: WQ00 16117001

EPA I.D. (TPDES only): TX 0142506

Expiration Date: 3/6/2028

### 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?

Century Land Holdings of Texas, LLC.

*(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: 604695783

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: Trapolino, Louis

Title: Vice President of Land Houston

Credential: Click to enter text.

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: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

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

### C. Core Data Form

Complete the Core Data Form for each customer and include as an attachment. If the customer type selected on the Core Data Form is **Individual**, complete **Attachment 1** of Administrative Report 1.0. **ADMIN.02**

## 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: Saker, Abby

Title: Project Engineer

Credential: E.I.T.

Organization Name: Pape-Dawson Engineers

Mailing Address: 2107 CityWest Blvd. Third Floor City, State, Zip Code: Houston, TX, 77042

Phone No.: 346-444-3664

E-mail Address: asaker@pape-dawson.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix: Mr.

Last Name, First Name: Walker, Hal

Title: Senior Project Manager

Credential: P.E.

Organization Name: Pape-Dawson Engineers

Mailing Address: 2107 CityWest Blvd. Third Floor City, State, Zip Code: Houston, TX, 77042

Phone No.: 713-428-2400

E-mail Address: hwalker@pape-dawson.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

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

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

A. Prefix: Mr.

Last Name, First Name: Trapolino, Louis

Title: Vice President of Land Houston

Credential: Click to enter text.

Organization Name: Century Communities

Mailing Address: 333 Cypress Run St. 200 City, State, Zip Code: Houston, TX, 77094

Phone No.: 281-698-6296

E-mail Address: [louis.trapolino@centurycommunities.com](mailto:louis.trapolino@centurycommunities.com)

B. Prefix: Ms.

Last Name, First Name: Truitt, Ashley

Title: Land Coordinator

Credential: Click to enter text.

Organization Name: Century Communities

Mailing Address: 333 Cypress Run St. 200 City, State, Zip Code: Houston, TX, 77094

Phone No.: 281-698-6293

E-mail Address: [ashley.truitt@centurycommunities.com](mailto:ashley.truitt@centurycommunities.com)

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

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

Prefix: Ms.

Last Name, First Name: Truitt, Ashley

Title: Land Coordinator

Credential: Click to enter text.

Organization Name: Century Communities

Mailing Address: 333 Cypress Run St. 200 City, State, Zip Code: Houston, TX, 77094

Phone No.: 281-698-6293

E-mail Address: [ashley.truitt@centurycommunities.com](mailto:ashley.truitt@centurycommunities.com)

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

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

Prefix: Ms.

Last Name, First Name: Saker, Abby

Title: Graduate Engineer

Credential: E.I.T.

Organization Name: Pape-Dawson Engineers

Mailing Address: 2107 CityWest Blvd, Third Floor City, State, Zip Code: Houston, TX, 77042

Phone No.: 713-428-2400

E-mail Address: [asaker@pape-dawson.com](mailto:asaker@pape-dawson.com)

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

### A. Individual Publishing the Notices

Prefix: Ms.

Last Name, First Name: Saker, Abby

Title: Graduate Engineer

Credential: E.I.T.

Organization Name: Pape-Dawson Engineers

Mailing Address: 2107 CityWest Blvd., Third Floor City, State, Zip Code: Houston, TX, 77042

Phone No.: 713-428-2400

E-mail Address: [asaker@pape-dawson.com](mailto:asaker@pape-dawson.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: Ms.

Last Name, First Name: Saker, Abby

Title: Graduate Engineer

Credential: E.I.T.

Organization Name: Pape-Dawson Engineers

Mailing Address: 2107 CityWest Blvd, Third Floor City, State, Zip Code: Houston, TX, 77042

Phone No.: 713-428-2400

E-mail Address: Click to enter text.

**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: Lone Star College CyFair Library

Location within the building: 1st Floor Reference

Physical Address of Building: 9191 Barker Cypress Rd, Cypress, TX, 77433

City: Cypress

County: Harris

Contact (Last Name, First Name): Melanie Wachsmann

Phone No.: 281-290-3210 Ext.: Click to enter text.

**E. Bilingual Notice Requirements**

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

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

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

3. Do the students at these schools attend a bilingual education program at another location?

☐ Yes ☒ No

4. Would the school be required to provide a bilingual education program but the school has waived out of this requirement under 19 TAC §89.1205(g)?

☐ Yes ☒ No

5. If the answer is **yes** to **question 1, 2, 3, or 4**, public notices in an alternative language are required. Which language is required by the bilingual program? Spanish

#### F. Plain Language Summary Template

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

Attachment: **ADMIN.03**

#### 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: **ADMIN.04**

## 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 111448452

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):

Betka Wastewater Treatment Plant

C. Owner of treatment facility: Century Land Holding of Texas, LLC

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

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

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

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

Organization Name: Century Land Holding of Texas, LLC

Mailing Address: Click to enter text. City, State, Zip Code: Click to enter text.

Phone No.: Click to enter text. E-mail Address: Click to enter text.

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

Attachment: Click to enter text.

E. Owner of effluent disposal site:

Prefix: Click to enter text. Last Name, First Name: N/A

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

Organization Name: Click to enter text.

Mailing Address: [Click to enter text.](#) City, State, Zip Code: [Click to enter text.](#)

Phone No.: [Click to enter text.](#) E-mail Address: [Click to enter text.](#)

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

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

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

Prefix: [Click to enter text.](#) Last Name, First Name: N/A

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

Organization Name: [Click to enter text.](#)

Mailing Address: [Click to enter text.](#) City, State, Zip Code: [Click to enter text.](#)

Phone No.: [Click to enter text.](#) E-mail Address: [Click to enter text.](#)

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

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

## Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

[Click to enter text.](#)

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

☒ Yes ☐ No

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

Latitude: 30119.21 N Longitude: 955329.24 W

City nearest the outfall(s): Waller

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

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

☒ Yes ☐ No

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

☐ Authorization granted ☒ Authorization pending

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

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

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

## Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☐ No

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

[Click to enter text.](#)

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

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

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

[Click to enter text.](#)

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

## Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

[Click to enter text.](#)

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

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

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

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

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

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

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

### Section 13. Attachments (Instructions Page 33)

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

- ☐ Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.
- ☐ Original full-size USGS Topographic Map with the following information:
  - Applicant's property boundary
  - Treatment facility boundary
  - Labeled point of discharge for each discharge point (TPDES only)
  - Highlighted discharge route for each discharge point (TPDES only)
  - Onsite sewage sludge disposal site (if applicable)
  - Effluent disposal site boundaries (TLAP only)
  - New and future construction (if applicable)
  - 1 mile radius information
  - 3 miles downstream information (TPDES only)
  - All ponds.
- ☐ Attachment 1 for Individuals as co-applicants
- ☒ Other Attachments. Please specify: **ADMIN.05 – USGS Map**

## Section 14. Signature Page (Instructions Page 34)

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

Permit Number: 16117001

Applicant: Century Land Holdings of Texas, LLC.

Certification:

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

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

Signatory name (typed or printed): Louis Trapolino

Signatory title: Vice President of Land Houston

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Use blue ink)

Subscribed and Sworn to before me by the said \_\_\_\_\_

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

*[SEAL]*

\_\_\_\_\_  
County, Texas

# DOMESTIC WASTEWATER PERMIT APPLICATION

## ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

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

- A. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable: **ADMIN.06** and **ADMIN.07**
- ☒ The applicant's property boundaries
  - ☒ The facility site boundaries within the applicant's property boundaries
  - ☒ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
  - ☒ The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
  - ☒ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream
  - ☐ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
  - ☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides
  - ☐ The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property
  - ☐ The property boundaries of all landowners surrounding the effluent disposal site
  - ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
  - ☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located
- B. ☒ Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.
- C. Indicate by a check mark in which format the landowners list is submitted:
- ☐ USB Drive
  - ☒ Four sets of labels
- D. Provide the source of the landowners' names and mailing addresses: Harris County Parcel Viewer
- E. As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?
- ☐ Yes
  - ☒ No

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

Click to enter text.

## Section 2. Original Photographs (Instructions Page 38)

Provide original ground level photographs. Indicate with checkmarks that the following information is provided. **ADMIN.08**

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

## Section 3. Buffer Zone Map (Instructions Page 38)

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

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

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

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

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

- ☒ Yes      ☐ No



# DOMESTIC WASTEWATER PERMIT APPLICATION

## SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

**Attachment:** SPIF.01

# WATER QUALITY PERMIT

## PAYMENT SUBMITTAL FORM

Use this form to submit the Application Fee, if the mailing the payment.

- Complete items 1 through 5 below.
- Staple the check or money order in the space provided at the bottom of this document.
- **Do Not mail this form with the application form.**
- Do not mail this form to the same address as the application.
- Do not submit a copy of the application with this form as it could cause duplicate permit entries.

**Mail this form and the check or money order to:**

*BY REGULAR U.S. MAIL*

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

*BY OVERNIGHT/EXPRESS MAIL*

Texas Commission on Environmental Quality  
Financial Administration Division  
Cashier's Office, MC-214  
12100 Park 35 Circle  
Austin, Texas 78753

**Fee Code: WQP**      **Waste Permit No: 16117001**

1. Check or Money Order Number: 403512
2. Check or Money Order Amount: 1250.00
3. Date of Check or Money Order: 9/26/24
4. Name on Check or Money Order: Pape-Dawson Engineers
5. APPLICATION INFORMATION

Name of Project or Site: Betka Wastewater Treatment Plant

Physical Address of Project or Site: 200 ft. North of Betka Road. Near Mathis Rd. Waller, Texas, 77484

If the check is for more than one application, attach a list which includes the name of each Project or Site (RE) and Physical Address, exactly as provided on the application.

**Staple Check or Money Order in This Space**

# ATTACHMENT 1

## INDIVIDUAL INFORMATION

### Section 1. Individual Information (Instructions Page 41)

Complete this attachment if the facility applicant or co-applicant is an individual. Make additional copies of this attachment if both are individuals.

Prefix (Mr., Ms., Miss): [Click to enter text.](#)

Full legal name (Last Name, First Name, Middle Initial): [Click to enter text.](#)

Driver's License or State Identification Number: [Click to enter text.](#)

Date of Birth: [Click to enter text.](#)

Mailing Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#) Fax Number: [Click to enter text.](#)

E-mail Address: [Click to enter text.](#)

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

#### **For Commission Use Only:**

Customer Number:

Regulated Entity Number:

Permit Number:

# DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

## Things to Know:

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

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

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

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

Plain Language Summary ☒ Yes

November 21, 2024

Executive Director  
Application Review and Processing Team (MC 148)  
Water Quality Division  
Texas Commission on Environmental Quality (TCEQ)  
12100 Park 35 Circle  
Austin, TX 78753

Subject: Submittal of TPDES Domestic WWTP Permit Major Amendment Application  
Betka Wastewater Treatment Plant  
PD Project No. 42212-02

Dear Sir/Madam,

Please find enclosed one (1) original and two (2) copies of the enclosed completed TPDES Domestic WWTP permit application for your review. An electronic copy of the complete application has also been submitted via the TCEQ's file transfer protocol server and shared with [WQDeCopy@tceq.texas.gov](mailto:WQDeCopy@tceq.texas.gov).

We have also enclosed a copy of the check for the major amendment of a wastewater permit application fee of \$1,250.00.

Should you have any questions or if additional information is needed, please contact me at my email at [asaker@pape-dawson.com](mailto:asaker@pape-dawson.com) or call me at 713-428-2400.

Sincerely,



Abby Saker, E.I.T.  
Graduate Engineer

**APPLICATION FOR A MAJOR AMENDMENT OF  
TEXAS POLLUTION DISCHARGE ELIMINATION SYSTEM PERMIT  
NO. WQ0016117001  
FOR  
HARRIS COUNTY MUNICIPAL UTILITY DISTRICT NO. 586**



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Century Land Holdings of Texas, LLC.

PERMIT NUMBER (If new, leave blank): WQ00 16117001

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

	Y	N		Y	N
Administrative Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original USGS Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Administrative Report 1.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Affected Landowners Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SPIF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landowner Disk or Labels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Core Data Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Buffer Zone Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Involvement Plan Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flow Diagram	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Technical Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Site Drawing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Technical Report 1.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original Photographs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Design Calculations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 2.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Solids Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 4.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 5.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 6.0	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>
≥0.25 but <0.50 MGD	\$1,250.00 <input checked="" 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: 403512  
Check/Money Order Amount: 1250.00  
Name Printed on Check: **Pape-Dawson Engineers ADMIN.01**

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 Wastewater Treatment

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

- ☒ Active      ☐ Inactive



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

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

d. Check the box next to the appropriate application type

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

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

f. For existing permits:

Permit Number: WQ00 16117001

EPA I.D. (TPDES only): TX 0142506

Expiration Date: 3/6/2028

### 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?

Century Land Holdings of Texas, LLC.

*(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: 604695783

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: Trapolino, Louis

Title: Vice President of Land Houston

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

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: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

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

### C. Core Data Form

Complete the Core Data Form for each customer and include as an attachment. If the customer type selected on the Core Data Form is **Individual**, complete Attachment 1 of Administrative Report 1.0. **ADMIN.02**

## 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: Saker, Abby  
Title: Project Engineer Credential: E.I.T.  
Organization Name: Pape-Dawson Engineers  
Mailing Address: 2107 CityWest Blvd. Third Floor City, State, Zip Code: Houston, TX, 77019  
Phone No.: 346-444-3664 E-mail Address: asaker@pape-dawson.com  
Check one or both: ☒ Administrative Contact ☒ Technical Contact
- B. Prefix: Mr. Last Name, First Name: Walker, Hal  
Title: Senior Project Manager Credential: P.E.  
Organization Name: Pape-Dawson Engineers  
Mailing Address: 2107 CityWest Blvd. Third Floor City, State, Zip Code: Houston, TX, 77019  
Phone No.: 713-428-2400 E-mail Address: hwalker@pape-dawson.com  
Check one or both: ☒ Administrative Contact ☒ Technical Contact

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

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

- A. Prefix: Mr. Last Name, First Name: Trapolino, Louis  
Title: Vice President of Land Houston Credential: Click to enter text.  
Organization Name: Century Communities  
Mailing Address: 333 Cypress Run St. 200 City, State, Zip Code: Houston, TX, 77094  
Phone No.: 281-698-6296 E-mail Address: louis.trapolino@centurycommunities.com



B. Prefix: Ms. Last Name, First Name: Truitt, Ashley  
Title: Land Coordinator Credential: Click to enter text.  
Organization Name: Century Communities  
Mailing Address: 333 Cypress Run St. 200 City, State, Zip Code: Houston, TX, 77094  
Phone No.: 281-698-6293 E-mail Address: ashley.truitt@centurycommunities.com

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

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

Prefix: Ms. Last Name, First Name: Truitt, Ashley  
Title: Land Coordinator Credential: Click to enter text.  
Organization Name: Century Communities  
Mailing Address: 333 Cypress Run St. 200 City, State, Zip Code: Houston, TX, 77094  
Phone No.: 281-698-6293 E-mail Address: ashley.truitt@centurycommunities.com

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

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

Prefix: Ms. Last Name, First Name: Saker, Abby  
Title: Graduate Engineer Credential: E.I.T.  
Organization Name: Pape-Dawson Engineers  
Mailing Address: 2107 CityWest Blvd, Third Floor City, State, Zip Code: Houston, TX, 77042  
Phone No.: 713-428-2400 E-mail Address: asaker@pape-dawson.com

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

### A. Individual Publishing the Notices

Prefix: Ms. Last Name, First Name: Saker, Abby  
Title: Graduate Engineer Credential: E.I.T.  
Organization Name: Pape-Dawson Engineers  
Mailing Address: 2107 CityWest Blvd., Third Floor City, State, Zip Code: Houston, TX, 77042  
Phone No.: 713-428-2400 E-mail Address: asaker@pape-dawson.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: Ms. Last Name, First Name: Saker, Abby

Title: Graduate Engineer Credential: E.I.T.

Organization Name: Pape-Dawson Engineers

Mailing Address: 2107 CityWest Blvd, Third Floor City, State, Zip Code: Houston, TX, 77042

Phone No.: 713-428-2400 E-mail Address: Click to enter text.

**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: Lone Star College CyFair Library

Location within the building: 1st Floor Reference

Physical Address of Building: 9191 Barker Cypress Rd, Cypress, TX, 77433

City: Cypress County: Harris

Contact (Last Name, First Name): Melanie Wachsmann

Phone No.: 281-290-3210 Ext.: Click to enter text.

**E. Bilingual Notice Requirements**

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

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

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

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

☒ Yes ☐ No

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

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

☒ Yes ☐ No

3. Do the students at these schools attend a bilingual education program at another location?

☐ Yes ☒ No

4. Would the school be required to provide a bilingual education program but the school has waived out of this requirement under 19 TAC §89.1205(g)?

☐ Yes ☒ No

5. If the answer is **yes** to **question 1, 2, 3, or 4**, public notices in an alternative language are required. Which language is required by the bilingual program? Spanish

**F. Plain Language Summary Template**

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

Attachment: ADMIN.03

**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: ADMIN.04

## 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 111448452

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):

Betka Wastewater Treatment Plant

- C. Owner of treatment facility: Century Land Holding of Texas, LLC

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

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

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

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

Organization Name: Century Land Holding of Texas, LLC

Mailing Address: Click to enter text. City, State, Zip Code: Click to enter text.

Phone No.: Click to enter text. E-mail Address: Click to enter text.

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

Attachment: Click to enter text.

- E. Owner of effluent disposal site:

Prefix: Click to enter text. Last Name, First Name: N/A

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

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City, State, Zip Code: Click to enter text.

Phone No.: Click to enter text. E-mail Address: Click to enter text.



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

**Attachment:** Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: N/A

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text.

City, State, Zip Code: Click to enter text.

Phone No.: Click to enter text.

E-mail Address: Click to enter text.

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

**Attachment:** Click to enter text.

## Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

Click to enter text.

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

☐ Yes ☐ No

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

Latitude: 30119.21 N Longitude: 955329.24 W

City nearest the outfall(s): Waller

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

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

☒ Yes ☐ No

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

☐ Authorization granted ☒ Authorization pending

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

**Attachment:** Click to enter text.

- D. For all applications involving an average daily discharge of 5 MGD or more, provide the

names of all counties located within 100 statute miles downstream of the point(s) of discharge: [Click to enter text.](#)

## Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☐ No

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

[Click to enter text.](#)

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

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

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

[Click to enter text.](#)

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

## Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

[Click to enter text.](#)

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

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

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

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

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

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

### Section 13. Attachments (Instructions Page 33)

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

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

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

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

☐ Attachment 1 for Individuals as co-applicants

☒ Other Attachments. Please specify: **ADMIN.05 – USGS Map**



## Section 14. Signature Page (Instructions Page 34)

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

Permit Number: 16117001

Applicant: Century Land Holdings of Texas, LLC.

Certification:

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

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

Signatory name (typed or printed): Louis Trapolino

Signatory title: Vice President of Land Houston

Signature: \_\_\_\_\_

*(Handwritten signature: L. Trapolino)*

(Use blue ink)

Date: \_\_\_\_\_

*11/21/24*

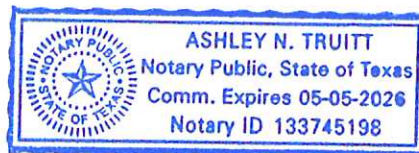
Subscribed and Sworn to before me by the said Louis Trapolino

on this 21<sup>st</sup> day of November, 2024.

My commission expires on the 5<sup>th</sup> day of May, 2026.

*(Handwritten signature: Ashley N. Truitt)*

Notary Public



[SEAL]

Harris

County, Texas

# DOMESTIC WASTEWATER PERMIT APPLICATION

## ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

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

- A. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable: **ADMIN.06** and **ADMIN.07**
- ☒ The applicant's property boundaries
  - ☒ The facility site boundaries within the applicant's property boundaries
  - ☒ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
  - ☒ The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
  - ☒ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream
  - ☐ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
  - ☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides
  - ☐ The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property
  - ☐ The property boundaries of all landowners surrounding the effluent disposal site
  - ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
  - ☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located
- B. ☒ Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.
- C. Indicate by a check mark in which format the landowners list is submitted:
- ☐ USB Drive
  - ☒ Four sets of labels
- D. Provide the source of the landowners' names and mailing addresses: Harris County Parcel Viewer
- E. As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?
- ☐ Yes
  - ☒ No



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

Click to enter text.

## Section 2. Original Photographs (Instructions Page 38)

Provide original ground level photographs. Indicate with checkmarks that the following information is provided. **ADMIN.08**

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

## Section 3. Buffer Zone Map (Instructions Page 38)

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

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

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

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

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

- ☒ Yes      ☐ No

# DOMESTIC WASTEWATER PERMIT APPLICATION

## SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

**Attachment:** SPIF.01

# DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

7.5 Minute USGS Quadrangle Topographic Map Attached ☒ Yes  
(Full-size map if seeking "New" permit.  
8 1/2 x 11 acceptable for Renewals and Amendments)

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

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

## Things to Know:

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

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

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

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

Plain Language Summary ☒ Yes





# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION

### TECHNICAL REPORT 1.0

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

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

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

##### A. Existing/Interim I Phase

Design Flow (MGD): 0.15

2-Hr Peak Flow (MGD): 0.6

Estimated construction start date: December 2025

Estimated waste disposal start date: December 2026

##### B. Interim II Phase

Design Flow (MGD): 0.225

2-Hr Peak Flow (MGD): 0.9

Estimated construction start date: December 2025

Estimated waste disposal start date: December 2027

##### C. Final Phase

Design Flow (MGD): 0.45

2-Hr Peak Flow (MGD): 1.8

Estimated construction start date: December 2027

Estimated waste disposal start date: December 2028

##### D. Current Operating Phase

Provide the startup date of the facility: December 2025

#### Section 2. Treatment Process (Instructions Page 43)

##### A. Current Operating Phase

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

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

Flow enters the complete mix activated sludge process through a coarse bar screen into the aeration basins; thence to secondary clarifier for solids settling; thence to the chlorine contact chamber for disinfection and discharge. Waste sludge is airlifted to the digesters for stabilization before being hauled away.

## 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)
FINAL PHASE		
Aeration	2	76' x 14' x 16' (SWD)
Digester	4	52' x 14' x 16' (SWD)
Clarifier	2	32' DIA x 16'
Chlorine Contact Basin	2	21' x 14' x 15'

## C. Process Flow Diagram

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

Attachment: **TECH.01**

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

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

- Latitude: 30°1'19.21" N
- Longitude: 95°53'29.24" W

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.

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

Betka Tract for residential development

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
Betka Tract	Century Land Holdings	Privately Owned	1500
		Choose an item.	
		Choose an item.	
		Choose an item.	

### Section 4. Unbuilt Phases (Instructions Page 45)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

### Section 5. Closure Plans (Instructions Page 45)

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



☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

## Section 6. Permit Specific Requirements (Instructions Page 45)

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

### A. Summary transmittal

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

☐ Yes ☒ No

If yes, provide the date(s) of approval for each phase: [Click to enter text.](#)

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

Click to enter text.

### B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

Click to enter text.

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*.

Click to enter text.

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.

**TECH.03**

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

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

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

☐ Yes ☒ No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the sludge, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

**2. Acceptance of septic waste**

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No



If yes to any of the above, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the septic waste, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

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

Is the facility in operation?

☐ Yes ☒ No

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

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

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

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

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

\*TPDES permits only

†TLAP permits only

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l					
Total Dissolved Solids, mg/l					
pH, standard units					
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity (CaCO <sub>3</sub> ), mg/l					

## Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: Municipal District Services - Dana Hollingsworth

Facility Operator's License Classification and Level: Click to enter text.

Facility Operator's License Number: OC0000129

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

### A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

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

### B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

### C. Biosolids Management

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



all biosolids management practices listed in the instructions. Rather indicate the management practice the facility plans to use.

#### Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Disposal in Landfill	Off-site Third-Party Handler or Preparer	Bulk		Class B: PSRP Aerobic Digestion	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): [Click to enter text.](#)

#### D. Disposal site

Disposal site name: [N/A](#)

TCEQ permit or registration number: [Click to enter text.](#)

County where disposal site is located: [Click to enter text.](#)

#### E. Transportation method

Method of transportation (truck, train, pipe, other): [N/A](#)

Name of the hauler: [Click to enter text.](#)

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

Sludge is transported as a:

Liquid ☐

semi-liquid ☐

semi-solid ☐

solid ☐

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

#### A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

## B. Sludge processing authorization

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

Sludge Composting	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Marketing and Distribution of sludge	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Sludge Surface Disposal or Sludge Monofill	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Temporary storage in sludge lagoons	<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  $1 \times 10^{-7}$  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)

**A. Additional authorizations**

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

☐ Yes ☒ No

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

Click to enter text.

**B. Permittee enforcement status**

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Click to enter text.

**Section 13. RCRA/CERCLA Wastes (Instructions Page 55)****A. RCRA hazardous wastes**

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

☐ Yes ☒ No

**B. Remediation activity wastewater**

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

☐ Yes ☒ No

**C. Details about wastes received**

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

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

## Section 14. Laboratory Accreditation (Instructions Page 56)

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

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

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

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

### CERTIFICATION:

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

Printed Name: N/A

Title:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# DOMESTIC WASTEWATER PERMIT APPLICATION

## TECHNICAL REPORT 1.1

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

### Section 1. Justification for Permit (Instructions Page 57)

#### A. Justification of permit need

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

The Permit is for a master planned community within Harris County. The final projected flow is 0.45 MGD as the community has acquired more lots than previously stated.

#### B. Regionalization of facilities

For additional guidance, please review [TCEQ's Regionalization Policy for Wastewater Treatment](#)<sup>1</sup>.

Provide the following information concerning the potential for regionalization of domestic wastewater treatment facilities:

##### 1. *Municipally incorporated areas*

If the applicant is a city, then Item 1 is not applicable. Proceed to Item 2 Utility CCN areas.

Is any portion of the proposed service area located in an incorporated city?

☐ Yes ☒ No ☐ Not Applicable

If yes, within the city limits of: [Click to enter text.](#)

If yes, attach correspondence from the city.

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

If consent to provide service is available from the city, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the city versus the cost of the proposed facility or expansion attached.

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

##### 2. *Utility CCN areas*

Is any portion of the proposed service area located inside another utility's CCN area?

☐ Yes ☒ No

<sup>1</sup> <https://www.tceq.texas.gov/permitting/wastewater/tceq-regionalization-for-wastewater>



If yes, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the CCN facilities versus the cost of the proposed facility or expansion.

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

### 3. *Nearby WWTPs or collection systems*

Are there any domestic permitted wastewater treatment facilities or collection systems located within a three-mile radius of the proposed facility?

☒ Yes ☐ No

If yes, attach a list of these facilities and collection systems that includes each permittee's name and permit number, and an area map showing the location of these facilities and collection systems.

Attachment: **TECH.04**

If yes, attach proof of mailing a request for service to each facility and collection system, the letters requesting service, and correspondence from each facility and collection system.

Attachment: **TECH.05**

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

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

## Section 2. Proposed Organic Loading (Instructions Page 59)

Is this facility in operation?

☐ Yes ☒ No

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

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

### A. Current organic loading

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

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

Average Influent Loading (lbs/day = total average flow X average BOD<sub>5</sub> conc. X 8.34): [Click to enter text.](#)

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

[Click to enter text.](#)

## B. Proposed organic loading

This table must be completed if this application is for a facility that is not in operation or if this application is to request an increased flow that will impact organic loading.

**Table 1.1(1) – Design Organic Loading**

Source	Total Average Flow (MGD)	Influent BOD5 Concentration (mg/l)
Municipality		
Subdivision		
Trailer park – transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources		
AVERAGE BOD <sub>5</sub> from all sources		

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

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

Biochemical Oxygen Demand (5-day), mg/l: [Click to enter text.](#)

Total Suspended Solids, mg/l: [Click to enter text.](#)

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

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

Dissolved Oxygen, mg/l: [Click to enter text.](#)

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

**B. Interim II Phase Design Effluent Quality**

Biochemical Oxygen Demand (5-day), mg/l: [Click to enter text.](#)

Total Suspended Solids, mg/l: [Click to enter text.](#)

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

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

Dissolved Oxygen, mg/l: [Click to enter text.](#)

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

**C. Final Phase Design Effluent Quality**

Biochemical Oxygen Demand (5-day), mg/l: [Click to enter text.](#)

Total Suspended Solids, mg/l: [Click to enter text.](#)

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

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

Dissolved Oxygen, mg/l: [Click to enter text.](#)

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

**D. Disinfection Method**

Identify the proposed method of disinfection.

☐ Chlorine: [Click to enter text.](#) mg/l after [Click to enter text.](#) minutes detention time at peak flow

Dechlorination process: [Click to enter text.](#)

☐ Ultraviolet Light: [Click to enter text.](#) seconds contact time at peak flow

☐ Other: [Click to enter text.](#)

## Section 4. Design Calculations (Instructions Page 59)

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

Attachment: **TECH.o6**

## Section 5. Facility Site (Instructions Page 60)

**A. 100-year floodplain**

Will the proposed facilities be located above the 100-year frequency flood level?

☒ Yes ☐ No

If no, describe measures used to protect the facility during a flood event. Include a site map showing the location of the treatment plant within the 100-year frequency flood level. If applicable, provide the size and types of protective structures.

[Click to enter text.](#)



Provide the source(s) used to determine 100-year frequency flood plain.

**See Attachment TECH.o7**

For a new or expansion of a facility, will a wetland or part of a wetland be filled?

☐ Yes ☒ No

If yes, has the applicant applied for a US Corps of Engineers 404 Dredge and Fill Permit?

☐ Yes ☐ No

If yes, provide the permit number: [Click to enter text.](#)

If no, provide the approximate date you anticipate submitting your application to the Corps: [Click to enter text.](#)

#### B. Wind rose

Attach a wind rose: **TECH.o8**

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

#### A. Beneficial use authorization

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

☐ Yes ☒ No

If yes, attach the completed Application for Permit for Beneficial Land Use of Sewage Sludge (TCEQ Form No. 10451): [Click to enter text.](#)

#### B. Sludge processing authorization

Identify the sludge processing, storage or disposal options that will be conducted at the wastewater treatment facility:

- ☐ Sludge Composting
- ☐ Marketing and Distribution of sludge
- ☐ Sludge Surface Disposal or Sludge Monofill

If any of the above, sludge options are selected, attach the completed Domestic Wastewater Permit Application: Sewage Sludge Technical Report (TCEQ Form No. 10056): [Click to enter text.](#)

### Section 7. Sewage Sludge Solids Management Plan (Instructions Page 61)

Attach a solids management plan to the application.

Attachment: **TECH.o3**

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

- Treatment units and processes dimensions and capacities

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

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

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

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

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

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

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

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

#### A. Receiving water outfall

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

#### B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

[Click to enter text.](#)

#### C. Sea grasses

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

☐ Yes ☐ No

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

[Click to enter text.](#)



### Section 3. Classified Segments (Instructions Page 64)

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

☐ Yes ☒ No

If yes, this Worksheet is complete.

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

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

Name of the immediate receiving waters: Little Mound 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: Click to enter text.

Average depth of the entire water body, in feet: Click to enter text.

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

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: Click to enter text.

#### B. Flow characteristics

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

☒ Intermittent - dry for at least one week during most years

☐ Intermittent with Perennial Pools - enduring pools with sufficient habitat to maintain significant aquatic life uses

☐ Perennial - normally flowing

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

☐ USGS flow records

☐ Historical observation by adjacent landowners

☐ Personal observation

☒ Other, specify: Personal Observation

C. Downstream perennial confluences

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

Click to enter text.

D. Downstream characteristics

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

☐ Yes ☒ No

If yes, discuss how.

Click to enter text.

E. Normal dry weather characteristics

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

Low Flow Creek Conditions

Date and time of observation: September 30, 2024

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

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

A. Upstream influences

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

☐ Oil field activities

☐ Urban runoff

☐ Upstream discharges

☒ Agricultural runoff

☐ Septic tanks

☐ 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  |
| <input type="checkbox"/> Domestic water supply | <input type="checkbox"/> Industrial water supply                               |
| <input type="checkbox"/> Park activities       | <input checked="" type="checkbox"/> Other(s), specify: <u>Natural Drainage</u> |

## 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



**Harris County Municipal Utility District No. 586**  
**TPDES Major Amendment Application**  
**List of Attachments**

Attachment Admin.01 – Proof of Application Fee

Corresponds to Administrative Report Section 1

Attachment Admin.02 – Core Data Form

Corresponds to Domestic Administrative Report 1.0, Section 3.c

Attachment Admin.03 – Plain Language Summary

Corresponds to Domestic Administrative Report 1.0, Section 8.f

Attachment Admin.04 – Public Involvement Plan Form

Corresponds to Domestic Administrative Report 1.0, Section 8.g

Attachment Admin.05 – USGS Quad Map (8.5 x 11)

Corresponds to Domestic Administrative Report 1.0, Section 13

Attachment Admin.06 – Affected Landowner Map

Corresponds to Domestic Administrative Report 1.1, Section 1.a

Attachment Admin.07 – Affected Landowners Labels

Corresponds to Domestic Administrative Report 1.1, Section 1.c

Attachment Admin.08 – Original Photographs and Map

Corresponds to Domestic Administrative Report 1.1, Section 2

Attachment Admin.09 – Buffer Zone Map

Corresponds to Domestic Administrative Report 1.1, Section 3

Attachment Tech.01 – Process Flow Diagram

Corresponds to Domestic Technical Report 1.0, Section 2.c

Attachment Tech.02 – Service Area and Site Drawing

Corresponds to Domestic Technical Report 1.0, Section 3

Attachment Tech.03 – Sewage Sludge Solids Management Plan

Corresponds to Domestic Technical Report 1.0, Section 6.f

Attachment Tech.04 – WWTP Facilities Within Three Miles

Corresponds to Domestic Technical Report 1.1, Section 1.b.3

Attachment Tech.05 – Letters to Facilities Located Within Three Miles

Corresponds to Domestic Technical Report 1.1, Section 1.b.3

Attachment Tech.06 – Design Calculations

Corresponds to Domestic Technical Report 1.1, Section 4

Attachment Tech.07 – 100-year Frequency Flood Plain

Corresponds to Domestic Technical Report 1.1, Section 4

Attachment Tech.08 – Wind Rose

Corresponds to Domestic Technical Report 1.1, Section 4

Attachment SPIF.01 – Supplemental Permit Information Form and Map

Corresponds to Domestic Administrative Report

## **ATTACHMENT “ADMIN.01”**

### **Proof of Application Fee**

(Reference Administrative Report Section 1)

# WATER QUALITY PERMIT

## PAYMENT SUBMITTAL FORM

Use this form to submit the Application Fee, if the mailing the payment.

- Complete items 1 through 5 below.
- Staple the check or money order in the space provided at the bottom of this document.
- **Do Not mail this form with the application form.**
- Do not mail this form to the same address as the application.
- Do not submit a copy of the application with this form as it could cause duplicate permit entries.

**Mail this form and the check or money order to:**

*BY REGULAR U.S. MAIL*

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

*BY OVERNIGHT/EXPRESS MAIL*

Texas Commission on Environmental Quality  
Financial Administration Division  
Cashier's Office, MC-214  
12100 Park 35 Circle  
Austin, Texas 78753

**Fee Code:** WQP      **Waste Permit No:** 16117001

1. Check or Money Order Number: 403512
2. Check or Money Order Amount: 1250.00
3. Date of Check or Money Order: 9/26/24
4. Name on Check or Money Order: Pape-Dawson Engineers

**5. APPLICATION INFORMATION**

Name of Project or Site: Betka Wastewater Treatment Plant

Physical Address of Project or Site: 200 ft. North of Betka Road. Near Mathis Rd. Waller, Texas, 77484

If the check is for more than one application, attach a list which includes the name of each Project or Site (RE) and Physical Address, exactly as provided on the application.

**Staple Check or Money Order in This Space**



## **ATTACHMENT ADMIN.02**

### **Core Data Form**

(Reference Administrative Report Section 3.c)



# 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

<b>1. Reason for Submission</b> (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 type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input checked="" type="checkbox"/> Other	
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 604695783		RN 111448452

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)		9/26/2024	
<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>					
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John) <i>If new Customer, enter previous Customer below:</i>					
Century Land Holdings of Texas, LLC.					
<b>7. TX SOS/CPA Filing Number</b>		<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b> (9 digits)	
		32054834604			
<b>10. DUNS Number</b> (if applicable)					
<b>11. Type of Customer:</b>		<input checked="" type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
<b>12. Number of Employees</b>		<b>13. Independently Owned and Operated?</b>			
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input checked="" type="checkbox"/> 501 and higher		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
<b>15. Mailing Address:</b>					
333 Cypress Run					
Suite 200					
City		Houston		State	TX
ZIP		77094		ZIP + 4	
<b>16. Country Mailing Information</b> (if outside USA)			<b>17. E-Mail Address</b> (if applicable)		
			louis.trapolino@centurycommunities.com		

<b>18. Telephone Number</b> ( 281 ) 698-6296	<b>19. Extension or Code</b>	<b>20. Fax Number (if applicable)</b> (   ) -
---	------------------------------	--

### SECTION III: Regulated Entity Information

<b>21. General Regulated Entity Information</b> (If 'New Regulated Entity' is selected, a new permit application is also required.) <input type="checkbox"/> New Regulated Entity <input checked="" type="checkbox"/> Update to Regulated Entity Name <input 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>							
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.)  Betka Wastewater Treatment Plant							
<b>23. Street Address of the Regulated Entity:</b>  (No PO Boxes)	N/A						
	<b>City</b>	Waller	<b>State</b>	TX	<b>ZIP</b>	77484	<b>ZIP + 4</b>
<b>24. County</b>	Harris						

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

<b>25. Description to Physical Location:</b>	Approximately 200 feet North of Betka Rd and approximately 6000 feet East of Mathis Rd. Adjacent to Little Mound Creek				
<b>26. Nearest City</b>	<b>State</b>			<b>Nearest ZIP Code</b>	
Waller	TX			77484	
<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>					
<b>27. Latitude (N) In Decimal:</b>	300120.58		<b>28. Longitude (W) In Decimal:</b>	955322.15	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
30	1	20.58	95	53	22.15
<b>29. Primary SIC Code</b> (4 digits)	<b>30. Secondary SIC Code</b> (4 digits)		<b>31. Primary NAICS Code</b> (5 or 6 digits)	<b>32. Secondary NAICS Code</b> (5 or 6 digits)	
4952			221320		
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)  Wastewater Treatment					
<b>34. Mailing Address:</b>	333 Cypress Run				
	Suite 200				
	<b>City</b>	Houston	<b>State</b>	TX	<b>ZIP</b>
				77094	<b>ZIP + 4</b>
<b>35. E-Mail Address:</b>	louis.trapolino@centurycommunities.com				
<b>36. Telephone Number</b>	<b>37. Extension or Code</b>		<b>38. Fax Number (if applicable)</b>		
( 281 ) 698-6296			(   ) -		

**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:

### **SECTION IV: Preparer Information**

<b>40. Name:</b>	Abby Saker		<b>41. Title:</b>	Graduate Engineer
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>	
( 346 ) 444-3664		( ) -	asaker@pape-dawson.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.

<b>Company:</b>	Century Land Holdings of Texas, LLC.		<b>Job Title:</b>	Vice President of Land - Houston	
<b>Name (In Print):</b>	Louis Trapolino			<b>Phone:</b>	( 281 ) 698- 6296
<b>Signature:</b>				<b>Date:</b>	11/21/24

## **ATTACHMENT ADMIN.03**

### **Plain Language Summary**

(Reference Administrative Report 1.0, Section 8.f)



## DOMESTIC WASTEWATER / STORMWATER

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

Century Land Holdings of Texas, LLC. (CN6044695783) operates Betka Wastewater Treatment Plant (RN111448452), a wastewater treatment plant. The facility is located at approximately 200 feet North of Betka Rd and approximately 6000 East of Mathis Rd. adjacent to Little Mound Creek, in Waller, Harris County, Texas 77484. Flow enters the complete mix activated sludge process through a coarse bar screen into the aeration basins; thence to secondary clarifier for solids settling; thence to the chlorine contact chamber for disinfection and discharge. Waste sludge is airlifted to the digesters for stabilization before being hauled away.

Discharges from the facility are expected to contain biochemical oxygen demand (CBOD<sub>5</sub>), total suspended solids (TSS), Ammonia Nitrogen (NH<sub>3</sub>-N), and E. Coli.. Domestic wastewater is treated by activated sludge treatment. The treatment units shall include aeration basin, clarifier, digester, and chlorine contact basin.

## AGUAS RESIDUALES DOMESTICAS /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.*

Century Land Holdings of Texas, LLC. (CN6044695783) opera Betka Wastewater Treatment Plant (RN111448452), un planta de tratamiento de aguas residuales. La instalación está ubicada en ubicado aproximadamente a 200 pies al norte de Betka Rd y aproximadamente 6000 East of Mathis Rd. adyacente a Little Mound Creek, en Waller, Condado de Harris, Texas 77484. El flujo ingresa al proceso de mezcla completa de lodos activados a través de un tamiz de barras gruesas hacia los tanques de aireación; de allí al clarificador secundario para la sedimentación de sólidos; de allí a la cámara de contacto de cloro para su desinfección y descarga. Los lodos residuales se transportan por aire a los digestores para su estabilización antes de ser transportados.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno (CBOD5), sólidos suspendidos totales (SST), nitrógeno amoniacal (NH<sub>3</sub>-N) y E. coli. . Aguas residuales domésticas. está tratado por tratamiento de lodos activados. Las unidades de tratamiento incluirán balsa de aireación, clarificador, digestor y balsa de contacto de cloro.

## **ATTACHMENT ADMIN.04**

### **Public Involvement Plan Form**

(Reference Administrative Report 1.0, Section 8.g)



Texas Commission on Environmental Quality

## Public Involvement Plan Form for Permit and Registration Applications

The Public Involvement Plan is intended to provide applicants and the agency with information about how public outreach will be accomplished for certain types of applications in certain geographical areas of the state. It is intended to apply to new activities; major changes at existing plants, facilities, and processes; and to activities which are likely to have significant interest from the public. This preliminary screening is designed to identify applications that will benefit from an initial assessment of the need for enhanced public outreach.

All applicable sections of this form should be completed and submitted with the permit or registration application. For instructions on how to complete this form, see TCEQ-20960-inst.

### Section 1. Preliminary Screening

- ☐ New Permit or Registration Application  
☒ New Activity – modification, registration, amendment, facility, etc. (see instructions)

**If neither of the above boxes are checked, completion of the form is not required and does not need to be submitted.**

### Section 2. Secondary Screening

- ☒ Requires public notice,  
☒ Considered to have significant public interest, and  
☒ Located within any of the following geographical locations:

- Austin
- Dallas
- Fort Worth
- Houston
- San Antonio
- West Texas
- Texas Panhandle
- Along the Texas/Mexico Border
- Other geographical locations should be decided on a case-by-case basis

**If all the above boxes are not checked, a Public Involvement Plan is not necessary.  
Stop after Section 2 and submit the form.**

- ☐ Public Involvement Plan not applicable to this application. Provide **brief** explanation.



### Section 3. Application Information

#### Type of Application (check all that apply):

Air ☐ Initial ☐ Federal ☒ Amendment ☐ Standard Permit ☐ Title V  
Waste ☒ Municipal Solid Waste ☐ Industrial and Hazardous Waste ☐ Scrap Tire  
☐ Radioactive Material Licensing ☐ Underground Injection Control

#### Water Quality

☒ Texas Pollutant Discharge Elimination System (TPDES)  
☐ Texas Land Application Permit (TLAP)  
☐ State Only Concentrated Animal Feeding Operation (CAFO)  
☐ Water Treatment Plant Residuals Disposal Permit  
☐ Class B Biosolids Land Application Permit  
☐ Domestic Septage Land Application Registration

#### Water Rights New Permit

☐ New Appropriation of Water  
☐ New or existing reservoir

#### Amendment to an Existing Water Right

☐ Add a New Appropriation of Water  
☐ Add a New or Existing Reservoir  
☐ Major Amendment that could affect other water rights or the environment

### Section 4. Plain Language Summary

Provide a brief description of planned activities.

Century Land Holdings of Texas, LLC. (CN6044695783) operates Betka Wastewater Treatment Plant (RN111448452), a wastewater treatment plant. The facility is located at approximately 200 feet North of Betka Rd and approximately 6000 East of Mathis Rd. adjacent to Little Mound Creek, in Waller, Harris County, Texas 77484. Flow enters the complete mix activated sludge process through a coarse bar screen into the aeration basins; thence to secondary clarifier for solids settling; thence to the chlorine contact chamber for disinfection and discharge. Waste sludge is airlifted to the digesters for stabilization before being hauled away.

Discharges from the facility are expected to contain biochemical oxygen demand (CBOD5), total suspended solids (TSS), Ammonia Nitrogen (NH3-N), and E. Coli.. Domestic wastewater is treated by activated sludge treatment. The treatment units shall include aeration basin, clarifier, digester, and chlorine contact basin.



## Section 5. Community and Demographic Information

Community information can be found using EPA's EJ Screen, U.S. Census Bureau information, or generally available demographic tools.

**Information gathered in this section can assist with the determination of whether alternative language notice is necessary. Please provide the following information.**

Waller

(City)

Harris

(County)

Harris

(Census Tract)

Please indicate which of these three is the level used for gathering the following information.

☐

City

☒

County

☐

Census Tract

(a) Percent of people over 25 years of age who at least graduated from high school

89.8

(b) Per capita income for population near the specified location

72,336

(c) Percent of minority population and percent of population by race within the specified location

72.4 - Black (18.5), Asian (7), Hispanic (18.4), Other Hispanic (24), Other (2.4)

(d) Percent of Linguistically Isolated Households by language within the specified location

35.4

(e) Languages commonly spoken in area by percentage

Spanish (35.5), Asian Languages (4.8), Other (4.9)

(f) Community and/or Stakeholder Groups

Employed Middle Income Families

(g) Historic public interest or involvement

## Section 6. Planned Public Outreach Activities

(a) Is this application subject to the public participation requirements of Title 30 Texas Administrative Code (30 TAC) Chapter 39?

☒ Yes ☐ No

(b) If yes, do you intend at this time to provide public outreach other than what is required by rule?

☐ Yes ☒ No

If Yes, please describe.

**If you answered "yes" that this application is subject to 30 TAC Chapter 39, answering the remaining questions in Section 6 is not required.**

(c) Will you provide notice of this application in alternative languages?

☒ Yes ☐ No

**Please refer to Section 5. If more than 5% of the population potentially affected by your application is Limited English Proficient, then you are required to provide notice in the alternative language.**

If yes, how will you provide notice in alternative languages?

- ☒ Publish in alternative language newspaper
- ☐ Posted on Commissioner's Integrated Database Website
- ☐ Mailed by TCEQ's Office of the Chief Clerk
- ☐ Other (specify)

(d) Is there an opportunity for some type of public meeting, including after notice?

☒ Yes ☐ No

(e) If a public meeting is held, will a translator be provided if requested?

☒ Yes ☐ No

(f) Hard copies of the application will be available at the following (check all that apply):

- ☐ TCEQ Regional Office ☐ TCEQ Central Office
- ☒ Public Place (specify) Lone Star College CyFair Library

## Section 7. Voluntary Submittal

For applicants voluntarily providing this Public Involvement Plan, who are not subject to formal public participation requirements.

Will you provide notice of this application, including notice in alternative languages?

☒ Yes ☐ No

What types of notice will be provided?

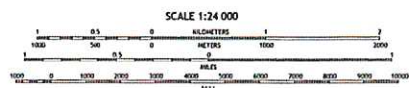
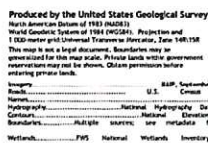
- ☒ Publish in alternative language newspaper
- ☐ Posted on Commissioner's Integrated Database Website
- ☐ Mailed by TCEQ's Office of the Chief Clerk
- ☐ Other (specify)

## **ATTACHMENT ADMIN.05**

### **USGS Quad Map (8.5 x 11)**

(Reference Administrative Report 1.0, Section 13)





**ROAD CLASSIFICATION**

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

WALLER, TX  
2019

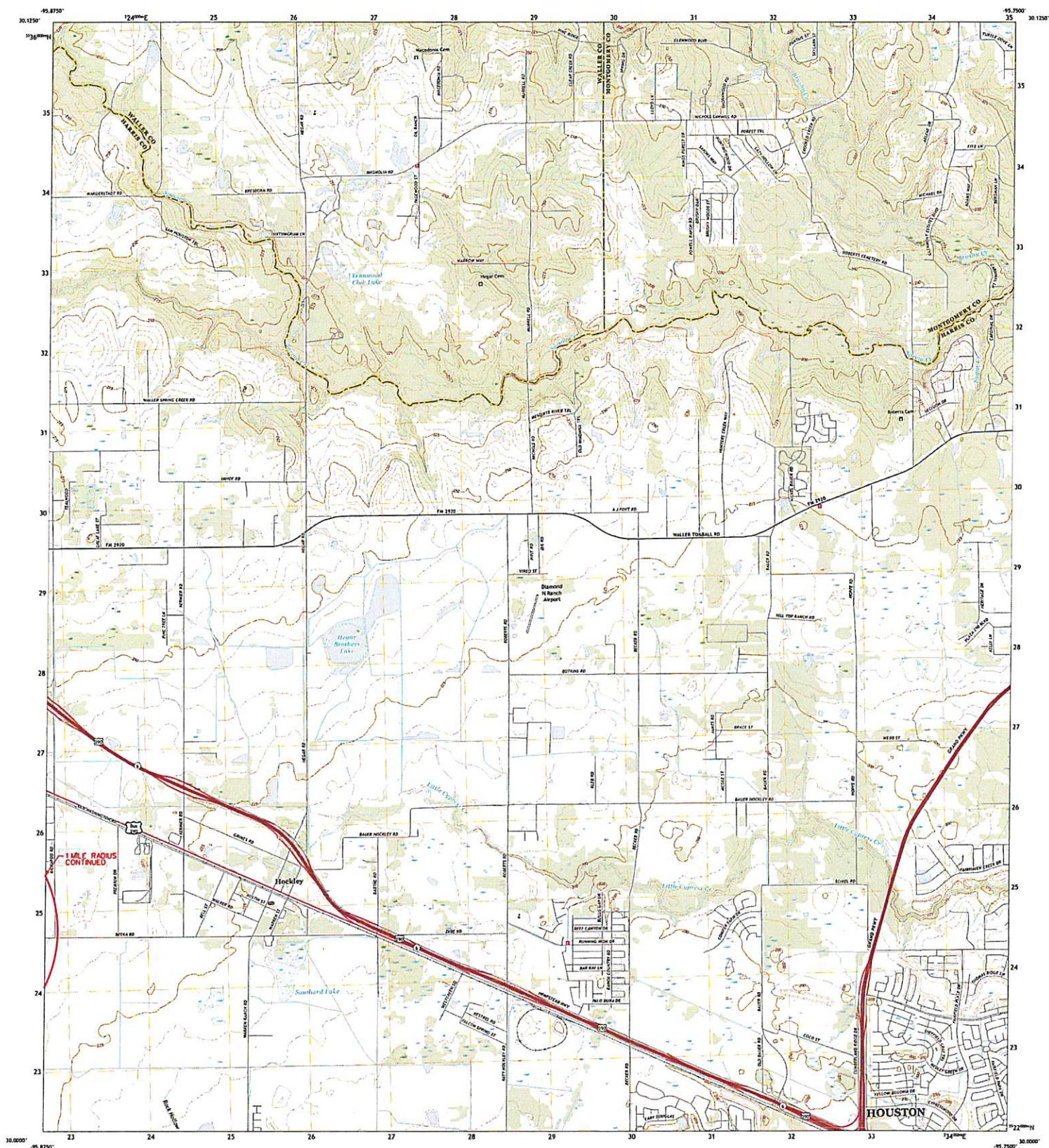




U.S. DEPARTMENT OF THE INTERIOR  
U.S. GEOLOGICAL SURVEY

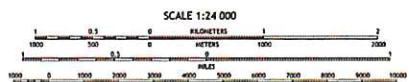
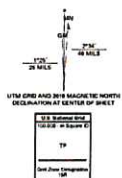


HOCKLEY QUADRANGLE  
TEXAS  
7.5-MINUTE SERIES



Produced by the United States Geological Survey

North American Datum of 1983 (NAD83)  
World Geodetic System of 1984 (WGS84) Projection and  
1:250,000-meter grid Universal Transverse Mercator, Zone 15N  
This map is not a legal document. Boundaries may be  
generalized for this map scale. Please check with the appropriate  
authorities for the most current information. Check with the appropriate  
authorities for the most current information. Check with the appropriate  
authorities for the most current information.



CONTOUR INTERVAL 5 FEET  
NORTH AMERICAN DATUM OF 1983  
This map was produced to conform with the  
National Computer Program US Topo Product Standard, 2011.  
A metadata file associated with this product is available at [www.usgs.gov](http://www.usgs.gov).



1	2	3
4	5	6
7	8	9

ADJACENT QUADRANGLES

ROAD CLASSIFICATION  
Expressway  
Secondary Road  
Local Road  
Ramp  
Interstate Route  
US Route  
State Route

HOCKLEY, TX  
2019



## **ATTACHMENT ADMIN.06**

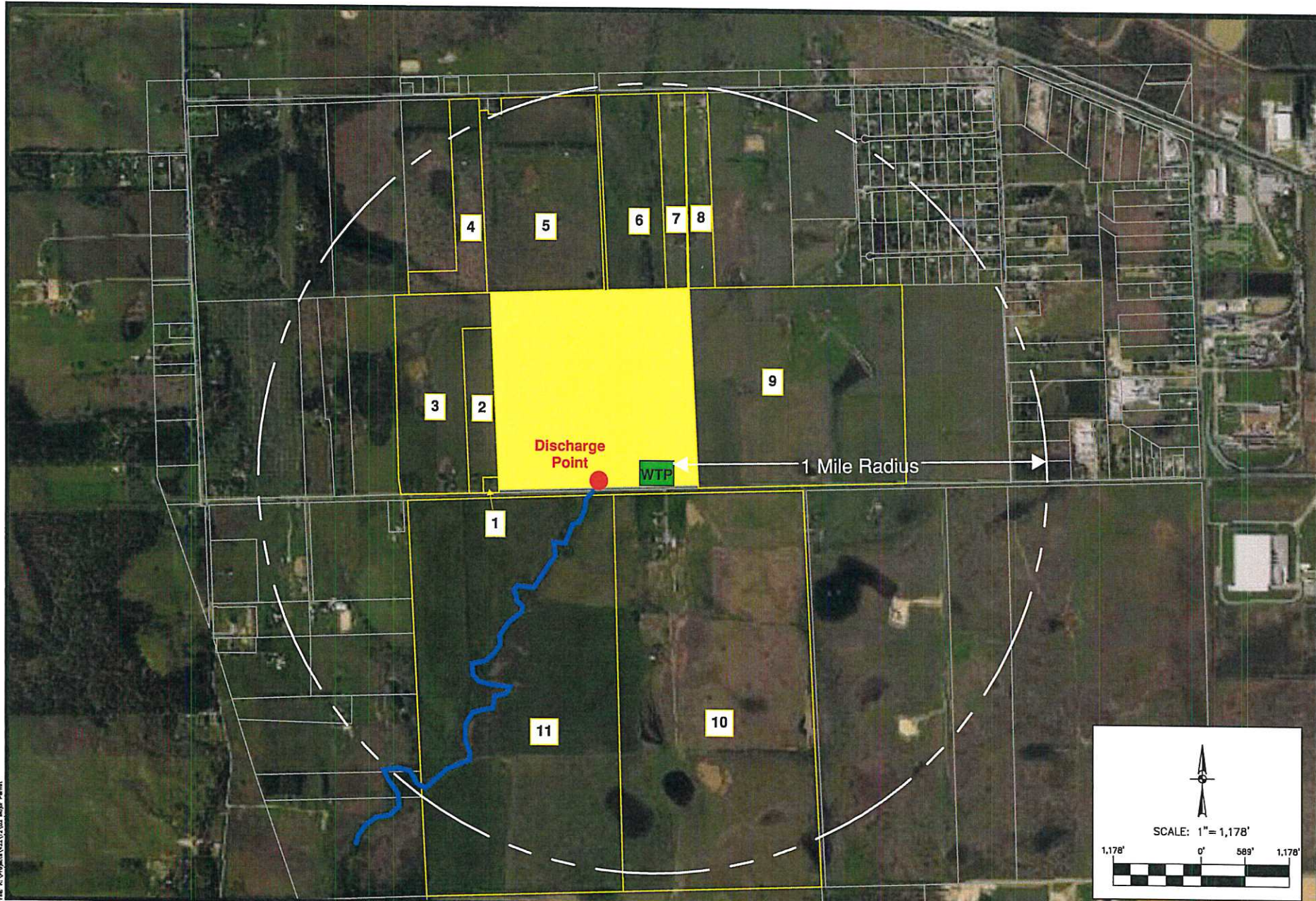
### **Affected Landowner Map**

(Reference Administrative Report 1.1, Section 1.a)

Adjacent Landowners Addresses				
No.	Land Owner	Address	City	Zip
1	STORY BRADFORD J & CAROL K	29815 BETKA RD	WALLER	77484
2	STORY LINDSEY FAMILY LP	0 BETKA RD	HOCKLEY	77447
3	MERITAGE HOMES OF TEXAS LLC	17516 KICKAPOO RD	WALLER	77484
4	SANFORD TRUST	0 KICKAPOO RD	WALLER	77484
5	STORY LINDSEY FAMILY LP	29507 BETKA RD	HOCKLEY	77447
6	CENTURY LAND HOLDINGS OF TEXAS LLC	0 BETKA RD	WALLER	77484
7	LEE DAVID J & KARLEAH	29403 BURTON CEMETERY RD	WALLER	77484
8	NELSON ROY E	29515 BURTON CEMETERY RD	WALLER	77484
9	NELSON ROY E	29407 BURTON CEMETERY RD	WALLER	77484
10	BUTLER EDDIE L	29525 BURTON CEMETERY RD	WALLER	77484
11	BUTLER EDDIE L	29571 BURTON CEMETERY RD	WALLER	77484
12	GLASS CARL A & KATHY	29315 AZTEC ST	WALLER	77484
13	PEREZ JASON	29215 AZTEC ST	WALLER	77484
Within 1 Mile Downstream				
1	MERIT NDT LLC	0 MATHIS RD	HOCKLEY	77484
2	HORACE DINERO	16204 MATHIS RD	HOCKLEY	77484



Date: October 16, 2024, 3:30 PM - User ID: Admin  
File: H:\Projects\42212\103 Major Permit



**PAPE-DAWSON**  
**ENGINEERS**  
2507 WESTVIEW BLVD., SUITE 200 | HOUSTON, TX 77058 | TEL: 281.438.1500  
TEXAS ENGINEERING FIRM #0011111111 TEXAS SURVEYING FIRM #0000000000

**BETKA TRACT WWTP MAJOR AMENDMENT**  
**HARRIS COUNTY, TEXAS**  
**LANDOWNER MAP**

JOB NO. 42212-02  
DATE: OCT. 2024  
DESIGNER \_\_\_\_\_  
CHECKED: HW  
DRAWN: AGS  
SHEET **1 of 1**

THIS DOCUMENT HAS BEEN PRODUCED FROM MATERIAL THAT WAS STORED AND/OR TRANSMITTED ELECTRONICALLY AND MAY HAVE BEEN UNINTENTIONALLY ALTERED. RELY ONLY ON FINAL PRINTED MATERIALS BEARING THE CONSULTANT'S ORIGINAL SIGNATURE AND SEAL. AERIAL MAPS PROVIDED BY GOOGLE/ENR/USGS/OTHERS. IMAGERY © 2024, CAPS/USGS/Other Data/From Orthorectification Program, USDA Farm Service Agency

## **ATTACHMENT ADMIN.07**

### **Affected Landowner Labels**

(Reference Administrative Report 1.1, Section 1.c)



Jennifer Eisemann  
PO Box 1111  
Waller, TX, 77484

Jo C & John P Rustin  
PO Box 1309  
Hempstead, TX, 77445

Charlotte H Peil  
25819 Karen Road  
Katy, TX, 77494

Larry Joseph Peil  
12106 Da Vin Lane  
Cypress, TX, 77429

Eddie & Richard Butler  
PO Box 202011  
Houston, TX, 77220

Carol & Bradford Story & Family  
29815 Betka Road  
Waller TX, 77484

Jennifer Eisemann  
PO Box 1111

Jo C & John P Rustin  
PO Box 1309  
Hempstead, TX, 77445

Charlotte H Peil  
25819 Karen Road  
Katy, TX, 77494

Waller TX 77484

Eddie & Richard Butler  
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Houston, TX, 77220

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Waller TX, 77484

Larry Joseph Peil  
12106 Da Vin Lane  
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Katy, TX, 77494

Jennifer Eisemann  
PO Box 1111  
Waller, TX, 77484

Eddie & Richard Butler  
PO Box 202011  
Houston, TX, 77220

Carol & Bradford Story & Family  
29815 Betka Road  
Waller TX, 77484

Larry Joseph Peil  
12106 Da Vin Lane  
Cypress, TX, 77429

## **ATTACHMENT ADMIN.08**



### **Original Photographs and Maps**

(Reference Administrative Report 1.1, Section 2)



# BETKA WWTP - TPDES

ATTACHMENT "ADMIN.06"  
SITE PHOTOS - MAP

- Legend**
-  Betka WWTP
  -  POINT OF DISCHARGE

 Betka WWTP

Betka Rd

Betka Rd







**1** PHOTO 1 – POINT OF DISCHARGE INTO LITTLE MOND CREEK (LOOKING WEST)



**2** PHOTO 2 – POINT OF DISCHARGE INTO LITTLE MOND CREEK (LOOKING EAST)





**3** PHOTO 3 – POINT OF DISCHARGE INTO LITTLE MOND CREEK (LOOKING SOUTH)



**4** PHOTO 4 – POINT OF DISCHARGE INTO LITTLE MOND CREEK (LOOKING NORTH)





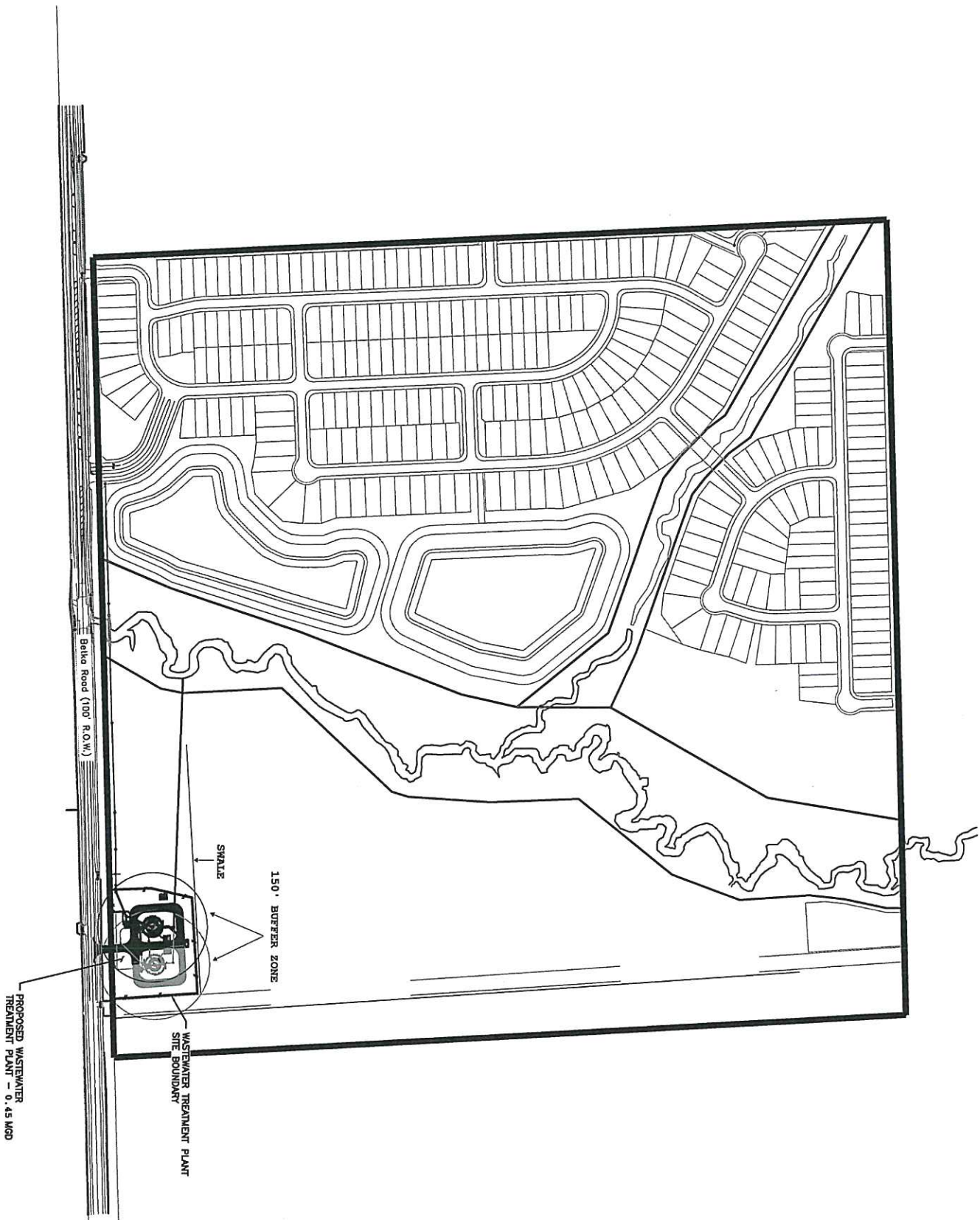
**PHOTO 5 – APPROXIMATE LOCATION OF FUTURE WASTEWATER TREATMENT PLANT**

## **ATTACHMENT ADMIN.09**

### **Buffer Zone Map**

(Reference Administrative Report 1.1, Section 3)

**WARNING**  
OVERHEAD AND UNDERGROUND UTILITIES MAY EXIST IN THE VICINITY OF THE PROJECT. THE CONTRACTOR SHALL BE RESPONSIBLE FOR LOCATING ALL UTILITIES PRIOR TO BEGINNING CONSTRUCTION.

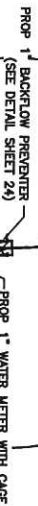
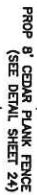




### WARNING:



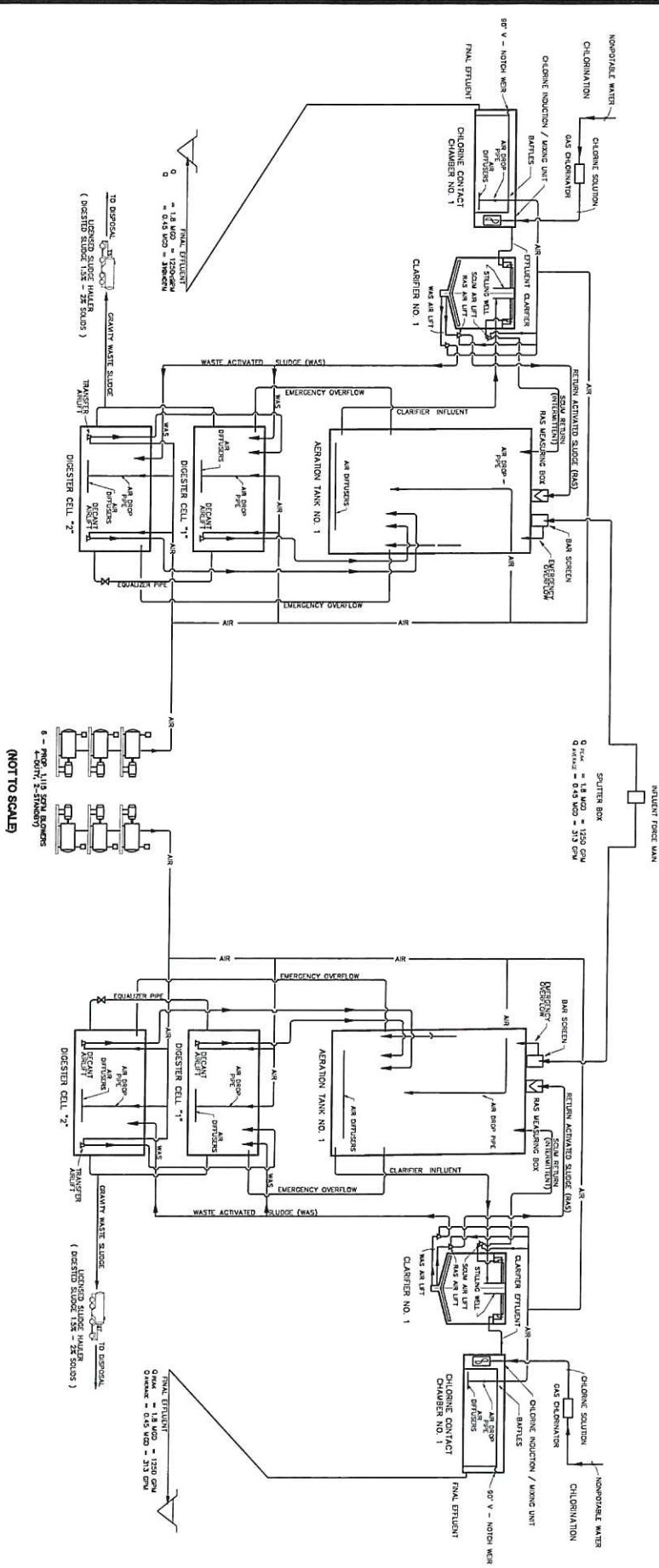
## NTS



# **ATTACHMENT TECH.01**

## **Process Flow Diagram**

(Reference Technical Report 1.0, Section 2.c)



VESSEL DESIGNATION		DIMENSIONS		VOLUME (1)	
		(Length x Width x Depth)			
Aeration Tank No. 2 (2)		78' x 14' x 16'		17,024 ft <sup>3</sup>	
Aerobic Digester Tank No. 1 (2)		52' x 14' x 16'		11,848 ft <sup>3</sup>	
Digester Cell No. 1		52' x 14' x 16'		11,848 ft <sup>3</sup>	
Digester Cell No. 2		32' DIA. x 16'		12,968 ft <sup>3</sup>	
Clarifier (2)		21' x 14' x 15'		4,410 ft <sup>3</sup>	
Chlorine Contact Chamber (2)					

#### NOTES

1. AREAS AND VOLUMES SHOWN ARE EQUAL TO OR GREATER THAN MINIMUMS
2. 8WD - SEWAGE TREATMENT DESIGN CRITERIA
3. VOLUME AT AVERAGE WATER SURFACE ELEVATION
4. VOLUME AT MAXIMUM WATER SURFACE ELEVATION

BETKA TRACT WWTP MAJOR AMENDMENT  
HARRIS COUNTY, TEXAS  
PROCESS FLOW DIAGRAM

**PAPE-DAWSON ENGINEERS**

2107 CITYVIEW BLVD, 3RD FLOOR | HOUSTON, TX 77041 | 713.428.2400  
TEXAS ENGINEERING FIRM #2511 | TEXAS SURVEYING FIRM #10108000

NO.	REVISION	DATE

PLAT NO. 40212-02  
DATE: November 2024  
DESIGNER: J. M. SHAW, A.S.  
CHECKED: J. M. SHAW, A.S.  
SHEET 1 OF 1

## **ATTACHMENT TECH.02**

### **Service Area and Site Drawing**

(Reference Technical Section 3)

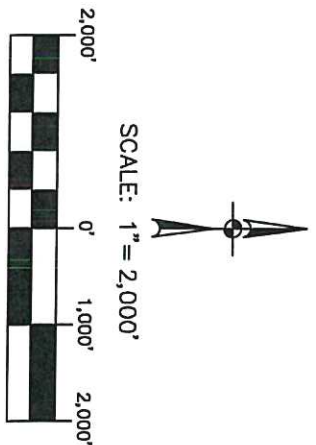
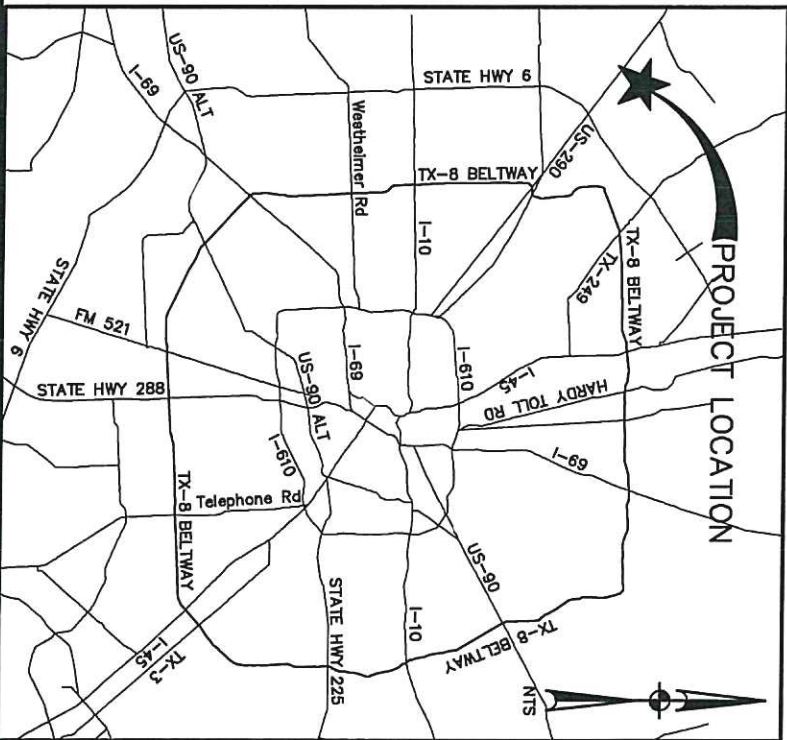
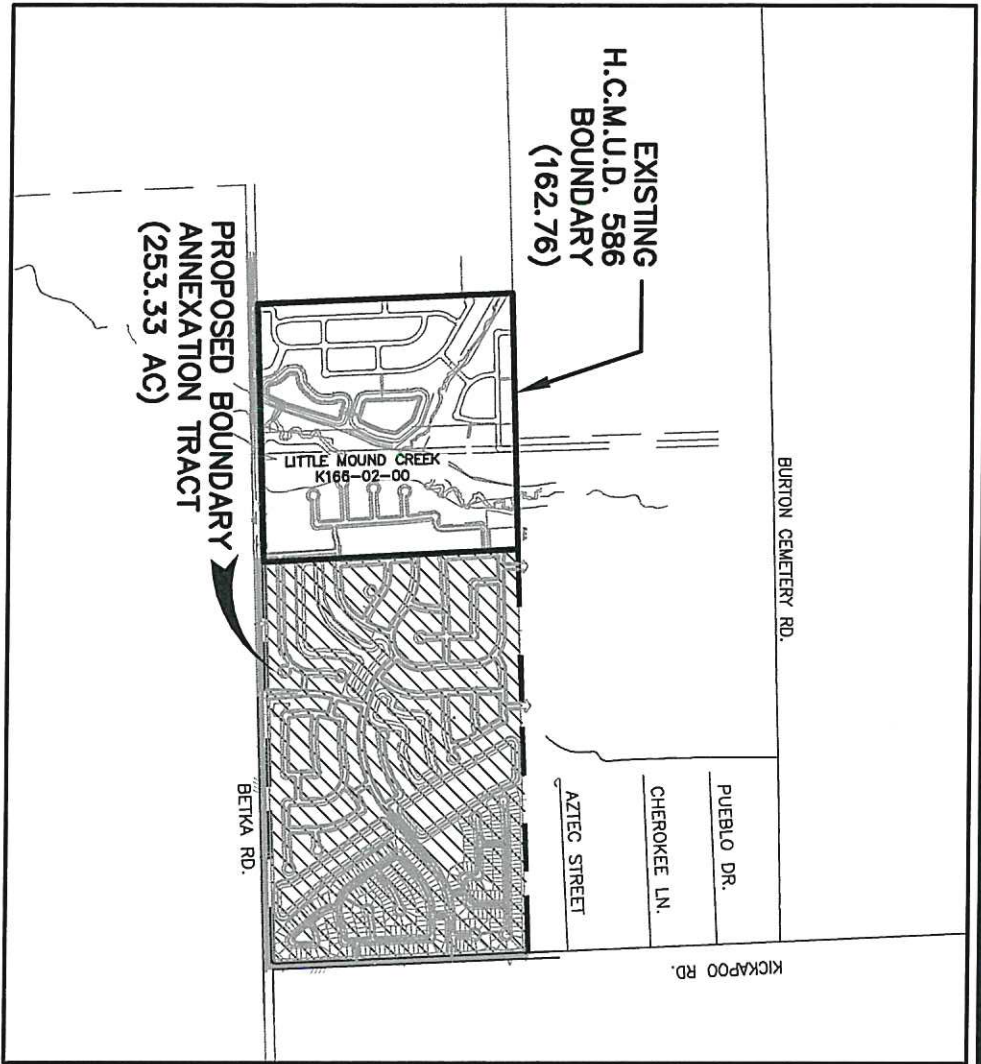


THIS DOCUMENT HAS BEEN PRODUCED FROM MATERIAL THAT WAS STORED AND/OR TRANSMITTED ELECTRONICALLY AND MAY HAVE BEEN MODIFIED WITHOUT THE CONSULTANT'S ORIGINAL SIGNATURE AND SEAL.

JOB NO. 42212-01  
DATE OCTOBER 2024  
DESIGNER MAR  
CHECKED DRAWN  
SHEET 1 of 1

H.C.M.U.D. 586  
VICINITY MAP  
HOUSTON ETJ, HARRIS, TEXAS

PROPOSED TOTAL ACREAGE  
H.C.M.U.D. 586=  
416.09 AC



**PAPE-DAWSON**  
**ENGINEERS**

2107 CITYWEST BLVD, 3ND FLR | HOUSTON, TX 77042 | 713.428.2400  
TEXAS ENGINEERING FIRM #170 | TEXAS SURVEYING FIRM #10028800

## **ATTACHMENT TECH.03**

### **Sewage Sludge Solids Management Plan**

(Reference Technical Report 1.0, Section 6.f)

**SOLIDS MANAGEMENT PLAN  
BETKA WASTEWATER TREATMENT PLANT**

Influent Design Flow	0.45	mgd
Influent BOD Concentration	300	mg/L
Aerobic Digester Volume	17024	CF
Aerobic Digester Volume	127,340	gallons
Digester Basin MLSS	10000	mg/L

Assumptions	
Ratio of dry digested sludge, lb / influent BOD <sub>5</sub> , lb	0.35
Solids concentration in digester	2.0%

Solids generated	100% flow	75% flow	50% flow	25% flow
Flow (mgd)	0.45	0.3375	0.225	0.1125
Pounds of Influent BOD <sub>5</sub> /d	1,126	844	563	281
Pounds/d of digested dry sludge produced	394	296	197	99
Pounds/d of wet sludge produced	19,703	14,777	9,852	4,926
Gallons/d of wet sludge produced	2,363	1,772	1,181	591
Mean Cell Residence Time (days)	53.9	71.9	107.8	215.6

Supernatant will be decanted from digester and returned to onsite lift station for treatment.

The digested wet sludge will be transported by a registered sludge hauler to a TCEQ authorized land application site.

Digestered sludge removal will be on a periodic basis as determined by the Operator.

## **ATTACHMENT TECH.04**

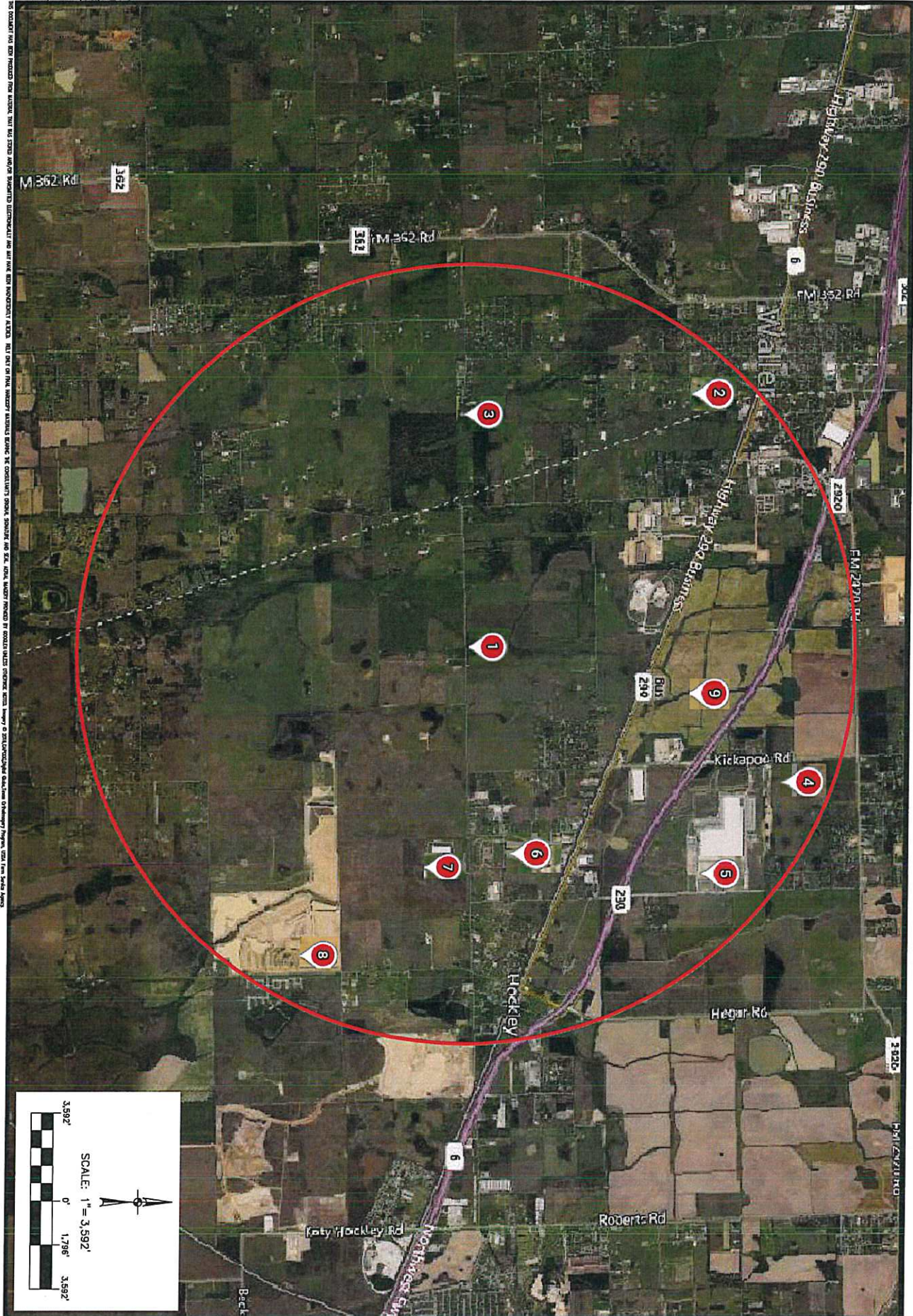
### **WWTP Facilities Within Three Miles**

(Reference Technical Report 1.1 Section 1.b.3)



Facilities Located Within 3 Miles				
No.	Permittee's Name	Permit Number	City	Zip
1	Betka Tract WWTP - Permit Plant			
2	City of Waller	WQ0010310011	Waller	77484
3	Williams Landing WWTP	WQ0015969001	Waller	77484
4	Kickapoo Trade Center	WQ0016199001	Waller	77484
5	Goodman Plant	WQ000518500	Waller	77484
5	Goodman WWTP	WQ0015344001	Waller	77484
6	Curry Rail Services Hockey Center	WQ0013472001	Waller	77447
7	Hockey Data Center	WQ0004879000	Hockley	77447
8	Grand Prairie WWTP	WQ0015895001	Hockley	77447
9	290 Kickapoo WWTP	WQ0015483001	Waller	77484





# BETKA TRACT WWTP MAJOR AMENDMENT

HARRIS COUNTY, TEXAS  
 WWTP WITHIN 3 MILES



## **ATTACHMENT TECH.05**

### **Letters to Facilities Within Three Miles**

(Reference Technical Report 1.1 Section 1.b.3)

October 17, 2024

VIA CERTIFIED MAIL

Curry Rail Services Hockley Center  
1425 11TH Ave  
Altoona, PA 16601

Re: Wastewater Service Request for Betka Tract WWTP  
PD Job No. 42212-02

To Whom It May Concern:

We are currently preparing a major amendment application for a discharge permit for the Betka Tract Wastewater Treatment Plant in Harris County near Hockley, Texas. The proposed development will require 0.45 GPM of wastewater service capacity at its ultimate phase. TCEQ regulations require us to contact all entities with a permitted wastewater treatment plant within three (3) miles of our plant, and to identify any available capacity at those facilities. Your referred wastewater treatment plant is within a three (3) mile radius from our facility. Please let us know if you have the extra capacity in your facility to accommodate the required flow or are willing to expand your facility to accommodate this flow.

Please respond in writing or indicating below on this letter if the Curry Rail Services Hockley Center WWTP Facility with TPDES Permit No. WQ0013472001 has available capacity. After you have made the required indication, please email (asaker@pape-dawson.com) or mail the response back. We would appreciate a response within ten (10) days. Thank you in advance for your prompt attention regarding this matter.

Sincerely,

Abby Saker, E.I.T  
Graduate Engineer

- ☐ Yes, our wastewater treatment facility has sufficient capacity to serve the proposed development. Contact Phone Number: \_\_\_\_\_
- ☒ No, our wastewater treatment facility does not have sufficient capacity to serve the proposed development.

Name: Alexandra Davis Title: Director of EHS

Signature: *Alexandra Davis* Date: 10/29/2024



October 17, 2024

VIA CERTIFIED MAIL

Kickapoo Trade Center  
PO Box 916  
Brenham, TX 77834

Re: Wastewater Service Request for Betka Tract WWTP  
PD Job No. 42212-02

To Whom It May Concern:

We are currently preparing a major amendment application for a discharge permit for the Betka Tract Wastewater Treatment Plant in Harris County near Hockley, Texas. The proposed development will require 0.45 GPM of wastewater service capacity at its ultimate phase. TCEQ regulations require us to contact all entities with a permitted wastewater treatment plant within three (3) miles of our plant, and to identify any available capacity at those facilities. Your referred wastewater treatment plant is within a three (3) mile radius from our facility. Please let us know if you have the extra capacity in your facility to accommodate the required flow or are willing to expand your facility to accommodate this flow.

Please respond in writing or indicating below on this letter if the Kickapoo Trade Center WWTP Facility with TPDES Permit No. WQ0016199001 has available capacity. After you have made the required indication, please email (asaker@pape-dawson.com) or mail the response back. We would appreciate a response within ten (10) days. Thank you in advance for your prompt attention regarding this matter.

Sincerely,

Abby Saker, E.I.T.  
Graduate Engineer

☐ Yes, our wastewater treatment facility has sufficient capacity to serve the proposed development. Contact Phone Number: \_\_\_\_\_

☒ No, our wastewater treatment facility does not have sufficient capacity to serve the proposed development.

Name: PAUL W. PRIHODA Title: OWNER

Signature: Paul W. Prihoda Date: 10-24-2024



October 17, 2024

VIA CERTIFIED MAIL

City of Waller  
PO BOX 239  
WALLER, TX 77484

Re: Wastewater Service Request for Betka Tract WWTP  
PD Job No. 42212-02

To Whom It May Concern:

We are currently preparing a major amendment application for a discharge permit for the Betka Tract Wastewater Treatment Plant in Harris County near Hockley, Texas. The proposed development will require 0.45 GPM of wastewater service capacity at its ultimate phase. TCEQ regulations require us to contact all entities with a permitted wastewater treatment plant within three (3) miles of our plant, and to identify any available capacity at those facilities. Your referred wastewater treatment plant is within a three (3) mile radius from our facility. Please let us know if you have the extra capacity in your facility to accommodate the required flow or are willing to expand your facility to accommodate this flow.

Please respond in writing or indicating below on this letter if the City of Waller WWTP Facility with TPDES Permit No. WQ0010310001 has available capacity. After you have made the required indication, please email (asaker@pape-dawson.com) or mail the response back. We would appreciate a response within ten (10) days. Thank you in advance for your prompt attention regarding this matter.

Sincerely,

Abby Saker, E.I.T  
Graduate Engineer

- ☐ Yes, our wastewater treatment facility has sufficient capacity to serve the proposed development. Contact Phone Number: \_\_\_\_\_
- ☐ No, our wastewater treatment facility does not have sufficient capacity to serve the proposed development.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

October 17, 2024

VIA CERTIFIED MAIL

Goodman Plant  
19001 Kermier Rd  
Waller, TX 77484

Re: Wastewater Service Request for Betka Tract WWTP  
PD Job No. 42212-02

To Whom It May Concern:

We are currently preparing a major amendment application for a discharge permit for the Betka Tract Wastewater Treatment Plant in Harris County near Hockley, Texas. The proposed development will require 0.45 GPM of wastewater service capacity at its ultimate phase. TCEQ regulations require us to contact all entities with a permitted wastewater treatment plant within three (3) miles of our plant, and to identify any available capacity at those facilities. Your referred wastewater treatment plant is within a three (3) mile radius from our facility. Please let us know if you have the extra capacity in your facility to accommodate the required flow or are willing to expand your facility to accommodate this flow.

Please respond in writing or indicating below on this letter if the Goodman Plant WWTP Facility with TPDES Permit No. WQ0005185000 has available capacity. After you have made the required indication, please email (asaker@pape-dawson.com) or mail the response back. We would appreciate a response within ten (10) days. Thank you in advance for your prompt attention regarding this matter.

Sincerely,

Abby Saker, E.I.T  
Graduate Engineer

- ☐ Yes, our wastewater treatment facility has sufficient capacity to serve the proposed development. Contact Phone Number: \_\_\_\_\_
- ☐ No, our wastewater treatment facility does not have sufficient capacity to serve the proposed development.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

October 17, 2024

VIA CERTIFIED MAIL

Goodman WWTP  
7401 Security Way  
Jersey Village, TX 77040 -1148

Re: Wastewater Service Request for Betka Tract WWTP  
PD Job No. 42212-02

To Whom It May Concern:

We are currently preparing a major amendment application for a discharge permit for the Betka Tract Wastewater Treatment Plant in Harris County near Hockley, Texas. The proposed development will require 0.45 GPM of wastewater service capacity at its ultimate phase. TCEQ regulations require us to contact all entities with a permitted wastewater treatment plant within three (3) miles of our plant, and to identify any available capacity at those facilities. Your referred wastewater treatment plant is within a three (3) mile radius from our facility. Please let us know if you have the extra capacity in your facility to accommodate the required flow or are willing to expand your facility to accommodate this flow.

Please respond in writing or indicating below on this letter if the Goodman WWTP Facility with TPDES Permit No. WQ0015344001 has available capacity. After you have made the required indication, please email (asaker@pape-dawson.com) or mail the response back. We would appreciate a response within ten (10) days. Thank you in advance for your prompt attention regarding this matter.

Sincerely,

Abby Saker, E.I.T  
Graduate Engineer

- ☐ Yes, our wastewater treatment facility has sufficient capacity to serve the proposed development. Contact Phone Number: \_\_\_\_\_
- ☐ No, our wastewater treatment facility does not have sufficient capacity to serve the proposed development.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



October 17, 2024

VIA CERTIFIED MAIL

Grand Prairie WWTP  
212 East Main Street  
Round Rock, Texas 78664

Re: Wastewater Service Request for Betka Tract WWTP  
PD Job No. 42212-02

To Whom It May Concern:

We are currently preparing a major amendment application for a discharge permit for the Betka Tract WWTP. The proposed development will require 0.45 MGD of wastewater service capacity at its ultimate phase. TCEQ regulations require us to contact all entities with a permitted wastewater treatment plant within three (3) miles of our plant, and to identify any available capacity at those facilities. Your referred wastewater treatment plant is within a three (3) mile radius from our facility. Please let us know if you have the extra capacity in your facility to accommodate the required flow or are willing to expand your facility to accommodate this flow.

Please respond in writing or indicating below on this letter if the Grand Prairie WWTP Facility with TPDES Permit No. WQ0015895001 has available capacity. After you have made the required indication, please email (asaker@pape-dawson.com) or mail the response back. We would appreciate a response within ten (10) days. Thank you in advance for your prompt attention regarding this matter.

Sincerely,

Abby Saker, E.I.T  
Graduate Engineer

- ☐ Yes, our wastewater treatment facility has sufficient capacity to serve the proposed development. Contact Phone Number: \_\_\_\_\_
- ☐ No, our wastewater treatment facility does not have sufficient capacity to serve the proposed development.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

October 17, 2024

**VIA CERTIFIED MAIL**

Hockley Data Center  
28401 Betka Road  
Hockley, TX 77447

Re: Wastewater Service Request for Betka Tract WWTP  
PD Job No. 42212-02

To Whom It May Concern:

We are currently preparing a major amendment application for a discharge permit for the Betka Tract Wastewater Treatment Plant in Harris County near Hockley, Texas. The proposed development will require 0.45 GPM of wastewater service capacity at its ultimate phase. TCEQ regulations require us to contact all entities with a permitted wastewater treatment plant within three (3) miles of our plant, and to identify any available capacity at those facilities. Your referred wastewater treatment plant is within a three (3) mile radius from our facility. Please let us know if you have the extra capacity in your facility to accommodate the required flow or are willing to expand your facility to accommodate this flow.

Please respond in writing or indicating below on this letter if the Hockley Data Center Facility with TPDES Permit No. WQ0004879000 has available capacity. After you have made the required indication, please email (asaker@pape-dawson.com) or mail the response back. We would appreciate a response within ten (10) days. Thank you in advance for your prompt attention regarding this matter.

Sincerely,

Abby Saker, E.I.T  
Graduate Engineer

- ☐ Yes, our wastewater treatment facility has sufficient capacity to serve the proposed development. Contact Phone Number: \_\_\_\_\_
- ☐ No, our wastewater treatment facility does not have sufficient capacity to serve the proposed development.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

October 17, 2024

**VIA CERTIFIED MAIL**

Williams Landing WWTP  
26926 FM 2978 Rd  
Magnolia, TX 77354

Re: Wastewater Service Request for Betka Tract WWTP  
PD Job No. 42212-02

To Whom It May Concern:

We are currently preparing a major amendment application for a discharge permit for the Betka Tract Wastewater Treatment Plant in Harris County near Hockley, Texas. The proposed development will require 0.45 GPM of wastewater service capacity at its ultimate phase. TCEQ regulations require us to contact all entities with a permitted wastewater treatment plant within three (3) miles of our plant, and to identify any available capacity at those facilities. Your referred wastewater treatment plant is within a three (3) mile radius from our facility. Please let us know if you have the extra capacity in your facility to accommodate the required flow or are willing to expand your facility to accommodate this flow.

Please respond in writing or indicating below on this letter if the Williams Landing WWTP Facility with TPDES Permit No. WQ0015969001 has available capacity. After you have made the required indication, please email ([asaker@pape-dawson.com](mailto:asaker@pape-dawson.com)) or mail the response back. We would appreciate a response within ten (10) days. Thank you in advance for your prompt attention regarding this matter.

Sincerely,

Abby Saker, E.I.T  
Graduate Engineer

- ☐ Yes, our wastewater treatment facility has sufficient capacity to serve the proposed development. Contact Phone Number: \_\_\_\_\_
- ☐ No, our wastewater treatment facility does not have sufficient capacity to serve the proposed development.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



October 17, 2024

VIA CERTIFIED MAIL

290 Kickapoo WWTP  
21021 Spring Brook Plaza Dr Ste 215  
Spring, TX 77379

Re: Wastewater Service Request for Betka Tract WWTP  
PD Job No. 42212-02

To Whom It May Concern:

We are currently preparing a major amendment application for a discharge permit for the Betka Tract Wastewater Treatment Plant in Harris County near Hockley, Texas. The proposed development will require 0.45 GPM of wastewater service capacity at its ultimate phase. TCEQ regulations require us to contact all entities with a permitted wastewater treatment plant within three (3) miles of our plant, and to identify any available capacity at those facilities. Your referred wastewater treatment plant is within a three (3) mile radius from our facility. Please let us know if you have the extra capacity in your facility to accommodate the required flow or are willing to expand your facility to accommodate this flow.

Please respond in writing or indicating below on this letter if the 290 Kickapoo WWTP Facility with TPDES Permit No. WQ0015483001 has available capacity. After you have made the required indication, please email ([asaker@pape-dawson.com](mailto:asaker@pape-dawson.com)) or mail the response back. We would appreciate a response within ten (10) days. Thank you in advance for your prompt attention regarding this matter.

Sincerely,

Abby Saker, E.I.T  
Graduate Engineer

- ☐ Yes, our wastewater treatment facility has sufficient capacity to serve the proposed development. Contact Phone Number: \_\_\_\_\_
- ☐ No, our wastewater treatment facility does not have sufficient capacity to serve the proposed development.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **ATTACHMENT TECH.06**

### **Design Calculations**

(Reference Technical Report 1.1 Section 4)

**BETKA TRACT WWTP**  
**Attachment TECH.06**  
**Treatment Unit Dimensions**

**Phase I (0.15 MGD)**

Bar Screens	
No. of Screens	1
Width	3'-1/2"
Bar Opening	3/4 in.
Type Cleaning	Manual

Aeration Basins	
No. of Basins	1
Basin Dimensions (Each Basin)	76'-0" x 14'-0"
Basin Volume (Each Basin) (ft <sup>3</sup> )	17,024
Basin Volume (Total) (gal)	127,348

Final Clarifiers	
No. of Basins	1
Basin Dimensions (Each Basin)	32 (DIA.) x 16'-0" (Depth)
Surface Area (Each Basin) (ft <sup>2</sup> )	804
Basin Volume (Total) (gal)	96,259

Chlorination	
No. of Basins	1
Basin Dimensions (Each Basin)	21'-0" x 14'-0" x 15'-0"
Basin Volume (Each Basin) (ft <sup>3</sup> )	4,410
Basin Volume (Total) (gal)	32,989
Detention Time	66 min. at Qp

Digestion	
No. of Basins	2
Basin Dimensions (Each Basin)	52'-0" x 14'-0"
Basin Volume (Each Basin) (ft <sup>3</sup> )	11,648
Basin Volume (Total) (gal)	174,266

**Phase II (0.225 MGD)**

Bar Screens	
No. of Screens	1
Width	3'-1/2"
Bar Opening	3/4 in.
Type Cleaning	Manual

Aeration Basins	
No. of Basins	1
Basin Dimensions (Each Basin)	76'-0" x 14'-0
Basin Volume (Each Basin) (ft <sup>3</sup> )	17,024
Basin Volume (Total) (gal)	127,348

Final Clarifiers	
No. of Basins	1
Basin Dimensions (Each Basin)	32 (DIA.) x 16'-0" (Depth)
Surface Area (Each Basin) (ft <sup>2</sup> )	804
Basin Volume (Total) (gal)	96,259

Chlorination	
No. of Basins	1
Basin Dimensions (Each Basin)	21'-0" x 14'-0" x 15'-0"
Basin Volume (Each Basin) (ft <sup>3</sup> )	4,410
Basin Volume (Total) (gal)	32,989
Detention Time	44 min. at Qp

Digestion	
No. of Basins	2
Basin Dimensions (Each Basin)	52'-0" x 14'-0
Basin Volume (Each Basin) (ft <sup>3</sup> )	11,648
Basin Volume (Total) (gal)	174,266

**Phase III (0.45 MGD)**

Bar Screens	
No. of Screens	1
Width	3'-1/2"
Bar Opening	3/4 in.
Type Cleaning	Manual

Aeration Basins	
No. of Basins	2
Basin Dimensions (Each Basin)	76'-0" x 14'-0
Basin Volume (Each Basin) (ft <sup>3</sup> )	17,024
Basin Volume (Total) (gal)	254,697

Final Clarifiers	
No. of Basins	2
Basin Dimensions (Each Basin)	32 (DIA.) x 16'-0" (Depth)
Surface Area (Each Basin) (ft <sup>2</sup> )	804
Basin Volume (Total) (gal)	385,036

Chlorination	
No. of Basins	2
Basin Dimensions (Each Basin)	21'-0" x 14'-0" x 15'-0"
Basin Volume (Each Basin) (ft <sup>3</sup> )	4,410
Basin Volume (Total) (gal)	65,978
Detention Time	88 min. at Qp

Digestion	
No. of Basins	4
Basin Dimensions (Each Basin)	52'-0" x 14'-0
Basin Volume (Each Basin) (ft <sup>3</sup> )	11,648
Basin Volume (Total) (gal)	348,532



Project: Betka Tract Wastewater Treatment Plant  
PD Job Number: 42212-02  
Designed by: AS  
Date: 11/11/2024

### Treatment Units: Phase I

#### Final Process Calculations (Based on TCEQ Criteria Only)

#### Design Parameters

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

Average Design Flow	0.15 MGD	Influent BOD <sub>5</sub>	300 mg/l
Peaking Factor	4	Influent BOD <sub>5</sub>	375 lbs/day
Peak Flow	0.60 MGD		

Process Design - The treatment plant has been designed to produce an effluent quality in compliance with the proposed permitted parameters of : CBOD<sub>5</sub> = 10 mg/l; TSS = 15 mg/l; NH<sub>3</sub>-N = 3 mg/l; Dissolved Oxygen = 4 mg/l; Chlorine Residual = 1-4 mg/l after 20 minutes detention time. In order to achieve the required removal efficiencies, activated sludge process operated in the single stage nitrification mode has been chosen.

The anticipated operating ranges for MLSS and RASS in mg/l are 3,000 mg/l and 6,000 mg/l, respectively.

#### Aeration Basin

TCEQ Maximum Organic Loading	35 lbs BOD <sub>5</sub> / day / 1,000 ft <sup>3</sup>
------------------------------	---

Aeration Volume Required	10,723 ft <sup>3</sup>
--------------------------	------------------------

#### Volume Provided:

Number of Tanks	1
Length	76 ft.
Width	14 ft.

SWD	16 ft.
-----	--------

Volume	17,024 ft <sup>3</sup>
--------	------------------------

Capacity	0.24 MGD Average Flow
----------	-----------------------

Total Volume	17,024 ft <sup>3</sup>
--------------	------------------------

Volume greater than required	YES
------------------------------	-----

Organic Loading	22.05 lbs BOD <sub>5</sub> / day
-----------------	----------------------------------

## Clarifier

---

TCEQ Maximum surface Loading (Qpk)	1,200 gal / day / ft <sup>2</sup> at peak flow		
TCEQ Minimum detention time (Qpk)	1.8 hours at peak flow		
TCEQ Maximum weir Loading (Qpk)	20,000 gal / day / ft.		
Surface area required	500 ft <sup>2</sup>	25.2 ft. min. dia. for one clarifier	
Volume required	6,016 ft <sup>3</sup>		
Volume Provided:			
Number of Tanks	1		
Diameter	32 ft.		
SWD	16 ft.	16	0
Surface Area	804 ft <sup>2</sup>		
Volume	12,868 ft <sup>3</sup>		
Capacity	0.24 MGD Average Flow		
Total Surface Area	804 ft <sup>2</sup>	Greater than required?	YES
Total Volume	12,868 ft <sup>3</sup>	Greater than required?	YES
Clarifier Surface Loading (Qave)	186.51 GPD/FT <sup>2</sup>		
Clarifier Surface Loading (Qpk)	746.04 GPD/FT <sup>2</sup>		
Clarifier Detention Time (Qave)	15.40 Hours		
Clarifier Detention Time (Qpk)	3.85 Hours		
Weir Length	94.25 ft.		
Weir Loading	6,366.20	GPD/LF	

## Digesters

---

TCEQ Required design volume 20 ft<sup>3</sup> / lb. BOD<sub>5</sub> / day

TCEQ Minimum sludge retention time 60 Days

Volume required 7,506 ft<sup>3</sup>

### Volume Provided:

Number of Tanks 2

Length 52 ft.

Width 14 ft.

SWD 16 ft.

Volume 23,296 ft<sup>3</sup>

Capacity 0.47 MGD Average Flow

Total Volume 23,296 ft<sup>3</sup>

Volume greater than required YES

Organic Loading 62.07 ft<sup>3</sup> / lb. BOD<sub>5</sub> / day

## Chlorine Contact Chamber

---

TCEQ Minimum detention time (Qpk) 20 min.

TCEQ Minimum volume (Qpk) 1,114 ft<sup>3</sup>

Volume required 1,114 ft<sup>3</sup>

### Volume Provided:

Number of Tanks 1

Length 21 ft.

Width 14 ft.

SWD 15 ft.

Volume 4,410 ft<sup>3</sup>

Capacity 0.594 MGD Average Flow Greater than required? YES

Detention Time 66.50 Minutes

## Chlorination

---

Design Maximum chlorine dose	8 mg/l
Typical chlorine dose	4 mg/l
Cylinder size	150 lbs.
Withdrawal factor	1 (Use 1.0 for 150 # cylinder and 8.0 for 2000 # cylinders)
Low Ambient Temp	65 Use 65 for indoor storage
Chlorine required at low flow	1.3 lbs per day @ 25% design flow rate
Chlorine required at design flow	5.0 lbs per day
Maximum chlorine required	40 lbs per day
Max. withdrawal rate per cylinder	65 lbs per day (Formula for vacuum systems only)
No. of Cylinders required per bank	1 For Redundancy use 2
One bank of cylinders will last	60 days at average flow and typical chlorine usage

## Air Requirements

---

Air requirements for aeration basins	2.2 lb. oxygen per lb. BOD
Air requirements for digesters	30 SCFM /1000 cu. ft.
Minimum mixing requirements	20 SCFM /1000 cu. ft.
Diffuser transfer efficiency	6.63% (In wastewater)

$$\begin{aligned} \text{Air required in aeration basin} &= 782 \text{ SCFM} \\ &= \frac{\{(\text{lb BOD}) * (\text{lb Oxygen} / \text{lb BOD})\}}{(\text{T.E.}) (\text{lb. Oxygen} / \text{lb. air}) (\text{lb. air} / \text{cu. ft.}) (\text{min} / \text{day})} \end{aligned}$$

Verify mixing requirements:	46 OK
Air required for digesters:	699 SCFM
Air required for post aeration	20
Air required for post aeration-CL2	50 SCFM
Air required for initial mixing	25
Air required for air lifts	90 SCFM
Total air required	1,646 SCFM
Maximum water depth over diffuser	10 feet
Pressure loss in piping	1.2 psi
Pressure @ blowers	5.5 psi
Air flow per blower @ required pressure	1350 SCFM
Blowers required w/o standby	1.2
Total blowers required	3



Project: Betka Tract Wastewater Treatment Plant  
PD Job Number: 42212-02  
Designed by: AS  
Date: 11/11/2024

## Treatment Units: Phase II

### Final Process Calculations (Based on TCEQ Criteria Only)

#### Design Parameters

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

Average Design Flow	0.23 MGD	Influent BOD <sub>5</sub>	300 mg/l
Peaking Factor	4	Influent BOD <sub>5</sub>	563 lbs/day
Peak Flow	0.90 MGD		

Process Design - The treatment plant has been designed to produce an effluent quality in compliance with the proposed permitted parameters of : CBOD<sub>5</sub> = 10 mg/l; TSS = 15 mg/l; NH<sub>3</sub>-N = 3 mg/l; Dissolved Oxygen = 4 mg/l; Chlorine Residual = 1-4 mg/l after 20 minutes detention time. In order to achieve the required removal efficiencies, activated sludge process operated in the single stage nitrification mode has been chosen.

The anticipated operating ranges for MLSS and RASS in mg/l are 3,000 mg/l and 6,000 mg/l, respectively.

#### Aeration Basin

TCEQ Maximum Organic Loading	35 lbs BOD <sub>5</sub> / day / 1,000 ft <sup>3</sup>
------------------------------	---

Aeration Volume Required	16,084 ft <sup>3</sup>
--------------------------	------------------------

#### Volume Provided:

Number of Tanks	1
Length	76 ft.
Width	14 ft.

SWD	16 ft.
-----	--------

Volume	17,024 ft <sup>3</sup>
--------	------------------------

Capacity	0.238 MGD Average Flow
----------	------------------------

Total Volume	17,024 ft <sup>3</sup>
--------------	------------------------

Volume greater than required	YES
------------------------------	-----

Organic Loading	33.07 lbs BOD <sub>5</sub> / day
-----------------	----------------------------------

## Clarifier

---

TCEQ Maximum surface Loading (Qpk)	1,200 gal / day / ft <sup>2</sup> at peak flow
TCEQ Minimum detention time (Qpk)	1.8 hours at peak flow
TCEQ Maximum weir Loading (Qpk)	30,000 gal / day / ft.

Surface area required	750.00 ft <sup>2</sup>	30.9 ft. min. dia. for one clarifier
Volume required	9,024 ft <sup>3</sup>	

### Volume Provided:

Number of Tanks	1
Diameter	32 ft.
SWD	16 ft.
Surface Area	804 ft <sup>2</sup>
Volume	12,868 ft <sup>3</sup>
Capacity	0.24 MGD Average Flow

Total Surface Area	804 ft <sup>2</sup>	Greater than required?	YES
Total Volume	12,868 ft <sup>3</sup>	Greater than required?	YES

Clarifier Surface Loading (Qave)	279.76 GPD/FT <sup>2</sup>
Clarifier Surface Loading (Qpk)	1119.06 GPD/FT <sup>2</sup>

Clarifier Detention Time (Qave)	10.27 Hours
Clarifier Detention Time (Qpk)	2.57 Hours

Weir Length	94.25 ft.	
Weir Loading	9,549.30	GPD/LF

## Digesters

---

TCEQ Required design volume 20 ft<sup>3</sup> / lb. BOD<sub>5</sub> / day  
TCEQ Minimum sludge retention time 60 Days

Volume required 11,259 ft<sup>3</sup>

### Volume Provided:

Number of Tanks 2  
Length 52 ft.  
Width 14 ft.

SWD 16 ft.

Volume 23,296 ft<sup>3</sup>

Capacity 0.47 MGD Average Flow

Total Volume 23,296 ft<sup>3</sup>

Volume greater than required YES

Organic Loading 41.38 ft<sup>3</sup> / lb. BOD<sub>5</sub> / day

## Chlorine Contact Chamber

---

TCEQ Minimum detention time (Qpk) 20 min.

TCEQ Minimum volume (Qpk) 1,671 ft<sup>3</sup>

Volume required 1,671 ft<sup>3</sup>

### Volume Provided:

Number of Tanks 1  
Length 21 ft.  
Width 14 ft.

SWD 15 ft.

Volume 4,410 ft<sup>3</sup>

Capacity 0.594 MGD Average Flow Greater than required? YES

Detention Time 44.33 Minutes

## Chlorination

---

Design Maximum chlorine dose	8 mg/l
Typical chlorine dose	4 mg/l
Cylinder size	150 lbs.
Withdrawal factor	1 (Use 1.0 for 150 # cylinder and 8.0 for 2000 # cylinders)
Low Ambient Temp	65 Use 65 for indoor storage
Chlorine required at low flow	1.9 lbs per day @ 25% design flow rate
Chlorine required at design flow	7.5 lbs per day
Maximum chlorine required	60 lbs per day
Max. withdrawal rate per cylinder	65 lbs per day (Formula for vacuum systems only)
No. of Cylinders required per bank	1 For Redundancy use 2
One bank of cylinders will last	40 days at average flow and typical chlorine usage

## Air Requirements

---

Air requirements for aeration basins	2.2 lb. oxygen per lb. BOD
Air requirements for digesters	30 SCFM /1000 cu. ft.
Minimum mixing requirements	20 SCFM /1000 cu. ft.
Diffuser transfer efficiency	6.63% (In wastewater)

$$\begin{aligned} \text{Air required in aeration basin} &= 1,173 \text{ SCFM} \\ &= \frac{\{(\text{lb BOD}) * (\text{lb Oxygen} / \text{lb BOD})\}}{(\text{T.E.}) (\text{lb. Oxygen} / \text{lb. air}) (\text{lb. air} / \text{cu. ft.}) (\text{min} / \text{day})} \end{aligned}$$

Verify mixing requirements:	69 OK
Air required for digesters:	699 SCFM
Air required for post aeration	20
Air required for post aeration-CL2	50 SCFM
Air required for initial mixing	25
Air required for air lifts	90 SCFM
Total air required	2,037 SCFM
Maximum water depth over diffuser	10 feet
Pressure loss in piping	1.2 psi
Pressure @ blowers	5.5 psi
Air flow per blower @ required pressure	1350 SCFM
Blowers required w/o standby	1.5
Total blowers required	3



Project: Betka Tract Wastewater Treatment Plant  
PD Job Number: 42212-02  
Designed by: AS  
Date: 11/11/2024

### Treatment Units: Phase III

#### Final Process Calculations (Based on TCEQ Criteria Only)

#### Design Parameters

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

Average Design Flow	0.45 MGD	Influent BOD <sub>5</sub>	300 mg/l
Peaking Factor	4	Influent BOD <sub>5</sub>	1126 lbs/day
Peak Flow	1.80 MGD		

Process Design - The treatment plant has been designed to produce an effluent quality in compliance with the proposed permitted parameters of : CBOD<sub>5</sub> = 10 mg/l; TSS = 15 mg/l; NH<sub>3</sub>-N = 3 mg/l; Dissolved Oxygen = 4 mg/l; Chlorine Residual = 1-4 mg/l after 20 minutes detention time. In order to achieve the required removal efficiencies, activated sludge process operated in the single stage nitrification mode has been chosen.

The anticipated operating ranges for MLSS and RASS in mg/l are 3,000 mg/l and 6,000 mg/l, respectively.

#### Aeration Basin

TCEQ Maximum Organic Loading	35 lbs BOD <sub>5</sub> / day / 1,000 ft <sup>3</sup>
------------------------------	---

Aeration Volume Required	32,169 ft <sup>3</sup>
--------------------------	------------------------

#### Volume Provided:

Number of Tanks	2
Length	76 ft.
Width	14 ft.

SWD	16 ft.
-----	--------

Volume	34,048 ft <sup>3</sup>
--------	------------------------

Capacity	0.476 MGD Average Flow
----------	------------------------

Total Volume	34,048 ft <sup>3</sup>
--------------	------------------------

Volume greater than required	YES
------------------------------	-----

Organic Loading	33.07 lbs BOD <sub>5</sub> / day
-----------------	----------------------------------

## Clarifier

---

TCEQ Maximum surface Loading (Qpk)

1,200 gal / day / ft<sup>2</sup> at peak flow

TCEQ Minimum detention time (Qpk)

1.8 hours at peak flow

TCEQ Maximum weir Loading (Qpk)

30,000 gal / day / ft.

Surface area required

1500 ft<sup>2</sup>

43.7 ft. min. dia. for one clarifier

Volume required

18,048 ft<sup>3</sup>

Volume Provided:

Number of Tanks

2

Diameter

32 ft.

SWD

16 ft.

16

0

Surface Area

1608 ft<sup>2</sup>

Volume

51,472 ft<sup>3</sup>

Capacity

0.48 MGD Average Flow

Total Surface Area

1608 ft<sup>2</sup>

Greater than required?

YES

Total Volume

51,472 ft<sup>3</sup>

Greater than required?

YES

Clarifier Surface Loading (Qave)

279.76 GPD/FT<sup>2</sup>

Clarifier Surface Loading (Qpk)

1119.06 GPD/FT<sup>2</sup>

Clarifier Detention Time (Qave)

20.53 Hours

Clarifier Detention Time (Qpk)

5.13 Hours

Weir Length

94.25 ft.

Weir Loading

9,549.30

GPD/LF

## Digesters

---

TCEQ Required design volume 20 ft<sup>3</sup> / lb. BOD<sub>5</sub> / day  
TCEQ Minimum sludge retention time 60 Days

Volume required 22,518 ft<sup>3</sup>

### Volume Provided:

Number of Tanks 4  
Length 52 ft.  
Width 14 ft.

SWD 16 ft.  
Volume 46,592 ft<sup>3</sup>  
Capacity 0.93 MGD Average Flow

Total Volume 46,592 ft<sup>3</sup>  
Volume greater than required YES  
Organic Loading 41.38 ft<sup>3</sup> / lb. BOD<sub>5</sub> / day

## Chlorine Contact Chamber

---

TCEQ Minimum detention time (Qpk) 20 min.  
TCEQ Minimum volume (Qpk) 3,342 ft<sup>3</sup>

Volume required 3,342 ft<sup>3</sup>

### Volume Provided:

Number of Tanks 2  
Length 21 ft.  
Width 14 ft.

SWD 15 ft.  
Volume 8,820 ft<sup>3</sup>  
Capacity 1.188 MGD Average Flow Greater than required? YES

Detention Time 88.67 Minutes

## Chlorination

---

Design Maximum chlorine dose	8 mg/l
Typical chlorine dose	4 mg/l
Cylinder size	150 lbs.
Withdrawal factor	1 (Use 1.0 for 150 # cylinder and 8.0 for 2000 # cylinders)
Low Ambient Temp	65 Use 65 for indoor storage
Chlorine required at low flow	3.8 lbs per day @ 25% design flow rate
Chlorine required at design flow	15.0 lbs per day
Maximum chlorine required	120 lbs per day
Max. withdrawal rate per cylinder	65 lbs per day (Formula for vacuum systems only)
No. of Cylinders required per bank	2 For Redundancy use 3
One bank of cylinders will last	30 days at average flow and typical chlorine usage

## Air Requirements

---

Air requirements for aeration basins	2.2 lb. oxygen per lb. BOD
Air requirements for digesters	30 SCFM /1000 cu. ft.
Minimum mixing requirements	20 SCFM /1000 cu. ft.
Diffuser transfer efficiency	6.63% (In wastewater)

$$\begin{aligned} \text{Air required in aeration basin} &= 2,346 \text{ SCFM} \\ &= \frac{\{(\text{lb BOD}) * (\text{lb Oxygen} / \text{lb BOD})\}}{(\text{T.E.}) (\text{lb. Oxygen} / \text{lb. air}) (\text{lb. air} / \text{cu. ft.}) (\text{min} / \text{day})} \end{aligned}$$

Verify mixing requirements:	69 OK
Air required for digesters:	1398 SCFM
Air required for post aeration	20
Air required for post aeration-CL2	50 SCFM
Air required for initial mixing	25
Air required for air lifts	90 SCFM
Total air required	3,909 SCFM
Maximum water depth over diffuser	10 feet
Pressure loss in piping	1.2 psi
Pressure @ blowers	5.5 psi
Air flow per blower @ required pressure	1350 SCFM
Blowers required w/o standby	2.9
Total blowers required	4



## **ATTACHMENT TECH.07**

### **100-year Frequency Flood Plain**

(Reference Technical Report 1.1 Section 4)

To obtain more detailed information in areas where Data Point Evaluations are not available, please contact your local Health Department. If your Health Department has been terminated, please contact your local Health Department to determine if it has been reauthorized. The information in this document is not intended to be used as a basis for legal action. The information is for informational purposes only. The information is not intended to be used as a basis for legal action. The information is for informational purposes only.

[illegible]

to achieve a significant reduction in the percentage of the population that is obese. The authors conclude that the most effective approach to obesity prevention is a "multifaceted" one that includes both individual and community-level interventions. *JAMA* 2003;289:1365-1371.

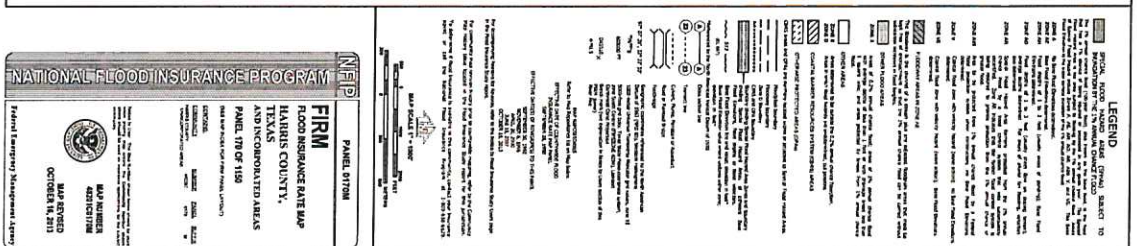
**2017** **Pharmacists as a First Line of Defense**—The authors of this review article discuss the role of pharmacists in the primary prevention of disease. They argue that pharmacists are in a unique position to identify and intervene with patients at risk for chronic disease. They cite several studies that show that pharmacists can effectively identify and intervene with patients at risk for hypertension, diabetes, and lipid abnormalities. They conclude that pharmacists should be encouraged to take a more active role in the primary prevention of disease. *JAMA* 2003;289:1372-1375.

**2018** **Pharmaceutical Industry's Financial Performance**—The authors of this review article discuss the financial performance of the pharmaceutical industry. They argue that the industry has been highly profitable in recent years, but that this profitability is largely due to the high prices of pharmaceuticals. They cite several studies that show that the pharmaceutical industry has been able to increase its profits by a variety of means, including increasing the prices of its products, reducing its costs, and increasing its sales. They conclude that the pharmaceutical industry's financial performance is largely a result of its ability to increase the prices of its products. *JAMA* 2003;289:1376-1379.

**2019** **Pharmaceutical Industry's Financial Performance**—The authors of this review article discuss the financial performance of the pharmaceutical industry. They argue that the industry has been highly profitable in recent years, but that this profitability is largely due to the high prices of pharmaceuticals. They cite several studies that show that the pharmaceutical industry has been able to increase its profits by a variety of means, including increasing the prices of its products, reducing its costs, and increasing its sales. They conclude that the pharmaceutical industry's financial performance is largely a result of its ability to increase the prices of its products. *JAMA* 2003;289:1380-1383.

**2020** **Pharmaceutical Industry's Financial Performance**—The authors of this review article discuss the financial performance of the pharmaceutical industry. They argue that the industry has been highly profitable in recent years, but that this profitability is largely due to the high prices of pharmaceuticals. They cite several studies that show that the pharmaceutical industry has been able to increase its profits by a variety of means, including increasing the prices of its products, reducing its costs, and increasing its sales. They conclude that the pharmaceutical industry's financial performance is largely a result of its ability to increase the prices of its products. *JAMA* 2003;289:1384-1387.

Typical Dose: A suggested dose to maintain is 8 to 20 L daily (adjusted).



**VACATION BY THE 15th JUDICIAL DISTRICT**

[illegible]

**1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **9** ☐ **10** ☐ **11** ☐ **12** ☐ **13** ☐ **14** ☐ **15** ☐ **16** ☐ **17** ☐ **18** ☐ **19** ☐ **20** ☐ **21** ☐ **22** ☐ **23** ☐ **24** ☐ **25** ☐ **26** ☐ **27** ☐ **28** ☐ **29** ☐ **30** ☐ **31** ☐ **32** ☐ **33** ☐ **34** ☐ **35** ☐ **36** ☐ **37** ☐ **38** ☐ **39** ☐ **40** ☐ **41** ☐ **42** ☐ **43** ☐ **44** ☐ **45** ☐ **46** ☐ **47** ☐ **48** ☐ **49** ☐ **50** ☐ **51** ☐ **52** ☐ **53** ☐ **54** ☐ **55** ☐ **56** ☐ **57** ☐ **58** ☐ **59** ☐ **60** ☐ **61** ☐ **62** ☐ **63** ☐ **64** ☐ **65** ☐ **66** ☐ **67** ☐ **68** ☐ **69** ☐ **70** ☐ **71** ☐ **72** ☐ **73** ☐ **74** ☐ **75** ☐ **76** ☐ **77** ☐ **78** ☐ **79** ☐ **80** ☐ **81** ☐ **82** ☐ **83** ☐ **84** ☐ **85** ☐ **86** ☐ **87** ☐ **88** ☐ **89** ☐ **90** ☐ **91** ☐ **92** ☐ **93** ☐ **94** ☐ **95** ☐ **96** ☐ **97** ☐ **98** ☐ **99** ☐ **100** ☐ **101** ☐ **102** ☐ **103** ☐ **104** ☐ **105** ☐ **106** ☐ **107** ☐ **108** ☐ **109** ☐ **110** ☐ **111** ☐ **112** ☐ **113** ☐ **114** ☐ **115** ☐ **116** ☐ **117** ☐ **118** ☐ **119** ☐ **120** ☐ **121** ☐ **122** ☐ **123** ☐ **124** ☐ **125** ☐ **126** ☐ **127** ☐ **128** ☐ **129** ☐ **130** ☐ **131** ☐ **132** ☐ **133** ☐ **134** ☐ **135** ☐ **136** ☐ **137** ☐ **138** ☐ **139** ☐ **140** ☐ **141** ☐ **142** ☐ **143** ☐ **144** ☐ **145** ☐ **146** ☐ **147** ☐ **148** ☐ **149** ☐ **150** ☐ **151** ☐ **152** ☐ **153** ☐ **154** ☐ **155** ☐ **156** ☐ **157** ☐ **158** ☐ **159** ☐ **160** ☐ **161** ☐ **162** ☐ **163** ☐ **164** ☐ **165** ☐ **166** ☐ **167** ☐ **168** ☐ **169** ☐ **170** ☐ **171** ☐ **172** ☐ **173** ☐ **174** ☐ **175** ☐ **176** ☐ **177** ☐ **178** ☐ **179** ☐ **180** ☐ **181** ☐ **182** ☐ **183** ☐ **184** ☐ **185** ☐ **186** ☐ **187** ☐ **188** ☐ **189** ☐ **190** ☐ **191** ☐ **192** ☐ **193** ☐ **194** ☐ **195** ☐ **196** ☐ **197** ☐ **198** ☐ **199** ☐ **200** ☐ **201** ☐ **202** ☐ **203** ☐ **204** ☐ **205** ☐ **206** ☐ **207** ☐ **208** ☐ **209** ☐ **210** ☐ **211** ☐ **212** ☐ **213** ☐ **214** ☐ **215** ☐ **216** ☐ **217** ☐ **218** ☐ **219** ☐ **220** ☐ **221** ☐ **222** ☐ **223** ☐ **224** ☐ **225** ☐ **226** ☐ **227** ☐ **228** ☐ **229** ☐ **230** ☐ **231** ☐ **232** ☐ **233** ☐ **234** ☐ **235** ☐ **236** ☐ **237** ☐ **238** ☐ **239** ☐ **240** ☐ **241** ☐ **242** ☐ **243** ☐ **244** ☐ **245** ☐ **246** ☐ **247** ☐ **248** ☐ **249** ☐ **250** ☐ **251** ☐ **252** ☐ **253** ☐ **254** ☐ **255** ☐ **256** ☐ **257** ☐ **258** ☐ **259** ☐ **260** ☐ **261** ☐ **262** ☐ **263** ☐ **264** ☐ **265** ☐ **266** ☐ **267** ☐ **268** ☐ **269** ☐ **270** ☐ **271** ☐ **272** ☐ **273** ☐ **274** ☐ **275** ☐ **276** ☐ **277** ☐ **278** ☐ **279** ☐ **280** ☐

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**FIRM**  
FLOOD INSURANCE RATE MAP  
HARRIS COUNTY.

**TEXAS  
AND INCORPORATED AREAS**

**PANEL 17B OF 1150**

READ AND HOLD UP THIS PANEL UPRIGHT

GENOSES	BARRE	DAVIS	BLISS
CHAMBERS	WELCH	EVANS	B

REAR OF PANEL 17B OF 1150

**NATIONAL FLOOD**



**MAP SERVICES  
OCTOBER 14, 2013**

**MAP NUMBER  
4528 ICH 17100**

This map was prepared by the Federal Emergency Management Agency (FEMA) under contract to the United States Department of Commerce, Bureau of Economic Analysis, Office of Water Resources. The map shows the results of a study conducted by FEMA in cooperation with the State of New York. The map is based on aerial photography taken in 1984 and 1985. The map is subject to change without notice.

## **ATTACHMENT TECH.08**

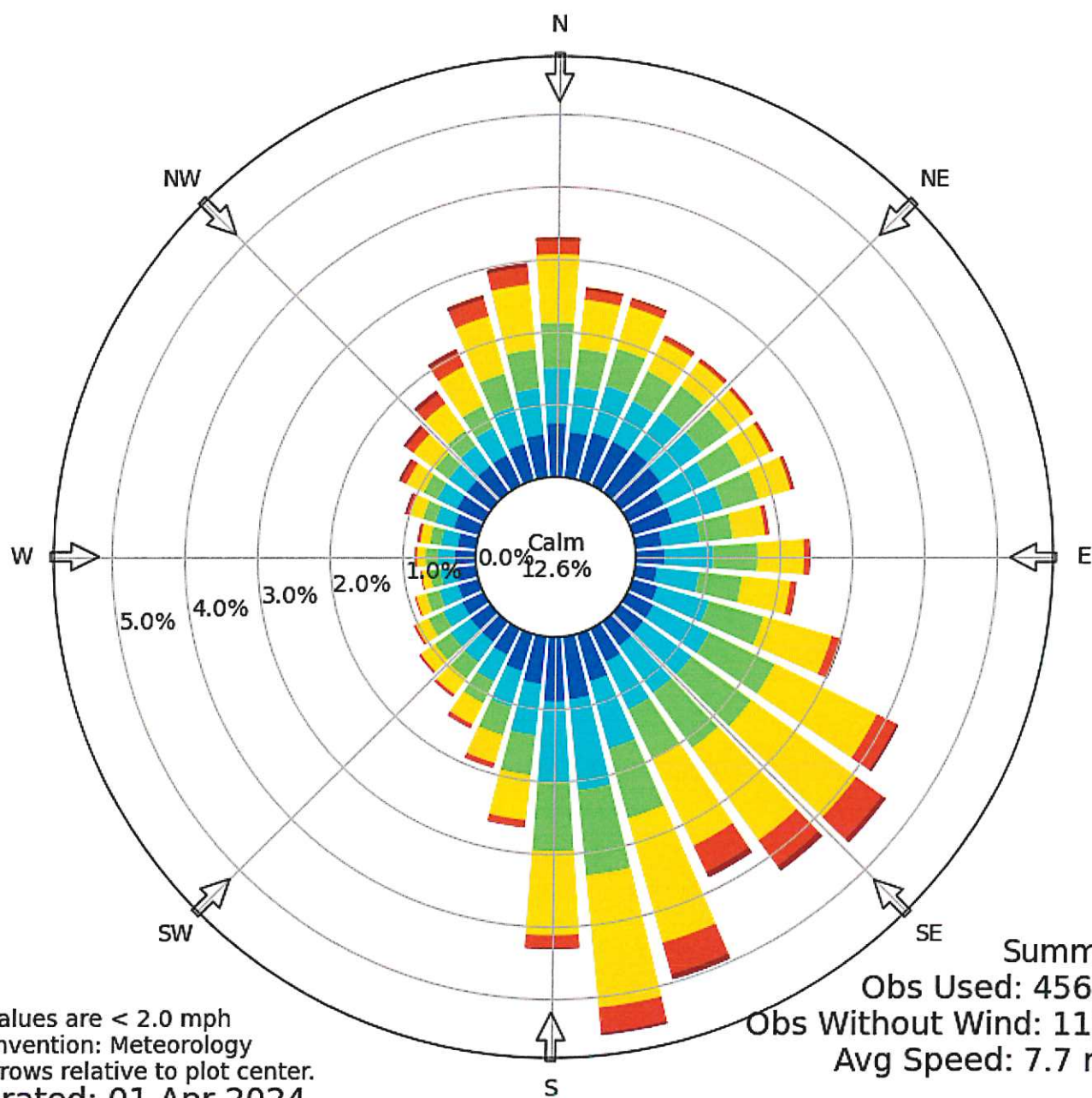
### **Wind Rose**

(Reference Technical Report 1.1 Section 4)

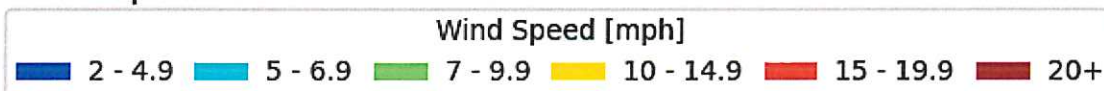


# Windrose Plot for [IAH] Houston Intercontinental

Obs Between: 01 Jan 1970 03:00 AM - 01 Apr 2024 03:53 AM America/Chicago



Calm values are < 2.0 mph  
Bar Convention: Meteorology  
Flow arrows relative to plot center.  
Generated: 01 Apr 2024





## **ATTACHMENT SPIF.01**

### **Supplemental Permit Information Form and Map**

(Reference Administrative Report)

# 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](mailto:WQ-ARPTeam@tceq.texas.gov) or by phone at (512) 239-4671.

The following applies to all applications:

1. Permittee: Century Land Holdings of Texas, LLC.

Permit No. WQ00 16117001

EPA ID No. TX 0142506

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

Approximately 200 ft North of Betka Road and approximately 6000 ft East of Mathis Road near Hockley, TX.

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): Ms.

First and Last Name: Saker, Abby

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

Title: Graduate Engineer

Mailing Address: 2107 CityWest Blvd. Third Floor

City, State, Zip Code: Houston, TX, 77019

Phone No.: 346-444-3664 Ext.:                      Fax No.:                     

E-mail Address: asaker@pape-dawson.com

2. List the county in which the facility is located: Harris
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.

The effluent discharges to K166-02-00 (Little Mound Creek); thence to K166-00-00 (Mound Creek); and thence to K100-0-00 (Cypress Creek, Segment 1009 to the San Jacinto 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):

The Wastewater Treatment Plant is located on approximately 0.68 Acres.

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

Undeveloped grass land

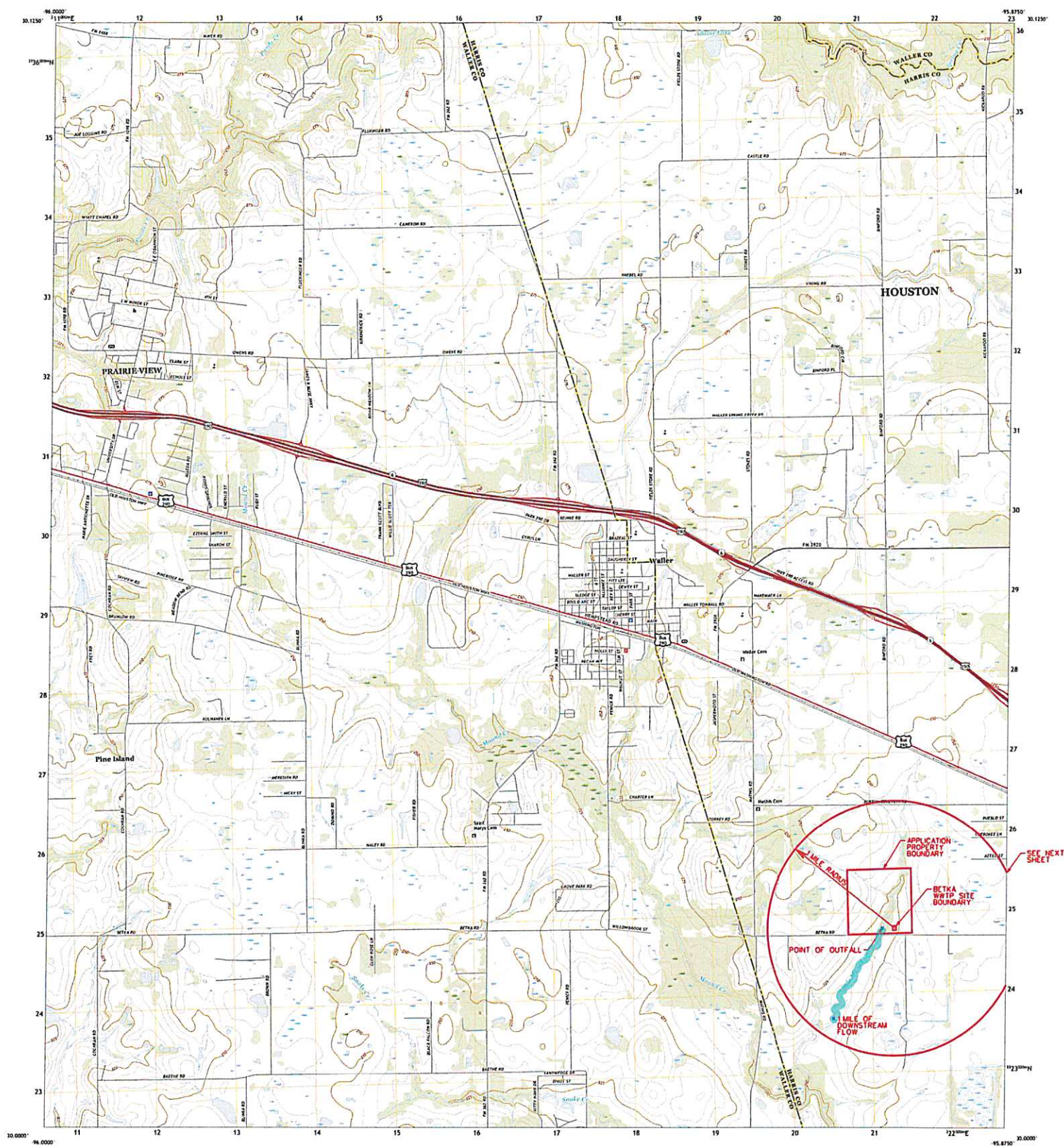
THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

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

Wastewater Treatment Plant construction to begin in 2025

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

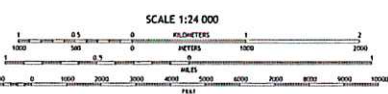
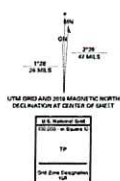




Produced by the United States Geological Survey

North arrow as shown on 1:250,000 scale  
World Geodetic System of 1984 (WGS84) Projection and  
1:250,000 scale Universal Transverse Mercator Zone 14N-15E  
This map is not a legal document. Boundaries may be  
generalized for this map scale. Private lands with government  
interests may not be shown. Obtain permission before  
entering or using lands.

Boundary: U.S. Geological Survey, 2014  
Roads: U.S. Geological Survey, 2014  
Water: U.S. Geological Survey, 2014  
Topography: National Hydrography Dataset, 2012  
Contour: National Hydrography Dataset, 2012  
Boundaries: Multiple sources; see metadata for 2014, 2017  
Wetlands: FWS National Wetlands Inventory, 1982 - 1993

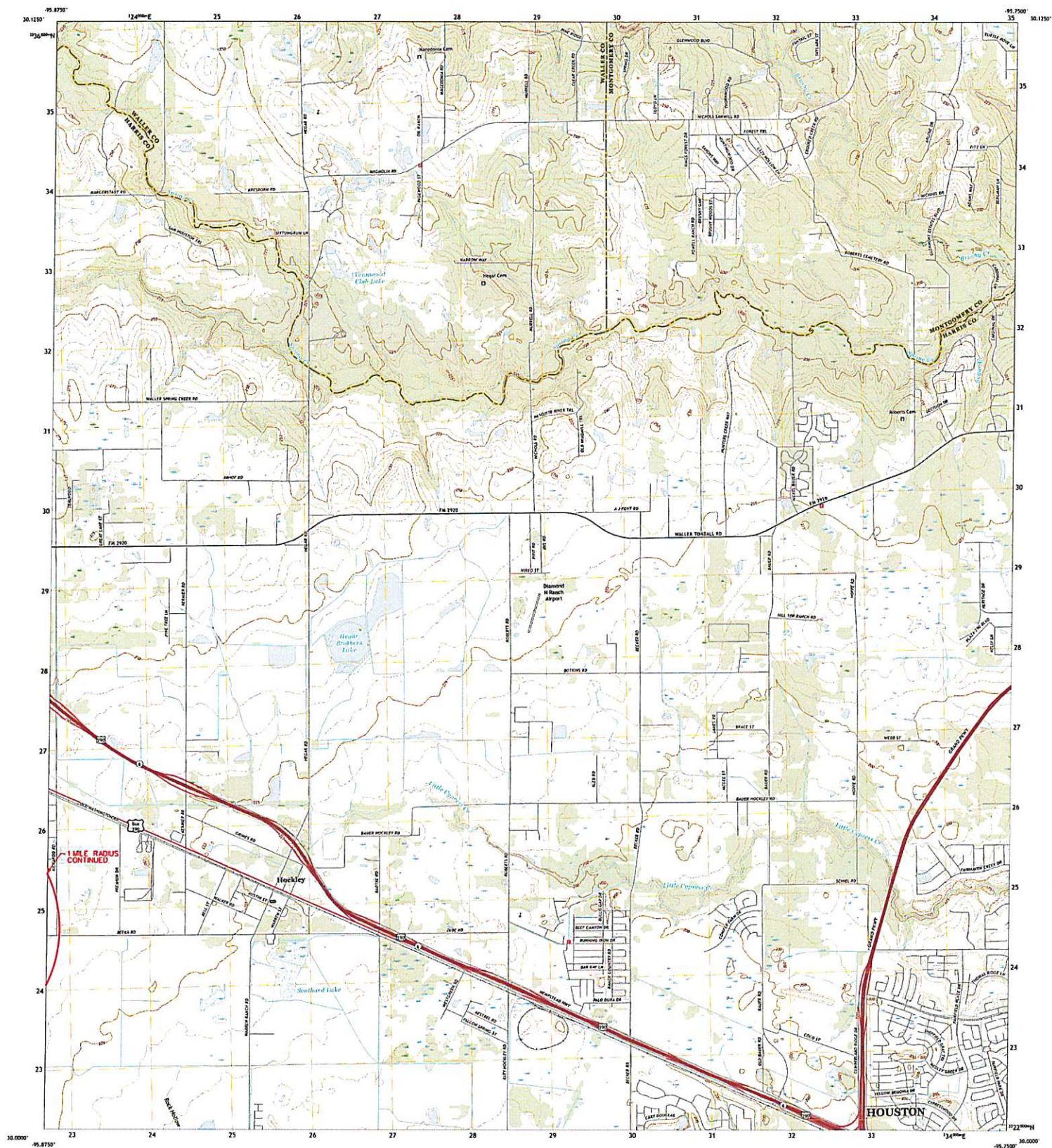


1	2	3
4	5	6
7	8	9

SEE NEXT SHEET

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

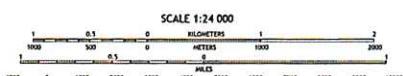




Produced by the United States Geological Survey

North American Datum of 1983 (NAD83)  
World Geodetic System of 1984 (WGS84) Projection and  
1 620-meter grid interval Transverse Mercator, Zone 17N  
This map is not a legal document. Standards may be  
applied for this map scale. Please check with your government  
agencies for more details. Obtain permission before  
reproducing this map.

Source: U.S. Census Bureau, 2010  
Topography: National Hydrography Dataset, 2010  
Cadastral: National Aerial Photography, 2010  
Boundaries: National Wetlands Inventory, 2010  
Vegetation: National Wetlands Inventory, 2010



SCALE 1:24 000  
COASTAL INTERVAL 5 FEET  
NORTH AMERICAN VERTICAL DATUM OF 1983  
This map was produced for the National  
Geographic Program US Topo Project Standard, 2011.  
A metadata file associated with the product is available at  
http://www.usgs.gov/topographic/



1	2	3
4	5	6
7	8	9

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