



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, el Aviso de Recepción de Solicitud e Intención de Obtener un Permiso)
 - Inglés
 - Idioma alternativo (español)
3. Solicitud original

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

DOMESTIC WASTEWATER

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 Texas Administrative Code Chapter 39. The information provided in this summary may change during the technical review of the application and are not federal enforceable representations of the permit application.

BGICO, LLC (CN606281970) proposes to operate a new wastewater treatment plant (RN112005186) and activated sludge treatment process that will produce effluent suitable for meeting TCEQ's stringent wastewater standards for tributaries to the Colorado River. The facility will be located at 4400 Farm-to-Market Road 1327, in Buda, Travis County, Texas 78610.

The new plant is proposed to be built in three phases. The first phase is planned to have a treatment capacity of 0.150 million gallons per day (MGD), followed by an interim flow rate of 1.150 MGD, and a final capacity of 3.150 MGD.

Discharges from the facility are expected to contain up to 5 mg/l five-day carbonaceous biochemical oxygen demand (CBOD₅), 5 mg/l total suspended solids (TSS), 2 mg/l ammonia nitrogen (NH₃-N), 1 mg/l phosphorous (P), and disinfection to reduce *Escherichia coli*. Domestic wastewater processes will be: headworks screening, odor control for headworks and portable toilet waste receiving station, conventional activated sludge aeration basins, clarifiers, sludge holding tanks, dewatering bins, chlorine and ultraviolet light disinfection units, tertiary filters, effluent pump station, above ground effluent storage, effluent flow pump station metering and discharge, landfill sludge disposal, and beneficial use of effluent in various commercial activities, and/or discharge into Dry Creek. The same type treatment units will be used in all three (3) phases of expansion.

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

AGUAS RESIDUALES DOMÉSTICAS

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 son representaciones federales exigibles de la solicitud de permiso.

BGICO, LLC (es decir, CN606281970) propone operar una facilidad de aguas residuales (RN112005186) con un proceso de tratamiento de lodos activados que producirá efluentes adecuados para cumplir con los estándares de aguas residuales más estrictos de TCEQ para afluentes para el Río Colorado. La instalación estará ubicada en 4400 Farm-to-Market Road 1327, en Buda, en el Condado de Travis, Texas 78610.

Se propone que la nueva facilidad se construya en tres fases. Se planifica que la primera fase tenga una capacidad de tratamiento de 0.150 millones de galones por día (MGD), seguido de una tasa de flujo intermedia de 1.150 MGD, y una capacidad final de 3.150 MGD.

Se espera que las descargas de la instalación contengan una demanda incluyendo 5 mg/l de bioquímica de oxígeno de cinco días (CBOD₅), 5 mg/l de sólidos suspendidos totales (TSS), 2 mg/nitrógeno amoniacal (NH₃-N), 1 mg/l fósforo (P) y desinfección el cual reduzcan la *Escherichia coli*. Las aguas residuales domésticas serán tratadas por: un tamizado de cabecera, control de olores para cabeceras y estaciones de recepción de desechos de baños portátiles, biorreactores de lodos activados convencionales, clarificadores, tanques de retención de lodos, contenedores de deshidratación, unidades de desinfección por cloro y luz ultravioleta, filtros terciarios, estación de bombeo de efluentes, almacenamiento de efluentes sobre el suelo, medición y descarga de la estación de bombeo de efluentes, disposición de lodos en vertederos, y uso beneficioso de efluentes en varias actividades comerciales y/o descarga en el Dry Creek. El mismo tipo de unidades de tratamiento se utilizará en las tres (3) fases de expansión.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PROPOSED PERMIT NO. WQ0016568001

APPLICATION. BGICO, LLC, P.O. Box 17126, Austin, Texas 78760, has applied to the Texas Commission on Environmental Quality (TCEQ) for proposed Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0016568001 (EPA I.D. No. TX0146277) to authorize the discharge of treated wastewater at a volume not to exceed an annual average flow of 3,150,000 gallons per day. The domestic wastewater treatment facility will be located at 4400 Farm-to-Market Road 1327, in the city of Buda, in Travis County, Texas 78610. The discharge route will be from the plant site to Dry Creek; thence to Colorado River Below Ladybird Lake/Town Lake. TCEQ received this application on July 9, 2024. The permit application will be available for viewing and copying at Creedmoor City Hall, City Administrative Office, 5008 Hartung Lane, Creedmoor, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.74213,30.097611&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. Search the database using the permit number for this application, which is provided at the top of this notice.

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

Further information may also be obtained from BGICO, LLC at the address stated above or by calling Mr. Gary Newton, J.D., General Counsel, at 512-421-1300.

Issuance Date: July 31, 2024

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

PERMISO PROPUESTO NO. WQ0016568001

SOLICITUD. BGICO, LLC, P.O. Box 17126, Austin, Texas 78760, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para el propuesto Permiso No. WQ0016568001 (EPA I.D. No. TX0146277) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizarla descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 3,150,000 galones por día. La planta está ubicada 4400 Farm-to-Market Road 1327, Buda en el Condado de Travis, Texas 78610. La ruta de descarga será desde el sitio de la planta hasta Dry Creek; de allí al río Colorado debajo del lago Ladybird / lago de la ciudad. La TCEQ recibió esta solicitud el 9 de julio de 2024. La solicitud para el permiso está disponible para leerla y copiarla en Creedmoor City Hall, City Administrative Office, 5008 Hartung Lane, Creedmoor, Texas. 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=-97.74213,30.097611&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 por qué 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 sometecomentarios públicos, un pedido para una audiencia administrativa de lo contencioso o unareconsideración 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 mas de las listas de correo 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. 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.

También se puede obtener información adicional de BGICO, LLC a la dirección indicada arriba o llamando a Gary Newton, J.D. al 512-421-1300.

Fecha de emisión 31 de julio de 2024



July 8, 2024

Water Quality Applications Team
Texas Commission on Environmental Quality
Applications Review and Processing Team (MC148)
Building F, Room 2101
12100 Park 35 Circle
Austin, Texas 78753



RE: BGICO, LLC Wastewater Treatment Plant TPDES Permit Application

Dear Sir/Madam:

Please find attached the completed permit application for the proposed BGICO, LLC (BGICO) Wastewater Treatment Plant to be constructed in southeast Travis County, Texas. One (1) original and three (3) copies of the complete application are included, and this complete package is being hand-delivered to your office. The application fee check is also being hand-delivered to the TCEQ Revenues Section, and a copy of the original check is included along with this application. Please note that we have also included a reuse authorization form with this application to be considered concurrently, and it is included as Exhibit 'Q' in this document.

We would also like to take this opportunity to discuss the need for the projected permitted flow rates requested in the application, which include the following: 0.15 million gallons per day (MGD) for Phase I; 1.150 MGD for Phase II; and 3.150 MGD for Phase III. Although the initial anticipated flow rate from Texas Disposal Systems Landfill and affiliated operations is expected in Phase I, BGICO is negotiating with others in the area to receive their wastewater flows to become the regional wastewater collection and treatment system in the Creedmoor wastewater service area. To this end, the Creedmoor City Council recently voted to provide BGICO with an exclusivity to provide wastewater service in its service area. Therefore, we are confident that the flows will increase significantly and the requested flows in all phases will be necessary, as described in the permit application.

RECEIVED

JUL 09 2024

WATER QUALITY DIVISION
TCEQ

Please feel free to contact me directly at (512) 421-1300, or via electronic mail at clintharp@bgicoinvestments.com should you have any questions regarding this application.

Sincerely,



Clint Harp, Executive Vice President
BGICO, LLC

cc: Bob Gregory
Gary Newton
Jim Doersam, P.E.
Dennis Hill, P.E.
Tom Brown, MRB Group
Susan Jablonski, P.E.

RECEIVED

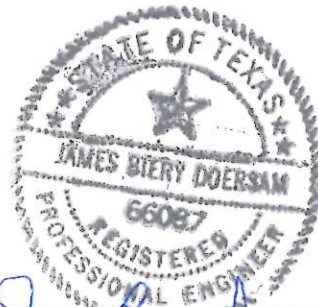
JUL 09 2024

WATER QUALITY DIVISION
TCEQ

BGICO, LLC
P.O. Box 17126
Austin, Texas 78760-7126

TPDES Permit Application

BGICO, LLC
Wastewater Treatment Facility



James Biery Doersam
6/21/2024

James Doersam, P.E., (Engineering Seal)
June 21, 2024

TABLE OF CONTENTS

BGICO, LLC WWTP PERMIT APPLICATION

Cover Letter

Administrative Report 1.0 (TCEQ Form 10053)

Administrative Report 1.1 (TCEQ Form 10053)

SPIF (TCEQ Form 10053)

Public Involvement Plan Form (TCEQ Form 20960)

Domestic Technical Report 1.0 (TCEQ Form 10054)

Domestic Technical Report 1.1 (TCEQ Form 10054)

Worksheet 2.0 (TCEQ Form 10054)

LIST OF EXHIBITS TO APPLICATION

Exhibit	Title
A	Core Data Form
B	Original USGS Map
C	Affected Landowners Map, with names and addresses of owners
D	Original Photographs
E	Buffer Zone Map
F	SPIF Map
G	Site Drawing (Location Map)
H	Letter to Austin Water
I	Outfall Locations within 3 Mile Radius
J	Wind Rose
K	Solids Management Plan
L	Plain Language Summary
M	Lease Agreement
N	Landowner Labels
O	Process Flow Diagrams
P	Design Calculations
Q	Reuse Authorization Form (Including Core Data Form)



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: BGICO, LLC

PERMIT NUMBER (If new, leave blank): WQ00N/A, new application

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 type="checkbox"/>
Worksheet 3.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 4.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 5.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 6.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 7.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

For TCEQ Use Only

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION
ADMINISTRATIVE REPORT 1.0**

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00☐

Payment Information:

Mailed Check/Money Order Number:Click to enter text.
Check/Money Order Amount:Click to enter text.
Name Printed on Check:Click to enter text.
EPAY Voucher Number: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

☒ New

☐ Major Amendment with Renewal

☐ Minor Amendment with Renewal

☐ Major Amendment without Renewal

☐ Minor Amendment without Renewal

☐ Renewal without changes

☐ Minor Modification of permit

e. For amendments or modifications, describe the proposed changes: Click to enter text.

f. For existing permits:

Permit Number:WQ00Click to enter text.

EPA I.D. (TPDES only): TXClick to enter text.

Expiration Date:Click to enter text.

Section 3. Facility Owner (Applicant) and Co-Applicant 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?

BGICO, 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: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:Mr.

Last Name, First Name:Harp, Clint

Title:Executive Vice President, BGICO, LLC 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?

Click to enter text.

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



TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.) <input checked="" 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 type="checkbox"/> Other	
2. Customer Reference Number (if issued) CN 406281970	Follow this link to search for CN or RN numbers in Central Registry**
3. Regulated Entity Reference Number (if issued) RN 112005186	

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input checked="" type="checkbox"/> New Customer <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)			
<input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership			
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).			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) BGICO, LLC		If new Customer, enter previous Customer below: Not applicable	
7. TX SOS/CPA Filing Number 800701554	8. TX State Tax ID (11 digits) 32020532787	9. Federal Tax ID (9 digits) 20-5657052	10. DUNS Number (if applicable) N/A
11. Type of Customer: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> 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"/> State <input checked="" type="checkbox"/> Other <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other: Municipal Utility District		13. Independently Owned and Operated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12. Number of Employees <input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher			
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:			
15. Mailing Address:	BGICO, LLC		
	P.O. Box 17126		
	City	State	ZIP
	Austin	TX	78760
			ZIP + 4
			7126
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable) gnewton@texasdisposal.com	
18. Telephone Number (512) 421-1300	19. Extension or Code	20. Fax Number (if applicable) () -	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application) <input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information
The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC).
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.) BGICO, LLC

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:

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. Attachment A, Core Data Form

Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: Mr.

Last Name, First Name: Doersam, James

Title: Engineer

Credential: P.E.

Organization Name: BGICO, LLC

Mailing Address: P.O. Box 17126

City, State, Zip Code: Austin, TX 78760-7126

Phone No.: 512-421-1300

E-mail Address: jdoersam@texasdisposal.com

Check one or both: ☐ Administrative Contact ☒ Technical Contact

B. Prefix: Mr.

Last Name, First Name: Newton, Gary

Title: General Counsel

Credential: J.D.

Organization Name: BGICO, LLC

Mailing Address: P.O. Box 17126

City, State, Zip Code: Austin, TX 78760-7126

Phone No.: 512-421-1300

E-mail Address: gnewton@texasdisposal.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: Doersam, James

Title: Engineer

Credential: P.E.

Organization Name: BGICO, LLC

Mailing Address: P.O. Box 17126

City, State, Zip Code: Austin, TX 78760-7126

Phone No.:512-421-1300

E-mail Address:jdoersam@texasdisposal.com

B. Prefix:Mr.

Last Name, First Name:Newton, Gary

Title:General Counsel

Credential:J.D.

Organization Name:BGICO, LLC

Mailing Address:P.O. Box 17126

City, State, Zip Code:Austin, TX 78760-7126

Phone No.:512-421-1300

E-mail Address:gnewton@texasdisposal.com

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix:Mr.

Last Name, First Name:Harp, Clint

Title:Executive Vice President

Credential:Click to enter text.

Organization Name:BGICO, LLC

Mailing Address:P.O. Box 17126

City, State, Zip Code:Austin, TX 78760-7126

Phone No.:512-421-1300

E-mail Address:clintharp@bgicoinvestments.com

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

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

Prefix:Mr.

Last Name, First Name:Harp, Clint

Title:Executive Vice President

Credential:Click to enter text.

Organization Name:BGICO, LLC

Mailing Address:P.O. Box 17126

City, State, Zip Code:Austin, TX 78760-7126

Phone No.:512-421-1300

E-mail Address:clintharp@bgicoinvestments.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix:Mr.

Last Name, First Name:Newton, Gary

Title:General Counsel

Credential:J.D.

Organization Name:BGICO, LLC

Mailing Address:P.O. Box 17126

City, State, Zip Code:Austin, TX 78760-7126

Phone No.:512-421-1300

E-mail Address:gnewton@texasdisposal.com

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

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

☒ E-mail Address

☐ Fax

☐ Regular Mail

C. Contact permit to be listed in the Notices

Prefix:Mr.

Last Name, First Name:Newton, Gary

Title:General Counsel

Credential:J.D.

Organization Name:BGICO, LLC

Mailing Address:P.O. Box 17126

City, State, Zip Code:Austin, TX 78760-7126

Phone No.:512-421-1300

E-mail Address:gnewton@texasdisposal.com

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:Creedmoor City Hall

Location within the building:City Administrator Office

Physical Address of Building:5008 Hartung Ln., Buda Texas 78610

City:Creedmoor

County:Travis

Contact (Last Name, First Name):Pogue, Mariah

Phone No.:512-243-6700Ext.: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: See Exhibit 'L', Plain Language Form

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: See Public Involvement Plan Form

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. RNN/A, New Permit Application

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):

BGICO, LLC

- C. Owner of treatment facility: BGICO, LLC

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

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

Prefix: Texas Disposal Systems Landfill, Inc. Last Name, First Name: attn: Newton, Gary

Title: General Counsel Credential: J.D.

Organization Name: Texas Disposal Systems Landfill, Inc.

Mailing Address: P.O. Box 17126 City, State, Zip Code: Austin, TX 78760-7126

Phone No.: 512-421-1300 E-mail Address: gnewton@texasdisposal.com

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: See attached lease agreement, Exhibit 'M'

- E. Owner of effluent disposal site:

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

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:N/A, Sludge to be disposed offsite at a permitted TCEQ Facility Last Name, First Name:Click to enter text.

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:

This is a new facility that will discharge into Dry Creek, located near 4400 FM 1327, Buda, TX 78610

- 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:

The discharge location will be at the following coordinates: Latitude: 30 deg 06' 00", Longitude: -97 deg 44' 26", or Latitude: 30.097611 N, Longitude: -97.742139 W (decimal system)

City nearest the outfall(s):City of Creedmoor

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

- 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:N/A, application is for a flow less than 5.0 MGD

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:Susan Jablonski, P.E.

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:Click to enter text.

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: Click to enter text.

Applicant: BGICO, 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.

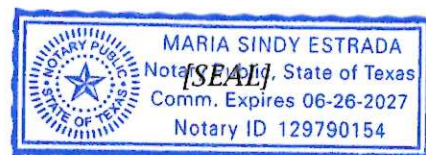
Signatory name (typed or printed): Clint Harp

Signatory title: Executive Vice President, BGICO, LLC

Signature:  Date: JUNE 19, 2024
(Use blue ink)

Subscribed and Sworn to before me by the said Clint Harp
on this 19th day of June, 20 24.
My commission expires on the 26th day of June, 20 27.


Notary Public



Travis
County, Texas

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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:
- ☒ 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
 - ☐ N/A 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
 - ☐ N/A 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
 - ☐ N/A The property boundaries of all landowners surrounding the effluent disposal site
 - ☐ N/A 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
 - ☐ N/A 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: Travis County Central Tax Appraisal District
- 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.

- ☒ 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

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:** Click to enter text.

1. Check or Money Order Number: Click to enter text.
2. Check or Money Order Amount: Click to enter text.
3. Date of Check or Money Order: Click to enter text.
4. Name on Check or Money Order: Click to enter text.
5. APPLICATION INFORMATION

Name of Project or Site: BGICO WWTP

Physical Address of Project or Site: 4400 F.M. 1327, Buda, TX 78610

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:Application type: ☐ Renewal ☐ Major Amendment ☐ Minor Amendment ☐ New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

☐ Texas Historical Commission☐ U.S. Fish and Wildlife☐ Texas Parks and Wildlife Department☐ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: BGICO, LLC

Permit No. WQ00 [Click here to enter text.](#)EPA ID No. TX [Click here to enter text.](#)

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

4400 FM 1327, Buda, TX 78610

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

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

First and Last Name:Clint Harp

Credential (P.E, P.G., Ph.D., etc.):Click here to enter text.

Title:Executive Vice President

Mailing Address:P.O. Box 17126

City, State, Zip Code:Austin, TX 78760-7126

Phone No.:512-421-1300Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address:clintharp@bgcoinvestments.com

2. List the county in which the facility is located:Travis County
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, property is not publicly owned.

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.

Please see Attachment 'F' showing the discharge route on the 7.5 minute USGS quadrangle map as required in Section 5 below.

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):

Up to 15 feet of excavation for new treatment plant spread over 12 acres.

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

The land is currently undeveloped pastureland with no significant disturbances or vegetation.

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

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

N/A: The property is undeveloped and has no existing buildings or structures.

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

The proposed site is undeveloped property, formerly pasture land, with no existing buildings or structures.



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.

BGICO, LLC is planning a new wastewater treatment plant located in Travis County, Texas at 4400 FM 1327, Buda, Texas 78610. The first phase is planned to have a treatment capacity of 0.150 million gallons per day (MGD), followed by an interim flow rate of 1.150 MGD, and a final capacity of 3.150 MGD. The plant will operate on the activated sludge treatment process, and will produce effluent suitable for meeting TCEQ's most stringent wastewater reuse standards described in 30 TAC Chapter 210. Effluent will be beneficially reused onto adjacent properties owned and operated by BGICO, LLC, Texas Disposal Systems, Inc., Texas Disposal Systems Landfill, Inc., Texas Landfill Management, LLC for irrigation, wash down water, dust control, truck washing, concrete manufacturing, etc. Effluent not reused will be discharged to Dry Creek, located adjacent to the proposed treatment plant. Wastewater sludge (biosolids) will either be disposed at the Texas Disposal Systems Landfill, Inc. (TDSL) Landfill located nearby, or transported to a permitted biosolids compost facility, again, operated by TLM.

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.

Buda

(City)

Hays

(County)

State: 48 - TEXAS, County: 453 - TRAVIS COUNTY, Census Tract Code: 0024.3

(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

70%

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

\$29,691

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

White: 16%, Black 3%, American Indian 0%, Asian 0%, Hawaiian/Pacific Islander 0%, Other Race 0%, Two or more races: 1%, Hispanic 80%

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

Limited English households is 16%

(e) Languages commonly spoken in area by percentage

Limited English Speaking Breakdown is 100% Spanish

(f) Community and/or Stakeholder Groups

(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) City of Creedmoor

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)



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 0.150 MGD

2-Hr Peak Flow (MGD): 0.60 MGD

Estimated construction start date: September 1, 2024

Estimated waste disposal start date: April 1, 2025

B. Interim II Phase

Design Flow (MGD): 1.15 MGD

2-Hr Peak Flow (MGD): 4.6 MGD

Estimated construction start date: September 1, 2025

Estimated waste disposal start date: March 1, 2026

C. Final Phase

Design Flow (MGD): 3.15 MGD

2-Hr Peak Flow (MGD): 12.60 MGD

Estimated construction start date: September 1, 2026

Estimated waste disposal start date: March 1, 2027

D. Current Operating Phase

Provide the startup date of the facility: N/A

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.**

The plant will consist of the following: influent lift station, headworks screening, odor control for headworks and portable toilet waste receiving station, conventional activated sludge aeration basins, clarifiers, sludge holding tanks, dewatering bins, chlorine and ultraviolet light disinfection units, tertiary filters, effluent pump station, above ground effluent storage, effluent flow pump station metering and discharge, landfill sludge disposal, and beneficial use of effluent in various commercial activities in the TDS, TDSL, TLM, and BGICO operations, and/or discharge into Dry Creek. The same type treatment units will be used in all three (3) phases of expansion.

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)
01 Pumping Raw Wastewater	1	50' x 50' x 25'
02 Preliminary Treatment - Bar Screen	1	30' x 40' x 5'
07 Flow Equalization Basins	2	TBD
14 Activated Sludge- Conventional	2	TBD
22 Secondary Clarification	1	25' x 15'
31 Other Filtrations	1	TBD
D3 Ultra Violet Light	2	TBD
51 Chlorination for Disinfection	1	TBD
62 Effluent Outfall	1	TBD

C. Process Flow Diagram

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

Attachment: See Exhibit 'O'

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° 06' 00" N, 30.097611 N (decimal)
- Longitude: 97° 44' 26" W, -97.742139 W (decimal)

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

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

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

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

Attachment: See Exhibit 'G'

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

The treatment facility will serve southeastern Travis County, including the City of Creedmoor and surrounding subdivisions. Commercial flows from a nearby landfill, industrial park, and recycling operations will be part of the waste stream, along with portable toilets.

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
4,999 gal/day OSSF	TDS	Privately Owned	50
Future Developments	Various	Privately Owned	To be Determined
		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.**

N/A

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.

N/A

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: N/A

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

N/A

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

The 12 acre site is large enough to achieve the 150 feet buffer zone for aerobic wastewater treatment operations. The property was obtained on June 28, 2018 through Travis County instrument 2018104451.

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*.

N/A

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.

N/A

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.

Grit removal is not planned for the initial phase, but will likely be included in the interim and final phases. Grit will be disposed at the Texas Disposal Systems Landfill, Inc. Type I TCEQ permitted landfill.

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.

N/A

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:

TXR05U151or TXRNEN/A

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:

N/A

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.

N/A

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.

N/A

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.

N/A

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

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

1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

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

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

N/A

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

2. *Acceptance of septic waste*

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

N/A

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

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

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

☐ Yes ☒ No

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

N/A

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.

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

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

*TPDES permits only

†TLAP permits only

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l	N/A	N/A	N/A	N/A	N/A
pH, standard units	N/A	N/A	N/A	N/A	N/A
Fluoride, mg/l	N/A	N/A	N/A	N/A	N/A
Aluminum, mg/l	N/A	N/A	N/A	N/A	N/A

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Alkalinity (CaCO ₃), mg/l	N/A	N/A	N/A	N/A	N/A

Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name:To be determined.

Facility Operator's License Classification and Level:To be determined.

Facility Operator's License Number:To be determined.

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 (>= 2 years)
- ☐ Methane or Biogas Recovery
- ☐ Other Treatment Process: N/A

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	Phase 1, 0.23 dry metric tons per day or	Class B: PSRP Aerobic Digestion	Option 11: Biosolids covered at end of each day
Distribution & Marketing-Composting	Off-site Third-Party Handler or Preparer	Bulk	Phase 1, 0.23 dry metric tons per day	Class A: PFRP Composting	Option 5: Aerobic process for 14 days at >40C

If "Other" is selected for Management Practice, please explain (e.g. monofill or transport to another WWTP): N/A

D. Disposal site

Disposal site name: Texas Disposal Systems Landfill, Inc. Type I Sanitary Landfill for landfill disposal and San Antonio River Authority Martinez II WWTP for composting and beneficial reuse

TCEQ permit or registration number: TCEQ MSW Permit No. 2123 (landfill) and Martinez II Composting and Recycling Facility TCEQ Permit No. RN107783532 (composting)

County where disposal site is located: Travis (landfill) and Bexar (composting)

E. Transportation method

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

Name of the hauler: Texas Disposal Systems (TDS), Inc.

Hauler registration number: RN108484742

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 ☐ Yes ☒ No

Marketing and Distribution of sludge ☐ Yes ☒ No

Sludge Surface Disposal or Sludge Monofill ☐ Yes ☒ No

Temporary storage in sludge lagoons ☐ Yes ☒ No

If **yes** to any of the above sludge options and the applicant is requesting to continue this authorization, is the completed **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:N/A

- USDA Natural Resources Conservation Service Soil Map:

Attachment:N/A

- Federal Emergency Management Map:

Attachment:N/A

- Site map:

Attachment:N/A

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:N/A

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:

N/A

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:N/A

Total Kjeldahl Nitrogen, mg/kg:N/A

Total Nitrogen (=nitrate nitrogen + TKN), mg/kg:N/A

Phosphorus, mg/kg:N/A

Potassium, mg/kg:N/A

pH, standard units:N/A

Ammonia Nitrogen mg/kg:N/A

Arsenic:N/A

Cadmium:N/A

Chromium:N/A

Copper:N/A

Lead:N/A

Mercury:N/A

Molybdenum:N/A

Nickel:N/A

Selenium:N/A

Zinc:N/A

Total PCBs:N/A

Provide the following information:

Volume and frequency of sludge to the lagoon(s):N/A

Total dry tons stored in the lagoons(s) per 365-day period:N/A

Total dry tons stored in the lagoons(s) over the life of the unit:N/A

C. Liner information

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

☐ Yes ☐ No

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

N/A

D. Site development plan

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

N/A

Attach the following documents to the application.

- Plan view and cross-section of the sludge lagoon(s)

Attachment:N/A

- Copy of the closure plan

Attachment:N/A

- Copy of deed recordation for the site

Attachment:N/A

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

Attachment:N/A

- Description of the method of controlling infiltration of groundwater and surface water from entering the site

Attachment:N/A

- Procedures to prevent the occurrence of nuisance conditions

Attachment:N/A

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:N/A

Section 12. Authorizations/Compliance/Enforcement (Instructions Page 55)

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:

Although there are no existing authorizations, BGICO is also requesting a new reuse authorization, which is included as Exhibit 'Q'.

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

N/A

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

A. RCRA hazardous wastes

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

Attachment:N/A

Section 14. Laboratory Accreditation (Instructions Page 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: N/A

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.

BGICO, Texas Disposal Systems Landfill, Inc. (TDSL), Texas Disposal Systems, Inc. (TDS), and its surrounding area are growing significantly, and the existing on-site wastewater system is approaching capacity. Therefore, there is a need for additional wastewater capacity in order to continue to grow the TDS operations and provide an environmentally-friendly wastewater treatment option for third party developers in the area.

B. Regionalization of facilities

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

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: N/A

If yes, attach correspondence from the city.

Attachment: N/A

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: N/A

2. Utility CCN areas

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

☐ Yes ☒ No

¹<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:N/A

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: See Exhibit I.

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: Click to enter text.

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):N/A

Average Influent Organic Strength or BOD₅ Concentration in mg/l:N/A

Average Influent Loading (lbs/day = total average flow X average BOD₅ conc. X 8.34):N/A

Provide the source of the average organic strength or BOD₅ concentration.

N/A

B. Proposed organic loading

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

Table 1.1(1) – Design Organic Loading

Source	Total Average Flow (MGD)	Influent BOD ₅ Concentration (mg/l)
Municipality	N/A	N/A
Subdivision	0.109 MGD	500 mg/l
Trailer park - transient	N/A	N/A
Mobile home park	N/A	N/A
School with cafeteria and showers	N/A	N/A
School with cafeteria, no showers	N/A	N/A
Recreational park, overnight use	N/A	N/A
Recreational park, day use	N/A	N/A
Office building or factory	0.005 MGD	500 mg/l
Motel	N/A	N/A
Restaurant	N/A	N/A
Hospital	N/A	N/A
Nursing home	N/A	N/A
Other	0.036 MGD	200 to 5,000 mg/l
TOTAL FLOW from all sources	0.150 MGD	N/A
AVERAGE BOD ₅ from all sources	N/A	724 mg/l

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:5

Total Suspended Solids, mg/l:5

Ammonia Nitrogen, mg/l:2

Total Phosphorus, mg/l:1

Dissolved Oxygen, mg/l:5

Other:N/A

B. Interim II Phase Design Effluent Quality

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

Total Suspended Solids, mg/l:5

Ammonia Nitrogen, mg/l:2

Total Phosphorus, mg/l:1

Dissolved Oxygen, mg/l:5

Other:N/A

C. Final Phase Design Effluent Quality

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

Total Suspended Solids, mg/l:5

Ammonia Nitrogen, mg/l:2

Total Phosphorus, mg/l:1

Dissolved Oxygen, mg/l:5

Other:N/A

D. Disinfection Method

Identify the proposed method of disinfection.

☐ Chlorine:Click to enter text.mg/l afterClick to enter text.minutes detention time at peak flow

Dechlorination process:Click to enter text.

☒ Ultraviolet Light:8.3 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:Please see Exhibit 'P'

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.

N/A

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

FEMA Flood Insurance Rate Map Number 48453C0705K, Travis County, Texas Panel 705 of 730, Revised January 22, 2020

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:N/A

If no, provide the approximate date you anticipate submitting your application to the Corps:N/A

B. Wind rose

Attach a wind rose:Wind rose from Austin Bergstrom International Airport, approximately 8 miles northeast from the proposed facility, please see Attachment J.

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)**:N/A

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)**:N/A

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

Attach a solids management plan to the application.

Attachment:Please see Attachment 'K'

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: N/A

Distance and direction to the intake: N/A

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

Attachment: N/A

Section 2. Discharge into Tidally Affected Waters (Instructions Page 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: N/A

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☒ No

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

N/A

C. Sea grasses

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

☐ Yes ☒ No

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

N/A

Section 3. Classified Segments (Instructions Page 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: Dry 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: N/A

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: N/A

C. Downstream perennial confluences

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

No named streams within three miles downstream.

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.

Man-made livestock watering ponds.

E. Normal dry weather characteristics

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

Dry or near dry.

Date and time of observation: March 1, 2024, 3:48 – 3:58 PM

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.

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

B. Waterbody uses

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

- | | |
|--|--|
| <input checked="" 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 type="checkbox"/> Other(s), specify: Click to enter text. |

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 2.1: STREAM PHYSICAL CHARACTERISTICS

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

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

Section 1. General Information (Instructions Page 66)

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

Stream name: [Click to enter text.](#)

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

Type of stream upstream of existing discharge or downstream of proposed discharge (check one).

☐ Perennial ☐ Intermittent with perennial pools

Section 2. Data Collection (Instructions Page 66)

Number of stream bends that are well defined: [Click to enter text.](#)

Number of stream bends that are moderately defined: [Click to enter text.](#)

Number of stream bends that are poorly defined: [Click to enter text.](#)

Number of riffles: [Click to enter text.](#)

Evidence of flow fluctuations (check one):

☐ Minor ☐ moderate ☐ severe

Indicate the observed stream uses and if there is evidence of flow fluctuations or channel obstruction/modification.

[Click to enter text.](#)

Stream transects

In the table below, provide the following information for each transect downstream of the existing or proposed discharges. Use a separate row for each transect.

Table 2.1(1) - Stream Transect Records

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

Section 3. Summarize Measurements (Instructions Page 66)

Streambed slope of entire reach, from USGS map in feet/feet:[Click to enter text.](#)

Approximate drainage area above the most downstream transect (from USGS map or county highway map, in square miles):[Click to enter text.](#)

Length of stream evaluated, in feet:[Click to enter text.](#)

Number of lateral transects made:[Click to enter text.](#)

Average stream width, in feet:[Click to enter text.](#)

Average stream depth, in feet:[Click to enter text.](#)

Average stream velocity, in feet/second:[Click to enter text.](#)

Instantaneous stream flow, in cubic feet/second:[Click to enter text.](#)

Indicate flow measurement method (type of meter, floating chip timed over a fixed distance, etc.):[Click to enter text.](#)

Size of pools (large, small, moderate, none):[Click to enter text.](#)

Maximum pool depth, in feet:[Click to enter text.](#)

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND DISPOSAL OF EFFLUENT

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

Section 1. Type of Disposal System (Instructions Page 68)

Identify the method of land disposal:

- | | |
|---|--|
| <input type="checkbox"/> Surface application | <input type="checkbox"/> Subsurface application |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Subsurface soils absorption |
| <input type="checkbox"/> Drip irrigation system | <input type="checkbox"/> Subsurface area drip dispersal system |
| <input type="checkbox"/> Evaporation | <input type="checkbox"/> Evapotranspiration beds |
| <input type="checkbox"/> Other (describe in detail): Click to enter text. | |

NOTE: All applicants without authorization or proposing new/amended subsurface disposal MUST complete and submit Worksheet 7.0.

For existing authorizations, provide Registration Number:[Click to enter text.](#)

Section 2. Land Application Site(s) (Instructions Page 68)

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

Table 3.0(1) – Land Application Site Crops

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

Section 3. Storage and Evaporation Lagoons/Ponds (Instructions Page 68)

Table 3.0(2) – Storage and Evaporation Ponds

Pond Number	Surface Area (acres)	Storage Volume (acre- feet)	Dimensions	Liner Type

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

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

Section 4. Flood and Runoff Protection (Instructions Page 68)

Is the land application site within the 100-year frequency flood level?

☐ Yes ☐ No

If yes, describe how the site will be protected from inundation.

[Click to enter text.](#)

Provide the source used to determine the 100-year frequency flood level:

[Click to enter text.](#)

Provide a description of tailwater controls and rainfall run-on controls used for the land application site.

[Click to enter text.](#)

Section 5. Annual Cropping Plan (Instructions Page 68)

Attach an Annual Cropping Plan which includes a discussion of each of the following items. If not applicable, provide a detailed explanation indicating why. **Attachment:** [Click to enter text.](#)

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

Section 6. Well and Map Information (Instructions Page 69)

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation indicating why. **Attachment:** [Click to enter text.](#)

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

List and cross reference all water wells located within a half-mile radius of the disposal site or property boundaries shown on the USGS map in the following table. Attach additional pages as necessary to include all of the wells.

Table 3.0(3) – Water Well Data

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

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

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

Section 7. Groundwater Quality (Instructions Page 69)

Attach a Groundwater Quality Technical Report which assesses the impact of the wastewater disposal system on groundwater. This report shall include an evaluation of the water wells (including the information in the well table provided in Item 6. above), the wastewater application rate, and pond liners. Indicate by a check mark that this report is provided.

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

Are groundwater monitoring wells available onsite? ☐ Yes ☐ No

Do you plan to install ground water monitoring wells or lysimeters around the land application site? ☐ Yes ☐ No

If yes, provide the proposed location of the monitoring wells or lysimeters on a site map.

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

Section 8. Soil Map and Soil Analyses (Instructions Page 70)

A. Soil map

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

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

B. Soil analyses

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

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

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

Table 3.0(4) – Soil Data

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number

Section 9. Effluent Monitoring Data (Instructions Page 71)

Is the facility in operation?

☐ Yes ☐ No

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

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

Table 3.0(5) – Effluent Monitoring Data

[illegible]

Provide a discussion of all persistent excursions above the permitted limits and any corrective actions taken.

Click to enter text.

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 3.1: SURFACE LAND DISPOSAL OF EFFLUENT

The following is required for new and major amendment permit applications. Renewal and minor amendment permit applications may be asked for this worksheet on a case by case basis.

Section 1. Surface Disposal (Instructions Page 72)

Complete the item that applies for the method of disposal being used.

A. Irrigation

Area under irrigation, in acres: [Click to enter text.](#)

Design application frequency:

hours/day [Click to enter text.](#) And days/week [Click to enter text.](#)

Land grade (slope):

average percent (%): [Click to enter text.](#)

maximum percent (%): [Click to enter text.](#)

Design application rate in acre-feet/acre/year: [Click to enter text.](#)

Design total nitrogen loading rate, in lbs N/acre/year: [Click to enter text.](#)

Soil conductivity (mmhos/cm): [Click to enter text.](#)

Method of application: [Click to enter text.](#)

Attach a separate engineering report with the water balance and storage volume calculations, method of application, irrigation efficiency, and nitrogen balance.

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

B. Evaporation ponds

Daily average effluent flow into ponds, in gallons per day: [Click to enter text.](#)

Attach a separate engineering report with the water balance and storage volume calculations.

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

C. Evapotranspiration beds

Number of beds: [Click to enter text.](#)

Area of bed(s), in acres: [Click to enter text.](#)

Depth of bed(s), in feet: [Click to enter text.](#)

Void ratio of soil in the beds: [Click to enter text.](#)

Storage volume within the beds, in acre-feet: [Click to enter text.](#)

Attach a separate engineering report with the water balance and storage volume calculations, and a description of the lining.

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

D. Overland flow

Area used for application, in acres:[Click to enter text.](#)

Slopes for application area, percent (%):[Click to enter text.](#)

Design application rate, in gpm/foot of slope width:[Click to enter text.](#)

Slope length, in feet:[Click to enter text.](#)

Design BOD₅ loading rate, in lbs BOD₅/acre/day:[Click to enter text.](#)

Design application frequency:

hours/day:[Click to enter text.](#) **And** days/week:[Click to enter text.](#)

Attach a separate engineering report with the method of application and design requirements according to *30 TAC Chapter 217*.

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

Section 2. Edwards Aquifer (Instructions Page 73)

Is the facility subject to *30 TAC Chapter 213*, Edwards Aquifer Rules?

☐ Yes ☐ No

If **yes**, is the facility located on the Edwards Aquifer Recharge Zone?

☐ Yes ☐ No

If **yes**, attach a geological report addressing potential recharge features.

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

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 3.2: SURFACE LAND DISPOSAL OF EFFLUENT

The following is **required** for **new and major amendment** permit applications. Renewal and minor amendments applicants may be asked for the worksheet on a case by case basis.

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

Section 1. Subsurface Application (Instructions Page 74)

Identify the type of system:

- ☐ Conventional Gravity Drainfield, Beds, or Trenches (new systems must be less than 5,000 GPD)
- ☐ Low Pressure Dosing
- ☐ Other, specify: [Click to enter text.](#)

Application area, in acres: [Click to enter text.](#)

Area of drainfield, in square feet: [Click to enter text.](#)

Application rate, in gal/square foot/day: [Click to enter text.](#)

Depth to groundwater, in feet: [Click to enter text.](#)

Area of trench, in square feet: [Click to enter text.](#)

Dosing duration per area, in hours: [Click to enter text.](#)

Number of beds: [Click to enter text.](#)

Dosing amount per area, in inches/day: [Click to enter text.](#)

Infiltration rate, in inches/hour: [Click to enter text.](#)

Storage volume, in gallons: [Click to enter text.](#)

Area of bed(s), in square feet: [Click to enter text.](#)

Soil Classification: [Click to enter text.](#)

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

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

Section 2. Edwards Aquifer (Instructions Page 74)

Is the subsurface system over the Edwards Aquifer Recharge Zone as mapped by TCEQ?

- ☐ Yes ☐ No

Is the subsurface system over the Edwards Aquifer Transition Zone as mapped by TCEQ?

- ☐ Yes ☐ No

If yes to either question, the subsurface system may be prohibited by *30 TAC §213.8*. Please call the Municipal Permits Team, at 512-239-4671, to schedule a pre-application meeting.

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 3.3: SUBSURFACE AREA DRIP DISPERSAL (SADDS) LAND DISPOSAL OF EFFLUENT

The following is **required** for **new and major amendments** subsurface area drip dispersal system permit applications. Renewal and minor amendments applicants may be asked for the worksheet on a case by case basis.

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

Section 1. Administrative Information (Instructions Page 75)

- A. Provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the treatment facility:
- B. Click to enter text. Is the owner of the land where the treatment facility is located the same as the owner of the treatment facility?

☐ Yes ☐ No

If **no**, provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the land where the treatment facility is located.

Click to enter text.

- C. Owner of the subsurface area drip dispersal system: Click to enter text.

- D. Is the owner of the subsurface area drip dispersal system the same as the owner of the wastewater treatment facility or the site where the wastewater treatment facility is located?

☐ Yes ☐ No

If **no**, identify the names of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in Item 1.C.

Click to enter text.

- E. Owner of the land where the subsurface area drip dispersal system is located: Click to enter text.

- F. Is the owner of the land where the subsurface area drip dispersal system is located the same as owner of the wastewater treatment facility, the site where the wastewater treatment facility is located, or the owner of the subsurface area drip dispersal system?

☐ Yes ☐ No

If **no**, identify the name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in item 1.E.

Click to enter text.

Section 2. Subsurface Area Drip Dispersal System (Instructions Page 75)

A. Type of system

- ☐ Subsurface Drip Irrigation
- ☐ Surface Drip Irrigation
- ☐ Other, specify: [Click to enter text.](#)

B. Irrigation operations

Application area, in acres: [Click to enter text.](#)

Infiltration Rate, in inches/hour: [Click to enter text.](#)

Average slope of the application area, percent (%): [Click to enter text.](#)

Maximum slope of the application area, percent (%): [Click to enter text.](#)

Storage volume, in gallons: [Click to enter text.](#)

Major soil series: [Click to enter text.](#)

Depth to groundwater, in feet: [Click to enter text.](#)

C. Application rate

Is the facility located **west** of the boundary shown in *30 TAC § 222.83* and also using a vegetative cover of non-native grasses over seeded with cool season grasses during the winter months (October-March)?

- ☐ Yes ☐ No

If **yes**, then the facility may propose a hydraulic application rate not to exceed 0.1 gal/square foot/day.

Is the facility located **east** of the boundary shown in *30 TAC § 222.83* or in any part of the state when the vegetative cover is any crop other than non-native grasses?

- ☐ Yes ☐ No

If **yes**, the facility must use the formula in *30 TAC § 222.83* to calculate the maximum hydraulic application rate.

Do you plan to submit an alternative method to calculate the hydraulic application rate for approval by the executive director?

- ☐ Yes ☐ No

Hydraulic application rate, in gal/square foot/day: [Click to enter text.](#)

Nitrogen application rate, in lbs/gal/day: [Click to enter text.](#)

D. Dosing information

Number of doses per day: [Click to enter text.](#)

Dosing duration per area, in hours: [Click to enter text.](#)

Rest period between doses, in hours: [Click to enter text.](#)

Dosing amount per area, in inches/day: [Click to enter text.](#)

Number of zones: [Click to enter text.](#)

Does the proposed subsurface drip irrigation system use tree vegetative cover as a crop?

☐ Yes ☐ No

If **yes**, provide a vegetation survey by a certified arborist. Please call the Water Quality Assessment Team at (512) 239-4671 to schedule a pre-application meeting.

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

Section 3. Required Plans (Instructions Page 75)

A. Recharge feature plan

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

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

B. Soil evaluation

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

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

C. Site preparation plan

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

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

D. Soil sampling/testing

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

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

Section 4. Floodway Designation (Instructions Page 76)

A. Site location

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

☐ Yes ☐ No

B. Flood map

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

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

Section 5. Surface Waters in the State (Instructions Page 76)

A. Buffer Map

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

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

B. Buffer variance request

Do you plan to request a buffer variance from water wells or waters in the state?

☐ Yes ☐ No

If yes, then attach the additional information required in *30 TAC § 222.81(c)*.

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

Section 6. Edwards Aquifer (Instructions Page 76)

A. Is the SADDs located over the Edwards Aquifer Recharge Zone as mapped by TCEQ?

☐ Yes ☐ No

B. Is the SADDs located over the Edwards Aquifer Transition Zone as mapped by TCEQ?

☐ Yes ☐ No

If yes to either question, then the SADDs may be prohibited by *30 TAC §213.8*. Please call the Municipal Permits Team at 512-239-4671 to schedule a pre-application meeting.

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 4.0: POLLUTANT ANALYSIS REQUIREMENTS

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

This worksheet is not required minor amendments without renewal.

Section 1. Toxic Pollutants (Instructions Page 78)

For pollutants identified in Table 4.0(1), indicate the type of sample.

Grab ☐ Composite ☐

Date and time sample(s) collected: [Click to enter text.](#)

Table 4.0(1) – Toxics Analysis

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrylonitrile				50
Aldrin				0.01
Aluminum				2.5
Anthracene				10
Antimony				5
Arsenic				0.5
Barium				3
Benzene				10
Benzidine				50
Benzo(a)anthracene				5
Benzo(a)pyrene				5
Bis(2-chloroethyl)ether				10
Bis(2-ethylhexyl)phthalate				10
Bromodichloromethane				10
Bromoform				10
Cadmium				1
Carbon Tetrachloride				2
Carbaryl				5
Chlordane*				0.2
Chlorobenzene				10
Chlorodibromomethane				10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Chloroform				10
Chlorpyrifos				0.05
Chromium (Total)				3
Chromium (Tri) (*1)				N/A
Chromium (Hex)				3
Copper				2
Chrysene				5
p-Chloro-m-Cresol				10
4,6-Dinitro-o-Cresol				50
p-Cresol				10
Cyanide (*2)				10
4,4'- DDD				0.1
4,4'- DDE				0.1
4,4'- DDT				0.02
2,4-D				0.7
Demeton (O and S)				0.20
Diazinon				0.5/0.1
1,2-Dibromoethane				10
m-Dichlorobenzene				10
o-Dichlorobenzene				10
p-Dichlorobenzene				10
3,3'-Dichlorobenzidine				5
1,2-Dichloroethane				10
1,1-Dichloroethylene				10
Dichloromethane				20
1,2-Dichloropropane				10
1,3-Dichloropropene				10
Dicofol				1
Dieldrin				0.02
2,4-Dimethylphenol				10
Di-n-Butyl Phthalate				10
Diuron				0.09
Endosulfan I (alpha)				0.01

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Endosulfan II (beta)				0.02
Endosulfan Sulfate				0.1
Endrin				0.02
Ethylbenzene				10
Fluoride				500
Guthion				0.1
Heptachlor				0.01
Heptachlor Epoxide				0.01
Hexachlorobenzene				5
Hexachlorobutadiene				10
Hexachlorocyclohexane (alpha)				0.05
Hexachlorocyclohexane (beta)				0.05
gamma-Hexachlorocyclohexane (Lindane)				0.05
Hexachlorocyclopentadiene				10
Hexachloroethane				20
Hexachlorophene				10
Lead				0.5
Malathion				0.1
Mercury				0.005
Methoxychlor				2
Methyl Ethyl Ketone				50
Mirex				0.02
Nickel				2
Nitrate-Nitrogen				100
Nitrobenzene				10
N-Nitrosodiethylamine				20
N-Nitroso-di-n-Butylamine				20
Nonylphenol				333
Parathion (ethyl)				0.1
Pentachlorobenzene				20
Pentachlorophenol				5
Phenanthrene				10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Polychlorinated Biphenyls (PCB's) (*3)				0.2
Pyridine				20
Selenium				5
Silver				0.5
1,2,4,5-Tetrachlorobenzene				20
1,1,2,2-Tetrachloroethane				10
Tetrachloroethylene				10
Thallium				0.5
Toluene				10
Toxaphene				0.3
2,4,5-TP (Silvex)				0.3
Tributyltin (see instructions for explanation)				0.01
1,1,1-Trichloroethane				10
1,1,2-Trichloroethane				10
Trichloroethylene				10
2,4,5-Trichlorophenol				50
TTHM (Total Trihalomethanes)				10
Vinyl Chloride				10
Zinc				5

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

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

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

Section 2. Priority Pollutants

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

Grab ☐ Composite ☐

Date and time sample(s) collected: [Click to enter text.](#)

Table 4.0(2)A – Metals, Cyanide, and Phenols

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Antimony				5
Arsenic				0.5
Beryllium				0.5
Cadmium				1
Chromium (Total)				3
Chromium (Hex)				3
Chromium (Tri) (*1)				N/A
Copper				2
Lead				0.5
Mercury				0.005
Nickel				2
Selenium				5
Silver				0.5
Thallium				0.5
Zinc				5
Cyanide (*2)				10
Phenols, Total				10

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

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

Table 4.0(2)B – Volatile Compounds

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

Table 4.0(2)C – Acid Compounds

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

Table 4.0(2)D – Base/Neutral Compounds

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acenaphthene				10
Acenaphthylene				10
Anthracene				10
Benzidine				50
Benzo(a)Anthracene				5
Benzo(a)Pyrene				5
3,4-Benzofluoranthene				10
Benzo(ghi)Perylene				20
Benzo(k)Fluoranthene				5
Bis(2-Chloroethoxy)Methane				10
Bis(2-Chloroethyl)Ether				10
Bis(2-Chloroisopropyl)Ether				10
Bis(2-Ethylhexyl)Phthalate				10
4-Bromophenyl Phenyl Ether				10
Butyl benzyl Phthalate				10
2-Chloronaphthalene				10
4-Chlorophenyl phenyl ether				10
Chrysene				5
Dibenzo(a,h)Anthracene				5
1,2-(o)Dichlorobenzene				10
1,3-(m)Dichlorobenzene				10
1,4-(p)Dichlorobenzene				10
3,3-Dichlorobenzidine				5
Diethyl Phthalate				10
Dimethyl Phthalate				10
Di-n-Butyl Phthalate				10
2,4-Dinitrotoluene				10
2,6-Dinitrotoluene				10
Di-n-Octyl Phthalate				10
1,2-Diphenylhydrazine (as Azo- benzene)				20
Fluoranthene				10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Fluorene				10
Hexachlorobenzene				5
Hexachlorobutadiene				10
Hexachlorocyclo-pentadiene				10
Hexachloroethane				20
Indeno(1,2,3-cd)pyrene				5
Isophorone				10
Naphthalene				10
Nitrobenzene				10
N-Nitrosodimethylamine				50
N-Nitrosodi-n-Propylamine				20
N-Nitrosodiphenylamine				20
Phenanthrene				10
Pyrene				10
1,2,4-Trichlorobenzene				10

Table 4.0(2)E - Pesticides

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Aldrin				0.01
alpha-BHC (Hexachlorocyclohexane)				0.05
beta-BHC (Hexachlorocyclohexane)				0.05
gamma-BHC (Hexachlorocyclohexane)				0.05
delta-BHC (Hexachlorocyclohexane)				0.05
Chlordane				0.2
4,4-DDT				0.02
4,4-DDE				0.1
4,4,-DDD				0.1
Dieldrin				0.02
Endosulfan I (alpha)				0.01
Endosulfan II (beta)				0.02
Endosulfan Sulfate				0.1
Endrin				0.02
Endrin Aldehyde				0.1
Heptachlor				0.01
Heptachlor Epoxide				0.01
PCB-1242				0.2
PCB-1254				0.2
PCB-1221				0.2
PCB-1232				0.2
PCB-1248				0.2
PCB-1260				0.2
PCB-1016				0.2
Toxaphene				0.3

* For PCBs, if all are non-detects, enter the highest non-detect preceded by a "<".

Section 3. Dioxin/Furan Compounds

A. Indicate which of the following compounds from may be present in the influent from a contributing industrial user or significant industrial user. Check all that apply.

- ☐ 2,4,5-trichlorophenoxy acetic acid
Common Name 2,4,5-T, CASRN 93-76-5
- ☐ 2-(2,4,5-trichlorophenoxy) propanoic acid
Common Name Silvex or 2,4,5-TP, CASRN 93-72-1
- ☐ 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate
Common Name Erbon, CASRN 136-25-4
- ☐ 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate
Common Name Ronnel, CASRN 299-84-3
- ☐ 2,4,5-trichlorophenol
Common Name TCP, CASRN 95-95-4
- ☐ hexachlorophene
Common Name HCP, CASRN 70-30-4

For each compound identified, provide a brief description of the conditions of its/their presence at the facility.

Click to enter text.

B. Do you know or have any reason to believe that 2,3,7,8 Tetrachlorodibenzo-P-Dioxin (TCDD) or any congeners of TCDD may be present in your effluent?

☐ Yes ☐ No

If **yes**, provide a brief description of the conditions for its presence.

Click to enter text.

C. If any of the compounds in Subsection A or B are present, complete Table 4.0(2)F.

For pollutants identified in Table 4.0(2)F, indicate the type of sample.

Grab ☐ Composite ☐

Date and time sample(s) collected: [Click to enter text.](#)

Table 4.0(2)F – Dioxin/Furan Compounds

Compound	Toxic Equivalenc y Factors	Wastewater Concentration (ppq)	Wastewater Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Equivalents (ppt)	MAL (ppq)
2,3,7,8 TCDD	1					10
1,2,3,7,8 PeCDD	0.5					50
2,3,7,8 HxCDDs	0.1					50
1,2,3,4,6,7,8 HpCDD	0.01					50
2,3,7,8 TCDF	0.1					10
1,2,3,7,8 PeCDF	0.05					50
2,3,4,7,8 PeCDF	0.5					50
2,3,7,8 HxCDFs	0.1					50
2,3,4,7,8 HpCDFs	0.01					50
OCDD	0.0003					100
OCDF	0.0003					100
PCB 77	0.0001					0.5
PCB 81	0.0003					0.5
PCB 126	0.1					0.5
PCB 169	0.03					0.5
Total						

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 5.0: TOXICITY TESTING REQUIREMENTS

The following is **required** for facilities with a current operating design flow of **1.0 MGD or greater**, with an EPA-approved **pretreatment** program (or those required to have one under 40 CFR Part 403), or are required to perform Whole Effluent Toxicity testing. See instructions for further details.

This worksheet is not required minor amendments without renewal.

Section 1. Required Tests (Instructions Page 88)

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

7-day Chronic: [Click to enter text.](#)

48-hour Acute: [Click to enter text.](#)

Section 2. Toxicity Reduction Evaluations (TREs)

Has this facility completed a TRE in the past four and a half years? Or is the facility currently performing a TRE?

☐ Yes ☐ No

If yes, describe the progress to date, if applicable, in identifying and confirming the toxicant.

[Click to enter text.](#)

Section 3. Summary of WET Tests

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

Table 5.0(1) Summary of WET Tests

Test Date	Test Species	NOEC Survival	NOEC Sub- lethal

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

Section 1. All POTWs (Instructions Page 89)

A. Industrial users (IUs)

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

If there are no users, enter 0 (zero).

Categorical IUs:

Number of IUs: [Click to enter text.](#)

Average Daily Flows, in MGD: [Click to enter text.](#)

Significant IUs - non-categorical:

Number of IUs: [Click to enter text.](#)

Average Daily Flows, in MGD: [Click to enter text.](#)

Other IUs:

Number of IUs: [Click to enter text.](#)

Average Daily Flows, in MGD: [Click to enter text.](#)

B. Treatment plant interference

In the past three years, has your POTW experienced treatment plant interference (see instructions)?

☐ Yes ☐ No

If yes, identify the dates, duration, description of interference, and probable cause(s) and possible source(s) of each interference event. Include the names of the IUs that may have caused the interference.

[Click to enter text.](#)

C. Treatment plant pass through

In the past three years, has your POTW experienced pass through (see instructions)?

☐ Yes ☐ No

If **yes**, identify the dates, duration, a description of the pollutants passing through the treatment plant, and probable cause(s) and possible source(s) of each pass through event. Include the names of the IUs that may have caused pass through.

Click to enter text.

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☐ No

If **yes**, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☐ No

If **yes**, complete Section 2.c. and 2.d. only, and skip Section 3.

If **no** to either question above, skip Section 2 and complete Section 3 for each significant industrial user and categorical industrial user.

E. Service Area Map

Attach a map indicating the service area of the POTW. The map should include the applicant's service area boundaries and the location of any known industrial users discharging to the POTW. Please see the instructions for guidance.

Attachment: Click to enter text.

Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 90)

A. Substantial modifications

Have there been any **substantial modifications** to the approved pretreatment program that have not been submitted to the TCEQ for approval according to *40 CFR §403.18*?

☐ Yes ☐ No

If **yes**, identify the modifications that have not been submitted to TCEQ, including the purpose of the modification.

Click to enter text.

B. Non- substantial modifications

Have there been any **non- substantial modifications** to the approved pretreatment program that have not been submitted to TCEQ for review and acceptance?

☐ Yes ☐ No

If yes, identify all non-substantial modifications that have not been submitted to TCEQ, including the purpose of the modification.

Click to enter text.

C. Effluent parameters above the MAL

In Table 6.0(1), list all parameters measured above the MAL in the POTW's effluent monitoring during the last three years. Submit an attachment if necessary.

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. Industrial user interruptions

Has any SIU, CIU, or other IU caused or contributed to any problems (excluding interferences or pass throughs) at your POTW in the past three years?

☐ Yes ☐ No

If yes, identify the industry, describe each episode, including dates, duration, description of the problems, and probable pollutants.

Click to enter text.

Section 3. Significant Industrial User (SIU) Information and Categorical Industrial User (CIU) (Instructions Page 90)

A. General information

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

SIC Code: [Click to enter text.](#)

Contact name: [Click to enter text.](#)

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

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

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

Email address: [Click to enter text.](#)

B. Process information

Describe the industrial processes or other activities that affect or contribute to the SIU(s) or CIU(s) discharge (i.e., process and non-process wastewater).

Click to enter text.

C. Product and service information

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

Click to enter text.

D. Flow rate information

See the Instructions for definitions of “process” and “non-process wastewater.”

Process Wastewater:

Discharge, in gallons/day: [Click to enter text.](#)

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: [Click to enter text.](#)

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

Is the SIU or CIU subject to technically based local limits as defined in the instructions?

☐ Yes ☐ No

Is the SIU or CIU subject to categorical pretreatment standards found in *40 CFR Parts 405-471*?

☐ Yes ☐ No

If subject to categorical pretreatment standards, indicate the applicable category and subcategory for each categorical process.

Category: Subcategories: [Click to enter text.](#)

[Click or tap here to enter text.](#) [Click to enter text.](#)

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

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

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

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

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

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

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

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

F. Industrial user interruptions

Has the SIU or CIU caused or contributed to any problems (e.g., interferences, pass through, odors, corrosion, blockages) at your POTW in the past three years?

☐ Yes ☐ No

If yes, identify the SIU, describe each episode, including dates, duration, description of problems, and probable pollutants.

[Click to enter text.](#)

WORKSHEET 7.0

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:

TCEQ
IUC Permits Team
Radioactive Materials Division
MC-233
PO Box 13087
Austin, Texas 78711-3087
512-239-6466

For TCEQ Use Only

Reg. No. _____

Date Received _____

Date Authorized _____

Section 1. General Information (Instructions Page 92)

1. TCEQ Program Area

Program Area (PST, VCP, IHW, etc.): [Click to enter text.](#)

Program ID: [Click to enter text.](#)

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

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

2. Agent/Consultant Contact Information

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

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

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

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

3. Owner/Operator Contact Information

☐ Owner ☐ Operator

Owner/Operator Name: [Click to enter text.](#)

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

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

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

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

4. Facility Contact Information

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

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

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

Location description (if no address is available): [Click to enter text.](#)

Facility Contact Person: [Click to enter text.](#)

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

5. **Latitude and Longitude, in degrees- minutes- seconds**

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

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

Method of determination (GPS, TOPO, etc.): [Click to enter text.](#)

Attach topographic quadrangle map as attachment A.

6. **Well Information**

Type of Well Construction, select one:

- ☐ Vertical Injection
- ☐ Subsurface Fluid Distribution System
- ☐ Infiltration Gallery
- ☐ Temporary Injection Points
- ☐ Other, Specify: [Click to enter text.](#)

Number of Injection Wells: [Click to enter text.](#)

7. **Purpose**

Detailed Description regarding purpose of Injection System:

[Click to enter text.](#)

Attach a Site Map as Attachment B (Attach the Approved Remediation Plan, if appropriate.)

8. **Water Well Driller/Installer**

Water Well Driller/Installer Name: [Click to enter text.](#)

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

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

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

Section 2. Proposed Down Hole Design

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

Table 7.0(1) – Down Hole Design Table

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

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

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

System(s) Dimensions:[Click to enter text.](#)

System(s) Construction:[Click to enter text.](#)

Section 4. Site Hydrogeological and Injection Zone Data

1. Name of Contaminated Aquifer:[Click to enter text.](#)
2. Receiving Formation Name of Injection Zone:[Click to enter text.](#)
3. Well/Trench Total Depth:[Click to enter text.](#)
4. Surface Elevation:[Click to enter text.](#)
5. Depth to Ground Water:[Click to enter text.](#)
6. Injection Zone Depth:[Click to enter text.](#)
7. Injection Zone vertically isolated geologically? ☐ Yes ☐ No
Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:
Name:[Click to enter text.](#)
Thickness:[Click to enter text.](#)
8. Provide a list of contaminants and the levels (ppm) in contaminated aquifer
Attach as Attachment E.
9. Horizontal and Vertical extent of contamination and injection plume
Attach as Attachment F.
10. Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc.
Attach as Attachment G.
11. Injection Fluid Chemistry in PPM at point of injection
Attach as Attachment H.
12. Lowest Known Depth of Ground Water with < 10,000 PPM TDS:[Click to enter text.](#)
13. Maximum injection Rate/Volume/Pressure:[Click to enter text.](#)
14. Water wells within 1/4 mile radius (attach map as Attachment I):[Click to enter text.](#)
15. Injection wells within 1/4 mile radius (attach map as Attachment J):[Click to enter text.](#)
16. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K):[Click to enter text.](#)
17. Sampling frequency:[Click to enter text.](#)
18. Known hazardous components in injection fluid:[Click to enter text.](#)

Section 5. Site History

1. Type of Facility:[Click to enter text.](#)
2. Contamination Dates:[Click to enter text.](#)
3. Original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations (attach as Attachment L):[Click to enter text.](#)
4. Previous Remediation (attach results of any previous remediation as attachment M):[Click to enter text.](#)

NOTE: Authorization Form should be completed in detail and authorization given by the TCEQ before construction, operation, and/or conversion can begin. Attach additional pages as necessary.

Class V Injection Well Designations

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

23. Street Address of the Regulated Entity: (No PO Boxes)	4400 FM 1327							
	City	Buda	State	TX	ZIP	78610	ZIP + 4	2184
24. County	Travis							

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:									
26. Nearest City	Creedmoor				State	TX	Nearest ZIP Code		78610
27. Latitude (N)In Decimal:	30.097611			28. Longitude (W)In Decimal:	-97.742139				
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds				
30	05	51.4	-97	44	31.7				
29. Primary SIC Code (4 digits)	4939		30. Secondary SIC Code (4 digits)	6531		31. Primary NAICS Code (5 or 6 digits)	22132		
						32. Secondary NAICS Code (5 or 6 digits)	23721		
33. What is the Primary Business of this entity?(Do not repeat the SIC or NAICS description.)									
34. Mailing Address:	BGICO, LLC								
	P.O. Box 17126								
	City	Austin	State	TX	ZIP	78760	ZIP + 4	7126	
35. E-Mail Address:	gnewton@texasdisposal.com								
36. Telephone Number	(512) 421-1300			37. Extension or Code	() -		38. Fax Number (if applicable)		

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"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
N/A, New Permit Application				

SECTION IV: Preparer Information

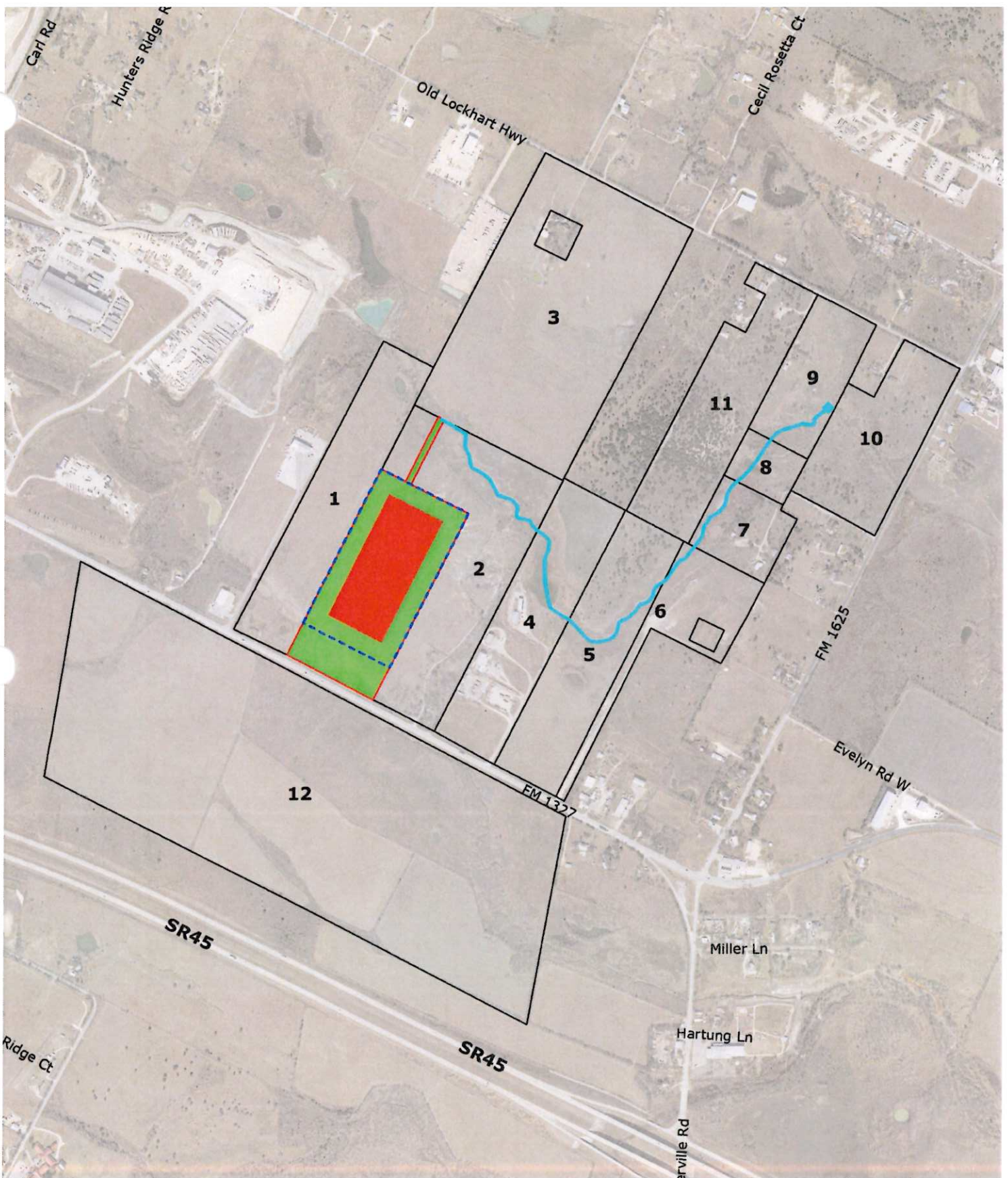
40. Name:	James Doersam, P.E.	41. Title:	Engineer
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(512) 421-1300		() -	jdoersam@texasdisposal.com

SECTION V: Authorized Signature

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

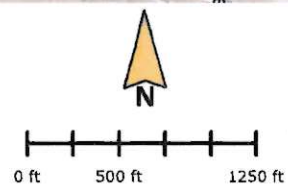
Company:	BGICO, LLC	Job Title:	Executive Vice President
Name (In Print):	Clint Harp	Phone:	(512) 421-1300

Signature:		Date:	6/19/24
------------	--	-------	---------



BGICO
024 WWTP Permit
Adjacent Landowner Map

MRB | group



Legend

- Adjacent Properties
- WWTP
- WWTP Property Boundary
- 150ft WWTP Buffer Zone
- 1 Mile Downstream

2024 BGICO WWTP Permit
Adjacent Landowners

Map Key	Property ID	Owner	Acres	Mailing Address
1	300567	HARRIS CRAIGAN R	27.561	11600 OLD LOCKHART RD CREEDMOOR TX 78610-2075
2	300566	TEXAS DISPOSAL SYSTEMS LANDFILL INC	68.72	PO BOX 17126 AUSTIN TX 78760-7126
3	300561	HARRIS CRAIGAN R	68.022	11600 OLD LOCKHART RD CREEDMOOR TX 78610-2075
4	301058	HEMPHILL CAROLYN DITTMAR	29.37	1313 W DITTMAR RD AUSTIN TX 78745-6204
5	301057	HOLDEN ARNOLD & LUCILLE	28.735	1805 MANADA TRAIL LEANDER TX 78641-2626
6	301060	HEMPHILL SCOTT	14.06	PO BOX 1621 DRIPPING SPRINGS TX 78620-1621
7	300585	ZIN LIN AND DOANH LUONG	9.786	610 GREEN APPLE DR GARLAND TX 75044-2562
8	300584	SOUTHPORT A AND G GROUP INC	4.894	2404 APPLE VALLEY CIR AUSTIN TX 78747-1637
9	300581	SOUTHPORT A AND G GROUP INC	14.681	2404 APPLE VALLEY CIR AUSTIN TX 78747-1637
10	300580	HUNTER RICHARD AND LAURA DITTMAR	23.323	11716 OLD LOCKHART RD CREEDMOOR TX 78610-2087
11	300562	RIOS JOSE F	27.87	P.O. BOX 19493 AUSTIN TX 78760-9493
12	301039	LINDSAY LUCY MONTGOMERY	165.72	PO BOX 2690 SAN ANGELO TX 76902-2690



N

2024/03/01 15:49

316m 0994hPa

30°05'55"N 097°44'32"W

03 01 2024



2024/03/01 15:58

311m 0994hPa

S

30°05'59"N 097°44'25"W

03.01.2024



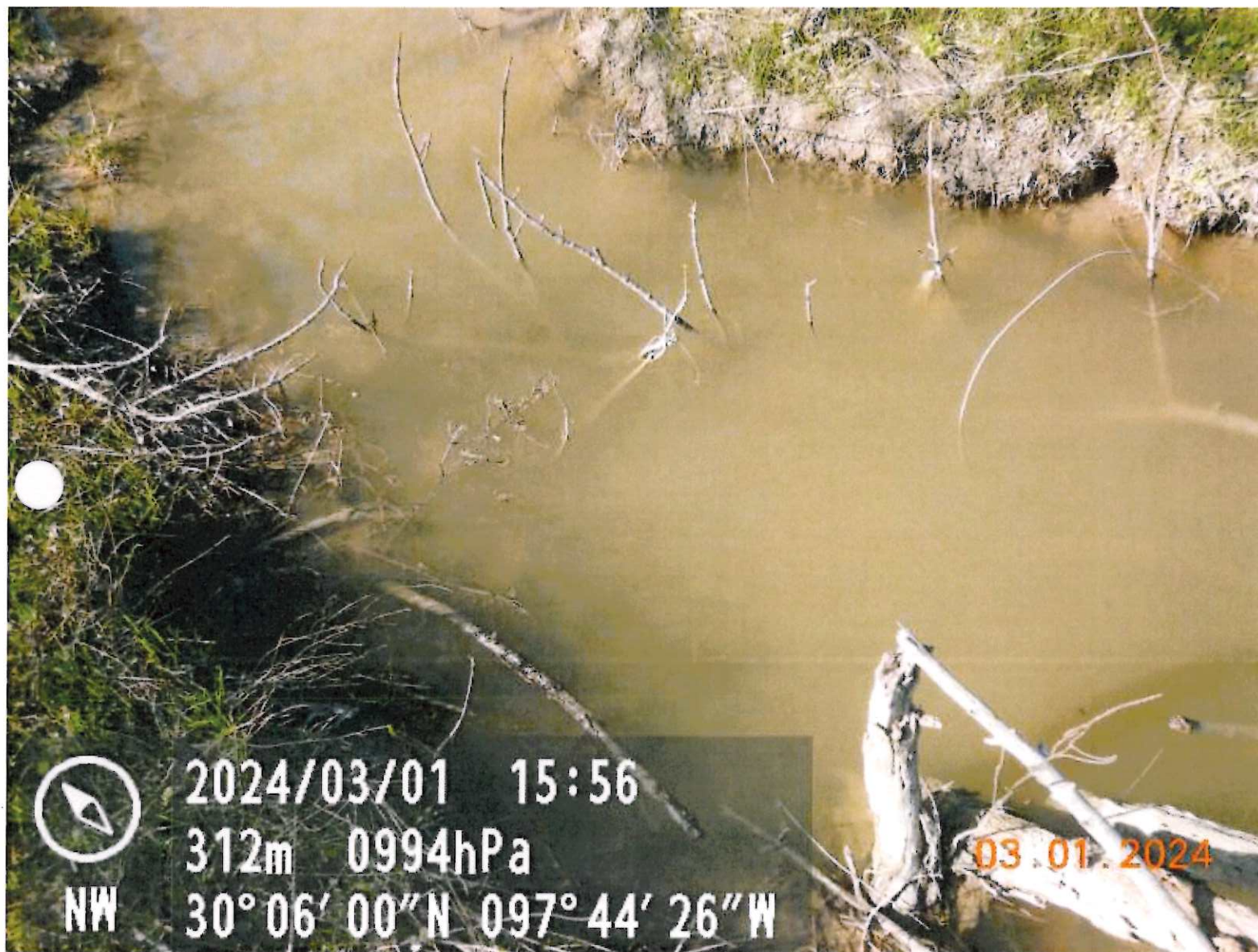
SSE

2024/03/01 15:48

319m 0993hPa

30° 05' 55" N 097° 44' 32" W

03.01.2024





ENE

2024/03/01 15:57

313m 0994hPa

30°05'59"N 097°44'25"W

03.01.2024



NW

2024/03/01 15:56

313m 0994hPa

30° 06' 00" N 097° 44' 26" W

03/01/2024



WSW

2024/03/01 15:48

320m 0993hPa

30° 05' 55" N 097° 44' 32" W

03.01.2024



N

2024/03/01 15:57

312m 0994hPa

30° 05' 59" N 097° 44' 25" W

03 01, 2024



NW

2024/03/01 15:48

317m 0994hPa

30° 05' 55" N 097° 44' 32" W

03.01.2024



NW

2024/03/01 15:55

313m 0994hPa

30° 06' 00" N 097° 44' 26" W

03.01.2024



ENE

2024/03/01 15:55

314m 0994hPa

30°06'00"N 097°44'26"W

03.01.2024



2024/03/01 15:55

312m 0994hPa

30° 06' 00"N 097° 44' 26"W

03-01-2024



NW

2024/03/01 15:56

313m 0994hPa

30° 06' 00" N 097° 44' 26" W

03.01.2024



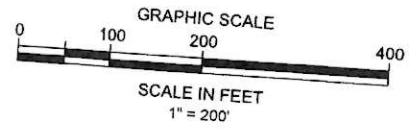
NW

2024/03/01 15:57

310m 0994hPa

30° 06' 00" N 097° 44' 26" W

03.01.2024



LEGEND:

- EXISTING PROPERTY BOUNDARY (PARCEL DATA)
- - - PROPOSED WWTP PROPERTY BOUNDARY
- - - WWTP 150' BUFFER ZONE
- EXISTING EASEMENT

EXHIBIT E

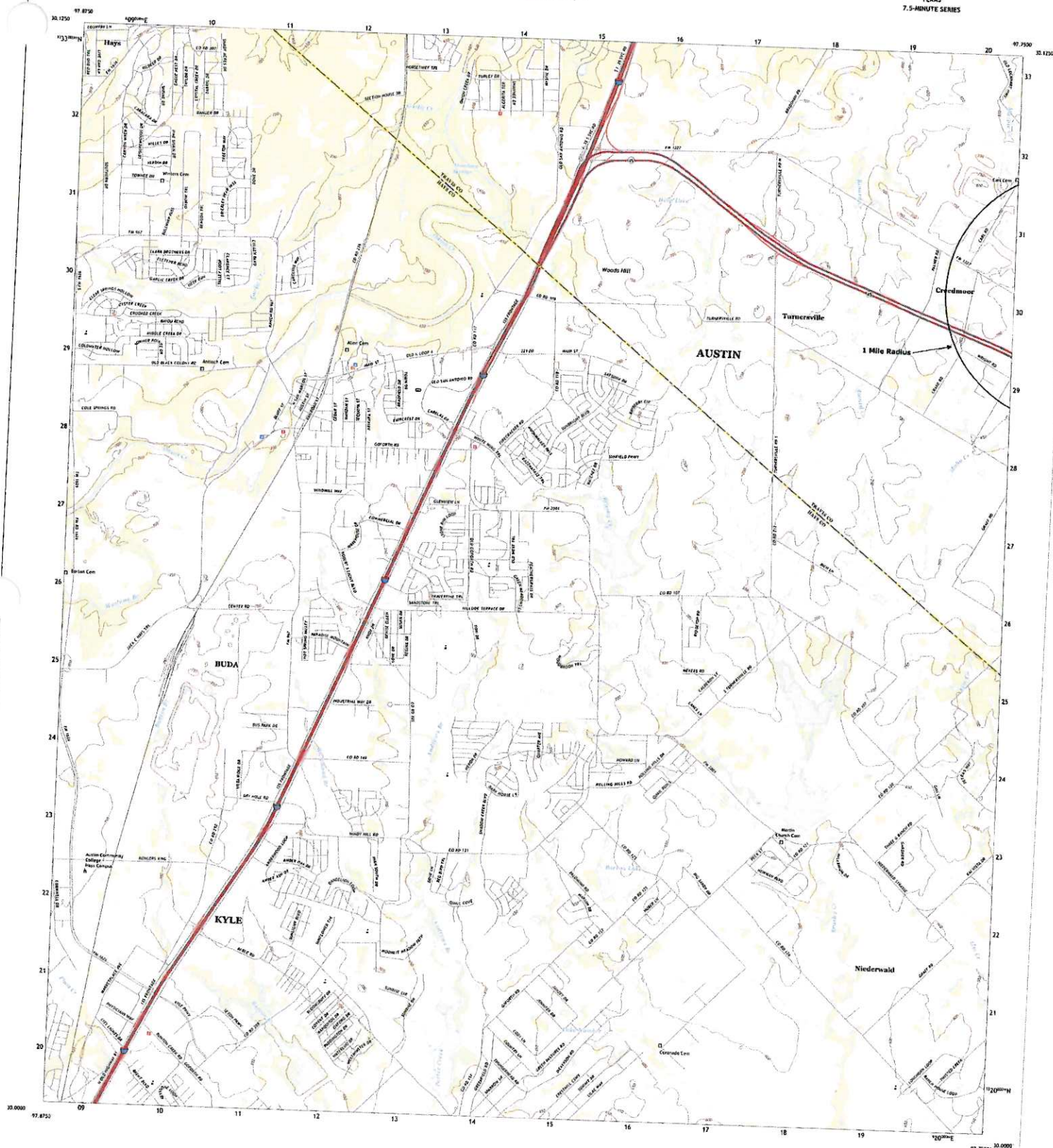
**150 FT WWTP
BUFFER ZONE**

MRB | *group*

MRB Group, P.C.
8834 N. Capital of Texas Highway, Suite 220, Austin, Texas 78759
Phone: (512) 436-8571
303 W. Calhoun Avenue, Temple, Texas 76701 Phone: (254) 771-2054
TBPELS Firm Number: F-10615
www.mrbgroup.com

Date: 06/06/2024 Drawn By: MMB Project No.: 0219.23001

N:\0219.23001\000\dwg\Final Design\Travis Creedmoor MUD Service Area - Exhibit\TC MUD Proposed WWTP Site Plan - Buffer Zone Map.dwg 6/25/2024 9:21 AM



Produced by the United States Geological Survey
North American Datum of 1983

World Geodetic System of 1984 (WGS84). Projection and
1 000 meter grid: Universal Transverse Mercator, Zone 18N.

This map is not a legal document. Boundaries may be general and for this map alone. Private lands with no owner shown.

reservations may not be shown. Obtain permission before entering private lands.

Image	HALP, September
Ready	U.S. Census Bureau
Name	

Hydrography **Contours** **Shaded Hydrography** **Rainfall** **Fluvial**

Language	Multiple	Stages	Use	Method
Workload	Fast	Station		

Country	Year	Rate (per 100,000)
United States	1995	10.0
United States	2000	10.0
United States	2005	10.0
United States	2010	10.0
United States	2015	10.0
United States	2020	10.0
United States	2025	10.0
United States	2030	10.0
United States	2035	10.0
United States	2040	10.0
United States	2045	10.0
United States	2050	10.0
United States	2055	10.0
United States	2060	10.0
United States	2065	10.0
United States	2070	10.0
United States	2075	10.0
United States	2080	10.0
United States	2085	10.0
United States	2090	10.0
United States	2095	10.0
United States	2100	10.0

[illegible]

SCALE 1:24 000

BALANCE

METERS

ANAL. Calcd for $C_{10}H_{10}O$: C, 88.10%; H, 7.39%. Found: C, 88.1%; H, 7.4%.

PEET

CONTOUR INTERVAL 10 FEET
AMERICAN VERTICAL DATUM

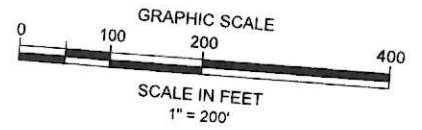
was produced to compare

Special Program US Type P

ROAD CLASSIFICATION

Expressway		Local Connector	
Secondary Hwy		Local Road	
Ramp		AWP	
 Interstate Route	 US Route	 State Route	

BUDA, TX



LEGEND:

- EXISTING PROPERTY BOUNDARY (PARCEL DATA)
- - - PROPOSED WWTP PROPERTY BOUNDARY
- - - WWTP 150' BUFFER ZONE
- EXISTING EASEMENT

FM 1327

ACCESS DRIVE

LIFT STATION

MAHA CREEK

150 FT WWTP BUFFER ZONE

EXHIBIT G

SITE LOCATION MAP

MRB | group

MRB Group, P.C.

8834 N. Capital of Texas Highway, Suite 220, Austin, Texas 78759
Phone: (512) 436-8571

303 W. Calhoun Avenue, Temple, Texas 76701 Phone: (254) 771-2054
TBPELS Firm Number: F-10615

www.mrbgroup.com

Date: 06/06/2024 Drawn By: MMB Project No.: 0219.23001

N:\0219.23001\000\dwg\Final Design\Travis Creedmoor MUD Service Area - Exhibit\TTC MUD Proposed WWTP Site Plan - Buffer Zone Map.dwg 6/25/2024 9:25 AM



May 16, 2024

Austin Water
625 E. 10th Street
Austin, Texas 78701

To Whom it May Concern,

BGICO, L.L.C. is submitting a permit application to the TCEQ for the construction of a new wastewater treatment plant and collection system. Your wastewater collection system is within 3.0 miles of the proposed treatment plant, so we are requesting whether you have the capacity in your system to provide the same. The new plant will be located at:

4400 FM 1327
Buda, Texas 78610-2184

The proposed permit is for up to 3.150 million gallons per day, and will serve the Creedmoor and surrounding area located in southeast Travis County.

Do you have the capacity to potentially serve this development?

Yes _____

No _____

Please submit your response to us at the address below on the letterhead. We appreciate your response, and please feel free to contact me at 512-421-1300 should you have any questions regarding this issue.

Sincerely,

Clint Harp, Executive Vice President
BGICO, L.L.C.



BUDA
1320 CABELAS DR
BUDA, TX 78610-9998
(800) 275-8777

05/16/2024

04:46 PM

Product	Qty	Unit Price	Price
First-Class Mail® Letter	1		\$0.68

Austin, TX 78701
Weight: 0 lb 0.50 oz
Estimated Delivery Date
Sat 05/18/2024

Certified Mail®
Tracking #: 9589 0710 5270 1760 5933 65 \$4.40

Return Receipt
Tracking #: 9590 9402 8636 3244 3232 04 \$3.65

Total \$8.73

Grand Total: \$8.73

Credit Card Remit
Card Name: VISA
Account #: XXXXXXXXXXXX7140
Approval #: 081500
Transaction #: 358
AID: A0000000031010
AL: VISA CREDIT
PIN: Not Required
Chip CHASE VISA

Text your tracking number to 28777 (2USPS)
to get the latest status. Standard Message
and Data rates may apply. You may also
visit www.usps.com/track or call
1-800-222-1811

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
Postage \$
Total Postage and Fees \$

Sent To Austin Water
Street and Apt. No., or PO Box No. 625 E. 10th Street
City, State, ZIP+4® Austin, TX 78701

Postmark Here
MAY 16 2024

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

USPS TRACKING #
AUSTIN TX 786

20 MAY 2024 PM 3 L

9590 9402 8636 3244 3232 04

United States
Postal Service

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

BGILCO
12200 Carl Rd
Creedmoor, TX 78610

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Austin Water
025 E. 10th St.
Austin, TX 78701

9590 9402 8636 3244 3232 04

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature]

B. Received by (Printed Name)
SARAH C. GREGG

C. Date of Delivery
5/20/24

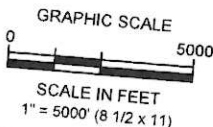
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt



LEGEND:

● OUTFALL LOCATION

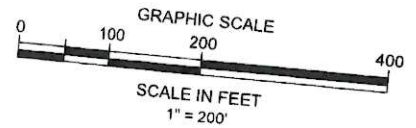
BGICO WWTP

**WWTPs WITHIN 3 MILE RADIUS
OF REYES TRACT
CREEDMOOR, TEXAS**

MRB group
MRB Group, P.C.
8834 N. Capital of Texas Highway, Suite 220, Austin, Texas 78759
Phone: (512) 436-8571
303 W. Calhoun Avenue, Temple, Texas 76501 Phone: (254) 771-2054
TPELS Firm Number: F-10615
www.mrbgroup.com

Date: 06/19/2024 | Drawn By: RPS | Project No.: 0219.23001

N:\0219.23001\0001.dwg Final Design\Outfall Locations within 3 Mile Radius.dwg 6/19/2024 2:27 PM



LEGEND:

- EXISTING PROPERTY BOUNDARY (PARCEL DATA)
- PROPOSED WWTP PROPERTY BOUNDARY
- WWTP 150' BUFFER ZONE
- EXISTING EASEMENT

FM 1327

ACCESS DRIVE

LIFT STATION

MAHA CREEK

150 FT WWTP BUFFER ZONE

150 FT WWTP BUFFER ZONE WITH WIND ROSE
DATE: 06/06/2024
DRAWN BY: MMB
PROJECT NO.: 0219.23001

EXHIBIT J

**150 FT WWTP
BUFFER ZONE WITH WIND ROSE**

MRB group

MRB Group, P.C.
8834 N. Capital of Texas Highway, Suite 220, Austin, Texas 78759
Phone: (512) 436-8571
303 W. Calhoun Avenue, Temple, Texas 76701 Phone: (254) 771-2054
TBPELS Firm Number: F-10615
www.mrbgroup.com

Date: 06/06/2024 Drawn By: MMB Project No.: 0219.23001

N:\0219.23001\000\dwg\Final Design\Travis Creedmoor MUD Service Area - Exhibit\TC MUD Proposed WWTP Site Plan - Buffer Zone Map.dwg 6/25/2024 10:05 AM

EXHIBIT K - Sludge Management Plan

Influent Design Flow = 0.150 MGD

Influent BOD Concentration = 724 mg/L

Aerobic Digester Volume: 166,000 gallons

Aeration Basin MLSS: 2,000 to 4,000 mg/L

Waste activated sludge from the biological process in the aeration basins and scum from the clarifiers will be sent to two aerobic digester basins. Preliminary sizing of each basin is 37' L x 24' W x 12.5' D with total holding capacity of approximately 166,000 gallons. Quantities will be very limited initially, and it is estimated that only 0.2 dry tons or about 417 pounds of solids will be generated in Phase I, 0.150 MGD flows. Projected sludge production on an average daily basis for a range of flow percentages as shown in Table 1.

Table 1 - Sludge Production

Solids Generated	100% flow	75% flow	50% flow	25% flow
Pounds Influent BOD ₅	751	563	376	188
Pounds of digested dry sludge produced*	417	313	209	104
Pounds of wet sludge produced	582	437	291	146
Gallons of wet sludge produced	3,488	2,616	1,744	872

The Activated Sludge process at the WWTP will be designed to operate with a target average of 3000 mg/L MLSS in the aeration basins, with process variability expected to be from between 2000-4000 mg/L MLSS.

The digester basins will be sized for 40 days of sludge retention time and will allow the operator to decant the sludge, sending supernatant back to the primary biological process and thickening the sludge to a maximum of 2.00% MLSS. An aeration system providing 30 scfm / 1000 cf of volume will be provided to re-suspend the solids after decanting and to keep aerobic conditions throughout the sludge.

The digested sludge will be mixed with a polymer, and pumped to sealed sludge dewatering bin(s). The dewatered sludge will be trucked to a TCEQ permitted landfill. An estimated schedule for solids removal is shown in Table 2. Once a full load of dewatered sludge is generated, then the roll-off container will be transported to either landfill disposal or composting in a timely manner in order to prevent odor and/or vector issues.

Table 2 - Sludge Removal Schedule

Removal Schedule (days)	100% flow	75% flow	50% flow	25% flow
Days between Sludge Removal	40	57	80	171

The digested sludge will be transported by registered hauler, Texas Disposal Systems, Inc. with sludge hauler registration #22419 to the Texas Disposal Systems Landfill, Inc. (TDSL) landfill permit No. 2123 in Travis County.

As described above, the sludge will either be disposed at the TDSL, Inc. landfill or by composting at the Texas Landfill Management, LLC (TLM) operated facility located in San Antonio, Texas. The TDSL, Inc. landfill and TLM, LLC operated compost facilities have sufficient capacity to dispose or compost the sludge.

Plain Language Summary for Wastewater Treatment Plant Permit Application

Introduction

The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality (TCEQ) as required by 30 Texas Administrative Code Chapter 39. The information provided in this summary may change during the technical review of the application and are not federally enforceable representations of the permit application.

Facility Name: BGICO Wastewater Treatment Plant

Customer Number: N/A – New permit application

Regulated Entity Number: N/A – New permit application

Location: 4400 FM 1327, Buda, TX 78610 – Travis County

Summary and Process

This application seeks approval for the operation of a 0.150 MGD (Phase I capacity) wastewater treatment plant designed to serve adjacent communities and businesses. The plant's primary goal is to treat domestic wastewater to meet or exceed all environmental safety standards set forth by the TCEQ and federal regulations before beneficially reusing for planned applications, such as irrigation. The wastewater treatment process includes several stages designed to remove contaminants effectively: including biological, mechanical, and chemical treatments.

Protection Measures

The proposed wastewater treatment plant uses proven industry technology and processes designed to protect public health and the environment and get beneficial reuse from the water. This includes monitoring and control systems to ensure treatment effectiveness and compliance with all regulations, emergency response plans to handle potential incidents swiftly and minimize environmental impact, measures to control odor and noise, ensuring minimal impact on the surrounding community.

Public Participation and Comments

In accordance with TCEQ regulations, public participation is a crucial component of the permitting process. We encourage the community to engage in this process by:

- Attending public meetings. If scheduled, dates and locations will be provided.
- Submitting comments or concerns regarding the proposed project to the TCEQ and BGICO.
- Reviewing project documents available at the TCEQ Central Office and City of Creedmoor.

Contact Information

For further information about the application or to express concerns and comments, please contact:

- BGICO Contact: Clint Harp, Executive Vice President, BGICO, LLC
Phone: (512) 421-1300
Email: clintharp@bgicoinvestments.com

GROUND LEASE AGREEMENT

THE STATE OF TEXAS

COUNTY OF TRAVIS

§
§
§

THIS AGREEMENT is made and entered into by and between Texas Disposal Systems Landfill, Inc. referred to as LESSOR, and BGICO, LLC, hereinafter referred to as LESSEE, on the terms and conditions hereinafter set out.

1. LEASED PREMISES.

LESSOR leases to LESSEE and LESSEE leases from LESSOR approximately 13.054 acres of land out of a 69.72 acre tract owned by LESSOR, located off FM 1327, Creedmoor, Texas, as shown in Attachment A, hereinafter referred to as the "Leased Premises".

2. TERM.

This Lease shall be for a term ("Primary Term") of thirty (30) years commencing on June 25, 2024. The Lease may be renewed at the option of LESSEE for up to two (2) additional ten (10) year periods, on the same terms and conditions herein, plus any agreed-upon changes. LESSEE shall notify LESSOR in writing at least 30 days prior to the expiration of the then-current term that it is exercising a renewal option.

3. USE.

The Leased Premises are to be continuously used and occupied by LESSEE for the purpose of development, construction, and operation of a wastewater treatment plant, and any and all other lawful commercial uses (the "Purpose"), subject to and in accordance with the terms and conditions of a Permit to be issued by the TCEQ (the "Permit"), which upon issuance, is fully incorporated into this Agreement. LESSOR represents that this use is allowed under all local, state, and other regulations. LESSOR grants LESSEE reasonable access and/or easements to the Leased Premises across any property owned by LESSOR adjacent to or near the Leased Premises.

4. RENTAL.

In consideration of this Lease, LESSEE shall pay to LESSOR the Rental Rate, determined as follows:

1. Agricultural Rate. Seventy-Six and 15/100 Dollars (\$76.15) per month while the Leased Premises are maintained for agricultural purposes.
2. Construction Rate. Four Thousand Eight Hundred Fifty-Six and 20/100 Dollars (\$4,856.20) per month when construction of the wastewater treatment plant begins (ground is broken).
3. Operating Rate. Nine Thousand Seven Hundred Twelve and 39/100 Dollars

- (\$9,712.39) per month while the wastewater treatment plant is operating.
4. Shut-In Rate. Four Thousand Eight Hundred Fifty-Six and 20/100 Dollars (\$4,856.20) if operation of the wastewater treatment plant is or will be suspended for a period of more than fifteen (15) days due to maintenance, repairs, or other failure of the wastewater treatment plant. When operations resume, the Operating Rate will apply.

Payment of the Rental Rate is due on or before the first day of each month without a grace period ("Base Rental Payment"). Rental paid after the 10th of the month shall be deemed as late and delinquent LESSEE agrees to pay a flat late charge of \$50.00. LESSEE agrees to pay a \$100.00 charge for each returned check, plus late payment charges. On each July 1 during the term hereof, the Base Rental Payment shall be increased or decreased by the same percentage as the percentage increase or decrease, if any, between the CPI as published for June of the then current calendar year and the CPI as published for the month of June in the year before for the Series CWUR0300SA0-Urban Wage Earners and Clerical Workers-South urban area for the City of Austin and SA rate increases. Notwithstanding the above, the total annual increase or decrease in the Base Rental Payment during the first five years shall not be greater than five percent, and the total annual increase or decrease in the Base Rental Payment for the remainder of the life of the Lease Agreement shall not be limited. As soon as practicable after the Base Rental Payment adjustment date each year, LESSOR shall notify LESSEE of any CPI-based adjustment to the Base Rental Payment.

5. DEFAULT AND TERMINATION.

Either Party may notify the other of any default of a material provision of this Agreement, and if the default remains un-remediated for 90 days after written notice, the non-defaulting party has the right to terminate this Agreement.

LESSEE has the option to terminate the Lease prior to the end of the Primary Term (or any subsequent renewal term) and without penalty in the event the wastewater treatment plant is not permitted or constructed, or is no longer operational.

6. ASSIGNMENT AND SUBLETTING

Neither Party may assign or sublet this Lease without the prior written consent of the other.

7. ALTERATIONS

The LESSEE, by taking possession of the premises as herein set forth, shall be deemed to have agreed that such premises are then in a tenantable and good condition, and LESSEE agrees that LESSEE shall take good care of the premises for what is reasonable and necessary for the Purpose, without the written consent of LESSOR, which consent will not be unreasonably withheld.

LESSEE may install, maintain, alter, and remove, from time to time, any facilities, infrastructure, buildings, roads, parking lots, trade fixtures, and anything else incidental to or consistent with the Purpose. LESSEE shall retain ownership of all improvements made in connection with this Lease. Infrastructure may be abandoned in-place at the end of the Lease.

8. LAW AND GOVERNMENTAL REGULATIONS

LESSEE will maintain the Leased Premises in a good condition and will maintain compliance with all current laws, ordinances, orders, rules and regulations of any governmental authority having jurisdiction over the use, condition or occupancy of the Leased Premises.

9. INDEMNITY AND LIABILITY

LESSOR and LESSEE mutually agree to release, indemnify, and hold harmless the other party for their respective actions and those of their representatives, contractors, tenants, or other persons or entities as may occupy or be present on the Leased Premises.

LESSEE hereby releases and agrees to indemnify and hold harmless LESSOR and all its trustees, officers, employees, directors, agents, and consultants (hereinafter collectively referred to as the "**Indemnitees**") of and from any and all claims, demands, liabilities, losses, costs, or expenses for any loss including but not limited to bodily injury (including death), personal injury, property damage, expenses, and attorneys' fees, caused by, growing out of, or otherwise occurring in connection with this Lease, due to any negligent or intentional act or omission on the part of LESSEE, its agents, employees, or others working at the direction of LESSEE, on its behalf, or due to the application or violation of any pertinent federal, State, or local law except for the negligence or intentional misconduct of the Indemnitees. In case any action or proceeding is brought against LESSOR by reason of any claim mentioned in this paragraph, LESSEE, upon notice from LESSOR, shall, at LESSEE'S expense, resist or defend such action or proceeding in LESSOR's name, if necessary, by counsel for the insurance company, if such claim is covered by insurance, or otherwise by counsel approved by Landlord. Landlord agrees to give Tenant prompt notice of any such claim or proceeding. This indemnification is binding on the successors and assigns of Tenant, and this indemnification survives the expiration or earlier termination of this Lease, or the dissolution or, to the extent allowed by Law, the bankruptcy of Tenant. This indemnification does not extend beyond the scope of this Lease and the Contract Documents and the work undertaken thereunder and does not extend to claims exclusively between the undersigned parties arising from the terms, or regarding the interpretation of, this Lease.

10. INSPECTION

LESSOR has the right to enter the premises for reasonable inspections during normal business hours with 24 hour written notice.

11. SERVICE, MAINTENANCE, PROPERTY TAXES AND UTILITIES.

The LESSEE shall furnish and/or reimburse LESSOR at LESSEE's sole cost and

expense all service, maintenance, property taxes and utilities as required.

13. NO WAIVER OF BREACH.

No delay or omission to exercise any right, power or remedy accruing or available to either Party under this Agreement shall impair any such right, power or remedy of that Party, nor shall it be construed to be a waiver of any such breach or default, or an acquiescence therein, or of any similar breach or default thereafter occurring.

14. INSURANCE

LESSEE shall procure and maintain throughout the term of this Lease a policy or policies of insurance, at its sole cost and expense, insuring LESSEE and LESSOR against any and all liability for property damage, or injury to or death of persons occasioned by or arising out of or in connection with its use or occupancy of the Leased Premises, the limits of such policy or policies to be in an amount not less than \$1,000,000.00 with respect to injuries to or death of any one person, in an amount not less than \$1,000,000.00 with respect to any one accident or disaster, and in an amount not less than \$1,000,000.00 with respect to property damaged or destroyed. LESSEE shall maintain environmental liability coverage in an amount not less than \$2,000,000.00.

15. BANKRUPTCY.

In the event that LESSEE shall become bankrupt, voluntarily or involuntarily, or shall make a voluntary assignment for the benefit of creditors, or in the event that a receiver for the LESSEE shall be appointed, or should the Leased Premises be closed by order of any court, or should the LESSEE be prevented from occupying said premises by any court order or federal, state or municipal regulation, then at the option of the LESSOR, such event may be treated as an event of default.

16. MODIFICATION.

No provision of this Agreement shall be waived, altered or amended, except by writing endorsed hereon or attached hereto, and signed by the parties to be bound thereby.

17. BINDING UPON PARTIES.

This Agreement shall be binding upon and inure to the benefit of LESSOR, its successors and assigns, and shall be binding upon and inure to the benefit of LESSEE, its successors and, to the extent assignment may be approved by the LESSOR hereunder, LESSEE'S assigns.

18. RIGHTS CUMULATIVE.

All rights and remedies of LESSOR under this Agreement shall be cumulative and none shall exclude any other rights or remedies allowed by law. This Agreement is a Texas contract enforceable in Travis County, Texas, and all of the terms hereof shall be construed according

to the laws of the State of Texas.

19. FORCE MAJEURE.

In the event LESSOR shall be delayed, hindered or prevented from the performance of any act required under this Agreement by reason of acts of God; act of common enemies; fire, storm, flood, rising flood waters, explosion, or other casualty; strikes; lockouts; labor disputes; labor troubles; inability to procure materials; failure of power; restrictive governmental laws or regulations; riots; insurrection; war; settlement of losses with insurance carriers; injunction; order of any court or governmental authority; or other cause not within the reasonable control of LESSOR, then the performance of such act shall be excused for the period of the delay and the period for the performance of any such act shall be extended for a period equivalent to the period of such delay.

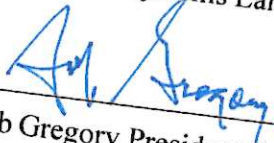
20. ENTIRE AGREEMENT.

This Agreement contains the entire and only agreement between the parties regarding the subject matter herein, and no oral statements or representations or prior written matter not contained or referred to in this instrument shall have any force or effect.

EXECUTED this to be effective 8TH day of June, 2024.


LESSOR:

Texas Disposal Systems Landfill, Inc.

By: 
Bob Gregory President & CEO

LESSEE:

BGICO, LLC

By: 
Clint Harp, Executive Vice President

ATTACHMENT A – DESCRIPTION OF LEASED PREMISES

13.054 ACRES
SANTIAGO DEL VALLE GRANT
TRAVIS COUNTY, TX

FILE NO. 2024.076
PROJECT: 617.041013
DATE: 05/30/2024

DESCRIPTION

13.054 ACRES SITUATED IN THE SANTIAGO DEL VALLE GRANT, TRAVIS COUNTY, TEXAS, BEING A PORTION OF THAT CERTAIN 69.72 ACRE TRACT CONVEYED TO TEXAS DISPOSAL SYSTEMS LANDFILL, INC., BY DEED OF RECORD IN DOCUMENT NO. 2018104451, OF THE OFFICIAL PUBLIC RECORDS OF TRAVIS COUNTY, TEXAS; SAID 13.054 ACRE TRACT BEING MORE PARTICULARLY DESCRIBED BY METES AND BOUNDS AS FOLLOWS:

COMMENCING, for reference, at a 1/2-inch iron rod found in the north right-of-way line of FM 1327 (80' r.o.w.), being the southeast corner of said 69.72 acre tract, also being the southwest corner of that certain 29.37 acre tract conveyed to Carolyn Dittmar Hemphill, by Deed of record in Volume 7678, Page 436, of the Real Property Records of Travis County, Texas;

THENCE, N62°21'38"W, along said north right-of-way line, being the south line of said 69.72 acre tract, a distance of 954.79 feet to a calculated point, for the most southerly corner and **POINT OF BEGINNING** hereof;

THENCE, N62°21'38"W, continuing along said north right-of-way line of FM 1327, being the southwest line of said 69.72 acre tract, a distance of 100.00 feet to a calculated point, for the most westerly corner hereof;

THENCE, leaving said north right-of-way line, over and across said 69.72 acre tract, the following five (5) courses and distances:

1. N27°18'19"E, a distance of 440.32 feet to a calculated point, for an angle point;
2. N62°21'33"W, a distance of 135.73 feet to a calculated point, for an angle point;
3. N27°21'55"E, a distance of 1087.19 feet to a calculated point, for an angle point;
4. S62°37'56"E, a distance of 83.46 feet to a calculated point, for an angle point;
5. N27°21'55"E, a distance of 735.31 feet to a calculated point in the north line of said 69.72 acre tract, being the south line of that certain 70.3238 acres conveyed to Carigan R. Harris and Donna P. Parker, by Deed of record in Volume 13181, Page 1119, of said Real Property Records, for the most northerly corner hereof;

THENCE, S62°38'42"E, along the south line of said 70.3238 acre tract, being the north line of said 69.72 acre tract, a distance of 20.00 feet to a calculated point, for an angle point;

THENCE, leaving the south line of said 70.3238 acre tract, over and across said 69.72 acre tract, the following seven (7) courses and distances:

1. S27°21'55"W, a distance of 735.31 feet to a calculated point, for an angle point;
2. S62°37'56"E, a distance of 381.56 feet to a calculated point, for the most easterly corner hereof;
3. S27°21'55"W, a distance of 1089.50 feet to a calculated point, for an angle point;
4. N62°21'33"W, a distance of 299.29 feet to a calculated point, for an angle point;
5. S27°18'19"W, a distance of 360.05 feet to a calculated point, for an angle point;
6. S62°41'41"E, a distance of 50.00 feet to a calculated point, for an angle point;
7. S27°18'19"W, a distance of 80.56 feet to the **POINT OF BEGINNING**, and containing 13.054 acres (568,617 square feet) of land, more or less.

BEARING BASIS: TEXAS COORDINATE SYSTEM, NAD 83 (2011), CENTRAL ZONE, UTILIZING THE ALTERRA RTKNET VIRTUAL REFERENCE NETWORK

I HEREBY CERTIFY THAT THE ABOVE DESCRIPTION WAS PREPARED UPON A FIELD SURVEY PERFORMED UNDER MY SUPERVISION DURING THE MONTH OF MARCH, 2024, AND IS TRUE AND CORRECT TO THE BEST OF MY ABILITIES.


ABRAM C. DASHNER
TEXAS RPLS 5901
MANHARD CONSULTING
TBPLS FIRM NO. 10194754



Exhibits Surv\EX1.dwg Updated By: Marmstrong

12.041 MRB Group\013 4400 F.M. 1327, Budd\dwg\Surv\Final Draw

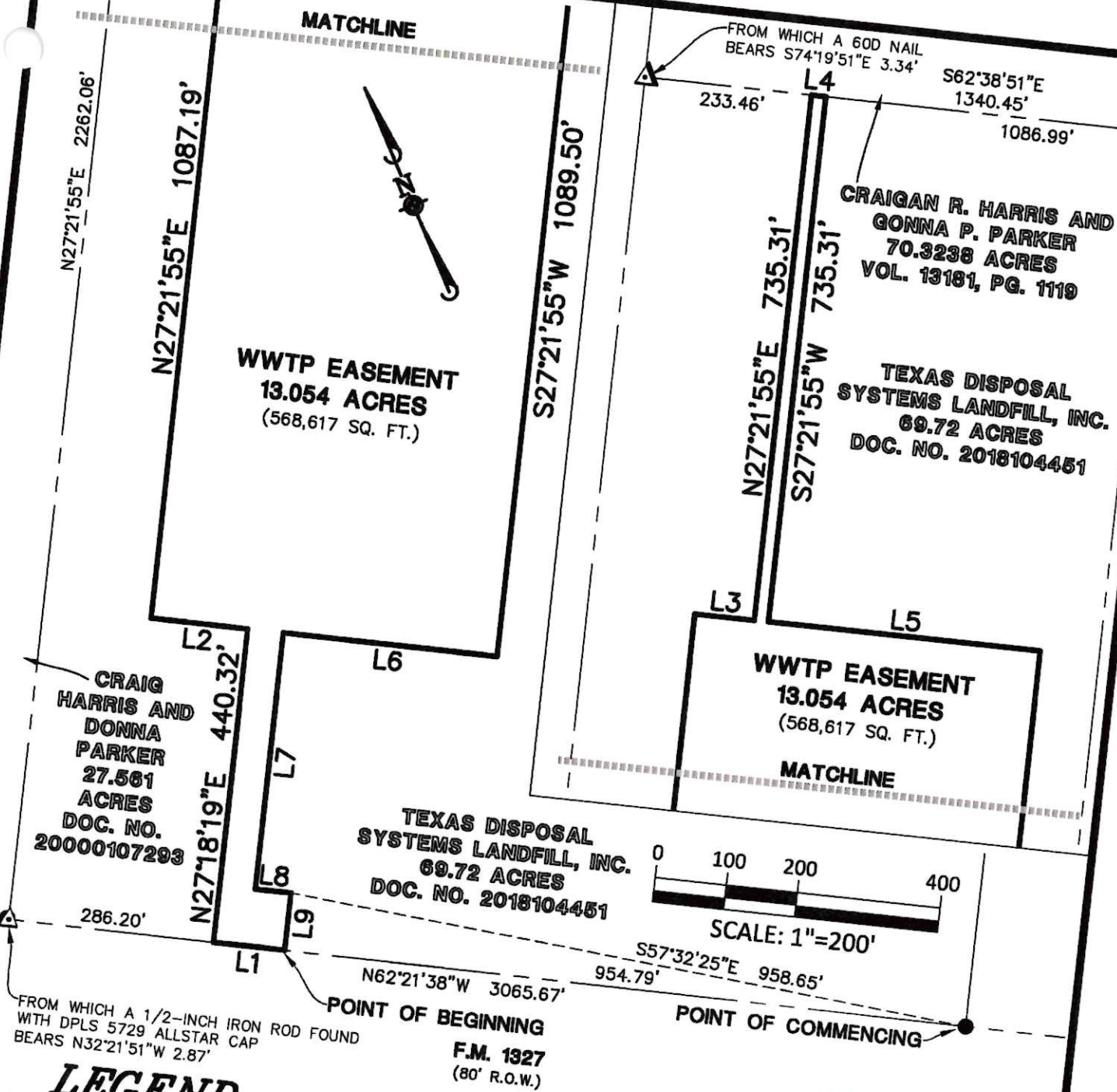


Manhard

CONSULTING

6448 E Highway 290, Ste. B-105, Austin, TX 78723 ph: 512.244.3395 manhard.com
Civil Engineers | Surveyors | Water Resource Engineers | Water & Waste Water Engineers
Construction Managers | Environmental Scientists | Landscape Architects | Planners
Texas Board of Professional Engineers & Land Surveyors Reg. No. F-10194754 (Surv), F-21732 (Eng)

32024 MANHARD CONSULTING, ALL RIGHTS RESERVED



13.054 ACRES WWTP EASEMENT	
4400 F.M. 1327, TEXAS	
EASEMENT EXHIBIT	
PROJ. MGR.: AD	SHEET 1 OF 2 2024.076
DRAWN BY: MA	
DATE: 05/30/24	
SCALE: 1"=200'	

Exhibits Surv\EX1.dwg Updated By: Marmstrong

LINE TABLE		
LINE	BEARING	LENGTH
L1	N62°21'38"W	100.00'
L2	N62°21'33"W	135.73'
L3	S62°37'56"E	83.46'
L4	S62°38'51"E	20.00'
L5	S62°37'56"E	381.56'
L6	N62°21'33"W	299.29'
L7	S27°18'19"W	360.05'
L8	S62°41'41"E	50.00'
L9	S27°18'19"W	80.56'





Manhard

CONSULTING

6448 E Highway 290, Ste. B-105, Austin, TX 78723 ph: 512.244.3395 manhard.com
Civil Engineers | Surveyors | Water Resource Engineers | Water & Waste Water Engineers
Construction Managers | Environmental Scientists | Landscape Architects | Planners
Texas Board of Professional Engineers & Land Surveyors Reg. No. F-10194754 (Surv), F-21732 (Eng)

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13.054 ACRES WWTP EASEMENT	
4400 F.M. 1327, TEXAS	
EASEMENT EXHIBIT	
PROJ. MGR.: <u>AD</u>	SHEET
DRAWN BY: <u>MA</u>	2 OF 2
DATE: <u>05/30/24</u>	2024.076
SCALE: <u>1"=200'</u>	

Project: Wastewater Treatment Plant (0.150 mgd)
BGICO

Engineer: MRB Group

Prepared: May 26, 2024

Design Parameters

Permitted Flows:

Average Daily Flow =	0.15 mgd	=	104 gpm (Qavg)
Peak Factor =	4.00		
2-hour Peak Flow =	0.60 mgd	=	417 gpm (Qpk)

Waste Strength:

BOD5 =	600 mg/l =	751 ppd
TSS =	250 mg/l =	313 ppd
NH3-N =	100 mg/l =	125 ppd
Total P =	15 mg/l =	19 ppd

Effluent Limitations:

CBOD5 =	5 mg/l
TSS =	5 mg/l
NH3-N =	2 mg/l
Total P =	1 mg/l
D.O. =	5 mg/l

Process Description

The treatment process will include preliminary treatment (screening), Enhanced Secondary Treatment (Aeration and Clarification), Filtration, and Disinfection. Flow metering will be performed following the final treatment unit. Process sensors for aeration dissolved oxygen and mixed liquor suspended solids will be included.

RAS Mix

Target Detention, min	15
Q RAS, gpm	156
QRAS, gpm per basin	78
Q Plant, gpm	104
Qtotal	260
Q, ft3 / min	35
SWD	
L	10
W	8
	8
V given, ft3	640
V required, ft3	522
V given, gal	4,787

Process Aeration

Process Criteria

Organic Loading = 35 lbs BOD5/1,000 cf
Oxygen Requirement = 1.5 lbs/lb BOD5
4.6 lbs/lb NH3 - N

Volume Required

Influent BOD5 = 751 ppd
Minimum Volume = 21,446 cf

Basin Dimensions

Number of Basins = 2
Sidewater Depth = 16.00 ft
Basin Length = 50.00 ft
Basin Width = 16.00 ft
Actual Basin Volume = 25,600 cf

Actual Loading

191,488 Gallons

Organic Loading = 29 lbs BOD5/1,000 cf

Oxygen Requirement

Carbonaceous Oxygen = 1,126 lbs/day
Nitrogenous Oxygen = 575 lbs/day
Total Actual Oxygen = 1,701 lbs/day
AOR/SOR = 0.65

Airflow Requirement

Clean Water Transfer = 10.68%
Required Airflow = 987 scfm

Aeration System

Minimum Number of Diffusers = 56
Airflow per Diffuser = 17.6 scfm/diffuser
Diffuser Submergence = 15.25 ft

Secondary Clarification

Process Criteria

Surface Loading = 600 gpd/sf @ average flow
Detention Time = 1,200 gpd/sf @ peak flow
3.00 hrs @ average flow
R.A.S. Rate = 1.80 hrs @ peak flow
150%

Basin Requirements

@ Average Flow = 250 sf
@ Peak Flow = 2,507 cf
500 sf
Number of Basins = 6,016 cf
Minimum Diameter = 1
25 ft

Basin Dimensions

Basin Diameter = 26 ft
Sidewater Depth = 16.00 ft
Actual Surface Area = 531 sf
Actual Volume = 8,495 cf

Actual Surface Loading

@ Average Flow = 283 gpd/sf
@ Peak Flow = 1,130 gpd/sf

Actual Detention Time

@ Average Flow = 10.17 hrs
@ Peak Flow = 2.54 hrs

Disinfection**Primary Disinfection to be provided by Trojan UV3000Plus system**

Horizontal lamps, channel geometry:	
Channel Width	8 inches
Channel Depth	46 inches
Velocity at Peak Flow	0.363 fps
Minimum Exposure Time	8.3 seconds

Post Disinfection Aeration**Oxygen Requirement**

Carbonaceous Oxygen =	9 lbs/day
Nitrogenous Oxygen =	29 lbs/day
Total Actual Oxygen =	38 lbs/day
AOR/SOR =	0.65

Airflow Requirement

Clean Water Transfer =	10.50%
Required Airflow =	23 scfm

Aeration System

Minimum Number of Diffusers =	2
Airflow per Diffuser =	11.3 scfm/diffuser
Diffuser Submergence =	14.25 ft

Solids Handling

Process Criteria

Sludge Production =	0.65 lbs sludge/lb BOD5
W.A.S. Concentration =	0.30 lbs sludge/lb TSS
Digester Concentration =	0.80%
Sludge Retention Time =	2.00%
Min. Digester Temperature =	40 days
Oxygen Requirement =	20 °C
Airflow =	2.0 lbs/lb VSR
TCEQ Volume Required =	30 scfm/1,000 cf
	20 cf/lb BOD5

W.A.S. Calculations

Influent BOD5 =	751 lbs/day
Influent TSS =	313 lbs/day
Waste Sludge =	582 lbs/day
Waste Sludge =	3,488 gal/day
Volatile Fraction =	0.68 (estimated)
Temperature x S.R.T. =	800 °C x days
Volatile Solids Reduction =	42%
<or>	
Digested Sludge =	165 lbs/day
	417 lbs/day

Volume Required

Sludge Mass =	16,686 lbs @ 40 days
Minimum Volume =	13,370 cf @ 2.00%
TCEQ Minimum Volume =	15,012 cf

Basin Dimensions

Number of Basins =	2
Sidewater Depth =	12.50 ft
Basin Length =	37.00 ft
Basin Width =	24.00 ft
Actual Basin Volume =	22,200 cf

Aeration Calculations

Oxygen Required =	329 lbs/day
AOR/SOR =	0.65
Clean Water Transfer =	10.68%
Required Airflow =	191 scfm
Minimum Airflow =	666 scfm

Solids Handling - Continued

Aeration System

Number of Diffusers =	40
Airflow per Diffuser =	16.7 scfm/diffuser
Diffuser Submergence =	12.50 ft

Solids Dewatering

Digested Dry Solids (lbs/d)=	417
Digested Sludge to Press (lbs DS/hr)=	60
Press Hydraulic Loading (gpm max)=	33
Wet Solids, Pressed @ 16% (lbs/d)=	2,607
Wet Solids, Pressed @ 16% (tons/month)=	40
Wet Solids, Pressed @ 16% (yd ³ /d)=	1.55
Wet Solids @ 16% (yd ³ /month)=	48



Authorization for Re- Use of Domestic Reclaimed Water

This application is for the beneficial reuse of domestic reclaimed water in accordance with 30 Texas Administrative Code (TAC) Chapter 210, Subchapters A, B, C, and D.

REASON FOR APPLICATION:

Select the reason you are submitting this application:

☒ New authorization

☐ Amendment of reuse authorization number: R [Click here to enter text.](#)

SOURCE OF THE RECLAIMED WATER:

What is the permit number for the wastewater treatment plant where the reclaimed water is produced: WQ00 N/A - New Permit

What is the expiration date of the wastewater permit? N/A - New Permit

Section 1. Producer(Applicant)

- a) What is the Customer Number (CN) issued to this entity? CN N/A - New Permit
- b) What is the Legal Name of the entity (applicant) applying for this authorization? (The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal document forming the entity.)

BGICO, LLC

Section 2. Provider

Is the Provider the same as the Producer?

☒ Yes, go to Section 3)

☐ No, complete section below

- a) What is the Customer Number (CN) issued to this entity? CN
- b) What is the Legal Name of the entity (applicant) applying for this authorization? (The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal document forming the entity.)

[Click here to enter text.](#)

Section 3. Application Contact

This is the person TCEQ will contact if additional information is needed about this application.

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

First and Last Name: James Doersam

[Click here to enter text.](#)

Suffix: [Click here to enter text.](#)

Title: Engineer

Credentials: P.E.

TCEQ- 20427 (02/20/2017)
Authorization for Re-Use of Domestic Reclaimed Water

Phone Number: 512-421-1300
Email: jdoersam@texasdisposal.com

Fax Number: N/A

Mailing Address: P.O. Box 17126
City, State, and Zip Code: Austin, TX 78760-7126

Section 4. Regulated Entity (RE) Information

For this section, provide the requested information for the wastewater treatment plant (WWTP) where the reclaimed water is produced.

- a) What is the Regulated Entity Number (RN) issued to the WWTP? RN N/A - New Permit
b) What is the Site Name for the WWTP? BGICO, LLC Wastewater Treatment Facility

Section 5. General Characteristics

- a) Type of reclaimed water being used:

- ☒ Type I
☐ Type II
☐ Both

- b) Identify additional treatment processes that may be needed to achieve the effluent quality.

Type I: Tertiary filtration and chlorine disinfection of activated sludge secondary wastewater treatment effluent after UV disinfection.

Type II: [Click here to enter text.](#)

- c) Provide the following effluent limits in the WWTP discharge permit.

1. Flow, in million gallons per day:

Current: N/A - New Permit

Proposed, if applicable: 0.150 MGD initial flow

2. Oxygen Demand. Select the appropriate limit and provide the limit value.

- ☐ BOD₅
☒ CBOD₅

Limit value, in milligrams per liter: 5 mg/l (proposed)

3. Bacteria. Select the appropriate limit and provide the limit value.

- ☒ *Escherichia coli*
☐ *Enterococci*

Limit value, in colony forming units per 100 milliliters: 100 (proposed)

Section 6. Storage Requirements

- a) Is the reclaimed water stored in a fabricated tank that is leak proof certified?

- ☒ Yes, go to Section 7
☐ No, complete section below

b) Are any of the reclaimed water storage or usage sites located in the Edwards Aquifer Recharge Zone?

☐ Yes

☐ No

c) Are any of the reclaimed water usage sites located outside the Edwards Aquifer Recharge Zone, but within the DRASTIC Designated Areas having a pollution potential index figure of 110 or greater?

☐ Yes

☐ No

d) If you answered Yes to questions b) or c), complete the following questions.

1. Do pond construction materials meet 30 TAC §210.23(c)(1), (2), and (4)?

☐ Yes

☐ No

☐ NA

2. Do liners meet the requirements in 30 TAC §210.23(c)(3) or (5)?

☐ Yes

☐ No

☐ NA

3. Have the liners been certified according to 30 STAC 210.23(c)(6)?

☐ Yes

☐ No

☐ NA

4. Do the soil embankment walls meet the requirements in 30 TAC §210.23(c)(7)?

☐ Yes

☐ No

☐ NA

5. If you answered No or NA to questions 1) - 4), provide an explanation.

[Click here to enter text.](#)

e) If you answered No to questions b) and c), complete the following questions.

1. Do pond construction materials meet 30 TAC §210.23(d)(1) and (2)?

☐ Yes

☐ No

☐ NA

2. Do liners meet the requirements in 30 TAC §210.23(d)(3) or (4)?

☐ Yes

☐ No

☐ NA

3. Have the liners been certified according to 30 STAC 210.23(d)(5)?

☐ Yes

☐ No

☐ NA

4. Do the soil embankment walls meet the requirements in 30 TAC §210.23(d)(6)?

☐ Yes

☐ No

☐ NA

5. If you answered No or NA to questions 1) - 4), provide an explanation.

[Click here to enter text.](#)

Section 7. Reclaimed Water Uses

a) Describe all potential uses of the reclaimed water at the WWTP.

Irrigation area around WWTP, wash down water, dust control, etc.

b) Describe all potential uses of the reclaimed water at other sites.

TCEQ- 20427 (02/20/2017)

Authorization for Re-Use of Domestic Reclaimed Water

Irrigation of common areas and pasture land on nearby BGICO, LLC and Texas Disposal Systems Landfill, Inc., as well as fire control, composting, concrete production, soil compaction, properties, vehicle washing, wash down water, dust control, etc. on these same companies' properties.

Section 8. Reclaimed Water Users

- a) Is the producer, provider, and user the same entity?
- ☒ Yes, go to Section 9
☐ No, attach a copy of the contract template and complete this section.
- b) Does the contract have an operation and maintenance plan as required by 30 TAC 210.4(a)(4)?
- ☐ Yes, attach a copy of the operation and maintenance plan.
☐ No. Do not submit this form until an operation and maintenance plan has been developed.
- c) For each user, provide the following information. If there are more than two users, complete Attachment A.
1. Name of the User: N/A - Information will be provided upon negotiating contracts with new users.
 2. What is the contact information for this User?
Prefix (Mr. Ms. or Miss): Click here to enter text.
First and Last Name: Click here to enter text. Suffix: Click here to enter text.
Title: Click here to enter text. Credentials: Click here to enter text.
Phone Number: Click here to enter text. Fax Number: Click here to enter text.
Email: Click here to enter text.
Mailing Address: Click here to enter text.
City, State, and Zip Code: Click here to enter text.
 3. Types of Uses (irrigation, dust suppression, cooling water, etc): Click here to enter text.
 4. Is there a contract, legal agreement, or ordinance between this user and the provider?
☐ Yes
☐ No
If no, please explain: Click here to enter text.
 5. Is the reclaimed water being supplied to the user on a "demand only" basis as required by 30 TAC §210.7?
☐ Yes
☐ No
If no, please explain: Click here to enter text.

1. Name of the User: [Click here to enter text.](#)
2. What is the contact information for this User?
- Prefix (Mr. Ms. or Miss): [Click here to enter text.](#) Suffix: [Click here to enter text.](#)
- First and Last Name: [Click here to enter text.](#)
- Title: [Click here to enter text.](#) Credentials: [Click here to enter text.](#)
- Phone Number: [Click here to enter text.](#) Fax Number: [Click here to enter text.](#)
- Email: [Click here to enter text.](#)
- Mailing Address: [Click here to enter text.](#)
- City, State, and Zip Code: [Click here to enter text.](#)
3. Types of Uses (irrigation, dust suppression, cooling water, etc): [Click here to enter text.](#)
4. Is there a contract, legal agreement, or ordinance between this user and the provider?
- ☐ Yes
- ☐ No
- If no, please explain: [Click here to enter text.](#)
5. Is the reclaimed water being supplied to the user on a "demand only" basis as required by 30 TAC §210.7?
- ☐ Yes
- ☐ No
- If no, please explain: [Click here to enter text.](#)

Section 9. Attachments

This application must include the following attachments:

- A completed Core Data Form (TCEQ-10400);
- A map of the service area for the reclaimed water;
- A map showing the location of all reclaimed water storage ponds;
- A copy of the user contracts, if the user is a different entity than the producer and provider; and
- A copy of the operation and maintenance plan for each contract.

Section 10. Producer Certification

I understand that if there is a major change in the use of reclaimed water, the producer/provider must notify the TCEQ of the change at least 45 days before the planned implementation. Examples of major changes include:

- a change in the boundary of the approved service area;
- the addition of a new user;
- a change in the intended uses; and
- a change from Type I to Type II reclaimed water or vice versa.

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.

Producer Signatory Name: Clint Harp

Producer Signatory Title: Executive Vice President

Signature (use blue ink):



Date:

6/19/24

Section 11. Provider Certification

If the provider is a different entity than the producer, the provider must complete this section.

I understand that if there is a major change in the use of reclaimed water, the producer/provider must notify the TCEQ of the change at least 45 days before the planned implementation. Examples of major changes include:

- a change in the boundary of the approved service area;
- the addition of a new user;
- a change in the intended uses; and
- a change from Type I to Type II reclaimed water or vice versa.

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.

Provider Signatory Name: [Click here to enter text.](#)

Provider Signatory Title: [Click here to enter text.](#)

Signature (use blue ink): _____ Date: _____

Attachment A Additional Users

Use this page if there are more than two users. Make additional copies as needed.

1. Name of the User: Texas Disposal Systems Landfill, Inc.
2. What is the contact information for this User?

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

First and Last Name: Gary Newton

Title: General Counsel

Phone Number: 512-421-1300

Email: gnewton@texasdisposal.com

Mailing Address: P.O. BOX 17126

City, State, and Zip Code: Austin, TX 78760-7126

Suffix: Click here to enter text.

Credentials: J.D.

Fax Number: 512-243-4123

3. Types of Uses (irrigation, dust suppression, cooling water, etc): Irrigation, dust control, etc.
4. Is there a contract, legal agreement, or ordinance between this user and the provider?
☐ Yes
☒ No
If no, please explain: N/A new permit and reuse authorization
5. Is the reclaimed water being supplied to the user on a "demand only" basis as required by 30 TAC §210.7?
☒ Yes
☐ No
If no, please explain: Click here to enter text.

Attachment A Additional Users

Use this page if there are more than two users. Make additional copies as needed.

1. Name of the User: Texas Disposal Systems, Inc.
2. What is the contact information for this User?

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

First and Last Name: Gary Newton

Title: General Counsel

Phone Number: 512-421-1300

Email: gnewton@texasdisposal.com

Mailing Address: P.O. BOX 17126

City, State, and Zip Code: Austin, TX 78760-7126

Credentials: J.D.

Suffix: Click here to enter text.

Fax Number: 512-243-4123

3. Types of Uses (irrigation, dust suppression, cooling water, etc): Irrigation, dust control, vehicle washing, etc.

4. Is there a contract, legal agreement, or ordinance between this user and the provider?
☐ Yes
☒ No

If no, please explain: N/A new permit and reuse authorization

5. Is the reclaimed water being supplied to the user on a "demand only" basis as required by 30 TAC §210.7?
☒ Yes
☐ No

If no, please explain: Click here to enter text.

Attachment A Additional Users

Use this page if there are more than two users. Make additional copies as needed.

1. Name of the User: Texas Landfill Management, LLC

2. What is the contact information for this User?

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

First and Last Name: Gary Newton

Title: General Counsel

Phone Number: 512-421-1300

Email: gnewton@texasdisposal.com

Mailing Address: P.O. BOX 17126

City, State, and Zip Code: Austin, TX 78760-7126

Credentials: J.D.

Suffix: Click here to enter text.

Fax Number: 512-243-4123

3. Types of Uses (irrigation, dust suppression, cooling water, etc): Irrigation, dust control, compost make-up water, glass recycling wash water, wash down water, etc.

4. Is there a contract, legal agreement, or ordinance between this user and the provider?
☐ Yes
☒ No

If no, please explain: N/A new permit and reuse authorization

5. Is the reclaimed water being supplied to the user on a "demand only" basis as required by 30 TAC §210.7?
☒ Yes
☐ No

If no, please explain: Click here to enter text.

Instructions for Domestic Reclaimed Water Re-Use Authorization

GENERAL INFORMATION

Where to Send the Application Form

BY REGULAR U.S. MAIL:

Texas Commission on Environmental Quality
Water Quality Division (MC-148)
P.O. Box 13087
Austin, Texas 78711-3087

Texas Commission on Environmental Quality
y

Water Quality Division (MC-148)
12100 Park 35 Circle
Austin, TX 78753

BY OVERNIGHT/EXPRESS MAIL:

TCEQ Contact List

Application-status and form questions:

512-239-4671

Technical questions:

512-239-4671

Environmental Law Division:

512-239-0600

Records Management-obtain copies of forms:

512-239-0900

Reports from databases (as available):

512-239-DATA(3282)

Application Review Process

When your application is received by the program, the form will be processed as follows:

- **Administrative Review:** Each item on the form will be reviewed for a complete response. In addition, the producer and provider's legal name must be verified with Texas Secretary of State as valid and active (if applicable). The address(s) on the form must be verified with the US Postal service as receiving regular mail delivery. Do not give an overnight/express mailing address.
- **Technical Review:** The form and attachments will be reviewed to determine compliance with 30 TAC §210.
- **Notice of Deficiency:** If an item is incomplete or not verifiable as indicated above, a notice of deficiency (NOD) will be mailed to the application contact. The application contact will have 30 days to respond to the NOD. The response will be reviewed for completeness.
- **Acknowledgment of Coverage:** A reuse authorization will be mailed to the provider.
OR
- **Denial of Coverage:** If the application contact fails to respond to the NOD or the response is inadequate, authorization may be denied. If authorization is denied, the application contact will be notified.

INSTRUCTIONS FOR FILLING OUT THE FORM

Indicate if you are requesting a new authorization or an amendment of an existing

reuse authorization. If this is an amendment, please provide the reuse authorization number. The reuse authorization number will begin with the letter "R".
Provide the permit number for the wastewater treatment plant. This number will begin with "WQ00". If the permit number provided is not active (ie. pending, cancelled, or expired), the reuse authorization will be denied.

Section 1. and 2. Producer and Provider (Applicant)

a) Customer Number (CN)

TCEQ's Central Registry assigns each customer a number that begins with CN, followed by nine digits. This is not a permit number, registration number, or license number. The Customer Number is available at the following website:
<http://www15.tceq.texas.gov/crpub/>.

b) Legal Name of Applicant

Provide the current legal name of the applicant. The name must be provided exactly as filed with the Texas Secretary of State, or on the legal documents forming the entity as filed with the county. If filed in the county, provide a copy of the legal documents showing the legal name.

Section 3. Application Contact

Provide the name, title and contact information of the person that TCEQ can contact for additional information regarding this application.

Section 4. Regulated Entity (RE) Information

a) Regulated Entity Reference Number (RN)

The RN is issued by TCEQ's Central Registry to sites where an activity is regulated by TCEQ. This is not a permit number, registration number, or license number. Search TCEQ's Central Registry to find the wastewater treatment plant's assigned RN at
<http://www15.tceq.texas.gov/crpub/>.

Provide the assigned RN for the wastewater treatment plant where the reclaimed water is produced.

b) Wastewater Treatment Plant Site Name

Provide the site name for the Wastewater Treatment Plant that generates the wastewater.

Section 5. General Characteristics

- a) Identify the type of reclaimed water that is used.
- b) Identify the treatment processes that may be needed to achieve the effluent quality for each type of reclaimed water used.
- c) Provide the requested information concerning the effluent limits in the wastewater discharge permit.

Section 6. Storage Requirements

- a) Indicate if the reclaimed water is stored in fabricated tanks.
- b) Indicate if the reclaimed water storage or usage sites are located in the Edwards Aquifer Recharge Zone.
- c) Indicate if any of the reclaimed water usage sites are located outside the Edwards Aquifer Recharge Zone, but within the DRASTIC Designated Areas having a pollution potential index figure of 110 or greater.
- d) Complete this set of questions if you answered YES to questions b or c in this section.
- e) Complete this set of questions if you answered NO to questions b or c in this section.

Section 7. Reclaimed Water Uses

- a) Describe all of the potential uses of the reclaimed water at the WWTP.
- b) Describe all of the potential uses of the reclaimed water at other sites. Uses include, but are not limited to, landscape irrigation, irrigation of sports complexes, golf course irrigation, dust control, fire prevention, etc.

Section 8. Reclaimed Water Users

- a) Indicate if the producer, provider, and user are the same entity. If Yes, attach the contract template and complete the questions in this section. If No, skip to section 9.
- b) Indicate if the contract includes an operation and maintenance plan.
- c) Provide the requested information about each user. If there are more than 2 users, complete Attachment A.

Section 9. Attachments

- Complete and attach the TCEQ Core Data Form (TCEQ-10400).
- Attach a map of the service area for the reclaimed water.
- Attach a map showing the location of all reclaimed water storage ponds.
- Attach a copy of each user contract, if the user is a different entity than the producer and provider.
- Attach a copy of the operation and maintenance plan for each contract.

Section 10 and 11. Certifications

The certification must bear an original signature of a person meeting the signatory requirements specified under 30 Texas Administrative Code §305.44.

IF YOU ARE A CORPORATION:

The regulation that controls whom may sign an application form is 30 Texas Administrative Code §305.44(a), which is provided below. According to this code provision, any corporate representative may sign an NOI or similar form so long as the authority to sign such a document has been delegated to that person in accordance with corporate procedures. By signing the NOI or similar form, you are certifying that such authority has been delegated to you. The TCEQ may request documentation evidencing such authority.

IF YOU ARE A MUNICIPALITY OR OTHER GOVERNMENT ENTITY:

The regulation that controls whom may sign an NOI or similar form is 30 Texas Administrative Code §305.44(a), which is provided below. According to this code provision, only a ranking elected official or principal executive officer may sign an NOI or similar form. Persons such as the City Mayor or County Commissioner will be considered ranking elected officials. In order to identify the principal executive officer of your government entity, it may be beneficial to consult your city charter, county or city ordinances, or the Texas statutes under which your government entity was formed. An NOI or similar document that is signed by a government official who is not a ranking elected official or principal executive officer does not conform to §305.44(a)(3). The signatory requirement may not be delegated to a government representative other than those identified in the regulation. By signing the NOI or similar form, you are certifying that you are either a ranking elected official or principal executive officer as required by the administrative code. Documentation demonstrating your position as a ranking elected official or principal executive officer may be requested by the TCEQ.

If you have any questions or need additional information concerning the signatory requirements discussed above, please contact the Texas Commission on Environmental Quality's Environmental Law Division at 512-239-0600.

30 TEXAS ADMINISTRATIVE CODE §305.44. SIGNATORIES TO APPLICATIONS

(a) All applications shall be signed as follows.

(1) For a corporation, the application shall be signed by a responsible corporate officer. For purposes of this paragraph, a responsible corporate officer means a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures. Corporate procedure governing authority to sign permit or post-closure order applications may provide for assignment or delegation to applicable corporate positions rather than to specific individuals.

(2) For a partnership or sole proprietorship, the application shall be signed by a general partner or the proprietor, respectively.

(3) For a municipality, state, federal, or other public agency, the application shall be signed by either a principal executive officer or a ranking elected official. For purposes of

his paragraph, a
principal executive officer of a federal agency includes the chief executive officer of
the agency, or a senior executive officer having responsibility for the overall operations of a
principal geographic unit of the agency (e.g., regional administrator of the EPA).



TCEQ Core Data Form

TCEQ Use Only

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)	
<input checked="" 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)	
2. Customer Reference Number (if issued)	<input type="checkbox"/> Other
CN	
3. Regulated Entity Reference Number (if issued)	
RN	

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input checked="" type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)		<input type="checkbox"/> Change in Regulated Entity Ownership	
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).			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)		If new Customer, enter previous Customer below:	
BGICO, LLC			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	
800701554	32020532787	20-5657052	
11. Type of Customer:		10. DUNS Number (if applicable)	
<input checked="" type="checkbox"/> Corporation		N/A	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> Other		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
12. Number of Employees		<input type="checkbox"/> Sole Proprietorship	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Other: Municipal Utility District	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following		13. Independently Owned and Operated?	
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant			
15. Mailing Address:		16. Country Mailing Information (if outside USA)	
BGICO, LLC		State TX ZIP 78760 ZIP + 4 7126	
P.O. Box 17126			
City Austin			
18. Telephone Number		17. E-Mail Address (if applicable)	
(512) 421-1300		gnewton@texasdisposal.com	
19. Extension or Code		20. Fax Number (if applicable)	
		() -	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If "New Regulated Entity" is selected below this form should be accompanied by a permit application)	
<input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information	
The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC).	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
BGICO, LLC	

23. Street Address of the Regulated Entity: (No PO Boxes)	4400 FM 1327							
24. County	City	Buda	State	TX	ZIP	78610	ZIP + 4	2184

25. Description to Physical Location: Enter Physical Location Description if no street address is provided.

26. Nearest City: Creedmoor

27. Latitude (N) In Decimal: 30.097611 State: TX Nearest ZIP Code: 78610

28. Longitude (W) In Decimal: -97.742139

29. Primary SIC Code (4 digits): 4939 30. Secondary SIC Code (4 digits): 6531 31. Primary NAICS Code (5 or 6 digits): 22132 32. Secondary NAICS Code (5 or 6 digits): 23721

33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)

34. Mailing Address: BGICO, LLC
P.O. Box 17126
City: Austin State: TX ZIP: 78760 ZIP + 4: 7126

35. E-Mail Address: gnewton@texasdisposal.com 36. Telephone Number: (512) 421-1300 37. Extension or Code: 38. Fax Number (if applicable):

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"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
	N/A, New Permit Application			

SECTION IV: Preparer Information

40. Name:	James Doersam, P.E.			41. Title:	Engineer
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(512) 421-1300		() -	jdoersam@texasdisposal.com		

SECTION V: Authorized Signature

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

Company:	BGICO, LLC		
Name (In Print):	Clint Harp	Job Title:	Executive Vice President
Phone:	(512) 421-1300		

2024 BGICO WWTP Permit
Adjacent Landowners

Map Key	Property ID	Owner	Acres	Mailing Address
1	300567	HARRIS CRAIGAN R	27.561	11600 OLD LOCKHART RD CREEDMOOR TX 78610-2075
2	300566	TEXAS DISPOSAL SYSTEMS LANDFILL INC	68.72	PO BOX 17126 AUSTIN TX 78760-7126
3	300561	HARRIS CRAIGAN R	68.022	11600 OLD LOCKHART RD CREEDMOOR TX 78610-2075
4	301058	HEMPHILL CAROLYN DITTMAR	29.37	1313 W DITTMAR RD AUSTIN TX 78745-6204
5	301057	HOLDEN ARNOLD & LUCILLE	28.735	1805 MANADA TRAIL LEANDER TX 78641-2626
6	301060	HEMPHILL SCOTT	14.06	PO BOX 1621 DRIPPING SPRINGS TX 78620-1621
7	300585	ZIN LIN AND DOANH LUONG	9.786	610 GREEN APPLE DR GARLAND TX 75044-2562
8	300584	SOUTHPORT A AND G GROUP INC	4.894	2404 APPLE VALLEY CIR AUSTIN TX 78747-1637
9	300581	SOUTHPORT A AND G GROUP INC	14.681	2404 APPLE VALLEY CIR AUSTIN TX 78747-1637
10	300580	HUNTER RICHARD AND LAURA DITTMAR	23.323	11716 OLD LOCKHART RD CREEDMOOR TX 78610-2087
11	300562	RIOS JOSE F	27.87	P.O. BOX 19493 AUSTIN TX 78760-9493
12	301039	LINDSAY LUCY MONTGOMERY	165.72	PO BOX 2690 SAN ANGELO TX 76902-2690

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:N/A, Sludge to be disposed offsite at a permitted TCEQ Facility Last Name, First Name:Click to enter text.

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:

This is a new facility that will discharge into Dry Creek, located near 4400 FM 1327, Buda, TX 78610

- 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:

The discharge location will be at the following coordinates: Latitude: 30 deg 06' 01.37494", Longitude: -97 deg 44' 27.26989".

City nearest the outfall(s):City of Creedmoor

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

- 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

[illegible]

Rachel Ellis

From: Rachel Ellis
Sent: Tuesday, July 23, 2024 11:36 AM
To: Jim Doersam
Subject: RE: BGICO, LLC Response to July 16, 2024 NOD (WQ0016568001 and EPA I.D. No. TX0146277)

Thank you

Rachel Ellis

Texas Commission on Environmental Quality
Water Quality Division
Application Review & Processing Team
Rachel.Ellis@tceq.texas.gov



From: Jim Doersam <jdoersam@texasdisposal.com>
Sent: Monday, July 22, 2024 2:33 PM
To: Rachel Ellis <Rachel.Ellis@tceq.texas.gov>
Subject: Fw: BGICO, LLC Response to July 16, 2024 NOD (WQ0016568001 and EPA I.D. No. TX0146277)

Sorry, the first attempt had your email address misspelled. Sorry!

Jim D.

From: Jim Doersam
Sent: Monday, July 22, 2024 1:05 PM
To: rachel.ellis@tceq.texas
Cc: Gary Newton; Clint Harp; Sindy Estrada; Luke, Adam
Subject: BGICO, LLC Response to July 16, 2024 NOD (WQ0016568001 and EPA I.D. No. TX0146277)

Good Afternoon Ms. Ellis,

This email is in response to your July 16, 2024 letter to Mr. Gary Newton and me informing us of issues to be addressed to process our TPDES wastewater permit application for BGICO, LLC. Our responses are listed in the same order as in your letter, and are as follows:

1. Landowner Labels: Please see the revised landowner label file attached to this email;
2. The NORI described in your letter is accurate and does not require further editing;
3. NORI in Spanish: Please see the revised NORI that has been translated into Spanish;
4. Plain Language Summary (PLS) in English: Please see PLS attachment in English; and,
5. PLS in Spanish: Please see the PLS attachment in Spanish.

Please feel free to contact us at 512-421-1300 or by email should you have any additional questions regarding this information.

Sincerely,

Jim Doersam, P.E.

Disclaimer

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