



# Administrative Package Cover Page

**This file contains the following documents:**

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



# Portada de Paquete Administrativo

**Este archivo contiene los siguientes documentos:**

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



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

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

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

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

Maple Farms Holdings, LLC (2. Enter Customer Number here (i.e., CN6#####)) proposes to operate Maple Farms WWTP (5. Enter Regulated Entity Number here (i.e., RN1#####)), an activated sludge process plant operated in conventional mode. The facility will be located at 3,800 feet southeast of the intersection of FM 521 and Sandy Point Rd, in Sandy Point, Brazoria County, Texas 77583. This application is for a new permit to discharge at an annual average flow of 100,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD5), total suspended solids (TSS), ammonia nitrogen (NH3-N), and Escherichia coli. The domestic wastewater will be treated by screening, aeration digestion, secondary clarification, and chlorination.

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

**AGUAS RESIDUALES DOMÉSTICAS /AGUAS PLUVIALES**

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

Maple Farms Holdings, LLC (2. Introduzca el número de cliente aquí (es decir, CN6#####).) propone operar Maple Farms WWTP 5. Introduzca el número de entidad regulada aquí (es decir, RN1#####), una planta de proceso de lodos activados operada en modo convencional. La instalación estará ubicada en 3,800 pies al sudeste de la intersección de Sandy Point Rd. y FM 521, en Sandy Point, Condado de Brazoria, Texas 77583. Esta solicitud es para nuevo permiso para descargar a un flujo promedio anual de 100,000 galones por día de aguas residuales domésticas tratadas.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonoso (CboD5) de cinco días, sólidos suspendidos totales (SST), nitrógeno amoniacal (NH3-N) y Escherichia coli. Las aguas residuales domésticas estará tratado por cribado, digestión por aireación, clarificación secundaria y cloración.

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

### PROPOSED PERMIT NO. WQ0016587001

**APPLICATION.** Maple Farms Holdings LLC, 3200 Southwest Freeway, Houston, Texas 77027, has applied to the Texas Commission on Environmental Quality (TCEQ) for proposed Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0016587001 (EPA I.D. No. TX0146421) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 500,000 gallons per day. The domestic wastewater facility will be located at approximately 3,800 feet southeast of the intersection of Farm-to Market 521 and Sandy Point Road, in the city of Rosharon, in Brazoria County, Texas 77583. The discharge route will be from the plant site to a proposed drainage channel through Brazoria County Drainage District Ditch to Chocolate Bayou Tidal. TCEQ received this application on July 30, 2024. The permit application will be available for viewing and copying at Manvel Library, 20514 Highway 6, Suite B, Manvel, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage:

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.47039,29.380619&level=18>

**ALTERNATIVE LANGUAGE NOTICE.** Alternative language notice in Spanish is available at: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

El aviso de idioma alternativo en español está disponible en

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

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

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

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

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

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

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

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

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

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

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

Further information may also be obtained from Maple Farms Holdings LLC at the address stated above or by calling Mr. Jason Schultz, P.E., Project Manager, DE Corp., at 713-527-6487.

Issuance Date: September 9, 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. WQ0016587001

**SOLICITUD.** Maple Farms Holdings, LLC, 3200 Southwest Freeway, Houston, Texas 77027 ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para el propuesto Permiso No. WQ0016587001 (EPA I.D. No. TX0146421) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 500,000 galones por día. La planta está ubicada aproximadamente 3,800 pies suroeste la intersección de Farm to Market 521 y Sandy Point Road en la ciudad de Rosharon en el Condado de Brazoria, Texas 77583. La ruta de descarga será desde el sitio de la planta hasta un canal de drenaje propuesto a través de la zanja del distrito de drenaje del condado de Brazoria hasta Chocolate Bayou Tidal. La TCEQ recibió esta solicitud el 30 de julio de 2024. La solicitud para el permiso está disponible para leerla y copiarla en Manvel Biblioteca, 20514 Highway 6, Suite B, Manvel, Texas antes de la fecha de publicación de este aviso en el periódico. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.47039,29.380619&level=18>

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

**COMENTARIO PUBLICO / REUNION PUBLICA.** Usted puede presentar comentarios públicos o pedir una reunión pública sobre esta solicitud. El propósito de una reunión pública es dar la oportunidad de presentar comentarios o

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

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

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

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

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

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

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

También se puede obtener información adicional del Maple Farms Holdings, LLC a la dirección indicada arriba o llamando a Señor Jason Schultz, P.E., Project Manager, DE Corp al 713-527-6487.

Fecha de emisión 9 de septiembre de 2024

June 25, 2024

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

**Re: Domestic Wastewater Permit Application (New)  
Maple Farms Holdings, LLC. (Applicant)**

To whom it may concern:

Please find attached one original and three copies of the Domestic Wastewater Discharge Permit Application for a TPDES Permit. Check No. 330130 in the amount of \$1,650.00 for the application fee has been sent under separate cover to the Financial Administration Division with a copy attached to this application.

If you have any questions or require additional information, please do not hesitate to call 713-527-6368 or e-mail at [James.McConathy@DECorp.com](mailto:James.McConathy@DECorp.com)

Sincerely,  
**DE Corp**  
**T.B.P.E. Firm Registration #392**



James McConathy, P.E.  
Project Manager

**TEXAS COMMISSION  
ON  
ENVIRONMENTAL QUALITY**

**DOMESTIC WASTEWATER PERMIT  
APPLICATION  
(NEW)**

**DELIVERED TO: Texas Commission on Environmental Quality  
Application Review and Processing Team  
Building F, Room 2101  
12100 Park 35 Circle  
Austin, TX 78753**

**SUBMITTED BY: DE Corp  
3100 West Alabama  
Houston, TX 77098**

**DEC Job No. 5366-55**

**ON BEHALF OF: MAPLE FARMS HOLDINGS, LLC**

**JUNE 2024**

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## ATTACHMENTS



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

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**Complete and submit this checklist with the application.**

APPLICANT NAME: Maple Farms Holdings, LLC

PERMIT NUMBER (If new, leave blank): WQ00 [Click to enter text.](#)

**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 type="checkbox"/>	<input checked="" type="checkbox"/>	Flow Diagram	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Technical Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Site Drawing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Technical Report 1.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original Photographs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Design Calculations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 2.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Solids Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 4.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 5.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 6.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Worksheet 7.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

**For TCEQ Use Only**

Segment Number \_\_\_\_\_ County \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Region \_\_\_\_\_  
 Permit Number \_\_\_\_\_



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

### Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00

**Payment Information:**

Mailed      Check/Money Order Number: 330130  
 Check/Money Order Amount: \$1,650.00  
 Name Printed on Check: Texas Commission on Environmental Quality

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

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

f. For existing permits:

Permit Number: WQ00 [Click to enter text.](#)

EPA I.D. (TPDES only): TX [Click to enter text.](#)

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

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

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

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

Maple Farms Holdings, 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: Kaplan, Itiel

Title: Managing Partner

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.)*

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

CN: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

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

### C. Core Data Form

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

## 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: McConathy, James  
Title: Engineer Credential: P.E.  
Organization Name: DE Corp.  
Mailing Address: 3100 W Alabama City, State, Zip Code: Houston, TX 77098  
Phone No.: 713-527-6368 E-mail Address: james.mcconathy@decorp.com  
Check one or both:  Administrative Contact  Technical Contact

B. Prefix: Mr. Last Name, First Name: Schultz, Jason  
Title: Project Manager Credential: P.E.  
Organization Name: DE Corp.  
Mailing Address: 3100 W Alabama City, State, Zip Code: Houston, TX 77098  
Phone No.: 713-527-6487 E-mail Address: jason.schultz@decorp.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: McConathy, James  
Title: Engineer Credential: P.E.  
Organization Name: DE Corp.  
Mailing Address: 3100 W Alabama City, State, Zip Code: Houston, TX 77098  
Phone No.: 713-527-6368 E-mail Address: james.mcconathy@decorp.com

B. Prefix: Mr. Last Name, First Name: Schultz, Jason  
Title: Project Manager Credential: P.E.  
Organization Name: DE Corp.  
Mailing Address: 3100 W Alabama City, State, Zip Code: Houston, TX 77098  
Phone No.: 713-527-6487 E-mail Address: jason.schultz@decorp.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: Seale, Robert  
Title: Attorney Credential: Click to enter text.  
Organization Name: Allen Boone Humphries Robinson, LLP  
Mailing Address: 3200 Southwest Freeway City, State, Zip Code: Houston, TX 77027  
Phone No.: (713) 800-8673 E-mail Address: barguello@abhr.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: Click to enter text. Last Name, First Name: Click to enter text.  
Title: Attorney Credential: Click to enter text.  
Organization Name: Click to enter text.  
Mailing Address: City, State, Zip Code: Click to enter text.  
Phone No.: Click to enter text. E-mail Address: Click to enter text.

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

### A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: McConathy, James  
Title: Engineer Credential: P.E.  
Organization Name: DE Corp.  
Mailing Address: 3100 W Alabama City, State, Zip Code: Houston, TX 77098  
Phone No.: 713-527-6368 E-mail Address: james.mcconathy@decorp.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: Schultz, Jason  
Title: Project Manager Credential: P.E.  
Organization Name: DE Corp.  
Mailing Address: 3100 W Alabama City, State, Zip Code: Houston, TX 77098  
Phone No.: 713-527-6487 E-mail Address: Jason.schultz@decorp.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: Manvel Library  
Location within the building: Click to enter text.  
Physical Address of Building: 20514B Hwy 6  
City: Manvel County: Brazoria  
Contact (Last Name, First Name): Smith, Katherine  
Phone No.: 281-489-7596 Ext.: Click to enter text.

**E. Bilingual Notice Requirements**

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

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

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

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

Yes  No

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

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

Yes  No

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

Yes       No

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

Yes       No

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

#### F. Plain Language Summary Template

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

Attachment: B

#### 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: C

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN Click to enter text.

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):

Maple Farms WWTP

C. Owner of treatment facility: Maple Farms Holdings, LLC

Ownership of Facility:  Public       Private       Both       Federal

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

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

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

Organization Name: Maple Farms Holdings, LLC

Mailing Address: 3200 Southwest Fwy #2600 City, State, Zip Code: Houston, TX 77027

Phone No.: 713-800-8673      E-mail Address: barguello@abhr.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: Click to enter text.

E. Owner of effluent disposal site:

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

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

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

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

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

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

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

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

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

Treatment facility is located approximately 3,800 feet southeast of the intersection of FM 521 and Sandy Point Rd.

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:

From the wastewater treatment facility through a 24” pipe (exact size to be determined with facility design) to a proposed drainage channel through Brazoria County Drainage District Ditch 105-08-00 to Chocolate Bayou Tidal Segment 1107

City nearest the outfall(s): Sandy Point

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

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

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

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

- Yes       No

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

N/A

- B. City nearest the disposal site: [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.

Sludge is to be hauled offsite by a licensed hauler

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

Yes  No

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

D. Do you owe any fees to the TCEQ?

Yes  No

If yes, provide the following information:

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

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

E. Do you owe any penalties to the TCEQ?

Yes  No

If yes, please provide the following information:

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

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

## Section 13. Attachments (Instructions Page 33)

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

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

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

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

Attachment 1 for Individuals as co-applicants

Other Attachments. Please specify: [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: Maple Farms Holdings, 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.

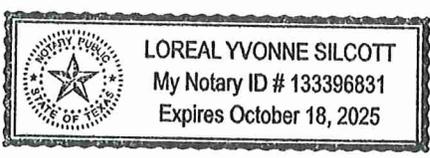
Signatory name (typed or printed): Itiel Kaplan

Signatory title: Managing Partner

Signature: *Itiel Kaplan* Date: 6/18/2024  
(Use blue ink)

Subscribed and Sworn to before me by the said Itiel Kaplan  
on this 18<sup>th</sup> day of June, 20 24.  
My commission expires on the 18<sup>th</sup> day of October, 20 25.

*Loreal Yvonne Silcott*  
Notary Public



[SEAL]

Harris  
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
  - The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides
  - The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property
  - The property boundaries of all landowners surrounding the effluent disposal site
  - The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
  - The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located
- B.  Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.
- C. Indicate by a check mark in which format the landowners list is submitted:
- USB Drive
  - Four sets of labels
- D. Provide the source of the landowners' names and mailing addresses: BCAD
- 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

**DOMESTIC WASTEWATER PERMIT APPLICATION**  
**SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)**

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

**Attachment:** H

# 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

**DOMESTIC WASTEWATER PERMIT APPLICATION  
TECHNICAL REPORT 1.0**

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

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

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

**A. Existing/Interim I Phase**

Design Flow (MGD): 0.1

2-Hr Peak Flow (MGD): 0.4

Estimated construction start date: June 2025

Estimated waste disposal start date: December 2025

**B. Interim II Phase**

Design Flow (MGD): 0.25

2-Hr Peak Flow (MGD): 1.0

Estimated construction start date: June 2027

Estimated waste disposal start date: December 2027

**C. Final Phase**

Design Flow (MGD): 0.5

2-Hr Peak Flow (MGD): 2.0

Estimated construction start date: June 2029

Estimated waste disposal start date: September 2029

**D. Current Operating Phase**

Provide the startup date of the facility: TBD

### **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.**

Activated sludge/conventional mode. Raw sewage enters the plant at the lift station and flows by gravity through a bar screen to the following units: aeration basin, clarifier, chlorine contact chamber. The resulting sludge will be processed through an aerobic digester before disposal. Same for all phases.

**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)
See Attachment P		

**C. Process Flow Diagram**

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

**Attachment: I**

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

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

- Latitude: 29.380619°
- Longitude: 95.470392°

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: J**

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

Maple Farms, a 770-acre residential development

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

**Collection System Information**

Collection System Name	Owner Name	Owner Type	Population Served
TBD	Maple Farms Holdings, LLC	Publicly Owned	TBD
		Choose an item.	
		Choose an item.	
		Choose an item.	

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

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

- Yes  No

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

- Yes  No

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

Click to enter text.

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

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

- Yes  No

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

Yes  No

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

Click to enter text.

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

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

### A. Summary transmittal

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

Yes  No

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

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

Click to enter text.

### B. Buffer zones

Have the buffer zone requirements been met?

Yes  No

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

Click to enter text.

**C. Other actions required by the current permit**

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

Yes  No

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

Click to enter text.

**D. Grit and grease treatment**

**1. Acceptance of grit and grease waste**

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

Yes  No

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

**2. Grit and grease processing**

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

Click to enter text.

**3. Grit disposal**

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

Yes  No

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

Describe the method of grit disposal.

Click to enter text.

#### 4. Grease and decanted liquid disposal

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

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

Click to enter text.

### E. Stormwater management

#### 1. Applicability

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

Yes  No

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

Yes  No

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

#### 2. MSGP coverage

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

Yes  No

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

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

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

Yes  No

#### 3. Conditional exclusion

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

Yes  No

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

Click to enter text.

**4. Existing coverage in individual permit**

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

Yes  No

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

Click to enter text.

**5. Zero stormwater discharge**

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

Yes  No

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

Click to enter text.

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

**6. Request for coverage in individual permit**

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

Yes  No

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

intend to divert stormwater to the treatment plant headworks and indirectly discharge it to water in the state.

Click to enter text.

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

**F. Discharges to the Lake Houston Watershed**

Does the facility discharge in the Lake Houston watershed?

Yes  No

If yes, attach a Sewage Sludge Solids Management Plan. See Example 5 in the instructions. [Attachment K](#)

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

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

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

Yes  No

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

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

Click to enter text.

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

**2. Acceptance of septic waste**

Is the facility accepting or will it accept septic waste?

Yes  No

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

Yes  No

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

Yes  No

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

Click to enter text.

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

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

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

Yes  No

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

Click to enter text.

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

Is the facility in operation?

Yes  No

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

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

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

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

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

\*TPDES permits only

†TLAP permits only

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

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

**Section 8. Facility Operator (Instructions Page 50)**Facility Operator Name: TBDFacility Operator's License Classification and Level: TBDFacility Operator's License Number: TBD

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

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

Check all that apply. See instructions for guidance

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

### B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

### C. Biosolids Management

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

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

**Biosolids Management**

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

If “Other” is selected for Management Practice, please explain (e.g. monofill or transport to another WWTP): [Click to enter text.](#)

**D. Disposal site**

Disposal site name: TBD

TCEQ permit or registration number: TBD

County where disposal site is located: TBD

**E. Transportation method**

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

Name of the hauler: TBD

Hauler registration number: TBD

Sludge is transported as a:

Liquid  semi-liquid  semi-solid  solid

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

**A. Beneficial use authorization**

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

Yes  No

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

Yes  No

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

Yes  No

## B. Sludge processing authorization

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

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

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

- Yes  No

## Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

- Yes  No

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

### A. Location information

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

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

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

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

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

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

[Click to enter text.](#)

## B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

## C. Liner information

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

Yes  No

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

[Click to enter text.](#)

**D. Site development plan**

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

[Click to enter text.](#)

Attach the following documents to the application.

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

**E. Groundwater monitoring**

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

- Yes  No

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

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

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

Click to enter text.

### B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

Yes  No

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

Yes  No

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

Click to enter text.

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

### A. RCRA hazardous wastes

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

Yes  No

**B. Remediation activity wastewater**

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

Yes  No

**C. Details about wastes received**

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

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

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

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

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

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

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

### CERTIFICATION:

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

Printed Name: Itiel Kaplan

Title: Managing Partner

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

Date: 6/18/2024

# DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.1

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

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

### A. Justification of permit need

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

The proposed permit is needed to enable the residential development of the 770.4 acres. There is not another permitted treatment facility close enough to this development with enough capacity to provide service to the single family and commercial tracts.

### B. Regionalization of facilities

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

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

#### 1. Municipally incorporated areas

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

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

Yes  No  Not Applicable

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

If yes, attach correspondence from the city.

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

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

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

#### 2. Utility CCN areas

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

Yes  No

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

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

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

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

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

Yes  No

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

**Attachment:** [L](#)

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:** [M](#)

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

Average Influent Organic Strength or BOD<sub>5</sub> Concentration in mg/l: [Click to enter text.](#)

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

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

[Click to enter text.](#)

## B. Proposed organic loading

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

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

Source	Total Average Flow (MGD)	Influent BOD5 Concentration (mg/l)
Municipality	0.5	200
Subdivision		
Trailer park - transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources	0.5	
AVERAGE BOD <sub>5</sub> from all sources		200

## 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: 10

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 3

Total Phosphorus, mg/l: Click to enter text.

Dissolved Oxygen, mg/l: 5

Other: E. Coli cfu/100mL: 63

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

Biochemical Oxygen Demand (5-day), mg/l: 10

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 3

Total Phosphorus, mg/l: Click to enter text.

Dissolved Oxygen, mg/l: 5

Other: E. Coli cfu/100mL: 63

**C. Final Phase Design Effluent Quality**

Biochemical Oxygen Demand (5-day), mg/l: 10

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 3

Total Phosphorus, mg/l: Click to enter text.

Dissolved Oxygen, mg/l: 5

Other: E. Coli cfu/100mL: 63

**D. Disinfection Method**

Identify the proposed method of disinfection.

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

Dechlorination process: Click to enter text.

Ultraviolet Light: Click to enter text. seconds contact time at peak flow

Other: Click to enter text.

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

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

Attachment: N

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

**A. 100-year floodplain**

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

Yes  No

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

Click to enter text.

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

FEMA Flood Insurance Rate Map

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

Yes  No

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

Yes  No

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

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

## B. Wind rose

Attach a wind rose: 0

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

### A. Beneficial use authorization

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

Yes  No

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

### B. Sludge processing authorization

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

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

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

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

Attach a solids management plan to the application.

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

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

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

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

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

Does the facility discharge into tidally affected waters?

Yes  No

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

### A. Receiving water outfall

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

### B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

Yes  No

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

[Click to enter text.](#)

### C. Sea grasses

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

Yes  No

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

[Click to enter text.](#)

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

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

- Yes  No

If **yes**, this Worksheet is complete.

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

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

Name of the immediate receiving waters: Brazoria County Drainage District Ditch 105-08-00

#### A. Receiving water type

Identify the appropriate description of the receiving waters.

- Stream  
 Freshwater Swamp or Marsh  
 Lake or Pond

Surface area, in acres: Click to enter text.

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

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

- Man-made Channel or Ditch  
 Open Bay  
 Tidal Stream, Bayou, or Marsh  
 Other, specify: Click to enter text.

#### B. Flow characteristics

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

- Intermittent - dry for at least one week during most years  
 Intermittent with Perennial Pools - enduring pools with sufficient habitat to maintain significant aquatic life uses  
 Perennial - normally flowing

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

- USGS flow records  
 Historical observation by adjacent landowners  
 Personal observation  
 Other, specify: Click to enter text.

**C. Downstream perennial confluences**

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

None

**D. Downstream characteristics**

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

- Yes  No

If yes, discuss how.

[Click to enter text.](#)

**E. Normal dry weather characteristics**

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

Man made channel, developed and drainage, intermittent flow, channel is approximately 8-foot wide and 1-foot deep at the bottom.

Date and time of observation: 6/24/24 @ 11:41 am

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 type="checkbox"/> Agricultural runoff                                     |
| <input type="checkbox"/> Septic tanks         | <input type="checkbox"/> Other(s), specify: <a href="#">Click to enter text.</a> |

## B. Waterbody uses

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

- |  |  |
|--|--|
| <input type="checkbox"/> Livestock watering    | <input type="checkbox"/> Contact recreation                                      |
| <input type="checkbox"/> Irrigation withdrawal | <input type="checkbox"/> Non-contact recreation                                  |
| <input type="checkbox"/> Fishing               | <input type="checkbox"/> Navigation  |
| <input type="checkbox"/> Domestic water supply | <input type="checkbox"/> Industrial water supply                                 |
| <input type="checkbox"/> Park activities       | <input type="checkbox"/> Other(s), specify: <a href="#">Click to enter text.</a> |

## 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 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: 0

Average Daily Flows, in MGD: 0

Significant IUs - non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

### 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.

**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.

<a href="#">Click to enter text.</a>
--------------------------------------

# ATTACHMENTS

## ADMINISTRATIVE REPORT 1.0

Attachment A – Core Data Form – Section 3, Item C, Page 4 of 17

Attachment B – Plain Language Summary – Section 8, Item F, Page 7 of 17

Attachment C – Public Involvement Plan Form – Section 8, Item G, Page 7 of 17

Attachment D – USGS Quadrangle Maps – Section 13, Page 10 of 17

## ADMINISTRATIVE REPORT 1.1

Attachment E – Affected Landowner Map – Section 1, Item A, Page 12 of 17

Attachment F – Photographs – Section 2, Page 13 of 17

Attachment G – Buffer Zone Map – Section 3, Item A, Page 13 of 17

Attachment H – Supplemental Permit Information Form – Page 14 of 17

## TECHNICAL REPORT 1.0

Attachment I – Flow Diagram – Section 2, Item C, Page 2 of 66

Attachment J – Facility Site Drawing – Section 3, Page 3 of 66

Attachment K – Sewage Sludge Solids Management Plan – Section 6, Item F, Page 8 of 66

## TECHNICAL REPORT 1.1

Attachment L – WWTFs Within 3 Miles – Section 1, Item B, Page 20 of 66

Attachment M – Certified Letter to Neighboring Facility – Section 1, Item B, Page 20 of 66

Attachment N – Design Calculations – Section 4, Page 22 of 66

Attachment O – Wind Rose – Section 5, Item B, Page 23 of 66

# **Attachment A**

## **Core Data Form Section 3(C), Page 4 of 17**

(Administrative Report 1.0)



# TCEQ Core Data Form

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

## SECTION I: General Information

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

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)		
<input checked="" type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)				
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>				
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)			<i>If new Customer, enter previous Customer below:</i>	
Maple Farms Holdings, LLC				
<b>7. TX SOS/CPA Filing Number</b>	<b>8. TX State Tax ID</b> (11 digits)	<b>9. Federal Tax ID</b>	<b>10. DUNS Number</b> (if applicable)	
0804286035	32081589767	(9 digits)		
<b>11. Type of Customer:</b>		<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input checked="" type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other:	
<b>12. Number of Employees</b>			<b>13. Independently Owned and Operated?</b>	
<input 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"/> Yes <input type="checkbox"/> No	
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following				
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other: <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant				
<b>15. Mailing Address:</b>		3200 Southwest Freeway		
<b>City</b>	Houston	<b>State</b>	TX	<b>ZIP</b> 77027
		<b>ZIP + 4</b>		
<b>16. Country Mailing Information</b> (if outside USA)			<b>17. E-Mail Address</b> (if applicable)	
<b>18. Telephone Number</b>		<b>19. Extension or Code</b>	<b>20. Fax Number</b> (if applicable)	

### SECTION III: Regulated Entity Information

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

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

<b>25. Description to Physical Location:</b>		3,800 feet southeast of the intersection of FM 521 and Sandy Point Rd					
<b>26. Nearest City</b>				<b>State</b>		<b>Nearest ZIP Code</b>	
Sandy Point				TX		77583	
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>							
<b>27. Latitude (N) In Decimal:</b>		29.380619°		<b>28. Longitude (W) In Decimal:</b>		95.470392°	
Degrees		Minutes		Seconds		Degrees	
29		22		50.23		95	
Minutes		Seconds		Degrees		Minutes	
22		50.23		95		28	
<b>29. Primary SIC Code</b>		<b>30. Secondary SIC Code</b>		<b>31. Primary NAICS Code</b>		<b>32. Secondary NAICS Code</b>	
(4 digits)		(4 digits)		(5 or 6 digits)		(5 or 6 digits)	
4952							
<b>33. What is the Primary Business of this entity?</b> <i>(Do not repeat the SIC or NAICS description.)</i>							
Provide water and sewer service							
<b>34. Mailing Address:</b>		3200 Southwest Freeway					
City		Houston		State		TX	
ZIP		77027		ZIP + 4			
<b>35. E-Mail Address:</b>							
<b>36. Telephone Number</b>			<b>37. Extension or Code</b>			<b>38. Fax Number</b> <i>(if applicable)</i>	
( 713 ) 800-8673						( ) -	

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

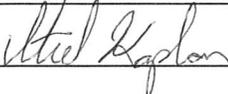
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review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

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

<b>40. Name:</b>	James McConathy	<b>41. Title:</b>	Engineer
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 713 ) 527-6368		( ) -	james.mcconathy@decorp.com

### **SECTION V: Authorized Signature**

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

<b>Company:</b>	Maple Farms Holdings, LLC	<b>Job Title:</b>	Managing Partner
<b>Name (In Print):</b>	Itiel Kaplan	<b>Phone:</b>	( 832 ) 804- 9680
<b>Signature:</b>		<b>Date:</b>	7/30/2024

## **Attachment B**

### **Plain Language Summary Section 8(F), Page 7 of 17**

(Administrative Report 1.0)



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

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

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

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

Maple Farms Holdings, LLC (2. Enter Customer Number here (i.e., CN6#####)) proposes to operate Maple Farms WWTP (5. Enter Regulated Entity Number here (i.e., RN1#####)), an activated sludge process plant operated in conventional mode. The facility will be located at 3,800 feet southeast of the intersection of FM 521 and Sandy Point Rd, in Sandy Point, Brazoria County, Texas 77583. This application is for a new permit to discharge at an annual average flow of 100,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD5), total suspended solids (TSS), ammonia nitrogen (NH3-N), and Escherichia coli. The domestic wastewater will be treated by screening, aeration digestion, secondary clarification, and chlorination.

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

**AGUAS RESIDUALES DOMÉSTICAS /AGUAS PLUVIALES**

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

Maple Farms Holdings, LLC (2. Introduzca el número de cliente aquí (es decir, CN6#####).) propone operar Maple Farms WWTP 5. Introduzca el número de entidad regulada aquí (es decir, RN1#####), una planta de proceso de lodos activados operada en modo convencional. La instalación estará ubicada en 3,800 pies al sudeste de la intersección de Sandy Point Rd. y FM 521, en Sandy Point, Condado de Brazoria, Texas 77583. Esta solicitud es para nuevo permiso para descargar a un flujo promedio anual de 100,000 galones por día de aguas residuales domésticas tratadas.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonoso (CboD5) de cinco días, sólidos suspendidos totales (SST), nitrógeno amoniacal (NH3-N) y Escherichia coli. Las aguas residuales domésticas estará tratado por cribado, digestión por aireación, clarificación secundaria y cloración.

## **Attachment C**

### **Public Involvement Plan Form Section 8(G), Page 7 of 17**

(Administrative Report 1.0)



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 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.**

(City)

(County)

(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
  
- (b) Per capita income for population near the specified location
  
- (c) Percent of minority population and percent of population by race within the specified location
  
- (d) Percent of Linguistically Isolated Households by language within the specified location
  
- (e) Languages commonly spoken in area by percentage
  
- (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)

## Section 7. Voluntary Submittal

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

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

Yes      No

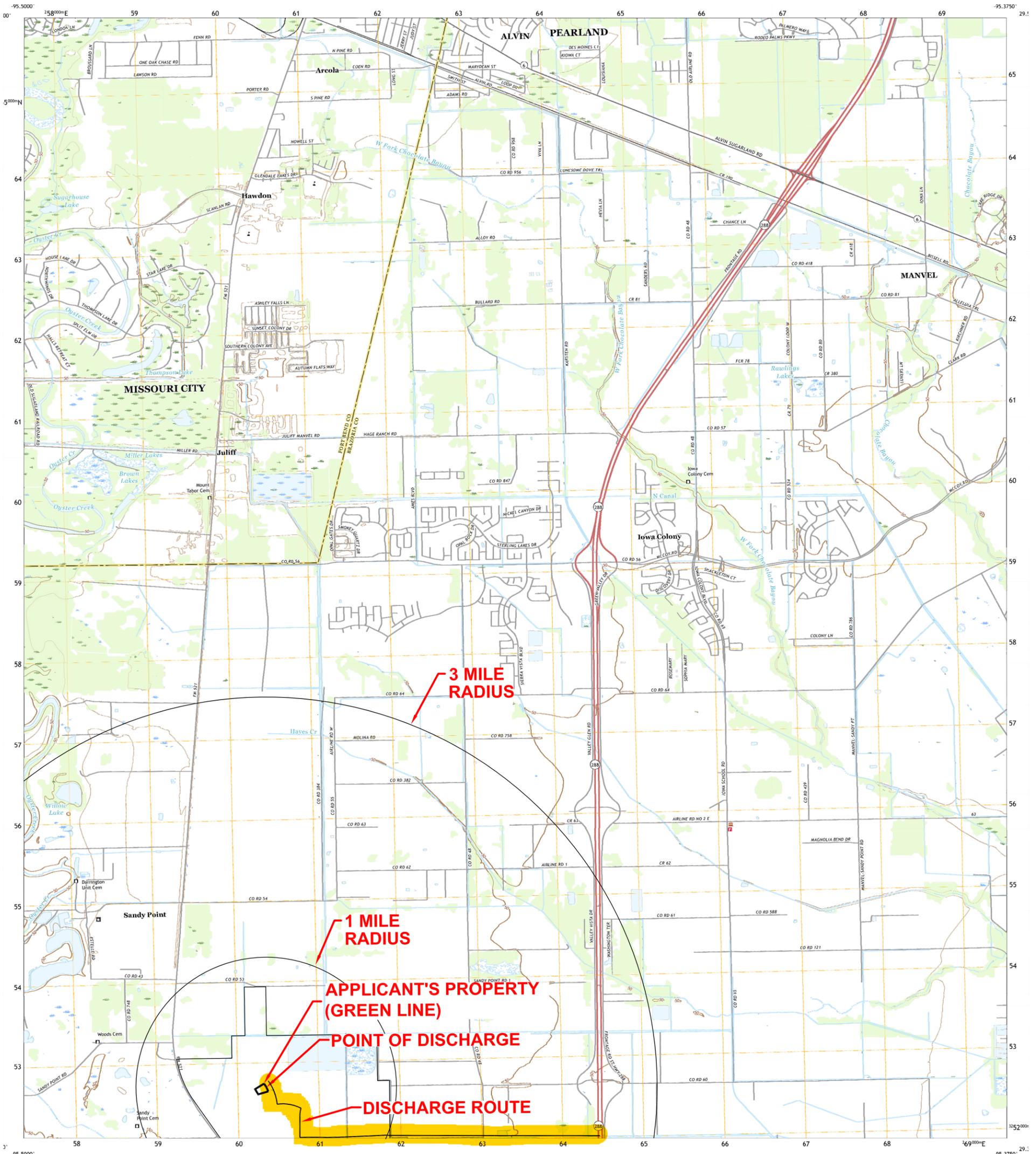
What types of notice will be provided?

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

## **Attachment D**

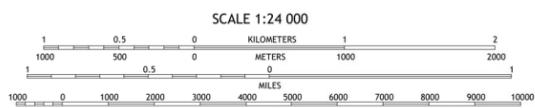
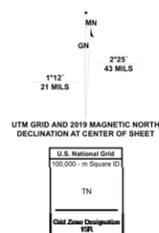
### **USGS Quadrangle Maps Section 13, Page 10 of 17**

(Administrative Report 1.0)



Produced by the United States Geological Survey  
North American Datum of 1983 (NAD83)  
World Geodetic System of 1984 (WGS84). Projection and  
1 000-meter grid/Universal Transverse Mercator, Zone 15P  
This map is not a legal document. Boundaries may be  
generalized for this map scale. Private lands within government  
reservations may not be shown. Obtain permission before  
entering private lands.

Imagery.....NAP, October 2016 - November 2016  
Roads.....U.S. Census Bureau, 2015  
Names.....GNIS, 1979 - 2022  
Hydrography.....National Hydrography Dataset, 2003 - 2018  
Contours.....National Elevation Dataset, 2021  
Boundaries.....Multiple sources; see metadata file 2019 - 2021  
Wetlands.....FWS National Wetlands Inventory Not Available

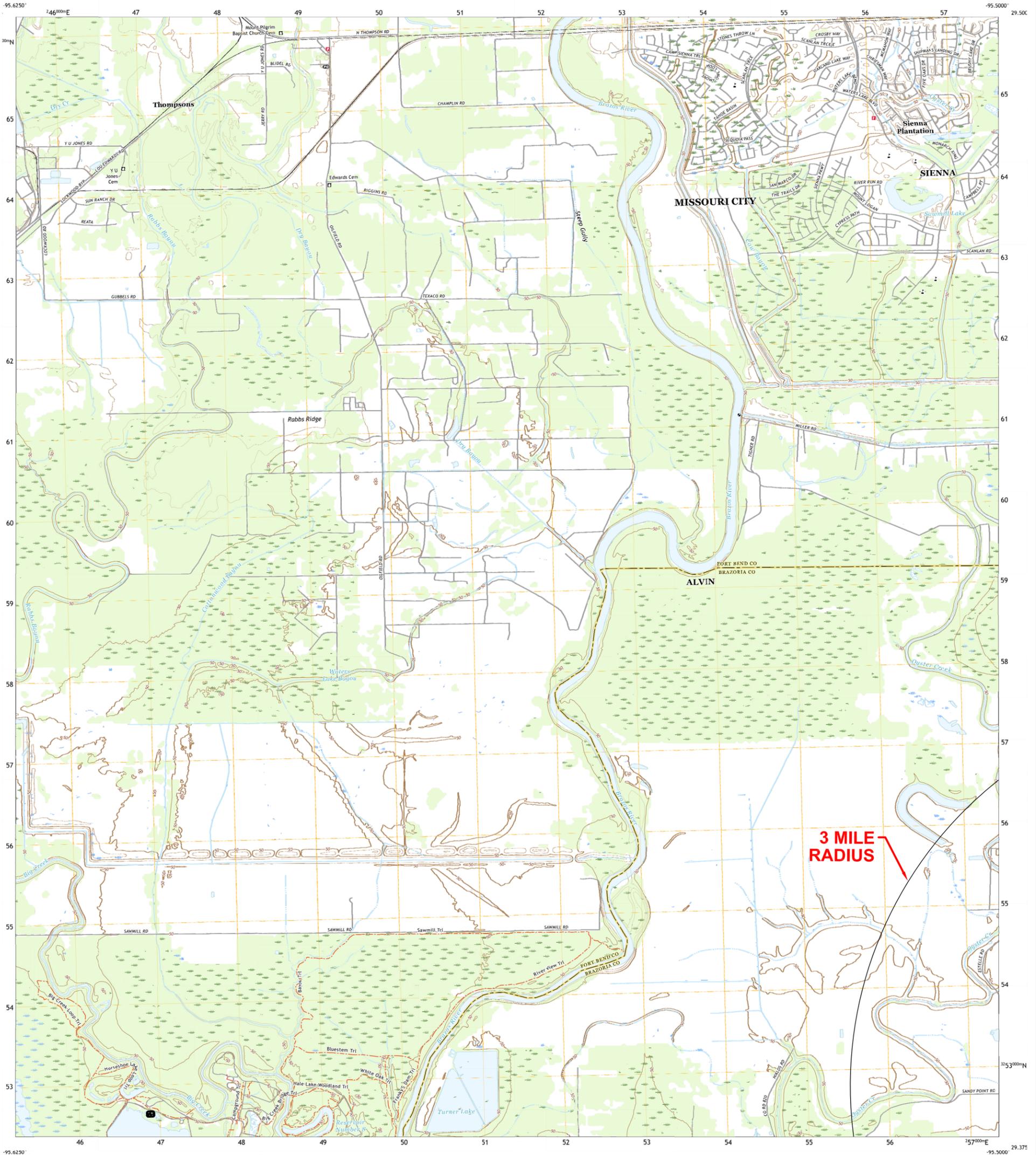


1	2	3	1 Missouri City
4	5	6	2 Pearland
7	8	7	3 Pearland
		8	4 Thompsons
			5 Manvel
			6 Oley
			7 Rookbaron
			8 Liverpool

JULIFF, TX  
2022

**DECI** ENGINEERING  
EXCELLENCE  
T.B.P.E.L.S. FIRM REGISTRATION #392  
3100 WEST ALABAMA HOUSTON, TEXAS 77098 (713) 520-9570

MAPLE FARMS PRELIMINARY  
ENGINEERING  
USGS EXHIBIT (1 OF 4)

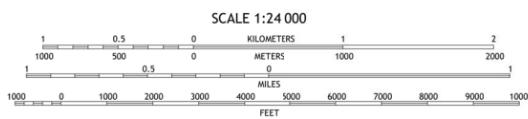
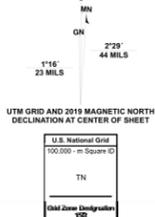


3 MILE RADIUS

Produced by the United States Geological Survey

North American Datum of 1983 (NAD83) World Geodetic System of 1984 (WGS84), Projection and 1000-meter grid: Universal Transverse Mercator, Zone 15R This map is not a legal document. Boundaries may be generalized for this map scale. Private lands within government reservations may not be shown. Obtain permission before entering private lands.

Imagery: N.A.P. October 2016 - November 2016 Roads: U.S. Census Bureau, 2015 Names: G.N.S., 1979 - 2022 Hydrography: National Hydrography Dataset, 2002 - 2018 Contours: National Elevation Dataset, 2021 Boundaries: Multiple sources; see metadata file 2019 - 2021 Wetlands: FWS National Wetlands Inventory Not Available



CONTOUR INTERVAL 10 FEET NORTH AMERICAN VERTICAL DATUM OF 1988 This map was produced to conform with the National Geospatial Program US Topo Product Standard.



QUADRANGLE LOCATION

1	2	3
4	5	6
7	8	9

RELATING TO: 1 Sugar Land 2 Missouri City 3 Alameda 4 Smithers Lake 5 Juff 6 Damon 7 Oley 8 Rosharon



THOMPSONS, TX 2022

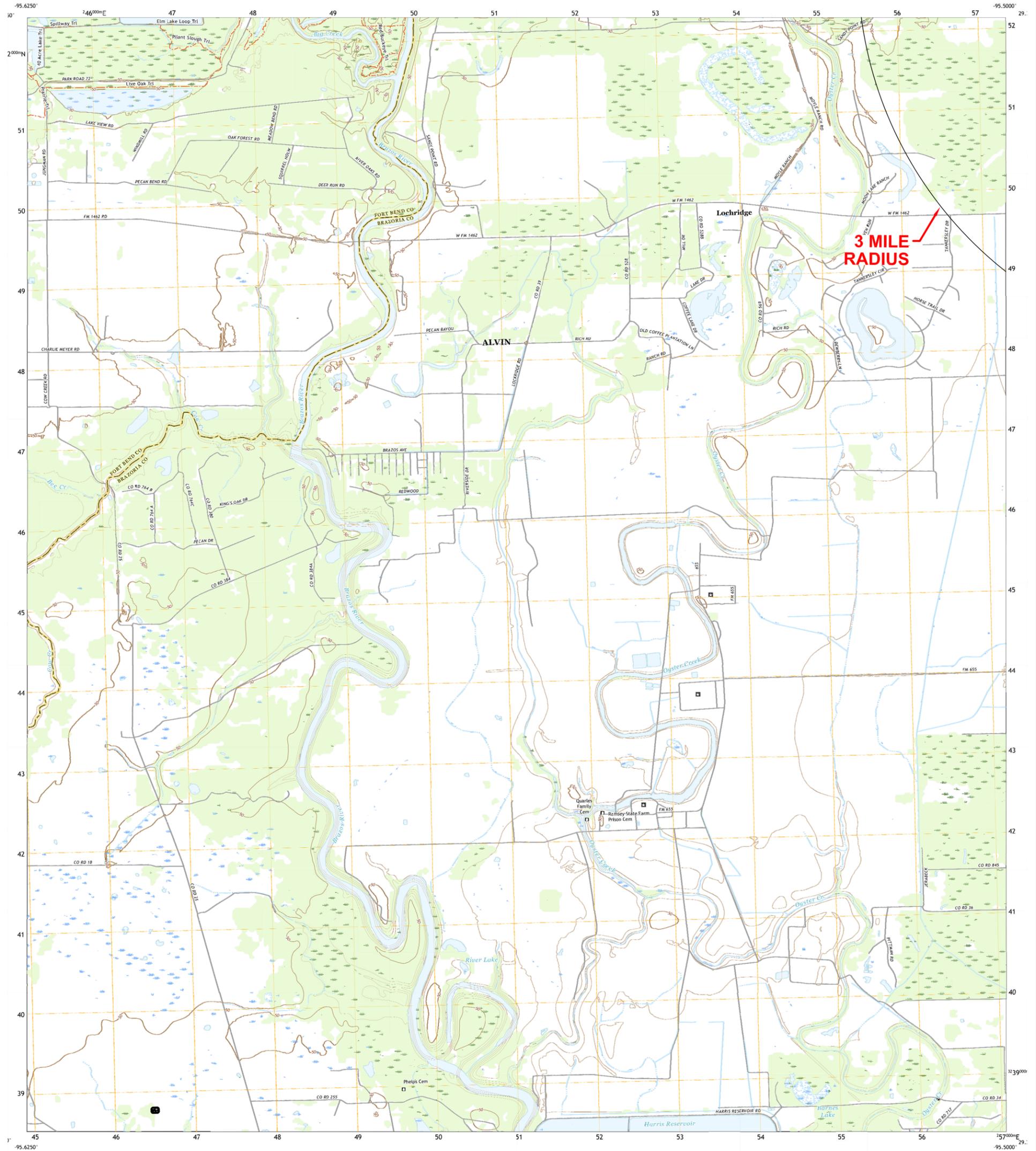
DECI ENGINEERING EXCELLENCE

T.B.P.E.L.S. FIRM REGISTRATION #392 3100 WEST ALABAMA HOUSTON, TEXAS 77098 (713) 520-9570

MAPLE FARMS PRELIMINARY ENGINEERING USGS EXHIBIT (2 OF 4)

SCALE: 1" = 100'

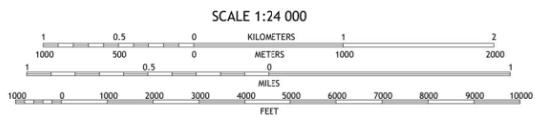
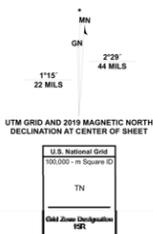
MAY 2024



**3 MILE RADIUS**

**Produced by the United States Geological Survey**

North American Datum of 1983 (NAD83)  
World Geodetic System of 1984 (WGS84). Projection and  
1 000-meter grid: Universal Transverse Mercator, Zone 15R  
This map is not a legal document. Boundaries may be  
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reservations may not be shown. Obtain permission before  
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Imagery.....NAP, October 2016 - November 2016  
Roads.....U.S. Census Bureau, 2015  
Names.....GNIS, 1979 - 2022  
Hydrography.....National Hydrography Dataset, 2002 - 2018  
Contours.....National Elevation Dataset, 2021  
Boundaries.....Multiple sources; see metadata file 2019 - 2021  
Wetlands.....FWS National Wetlands Inventory Not Available



1	2	3	1 Smithers Lake
2	3	4	2 Thompkins
3	4	5	3 Juliff
4	5	6	4 Damon
5	6	7	5 Roosharon
6	7	8	6 West Columbia
7	8		7 East Columbia
8			8 Angleton

ADJACENT QUADRANGLES

OTEY, TX  
2022

**DECI ENGINEERING EXCELLENCE**  
T.B.P.E.L.S. FIRM REGISTRATION #392  
3100 WEST ALABAMA HOUSTON, TEXAS 77098 (713) 520-9570

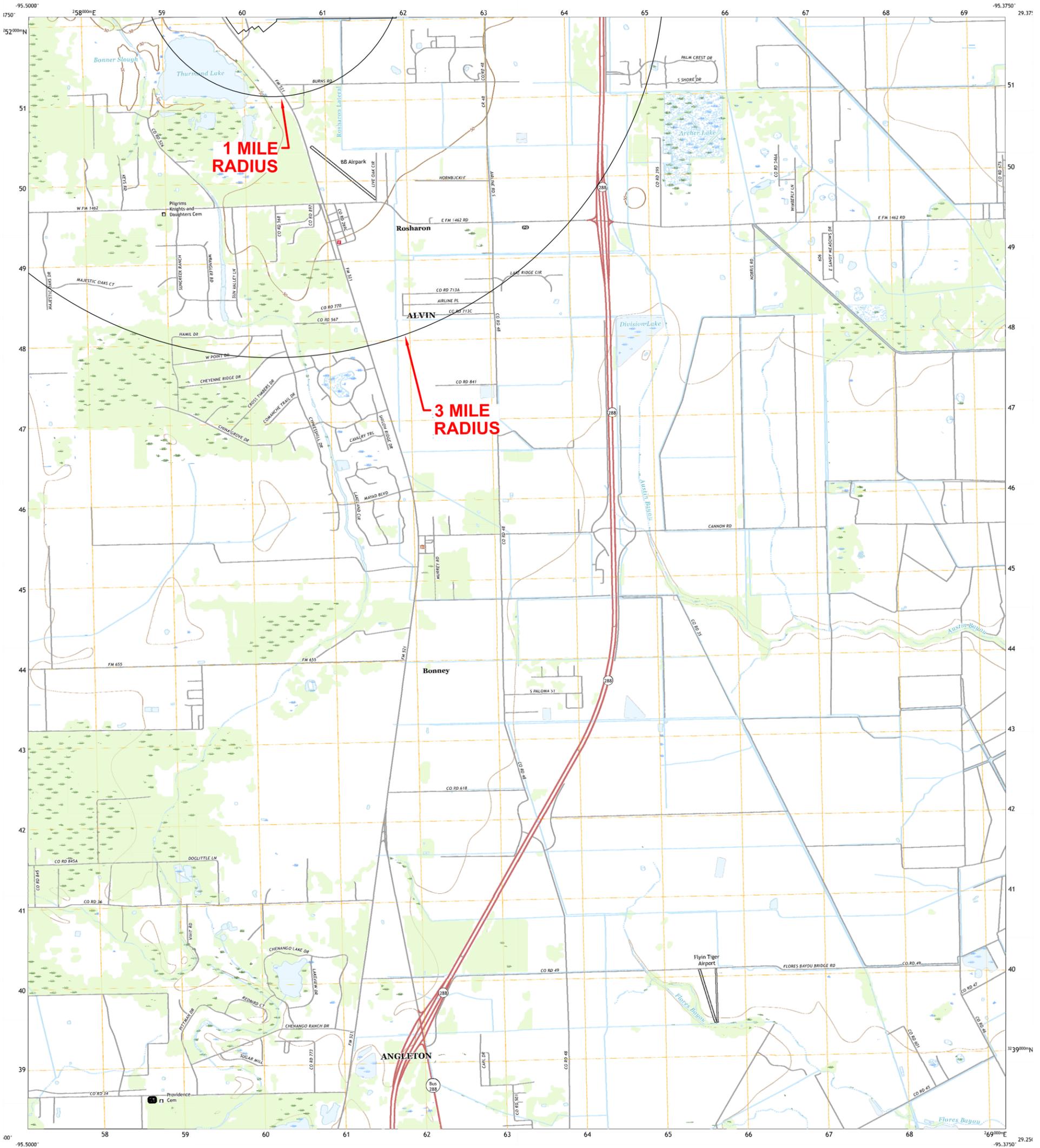
MAPLE FARMS PRELIMINARY  
ENGINEERING  
USGS EXHIBIT (3 OF 4)



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

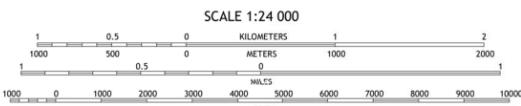
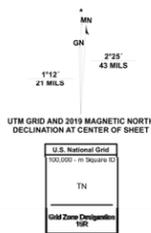


ROSHARON QUADRANGLE  
TEXAS - BRAZORIA COUNTY  
7.5-MINUTE SERIES



Produced by the United States Geological Survey  
North American Datum of 1983 (NAD83)  
World Geodetic System of 1984 (WGS84). Projection and  
1 000-meter grid: Universal Transverse Mercator, Zone 15R  
This map is not a legal document. Boundaries may be  
generalized for this map scale. Private lands within government  
reservations may not be shown. Obtain permission before  
entering private lands.

Imagery.....NAIP, October 2016 - November 2015  
Roads.....U.S. Census Bureau, 2015  
Names.....GNIS, 2008 - 2023  
Hydrography.....National Hydrography Dataset, 2003 - 2015  
Contours.....National Elevation Dataset, 2008  
Boundaries.....Multiple sources; see metadata file 2019 - 2021  
Wetlands.....FWS National Wetlands Inventory Not Available



1	2	3	1 Thompson
2	3	4	2 Juliff
3	4	5	3 Mamvel
4	5	6	4 Gray
5	6	7	5 Liverpool
6	7	8	6 East Columbia
			7 Angleton
			8 Danbury

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

ROSHARON, TX  
2022

**DECI** ENGINEERING  
EXCELLENCE

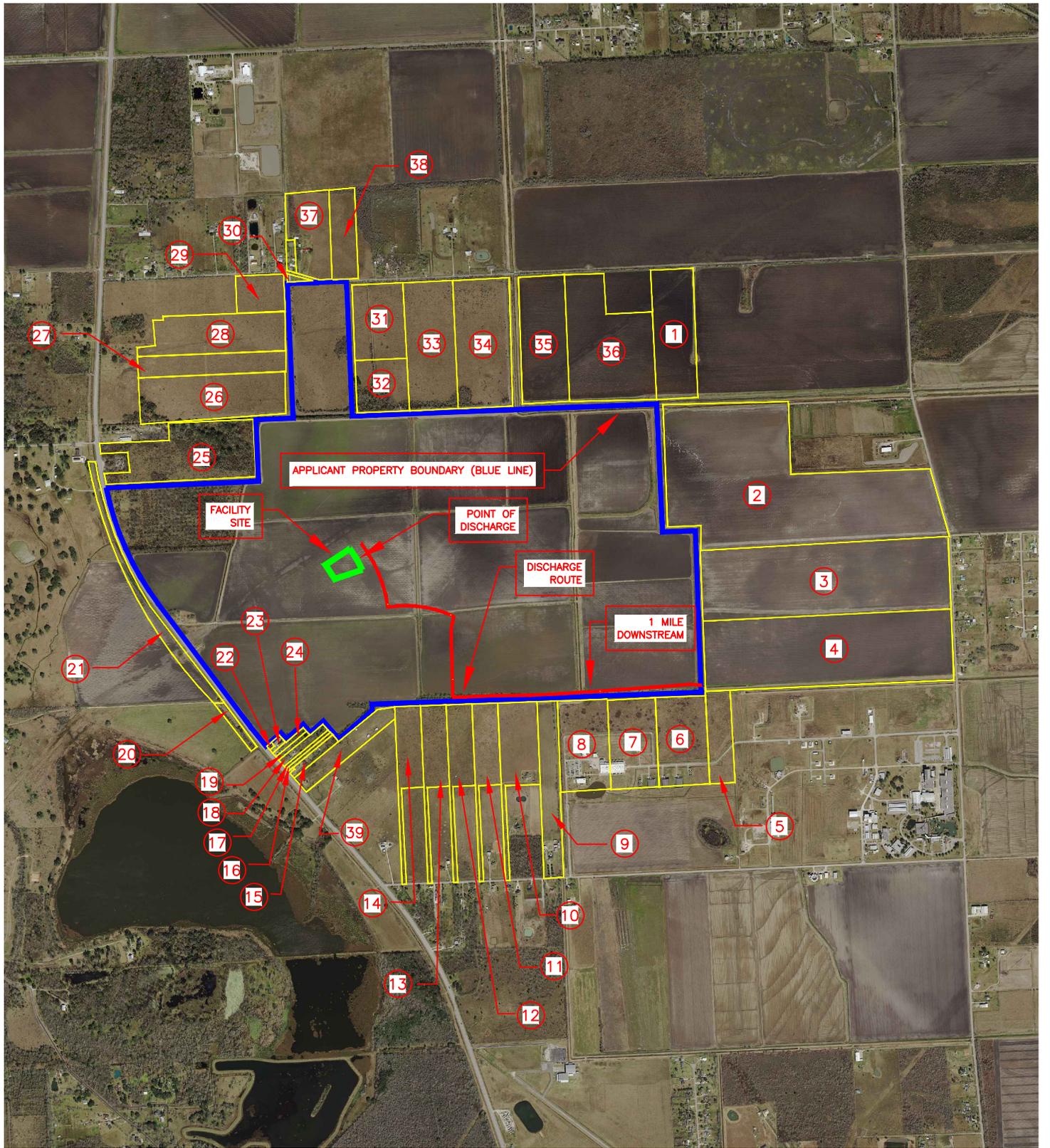
T.B.P.E.L.S. FIRM REGISTRATION #392  
3100 WEST ALABAMA HOUSTON, TEXAS 77098 (713) 520-9570

MAPLE FARMS PRELIMINARY  
ENGINEERING  
USGS EXHIBIT (4 OF 4)

## **Attachment E**

### **Affected Landowner Map Section 1(A), Page 12 of 17**

(Administrative Report 1.1)



**DEC** | ENGINEERING EXCELLENCE

T.B.P.E.L.S. FIRM REGISTRATION #392  
3100 WEST ALABAMA HOUSTON, TEXAS 77098 (713) 520-9570

MAPLE FARMS PRELIMINARY ENGINEERING  
ADJACENT PROPERTY OWNERS

SCALE: 1"=2000'

MAY, 2024

MAPLE FARMS WWTP - ADJACENT PROPERTY OWNERS

1. SANDY POINT OWNER LP  
845 TEXAS AVE STE 3300  
HOUSTON, TX 77002
2. AA SHARP INVESTMENTS LTD  
3737 BUFFALO SPEEDWAY STE 1500  
HOUSTON, TX 77098
3. AA SHARP INVESTMENTS LTD  
3737 BUFFALO SPEEDWAY STE 1500  
HOUSTON, TX 77098
4. SCHLUMBERGER WELL SERVICES  
PO BOX 460667 DEPT 100  
HOUSTON, TX 77056
5. SCHLUMBERGER WELL SERVICES  
PO BOX 460667 DEPT 100  
HOUSTON, TX 77056
6. SCHLUMBERGER WELL SERVICES  
PO BOX 460667 DEPT 100  
HOUSTON, TX 77056
7. SCHLUMBERGER WELL SERVICES  
PO BOX 460667 DEPT 100  
HOUSTON, TX 77056
8. SCHLUMBERGER WELL SERVICES  
PO BOX 460667 DEPT 100  
HOUSTON, TX 77056
9. KOVALCHUK RICHARD & CYNTHIA  
617 COUNTY ROAD 52  
ROSHARON, TX 77583
10. CONFIDENTIAL
11. HOANG QUOC  
PO BOX 487  
ALIEF, TX 77411

12. MEDINA DAVID A & EDITH  
3714 MORGAN LN  
MANVEL, TX 77578
13. ZAID MESFIN & SELAMAWIT  
1421 PARTRIDGE DR  
HERCULES, CA 94547
14. EMBAYE FESSHAYE  
2405 N 83<sup>RD</sup> DR  
PHOENIX, AZ 85037
15. MITCHELL HORTENSE  
PO BOX 293  
ROSHARON, TX 77583
16. HARBOR PATRICIA  
14805 FM 521  
ROSHARON, TX 77583
17. GREEN ANDRE  
10223 BROADWAY ST STE P567  
PEARLAND, TX 77584
18. MITCHELL HORTENSE  
PO BOX 293  
ROSHARON, TX 77583
19. LINARES JOSE NATIVIDAD  
1106 AIRLINE PLACE  
ROSHARON, TX 77583
20. KNAPE JAMES W  
PO BOX 26  
ROSHARON, TX 77583
21. MOWERY CURTIS J  
131 COUNTY ROAD 42  
ROSHARON, TX 77583
22. ZAVALA ERNESTO  
14711 FM 521 ROAD  
ROSHARON, TX 77583

23. SANCHEZ YONATAN & JEANETTE GARCIA  
14713 FM 521  
ROSHARON, TX 77583
24. BARCENAS DIANA  
136 DISNEY ST  
ROSHARON, TX 77583
25. BUTLER TIMOTHY & RACHELLE  
13335 W BRAZOS BEND  
HOUSTON, TX 77461
26. N/A
27. N/A
28. N/A
29. N/A
30. GREAK DUSTIN L  
518 COUNTY ROAD 53  
ROSHARON, TX 77583
31. BRYAN BETTY BINGHAM MUNSON FAMILY LIMITED PARTNERSHIP  
PO BOX 136  
ANGLETON, TX 77516
32. BRYAN BETTY BINGHAM MUNSON FAMILY LIMITED PARTNERSHIP  
PO BOX 136  
ANGLETON, TX 77516
33. BRYAN BETTY BINGHAM MUNSON FAMILY LIMITED PARTNERSHIP  
PO BOX 136  
ANGLETON, TX 77516
34. BRYAN BETTY BINGHAM MUNSON FAMILY LIMITED PARTNERSHIP  
PO BOX 136  
ANGLETON, TX 77516
35. SANDY POINT OWNER LP  
845 TEXAS AVE STE 3300  
HOUSTON, TX 77002

36. SANDY POINT OWNER LP  
845 TEXAS AVE STE 3300  
HOUSTON, TX 77002
  
37. SOLIS JAVIER SR & NATOSHA  
16515 WEST SANDY MEADOWS DR  
ROSHARON, TX 77583
  
38. IBARRA RAMIRO O & IRENE  
7295 COUNTY ROAD 383  
ROSHARON, TX 77583
  
39. GOBELLAN BRENDA  
12906 BRANT ROCK DR APT 20  
HOUSTON, TX 77082

SANDY POINT OWNER LP  
845 TEXAS AVE STE 3300  
HOUSTON TX 77002

MEDINA DAVID A & EDITH  
3714 MORGAN LN  
MANVEL TX 77578

ZAVALA ERNESTO  
14711 FM 521 ROAD  
ROSHARON TX 77583

AA SHARP INVESTMENTS LTD  
3737 BUFFALO SPEEDWAY STE 1500  
HOUSTON TX 77098

ZAID MESFIN & SELAMAWIT  
1421 PARTRIDGE DR  
HERCULES CA 94547

SANCHEZ YONATAN & JEANETTE  
GARCIA  
14713 FM 521  
ROSHARON TX 77583

AA SHARP INVESTMENTS LTD  
3737 BUFFALO SPEEDWAY STE 1500  
HOUSTON TX 77098

EMBAYE FESSHAYE  
2405 N 83<sup>RD</sup> DR  
PHOENIX AZ 85037

BARCENAS DIANA  
136 DISNEY ST  
ROSHARON TX 77583

SCHLUMBERGER WELL SERVICES  
PO BOX 460667 DEPT 100  
HOUSTON TX 77098

MITCHELL HORTENSE  
PO BOX 293  
ROSHARON TX 77583

BUTLER TIMOTHY & RACHELLE  
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HARBOR PATRICIA  
14805 FM 521  
ROSHARON TX 77583

GREAK DUSTIN L  
518 COUNTY ROAD 53  
ROSHARON TX 77583

SCHLUMBERGER WELL SERVICES  
PO BOX 460667 DEPT 100  
HOUSTON TX 77098

GREEN ANDRE  
10223 BROADWAY ST STE P567  
PEARLAND TX 77584

BRYAN BETTY BINGHAM MUNSON  
FAMILY LIMITED PARTNERSHIP  
PO BOX 136  
ANGLETON TX 77516

SCHLUMBERGER WELL SERVICES  
PO BOX 460667 DEPT 100  
HOUSTON TX 77098

MITCHELL HORTENSE  
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BRYAN BETTY BINGHAM MUNSON  
FAMILY LIMITED PARTNERSHIP  
PO BOX 136  
ANGLETON TX 77516

SCHLUMBERGER WELL SERVICES  
PO BOX 460667 DEPT 100  
HOUSTON TX 77098

LINARES JOSE NATIVIDAD  
1106 AIRLINE PLACE  
ROSHARON TX 77583

BRYAN BETTY BINGHAM MUNSON  
FAMILY LIMITED PARTNERSHIP  
PO BOX 136  
ANGLETON TX 77516

KOVALCHUK RICHARD & CYNTHIA  
617 COUNTY ROAD 52  
ROSHARON TX 77583

KNAPE JAMES W  
PO BOX 26  
ROSHARON TX 77583

BRYAN BETTY BINGHAM MUNSON  
FAMILY LIMITED PARTNERSHIP  
PO BOX 136  
ANGLETON TX 77516

HOANG QUOC  
PO BOX 487  
ALIEF TX 77411

MOWERY CURTIS J  
131 COUNTY ROAD 42  
ROSHARON TX 77583

SANDY POINT OWNER LP  
845 TEXAS AVE STE 3300  
HOUSTON TX 77002

SANDY POINT OWNER LP  
845 TEXAS AVE STE 3300  
HOUSTON TX 77002

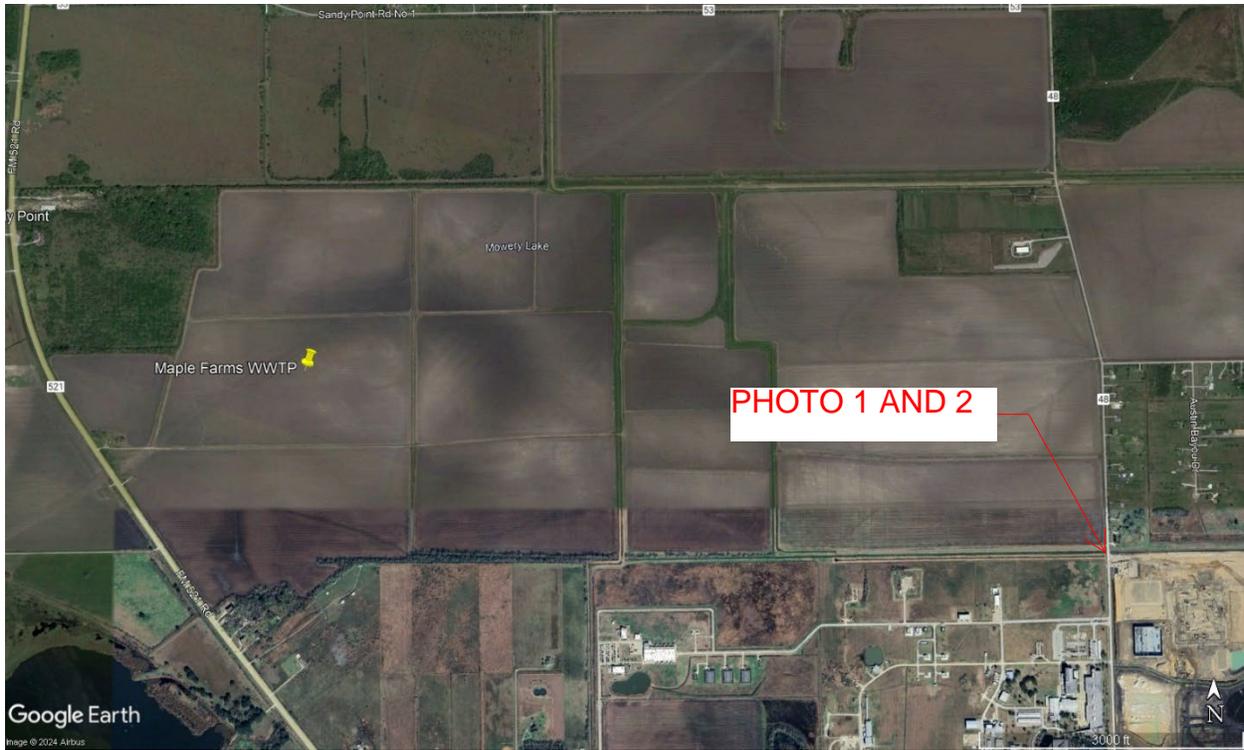
SOLIS JAVIER SR & NATOSHA  
16515 WEST SANDY MEADOWS DR  
ROSHARON TX 77583

IBARRA RAMIRO O & IRENE  
7295 COUNTY ROAD 383  
ROSHARON TX 77583

**Attachment F**

**Photographs**

**Section 2, Page 13 of 17**



WASTEWATER TREATMENT FACILITY SITE



Photo 1 – west of Airline Rd S

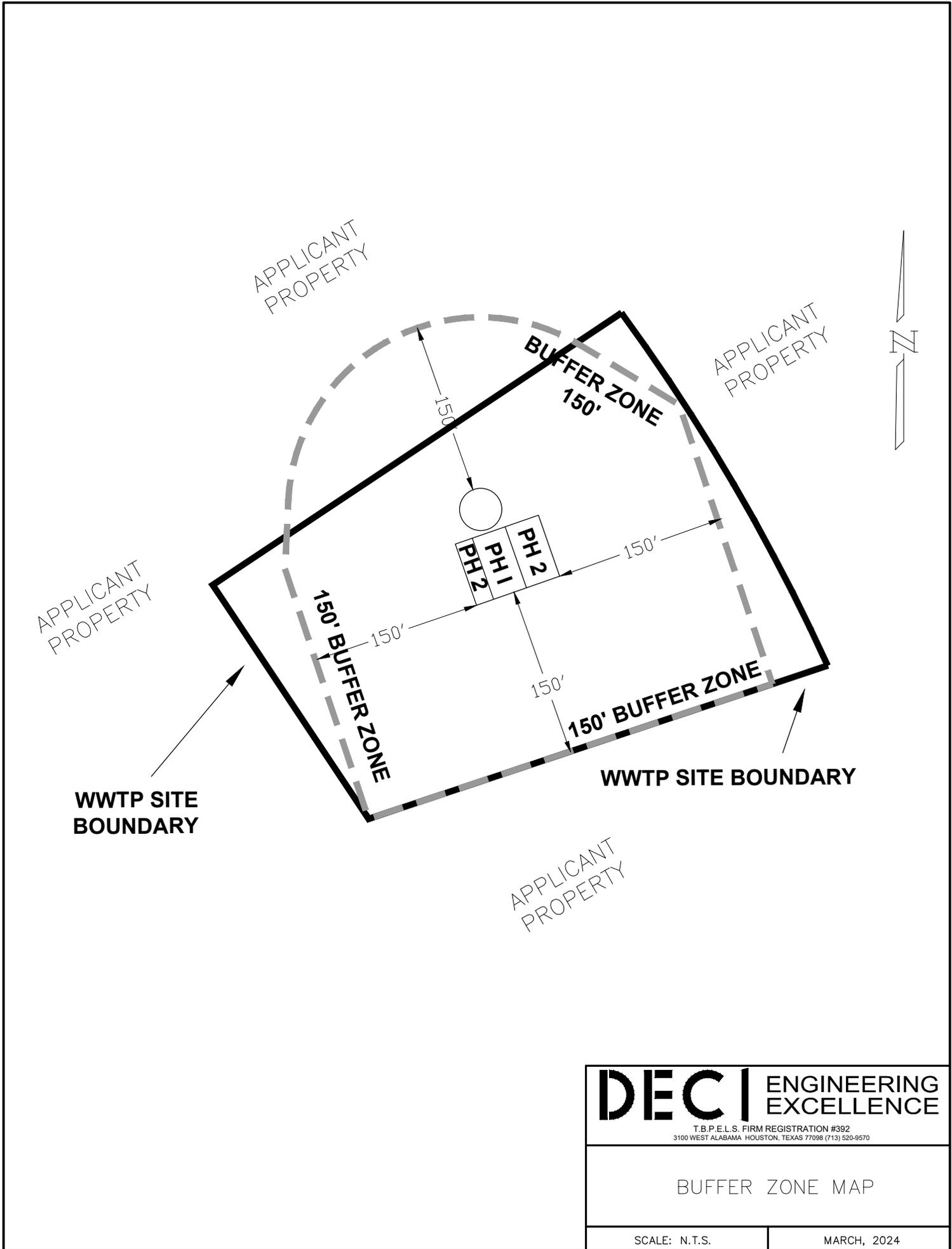


Photo 2 – east of Airline Rd S

## **Attachment G**

### **Buffer Zone Map Section 3(A), Page 13 of 17**

(Administrative Report 1.1)



**DECI** ENGINEERING EXCELLENCE  
 T.B.P.E.L.S. FIRM REGISTRATION #392  
 3100 WEST ALABAMA HOUSTON, TEXAS 77098 (713) 520-9570

BUFFER ZONE MAP

SCALE: N.T.S.

MARCH, 2024

**Attachment H**

**Supplemental Permit Information Form  
Page 14 of 17**

(Administrative Report 1.1)

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

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

**TCEQ USE ONLY:**

Application type: \_\_\_Renewal \_\_\_Major Amendment \_\_\_Minor Amendment \_\_\_New

County: \_\_\_\_\_ Segment Number: \_\_\_\_\_

Admin Complete Date: \_\_\_\_\_

Agency Receiving SPIF:

\_\_\_ Texas Historical Commission

\_\_\_ U.S. Fish and Wildlife

\_\_\_ Texas Parks and Wildlife Department

\_\_\_ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: Maple Farms Holdings, 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):

Treatment facility will be located approximately 3,800 feet southeast of the intersection of FM 521 and Sandy Point Rd.

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: Jason Schultz

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

Title: Project Manager

Mailing Address: 3100 West Alabama St.

City, State, Zip Code: Houston, TX 77098

Phone No.: 713-527-6487 Ext.:  Fax No.:

E-mail Address: Jason.schultz@decorp.com

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

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

From the treatment facility through a 24-inch pipe (exact size to be determined with facility design) to a proposed drainage channel through Brazoria County Drainage District Ditch 105-08-00 to Chocolate Bayou Tidal Segment 1107

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):

Approximately 3 acres will be cleared and prepared for construction of the treatment facility

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

None

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:

No structures or construction to date

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

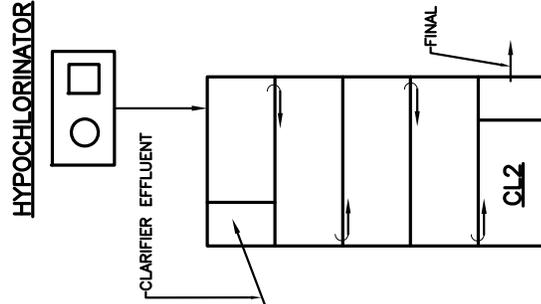
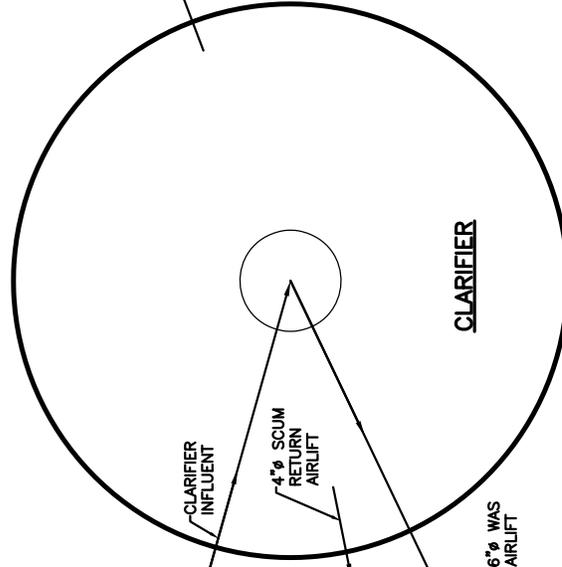
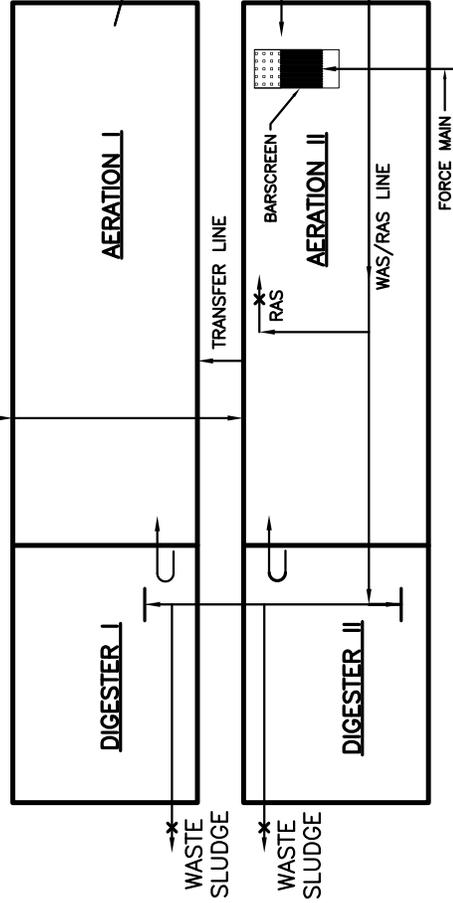
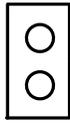
Rural undeveloped property

# **Attachment I**

## **Flow Diagram Section 2(C), Page 2 of 66**

(Technical Report 1.0)

PROCESS AIR



**DEC** ENGINEERING EXCELLENCE

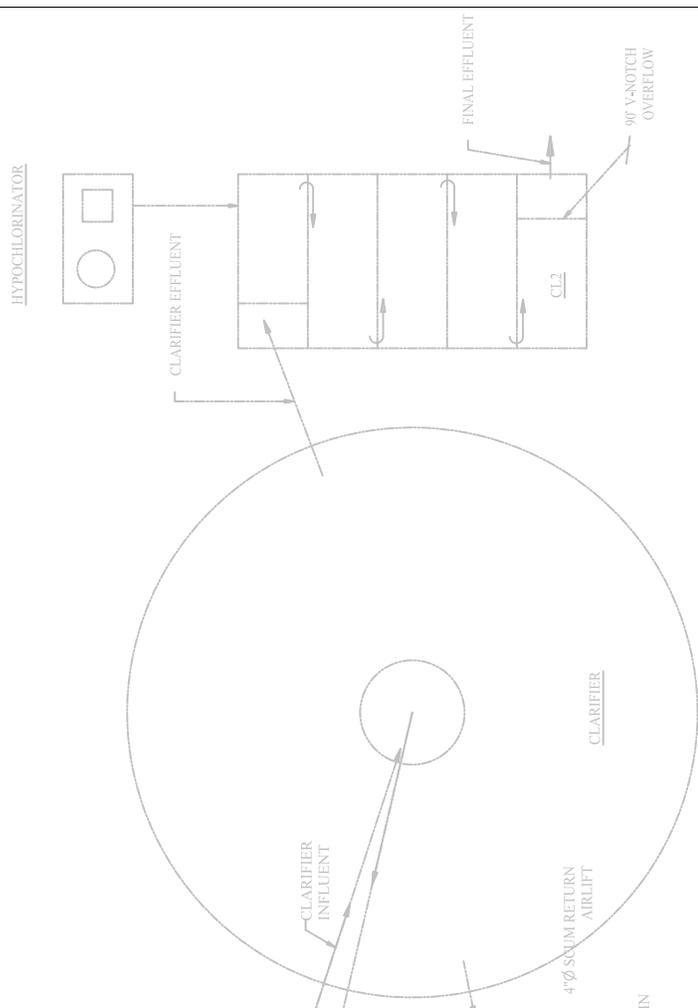
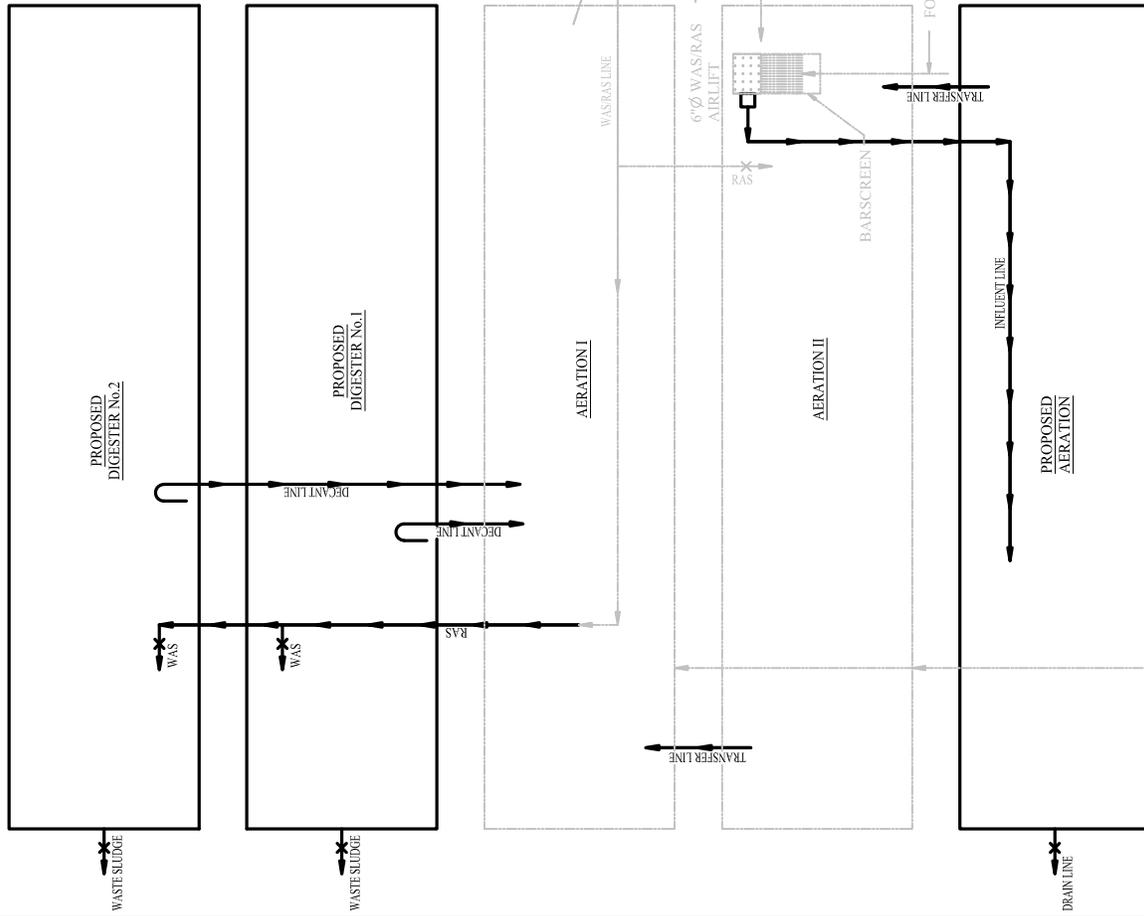
T.B.P.E.L.S. FIRM REGISTRATION #392  
3100 WEST ALABAMA HOUSTON, TEXAS 77098 (713) 520-9570

PROCESS FLOW DIAGRAM -  
PHASE 1

MAPLE FARMS HOLDINGS, LLC

N.T.S.

June 26, 2024



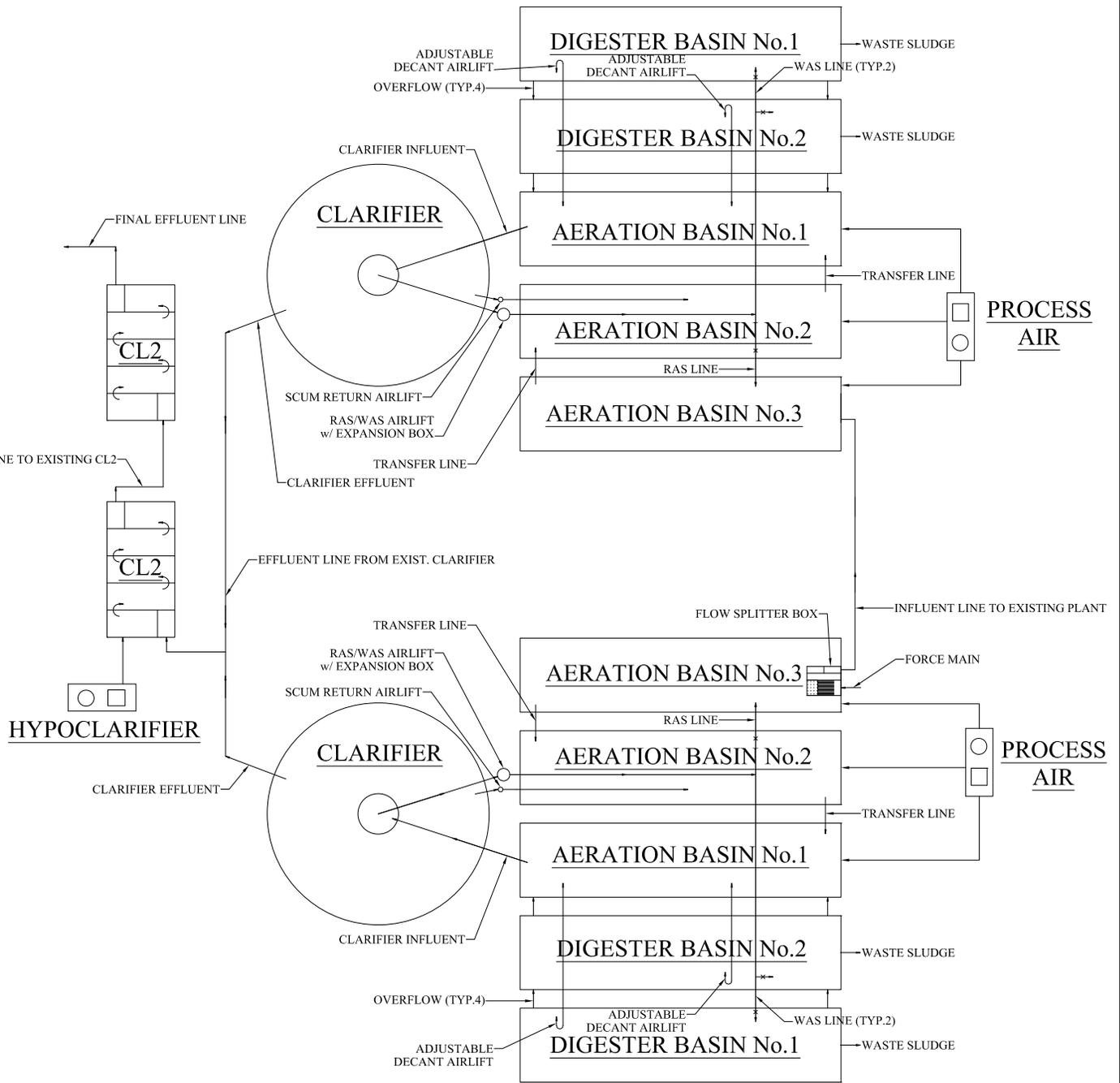
**DEC** ENGINEERING EXCELLENCE  
 T.B.P.E.L.S. FIRM REGISTRATION #392  
 3100 WEST ALABAMA HOUSTON, TEXAS 77098 (713) 520-9570

PROCESS FLOW DIAGRAM –  
 PHASE 2

MAPLE FARMS HOLDINGS, LLC

N.T.S. June 26, 2024

G:\1130\5366-55\DISCHARGE PERMIT ATTACHMENTS\PHASE 2 PROCESS FLOW.DWG



**DECI ENGINEERING EXCELLENCE**

T.B.P.E.L.S. FIRM REGISTRATION #392  
 3100 WEST ALABAMA, HOUSTON, TEXAS 77098 (713) 520-9570

PROCESS FLOW DIAGRAM –  
 PHASE 3

MAPLE FARMS HOLDINGS, LLC

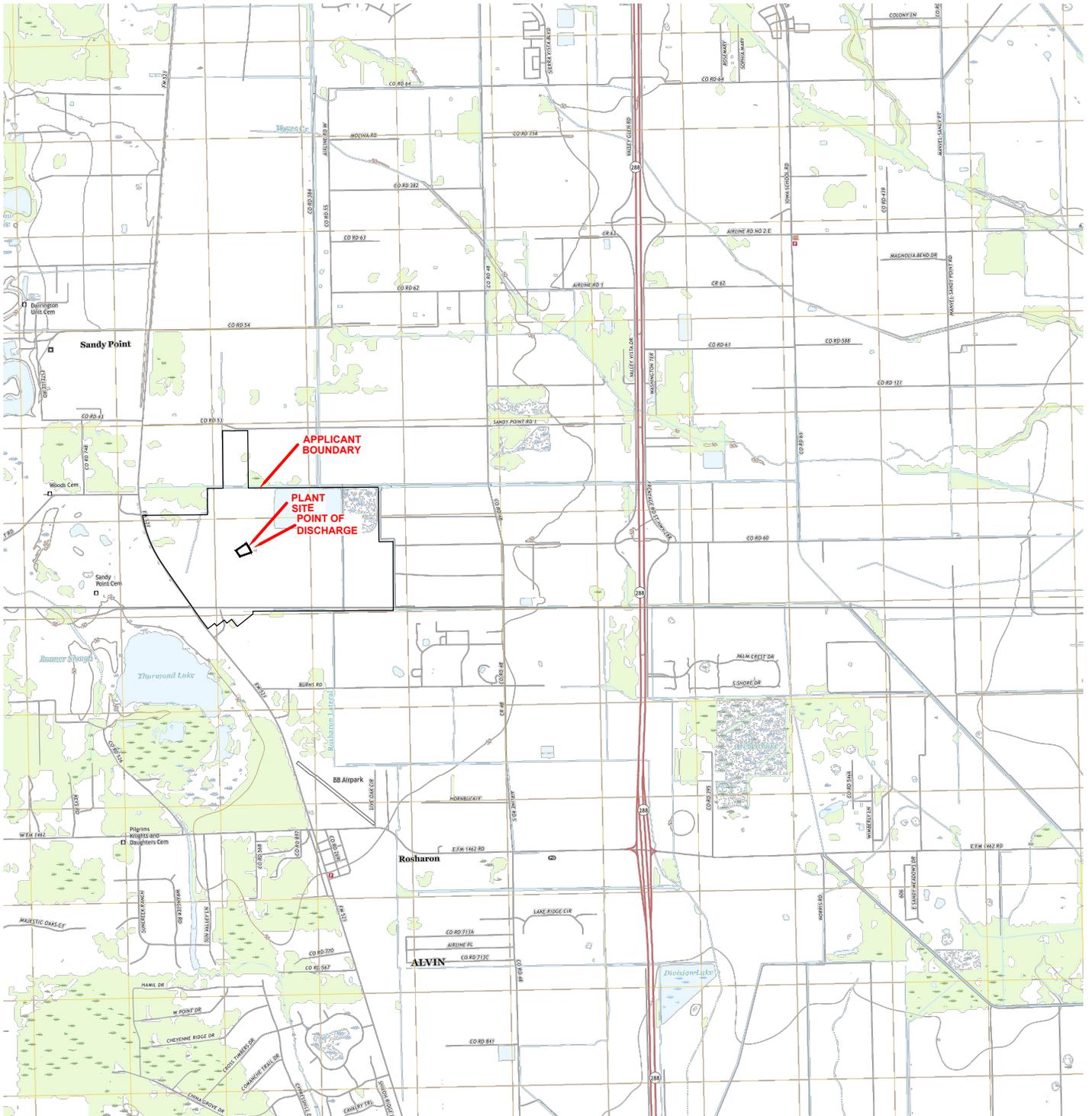
SCALE: N.T.S.

June 26, 2024

## **Attachment J**

### **Facility Site Drawing Section 3, Page 3 of 66**

(Technical Report 1.0)



**DECI ENGINEERING EXCELLENCE**

T.B.P.E.L.S. FIRM REGISTRATION #392  
 3100 WEST ALABAMA HOUSTON, TEXAS 77098 (713) 520-9570

FACILITY SITE

SCALE: N.T.S.

JUNE 2024

## **Attachment K**

### **Sewage Sludge Solids Management Plan Section 6(F), Page 8 of 66**

(Technical Report 1.0)

**MAPLE FARMS HOLDINGS, LLC**  
**SEWAGE SLUDGE SOLIDS MANAGEMENT PLAN - PHASE 1 (0.10 MGD)**

**DIMENSIONS AND CAPACITIES OF AEROBIC DIGESTER**

TCEQ Design Volume	20 ft <sup>3</sup> /lb BOD <sub>5</sub> /day
TCEQ Minimum Sludge Retention Time	15 days
Digester Volume	6,000 ft <sup>3</sup> 44,880 gal
Digester Dimensions	2 Units 20' (L) x 12' (W) x 12.5' (H)

**CBOD<sub>5</sub> REMOVAL**

Influent Concentration	300 mg/l
Effluent Concentration	10 mg/l
Net Removal	290 mg/l

**SOLIDS GENERATED**

	100% FLOW	75% FLOW	50% FLOW	25% FLOW
Pounds BOD <sub>5</sub> /day Removed	238	178	119	59
Pounds of Dry Sludge Produced <sup>(1)</sup>	75	56	37	19
Pounds of Wet Sludge Produced <sup>(2)</sup>	4995	3746	2497	1249
Volume of Wet Sludge Produced	599	449	299	150

Notes:

(1) Assuming 0.315 pounds of dry sludge produced per pound of BOD<sub>5</sub> removed.

(2) Assuming 1.5% solids.

MLSS Operating Range = 3,000 mg/l

**REMOVAL SCHEDULE**

	100% FLOW	75% FLOW	50% FLOW	25% FLOW
Days Between Sludge Removal	75	100	150	300

Sludge will stay in the digester, clear liquor will be decanted off the digester and returned to the process to thicken the wasted solids.

Once the digester is full of thickened solids, the contents will be hauled by the contracted sludge hauler to one of the approved land application sites.

The sludge hauler will supply sludge hauling manifests showing volumes and concentration of sludge removed from the plant.

**MAPLE FARMS HOLDINGS, LLC**  
**SEWAGE SLUDGE SOLIDS MANAGEMENT PLAN - PHASE 2 (0.25 MGD)**

**DIMENSIONS AND CAPACITIES OF AEROBIC DIGESTER**

TCEQ Design Volume	20 ft <sup>3</sup> /lb BOD <sub>5</sub> /day
TCEQ Minimum Sludge Retention Time	15 days
Digester Volume	15,600 ft <sup>3</sup> 116,688 gal
Digester Dimensions	2 Units 52' (L) x 12' (W) x 12.5' (H)

**CBOD<sub>5</sub> REMOVAL**

Influent Concentration	300 mg/l
Effluent Concentration	10 mg/l
Net Removal	290 mg/l

<b><u>SOLIDS GENERATED</u></b>	<b><u>100% FLOW</u></b>	<b><u>75% FLOW</u></b>	<b><u>50% FLOW</u></b>	<b><u>25% FLOW</u></b>
Pounds BOD <sub>5</sub> /day Removed	238	178	119	59
Pounds of Dry Sludge Produced <sup>(1)</sup>	75	56	37	19
Pounds of Wet Sludge Produced <sup>(2)</sup>	4995	3746	2497	1249
Volume of Wet Sludge Produced	599	449	299	150

Notes:

(1) Assuming 0.315 pounds of dry sludge produced per pound of BOD<sub>5</sub> removed.

(2) Assuming 1.5% solids.

MLSS Operating Range = 3,000 mg/l

<b><u>REMOVAL SCHEDULE</u></b>	<b><u>100% FLOW</u></b>	<b><u>75% FLOW</u></b>	<b><u>50% FLOW</u></b>	<b><u>25% FLOW</u></b>
Days Between Sludge Removal	195	260	390	779

Sludge will stay in the digester, clear liquor will be decanted off the digester and returned to the process to thicken the wasted solids.

Once the digester is full of thickened solids, the contents will be hauled by the contracted sludge hauler to one of the approved land application sites.

The sludge hauler will supply sludge hauling manifests showing volumes and concentration of sludge removed from the plant.

**MAPLE FARMS HOLDINGS, LLC**  
**SEWAGE SLUDGE SOLIDS MANAGEMENT PLAN - PHASE 3 (0.50 MGD)**

**DIMENSIONS AND CAPACITIES OF AEROBIC DIGESTER**

TCEQ Design Volume	20 ft <sup>3</sup> /lb BOD <sub>5</sub> /day
TCEQ Minimum Sludge Retention Time	15 days
Digester Volume	31,200 ft <sup>3</sup> 233,376 gal
Digester Dimensions	4 Units 52' (L) x 12' (W) x 12.5' (H)

**CBOD<sub>5</sub> REMOVAL**

Influent Concentration	300 mg/l
Effluent Concentration	10 mg/l
Net Removal	290 mg/l

<b><u>SOLIDS GENERATED</u></b>	<b><u>100% FLOW</u></b>	<b><u>75% FLOW</u></b>	<b><u>50% FLOW</u></b>	<b><u>25% FLOW</u></b>
Pounds BOD <sub>5</sub> /day Removed	1,189	892	595	297
Pounds of Dry Sludge Produced <sup>(1)</sup>	375	281	187	94
Pounds of Wet Sludge Produced <sup>(2)</sup>	24,974	18,730	12,487	6,243
Volume of Wet Sludge Produced	2,994	2,246	1,497	749

Notes:

(1) Assuming 0.315 pounds of dry sludge produced per pound of BOD<sub>5</sub> removed.

(2) Assuming 1.5% solids.

MLSS Operating Range = 3,000 mg/l

<b><u>REMOVAL SCHEDULE</u></b>	<b><u>100% FLOW</u></b>	<b><u>75% FLOW</u></b>	<b><u>50% FLOW</u></b>	<b><u>25% FLOW</u></b>
Days Between Sludge Removal	78	104	156	312

Sludge will stay in the digester, clear liquor will be decanted off the digester and returned to the process to thicken the wasted solids.

Once the digester is full of thickened solids, the contents will be hauled by the contracted sludge hauler to one of the approved land application sites.

The sludge hauler will supply sludge hauling manifests showing volumes and concentration of sludge removed from the plant.

**Attachment L**

**Wastewater Treatment Facilities Within 3 Miles  
Section 1(B), Page 20 of 66**

(Technical Report 1.1)

**NOT APPLICABLE**

**Attachment M**

**Certified Letter to Nearby Facility  
Section 1(B), Page 20 of 66**

(Technical Report 1.1)

**NOT APPLICABLE**

## **Attachment N**

### **Design Calculations Section 4, Page 22 of 66**

(Technical Report 1.1)

**MAPLE FARMS WASTE WATER TREATMENT PLANT PHASE I PROPOSED  
DESIGN CALCULATIONS**

**INFLUENT QUALITY CHARACTERISTICS**

<u>PARAMETER</u>	<u>CONCENTRATION</u>
BOD <sub>5</sub>	300 MG/L
TSS	300 MG/L
NH <sub>3</sub> -N	30 MG/L

**PROPOSED EFFLUENT CHARACTERISTICS**

<u>PARAMETER</u>	<u>CONCENTRATION</u>
BOD <sub>5</sub>	10 MG/L
TSS	15 MG/L
NH <sub>3</sub> -N	3 MG/L
DO	4 MG/L

**PROPOSED INFLUENT FLOW CHARACTERISTICS**

<u>FLOW</u>	<u>GALLONS PER DAY</u>	<u>CUBIC FEET PER DAY</u>	<u>ADDITIONAL PLANT DATA</u>
DESIGN	100,000	13,369	<b>MLSS</b> 3,000 MG/L
PEAK 2 HOUR	400,000	53,476	<b>RASS</b> 6,000

**DESIGN BOD<sub>5</sub> LOADING** = (Q)(Conc.)(K) = (0.1)(200)(8.34) = 250.2 LBS/DAY

<u>LOADING</u>	<u>LBS/DAY</u>
BOD <sub>5</sub>	250.2
TSS	250.2
NH <sub>3</sub> -N	100.1

**AERATION BASIN**

TCEQ Maximum Organic Loading = 15 lbs/day/1,000 ft<sup>3</sup>  
 TCEQ Minimum Required Volume = (250.2 lbs/day) / (15 lbs/day/1,000 ft<sup>3</sup>) = 16,680 ft<sup>3</sup>  
 = 124,766 gal

**DIMENSIONS**

H =	10.5 ft (9' + 1.5' free board)
W =	16 ft
L =	78 ft

Volume Provided: 11,232 ft<sup>3</sup>

Organic Loading in Aeration Basin: (250.2 lbs/day) / (11232 ft<sup>3</sup>) = 22.28 lbs/day/1,000 ft<sup>3</sup>

## CLARIFIER

### DESIGN FLOW:

TCEQ Maximum Surface Loading	400 gal/day/ft <sup>2</sup>	
TCEQ Minimum Detention Time	4.5 hrs	
Proposed Surface Loading	(100000 gal/day) / (530 ft <sup>2</sup> ) =	189 gal/day/ft <sup>2</sup>
Proposed Detention Time	(5565 ft <sup>3</sup> ) / (100000 gal/day) =	10.0 hrs
Minimum Effective Surface Area	(100000 gal/day) / (400 gal/day/ft <sup>2</sup> ) =	250 ft <sup>2</sup>

### PEAK 2 HR FLOW:

TCEQ Maximum Surface Loading	800 gal/day/ft <sup>2</sup>	
TCEQ Minimum Detention Time	2.2 hrs	
Proposed Surface Loading	(400000 gal/day) / (530 ft <sup>2</sup> ) =	755 gal/day/ft <sup>2</sup>
Proposed Detention Time	(5565 ft <sup>3</sup> ) / (400000 gal/day) =	2.5 hrs
Minimum Effective Surface Area	(400000 gal/day) / (800 gal/day/ft <sup>2</sup> ) =	500 ft <sup>2</sup>

### Clarifier Dimensions:

Diameter	31 ft	Proposed Surface Area =	530 ft <sup>2</sup>
Stilling Well	5 ft	Proposed Volume =	5,565 ft <sup>3</sup>
Side Depth	10.5 ft		

TCEQ Maximum Weir Loading	15,000 gal/day/ft	
TCEQ Minimum Weir Length	(400000 gal/day) / (15000 gal/day/ft) =	107 ft
Proposed Weir Length		56 ft
Proposed Weir Loading	(400000 gal/day) / (56 ft) =	7,143 gal/day/ft

## AEROBIC DIGESTER

TCEQ Minimum Volume:	(20 ft <sup>3</sup> /lb BOD <sub>5</sub> /day) (167 lbs/day) =	3,340 ft <sup>3</sup>
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### Digester Dimensions:

H =	10.5 ft (9' + 1.5' free board)
W =	16 ft
L =	24 ft
V =	3,456 ft <sup>3</sup>

## CHLORINE CONTACT CHAMBER

TCEQ Minimum Detention Time (Peak Flow)	20 min	
TCEQ Minimum Volume (Peak Flow)	(400000 gal/day) / (20 min) =	743 ft <sup>3</sup>
H =	10.5 ft (9' + 1.5' free board)	
W =	8.5 ft	
L =	10 ft	



## CLARIFIER

### DESIGN FLOW:

TCEQ Maximum Surface Loading	400 gal/day/ft <sup>2</sup>
TCEQ Minimum Detention Time	4.5 hrs
Proposed Surface Loading	(250000 gal/day) / (530 ft <sup>2</sup> ) = 472.5 gal/day/ft <sup>2</sup>
Proposed Detention Time	(5565 ft <sup>3</sup> ) / (250000 gal/day) = 6.25 hrs
Minimum Effective Surface Area	(250000 gal/day) / (400 gal/day/ft <sup>2</sup> ) = 625 ft <sup>2</sup>

### PEAK 2 HR FLOW:

TCEQ Maximum Surface Loading	800 gal/day/ft <sup>2</sup>
TCEQ Minimum Detention Time	2.2 hrs
Proposed Surface Loading	(1000000 gal/day) / (530 ft <sup>2</sup> ) = 1,887 gal/day/ft <sup>2</sup>
Proposed Detention Time	(5565 ft <sup>3</sup> ) / (1000000 gal/day) = 1 hrs
Minimum Effective Surface Area	(1000000 gal/day) / (800 gal/day/ft <sup>2</sup> ) = 1250 ft <sup>2</sup>

### Clarifier Dimensions:

Diameter	31 ft	Proposed Surface Area =	530 ft <sup>2</sup>
Stilling Well	5 ft	Proposed Volume =	5,565 ft <sup>3</sup>
Side Depth	10.5 ft		

TCEQ Maximum Weir Loading	15,000 gal/day/ft
TCEQ Minimum Weir Length	(1000000 gal/day) / (15000 gal/day/ft) = 67.5 ft
Proposed Weir Length	56 ft
Proposed Weir Loading	(1000000 gal/day) / (56 ft) = 17,858 gal/day/ft

## AEROBIC DIGESTER

TCEQ Minimum Volume:	(20 ft <sup>3</sup> /lb BOD <sub>5</sub> /day) (167 lbs/day) = 3,340 ft <sup>3</sup>
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### Digester Dimensions:

H =	10.5 ft (9' + 1.5' free board)
W =	16 ft
L =	24 ft
V =	3,456 ft <sup>3</sup>

## CHLORINE CONTACT CHAMBER

TCEQ Minimum Detention Time (Peak Flow)	20 min
TCEQ Minimum Volume (Peak Flow)	(1000000 gal/day) / (20 min) = 1858 ft <sup>3</sup>
H =	10.5 ft (9' + 1.5' free board)
W =	8.5 ft
L =	10 ft

**MAPLE FARMS WASTE WATER TREATMENT PLANT PHASE III**  
**PROPOSED DESIGN CALCULATIONS**

**INFLUENT QUALITY CHARACTERISTICS**

<u>PARAMETER</u>	<u>CONCENTRATION</u>
BOD <sub>5</sub>	300 MG/L
TSS	300 MG/L
NH <sub>3</sub> -N	30 MG/L

**PROPOSED EFFLUENT CHARACTERISTICS**

<u>PARAMETER</u>	<u>CONCENTRATION</u>
BOD <sub>5</sub>	10 MG/L
TSS	15 MG/L
NH <sub>3</sub> -N	3 MG/L
DO	4 MG/L

**PROPOSED INFLUENT FLOW CHARACTERISTICS**

<u>FLOW</u>	<u>GALLONS PER DAY</u>	<u>CUBIC FEET PER DAY</u>	<u>ADDITIONAL PLANT DATA</u>
DESIGN	500,000	66,845	<b>MLSS</b> 3,000 MG/L
PEAK 2 HOUR	2,000,000	267,380	<b>RASS</b> 6,000

**DESIGN BOD<sub>5</sub> LOADING** = (Q)(Conc.)(K) = (0.5)(200)(8.34) = 1,251 LBS/DAY

<u>LOADING</u>	<u>LBS/DAY</u>
BOD <sub>5</sub>	1,251
TSS	1,251
NH <sub>3</sub> -N	500.5

**AERATION BASIN**

TCEQ Maximum Organic Loading = 15 lbs/day/1,000 ft<sup>3</sup> = 83,400 ft<sup>3</sup>  
TCEQ Minimum Required Volume = (1,251 lbs/day) / (15 lbs/day/1,000 ft<sup>3</sup>) = 623,830 gal

**DIMENSIONS**

H =	10.5 ft (9' + 1.5' free board)
W =	16 ft
L =	78 ft

Volume Provided: 11,232 ft<sup>3</sup>

Organic Loading in Aeration Basin: (1,251 lbs/day) / (11232 ft<sup>3</sup>) = 111.4 lbs/day/1,000 ft<sup>3</sup>

## CLARIFIER

### DESIGN FLOW:

TCEQ Maximum Surface Loading	400 gal/day/ft <sup>2</sup>
TCEQ Minimum Detention Time	4.5 hrs
Proposed Surface Loading	(500000 gal/day) / (530 ft <sup>2</sup> ) = 945 gal/day/ft <sup>2</sup>
Proposed Detention Time	(5565 ft <sup>3</sup> ) / (500000 gal/day) = 2.0 hrs
Minimum Effective Surface Area	(500000 gal/day) / (400 gal/day/ft <sup>2</sup> ) = 1,250 ft <sup>2</sup>

### PEAK 2 HR FLOW:

TCEQ Maximum Surface Loading	800 gal/day/ft <sup>2</sup>
TCEQ Minimum Detention Time	2.2 hrs
Proposed Surface Loading	(2000000 gal/day) / (530 ft <sup>2</sup> ) = 3775 gal/day/ft <sup>2</sup>
Proposed Detention Time	(5565 ft <sup>3</sup> ) / (2000000 gal/day) = 0.5 hrs
Minimum Effective Surface Area	(2000000 gal/day) / (800 gal/day/ft <sup>2</sup> ) = 2500 ft <sup>2</sup>

### Clarifier Dimensions:

Diameter	31 ft
Stilling Well	5 ft
Side Depth	10.5 ft

Proposed Surface Area =	530 ft <sup>2</sup>
Proposed Volume =	5,565 ft <sup>3</sup>

TCEQ Maximum Weir Loading	15,000 gal/day/ft
TCEQ Minimum Weir Length	(2000000 gal/day) / (15000 gal/day/ft) = 21.4 ft
Proposed Weir Length	56 ft
Proposed Weir Loading	(2000000 gal/day) / (56 ft) = 35,715 gal/day/ft

## AEROBIC DIGESTER

TCEQ Minimum Volume:	(20 ft <sup>3</sup> /lb BOD <sub>5</sub> /day) (167 lbs/day) = 3,340 ft <sup>3</sup>
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### Digester Dimensions:

H =	10.5 ft (9' + 1.5' free board)
W =	16 ft
L =	24 ft
V =	3,456 ft <sup>3</sup>

## CHLORINE CONTACT CHAMBER

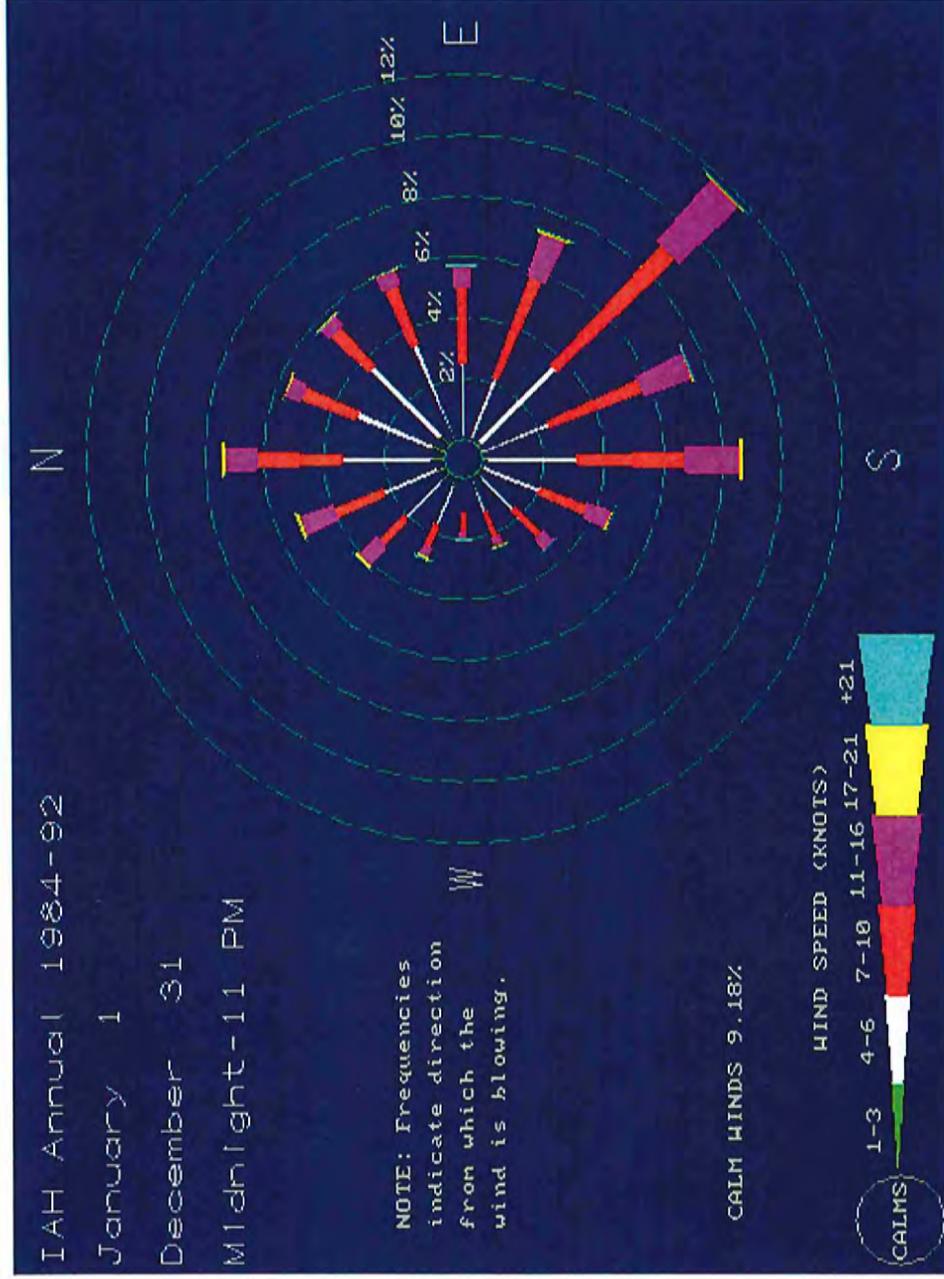
TCEQ Minimum Detention Time (Peak Flow)	20 min
TCEQ Minimum Volume (Peak Flow)	(400000 gal/day) / (20 min) = 3715 ft <sup>3</sup>
H =	10.5 ft (9' + 1.5' free board)
W =	8.5 ft
L =	10 ft

# **Attachment O**

## **Wind Rose**

### **Section 5(B), Page 23 of 66**

(Technical Report 1.1)



# **Attachment P**

## **Treatment Units Section 2(B), Page 2 of 66**

(Technical Report 1.0)

**Table 1.0(1) - Treatment Units**

<b>Phase</b>	<b>Treatment Unit Type</b>	<b>Number of Units</b>	<b>Dimensions (L x W x D)</b>
1	Aeration	2	32' x 12' x 12.2'
	Clarifier	1	36' Diam. @ 10.5' Depth
	Digester	2	20' x 12' x 12.2'
	Chlorine Contact Chamber	1	22' x 11' x 10.5'
2	Aeration	3	52' x 12' x 12.2'
	Clarifier	1	36' Diam. @ 10.5' Depth
	Digester	2	52' x 12' x 12.2'
	Chlorine Contact Chamber	1	22' x 11' x 10.5'
3	Aeration	6	52' x 12' x 12.2'
	Clarifier	2	36' Diam. @ 10.5' Depth
	Digester	4	52' x 12' x 12.2'
	Chlorine Contact Chamber	2	22' x 11' x 10.5'

B. Prefix: Mr. Last Name, First Name: Schultz, Jason  
Title: Project Manager Credential: P.E.  
Organization Name: DE Corp.  
Mailing Address: 3100 W Alabama City, State, Zip Code: Houston, TX 77098  
Phone No.: 713-527-6487 E-mail Address: jschultz@gfnet.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: Seale, Robert  
Title: Attorney Credential: Click to enter text.  
Organization Name: Allen Boone Humphries Robinson, LLP  
Mailing Address: 3200 Southwest Freeway City, State, Zip Code: Houston, TX 77027  
Phone No.: (713) 800-8673 E-mail Address: barguello@abhr.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: Broom, Tyler  
Title: Engineer Credential: P.E.  
Organization Name: DE Corp.  
Mailing Address: City, State, Zip Code: 3100 W Alabama, Houston, TX 77098  
Phone No.: 713-527-6476 E-mail Address: tbroom@gfnet.com

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

### A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: McConathy, James  
Title: Engineer Credential: P.E.  
Organization Name: DE Corp.  
Mailing Address: 3100 W Alabama City, State, Zip Code: Houston, TX 77098  
Phone No.: 713-527-6368 E-mail Address: jmconathy@gfnet.com