



# Administrative Package Cover Page

**This file contains the following documents:**

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



# Portada de Paquete Administrativo

**Este archivo contiene los siguientes documentos:**

1. Resumen en lenguaje sencillo (PLS, por sus siglas en inglés) de la actividad propuesta
  - Inglés
  - Idioma alternativo (español)
2. Primer aviso (NORI, el Aviso de Recepción de Solicitud e Intención de Obtener un Permiso)
  - Inglés
  - Idioma alternativo (español)
3. Solicitud original

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

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

### **DOMESTIC WASTEWATER**

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

City of Sugar Land ((CN600593990 ) proposes to operate Sugar Land Brazos Regional Wastewater Treatment Plant RN N/A. an activated sludge with nitrification WWTP for residential sewage. The facility will be located approximately 1800 feet northeast of the intersection of Arbor Ranch Drive and Farm-to-Market Road 2759, in Richmond, Fort Bend County, Texas 77469.

A new permit application to discharge 6MGD of treated domestic wastewater.

Discharges from the facility are expected to contain CBOD, TSS, Ammonia Nitrogen, and TDS. Domestic Wastewater will be treated by *bar screen, aeration basins, clarifiers, digesters, and disinfection basins*.

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

**AGUAS RESIDUALES DOMÉSTICAS**

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

City of Sugar Land (CN 600593990) Sugar Land Brazos Regional Wastewater Treatment Plant, RN(N/A), una planta lodos activados con nitrificación, flujo piston de lodos activados para aguas residuales residenciales. La instalación estará ubicada aproximadamente a 1800 pies al noreste de la intersección de Arbor Ranch Drive y Farm-to Market Road 2759, en Richmond, condado de Fort Bend, Texas 77469.

Solicitud de renovación para descargar un flujo promedio de 6,000,000 galones por dia de aguas residuales domésticas tratadas.

Se espera que los vertidos de la planta contengan CBOD, TSS, nitrógeno amoniacal y TDS. Las aguas residuales domésticas se tratan mediante filtros de rejillas, cámara de aireación, clarificadores secundarios, digestores de lodos y cámara de desinfección.

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

### PROPOSED PERMIT NO. WQ0016602001

**APPLICATION.** City of Sugar Land, 101A Gillingham Lane, Sugar Land, Texas 77478, has applied to the Texas Commission on Environmental Quality (TCEQ) for proposed Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0016602001 (EPA I.D. No. TX0146501) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 6,000,000 gallons per day. The domestic wastewater facility will be located approximately 1,800 feet east northeast of Arbor Ranch Drive and Farm-to-Market Road 2759 (Thompson Road), in the city of Richmond, in Fort Bend County, Texas 77469. The discharge route will be from the plant site to Rabbs Bayou; thence to a diversion canal; thence to Middle Bayou; thence to Brazos River below Navasota River. TCEQ received this application on August 20, 2024. The permit application will be available for viewing and copying at Fort Bend County Libraries - George Memorial Library, 1001 Golfview Drive, Richmond, 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=-95.66883,29.540864&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 City of Sugar Land at the address stated above or by calling Ms. Sarah Almasri, E.I.T., Engineer II, Pape-Dawson Engineers, at 713-428-2400.

Issuance Date: November 7, 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. WQ0016602001

**SOLICITUD.** City of Sugar Land, 101A Gillingham Lane, Sugar Land, Texas 77478 ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para el propuesto Permiso No. WQ0016602001 (EPA I.D. No. TX0146501) 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 6,000,000 galones por día. La planta está ubicada aproximadamente a 1800 pies al noreste de la intersección de Arbor Ranch Drive y Farm-to-Market Road 2759, en Richmond en el Condado de Fort Bend, Texas 77469. La ruta de descarga es del sitio de la planta a descargarán en Rabbs Bayou, de allí a un canal de desvío, de allí a Middle Bayou, de allí al río Brazos debajo del río Navasota en el segmento 1202 de la cuenca del río Brazos. La TCEQ recibió esta solicitud el 20 de agosto de 2024. La solicitud para el permiso está disponible para leerla y copiarla en Biblioteca del condado de Fort Bend – Biblioteca George Memorial, 1001 Golfview Drive, Richmond, Texas. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web:

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

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=95.66883,29.540864&level=18>

El Director Ejecutivo de la TCEQ ha revisado esta medida para ver si está de acuerdo con los objetivos y las regulaciones del Programa de Administración Costero de Texas (CMP) de acuerdo con las regulaciones del Consejo Coordinador de la Costa (CCC) y ha determinado que la acción es conforme con las metas y regulaciones pertinentes del CMP.

**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. Ademas, puede pedir que la TCEQ ponga su nombre en una o mas de las listas correos siguientes (1) la lista de correo permanente para recibir los avisos de el solicitante indicado por nombre y número del permiso específico y/o (2) la lista de correo de todas las solicitudes en un condado específico. Si desea que se agrega su nombre en una de las listas designe cual lista(s) y envia por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

**CONTACTOS E INFORMACIÓN 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 City of Sugar Land a la dirección indicada arriba o llamando a Sarah Almasri, E.I.T, Pape-Dawson Engineers. al 713-428-2400.

Fecha de emisión 7 de noviembre de 2024

# **TCEQ APPLICATION FOR A NEW TEXAS POLLUTION DISCHARGE ELIMINATION SYSTEM PERMIT**

City of Sugar Land Regional Wastewater Treatment Plant  
PD Job No. 42139-00

Prepared by: Pape-Dawson Engineers  
2107 CityWest Blvd, 3<sup>rd</sup> Floor  
Houston, Texas 77042  
Ph: 713.428.2400  
Texas P.E. Board Firm No. 470

**APPLICATION FOR A NEW  
TEXAS POLLUTION DISCHARGE ELIMINATION SYSTEM PERMIT  
FOR  
SUGAR LAND REGIONAL WASTEWATER TREATMENT PLANT  
FORT BEND COUNTY, TEXAS**

**TABLE OF CONTENTS**

<b>REPORTS</b>	
<b>Description</b>	<b>Reference Page Numbers</b>
TCEQ-10053 Domestic Administrative Report 1.0	Administrative Report Pages 1-22
TCEQ-10054 Domestic Technical Report 1.0	Technical Report Pages 1-19
TCEQ-10054 Domestic Technical Report 1.1	Technical Report Pages 20-26
TCEQ-10054 Domestic Worksheet 2.0 – Receiving Waters	Technical Report Pages 27-31
TCEQ-10054 Domestic Worksheet 6.0 – Industrial Waste Contribution	Technical Report Pages 69-74
<b>ATTACHMENTS</b>	
<b>Description</b>	<b>Reference Page Numbers</b>
ATTACHMENT "ADMIN.01" Payment Submittal Form	Administrative Report 1.0, Page 2, Section 1
ATTACHMENT "ADMIN.02" Core Data Form	Administrative Report 1.0, Page 4, Section 3.C
ATTACHMENT "ADMIN.03" USGS Topographic Map	Administrative Report 1.0, Page 11, Section 13
ATTACHMENT "ADMIN.04" Affected Landowners Map	Administrative Report 1.1, Page 14, Section 1
ATTACHMENT "ADMIN.05" Affected Landowners List	Administrative Report 1.1, Page 14, Section 1
ATTACHMENT "ADMIN.06" Original Photographs	Administrative Report 1.1, Page 15, Section 2
ATTACHMENT "ADMIN.07" Buffer Zone Map	Administrative Report 1.1, Page 15, Section 3
ATTACHMENT "ADMIN.08" Public Involvement Form	Administrative Report 1.0, Page 8, Section 8
ATTACHMENT "ADMIN.09" Plain Language Summary Template	Administrative Report 1.0, Page 7, Section 8
ATTACHMENT "ADMIN.10" Supplemental Permit Information Form	Administrative Report 1.1, Page 14, Section 3
ATTACHMENT "TECH.01" Process Flow Diagram	Technical Report 1.0, Page 2, Section 2.C
ATTACHMENT "TECH.02" Service Area and Site Drawing	Technical Report 1.0, Page 3, Section 3

ATTACHMENT "TECH.03" Facilities Located Within Three Miles	Technical Report 1.1, Page 21, Section 1
ATTACHMENT "TECH.04" Treatment Units	Technical Report 1.0, Page 2, Section B
ATTACHMENT "TECH.05" Design Calculations	Technical Report 1.1, Page 24, Section 4
ATTACHMENT "TECH.06" 100-Year Frequency Flood Plain	Technical Report 1.1, Page 25, Section 5
ATTACHMENT "TECH.07" Wind Rose	Technical Report 1.1, Page 25, Section 5
ATTACHMENT "TECH.08" Solids Management Plan	Technical Report 1.1, Page 26, Section 7
ATTACHMENT "SPIF.01" TCEQ-10053 Supplemental Permit Information Form & USGS Topographic Map	Administrative Report Pages 16-18



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of Sugar Land

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

For TCEQ Use Only

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



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

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

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

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

Minor Amendment (for any flow) \$150.00

See Attachment "ADMIN.01"

### Payment Information:

Mailed      Check/Money Order Number: 001240

Check/Money Order Amount: \$2,050.00

Name Printed on Check: Pape-Dawson Engineers

EPAY      Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed?      Yes

## Section 2. Type of Application (Instructions Page 26)

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

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

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

- Active
- Inactive

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

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

d. Check the box next to the appropriate application type

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

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

f. For existing permits:

Permit Number: WQ00 N/A

EPA I.D. (TPDES only): TX N/A

Expiration Date: N/A

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

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

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

City of Sugar Land

*(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: 600593990

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: Goodrum, Michael W.

Title: City Manager

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

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

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

N/A

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

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

CN:  Click to enter text.

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

Prefix:  Click to enter text.

Last Name, First Name:  Click to enter text.

Title:  Click to enter text.

Credential:  Click to enter text.

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

## C. Core Data Form

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

## Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: Ms. Last Name, First Name: Almasri, Sarah

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

Organization Name: Pape-Dawson Engineers

Mailing Address: 2107 City West Blvd, 3rd Floor City, State, Zip Code: Houston, Texas, 77042

Phone No.: 713-428-2400 E-mail Address: SAlmasri@pape-dawson.com

Check one or both:  Administrative Contact  Technical Contact

B. Prefix: Mr. Last Name, First Name: Walker, Harry B.

Title: Senior Project Manager Credential: P.E.

Organization Name: Pape-Dawson Engineers

Mailing Address: 2107 CityWest Blvd, 3rd Floor City, State, Zip Code: Houston, Texas, 77042

Phone No.: 713-428-2400 E-mail Address: HWalker@pape-dawson.com

Check one or both:  Administrative Contact  Technical Contact

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

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

A. Prefix: Mr. Last Name, First Name: Middleton, Jay

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

Organization Name: Brazos River Authority

Mailing Address: P.O. Box 7555 City, State, Zip Code: Waco, TX, 76714

Phone No.: 512-850-9145 E-mail Address: jay.middleton@brazos.org

B. Prefix: Mr. Last Name, First Name: King, Jon  
Title: Brazos River Authority Credential:  Click to enter text.  
Organization Name:  Click to enter text.  
Mailing Address: P.O Box 7555 City, State, Zip Code: Waco, TX, 76714  
Phone No.: 254-761-3167 E-mail Address: jon.king@brazos.org

## 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:  Click to enter text. Last Name, First Name: Accounts Payable  
Title:  Click to enter text. Credential:  Click to enter text.  
Organization Name: City of Sugar Land  
Mailing Address: P.O. Box 110 City, State, Zip Code: Sugar Land, TX, 77487  
Phone No.: 281-275-2745 E-mail Address: accountspayable@sugarlandtx.gov

## 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: Middleton, Jay  
Title:  Click to enter text. Credential:  Click to enter text.  
Organization Name: Brazos River Authority  
Mailing Address: P.O. Box 7555 City, State, Zip Code: Waco, TX, 76714  
Phone No.: 512-850-9145 E-mail Address: jay.middleton@brazos.org

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

### A. Individual Publishing the Notices

Prefix: Ms. Last Name, First Name: Almasri, Sarah  
Title: Engineer II Credential: E.I.T.  
Organization Name: Pape-Dawson Engineers  
Mailing Address: 2107 CityWest Blvd, 3rd Floor City, State, Zip Code: Houston, TX, 77042  
Phone No.: 713-428-2400 E-mail Address: SAlmasri@pape-dawson.com

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

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

- E-mail Address
- Fax
- Regular Mail

## **C. Contact permit to be listed in the Notices**

Prefix: Ms. Last Name, First Name: Almasri, Sarah

Title: Engineer II Credential: E.I.T

Organization Name: Pape-Dawson Engineers

Mailing Address: 2107 CityWest Blvd, 3rd Floor City, State, Zip Code: Houston, TX, 77042

Phone No.: 713-428-2400 E-mail Address: SAlmasri@pape-dawson.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: Fort Bend County Library – George Memorial Library

Location within the building: Click to enter text.

Physical Address of Building: 1001 Golfview Dr

City: Richmond County: Fort Bend

Contact (Last Name, First Name): Chao, Kenny

Phone No.: 281-342-4455 Ext.: Click to enter text.

## **E. Bilingual Notice Requirements**

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

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

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

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

- Yes
- No

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

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

- Yes
- No

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

Yes       No

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

Yes       No

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

#### F. Plain Language Summary Template

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

**Attachment:** Admin.09

#### G. Public Involvement Plan Form

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

**Attachment:** Admin.08

### 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 N/A

Search the TCEQ's Central Registry at <http://www15.tceq.texas.gov/crpublish/> to determine if the site is currently regulated by TCEQ.

B. Name of project or site (the name known by the community where located):

Sugar Land Regional Wastewater Treatment Plant

C. Owner of treatment facility: City of Sugar Land

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: City of Sugar Land

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

Organization Name: Click to enter text.

Mailing Address: 101A Gillingham Lane      City, State, Zip Code: Sugar Land, TX, 77478

Phone No.: 281-275-2450      E-mail Address: Click to enter text.

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

**Attachment:** Click to enter text.

**E. Owner of effluent disposal site:**

Prefix: N/A

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:

**The facility will be located approximately 1300 feet ENE of FM 2759 (Thompson Road), and Arbor Ranch drive. Adjacent to the Greatwood Lake subdivision.**

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

Yes     No

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

**The treated effluent will be discharged into Rabbs Bayou (Segment 1202B), thence to Middle Bayou to the Brazos River (Segment 1202) of the Brazos River Basin.**

City nearest the outfall(s): Sugar Land

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

**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: Fort Bend, Brazoria

## 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.

[Click to enter text.](#)

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

Yes       No

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

D. Do you owe any fees to the TCEQ?

Yes       No

If yes, provide the following information:

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

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

E. Do you owe any penalties to the TCEQ?

Yes       No

If yes, please provide the following information:

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

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

## Section 13. Attachments (Instructions Page 33)

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

- Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.
- Original full-size USGS Topographic Map with the following information:

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

**See Attachment "Admin.03"**

- Attachment 1 for Individuals as co-applicants
- Other Attachments. Please specify: [Click to enter text.](#)

## Section 14. Signature Page (Instructions Page 39)

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

Permit Number: N/A

Applicant: City of Sugar Land

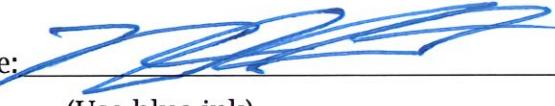
Certification:

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): Michael W. Goodrum

Signatory title: City Manager

Signature:  Date: 07-16-24  
(Use blue ink)

Subscribed and Sworn to before me by the said City Manager, Mike Goodrum  
on this 16 day of July, 20 24.  
My commission expires on the 14 day of April, 20 27.

Emily Lopez  
Notary Public

Fort Bend  
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: Fort Bend Central Appraisal District
- E. As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?
- Yes       No

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

Click to enter text.

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

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

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

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

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

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

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

- Ownership
- Restrictive easement
- Nuisance odor control
- Variance

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

- Yes
- No

# **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:** Admin.10

# WATER QUALITY PERMIT

## PAYMENT SUBMITTAL FORM

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

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

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

*BY REGULAR U.S. MAIL*

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

*BY OVERNIGHT/EXPRESS MAIL*

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

**Fee Code: WQP      Waste Permit No: N/A**

1. Check or Money Order Number: 001240
2. Check or Money Order Amount: \$2,050.00
3. Date of Check or Money Order: 5/01/2024
4. Name on Check or Money Order: Pape-Dawson Engineers
5. APPLICATION INFORMATION

Name of Project or Site: Sugar Land Regional Wastewater Treatment Plant

Physical Address of Project or Site: The Plant will be located on the north of FM 2759, west of Toll Road Booth Rd

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

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

# 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

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): 2 MGD

2-Hr Peak Flow (MGD): 8 MGD

Estimated construction start date: 2025

Estimated waste disposal start date: July 2027

### B. Interim II Phase

Design Flow (MGD): 4 MGD

2-Hr Peak Flow (MGD): 16 MGD

Estimated construction start date: August 2027

Estimated waste disposal start date: January 2030

### C. Final Phase

Design Flow (MGD): 6 MGD

2-Hr Peak Flow (MGD): 24 MGD

Estimated construction start date: February 2030

Estimated waste disposal start date: July 2032

### D. Current Operating Phase

Provide the startup date of the facility: July 2027

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

### A. Current Operating Phase

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

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

Flow enters the complete mix activated sludge w/ nitrification process through a fine perforated mechanical screen followed by flow splitting into two treatment trains, thence to secondary clarifiers for solids settling: thence to the chlorine contact chamber for disinfection. Downstream of the disinfection basin a portion of the flow will be conveyed to a filtration system for a reclaimed water system. The remaining flow will be dechlorinated prior to being discharged from the plant. Waste sludge is conveyed to the digesters for stabilization before being hauled away.

## B. Treatment Units

In Table 1.0(1), provide the treatment unit type, the number of units, and dimensions (length, width, depth) of each treatment unit, accounting for *all* phases of operation.

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

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
See Tech.04		

## C. Process Flow Diagram

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

Attachment: [Tech.01](#)

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

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

- Latitude: 29.540864
- Longitude: -95.668836

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: Tech.02**

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

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
Greatwood Collection System	City of Sugar Land	Publicly Owned	5,000
Ryehill Collection System	Pulte Group, Inc.	Privately Owned	2,335
		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.

N/A

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

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

### A. Summary transmittal

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

Yes  No

If yes, provide the date(s) of approval for each phase: [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*.

N/A

## D. Grit and grease treatment

### 1. Acceptance of grit and grease waste

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

Yes  No

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

### 2. Grit and grease processing

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

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.  
[Click to enter text.](#)

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

### 1. Acceptance of sludge from other WWTPs

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

Yes  No

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

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

[Click to enter text.](#)

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

### 2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

Yes  No

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

Yes  No

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

Yes  No

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

Click to enter text.

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

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

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

Yes  No

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

Click to enter text.

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

Is the facility in operation?

Yes  No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l					
Total Suspended Solids, mg/l					
Ammonia Nitrogen, mg/l					
Nitrate Nitrogen, mg/l					
Total Kjeldahl Nitrogen, mg/l					
Sulfate, mg/l					
Chloride, mg/l					
Total Phosphorus, mg/l					
pH, standard units					
Dissolved Oxygen*, mg/l					
Chlorine Residual, mg/l					
<i>E.coli</i> (CFU/100ml) freshwater					
Enterococci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, $\mu\text{mhos}/\text{cm}$ , †					
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: Donnie PowersFacility Operator's License Classification and Level: Wastewater Treatment Operator "A"Facility Operator's License Number: WW0044192

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

### B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

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

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

#### E. Transportation method

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

Name of the hauler: N/A

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

Sludge is transported as a:

Liquid  semi-liquid  semi-solid  solid

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

#### A. Beneficial use authorization

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

Yes  No

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

Yes  No

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

Yes  No

## B. Sludge processing authorization

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

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

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

Yes  No

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

Does this facility include sewage sludge lagoons?

Yes  No

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

### A. Location information

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

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

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

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

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

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

[Click to enter text.](#)

## B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

## C. Liner information

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

Yes    No

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

[Click to enter text.](#)

#### D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

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

#### E. Groundwater monitoring

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

Yes  No

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

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

### Section 12. Authorizations/Compliance/Enforcement (Instructions)

**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:

Application and authorization are currently in process and well coincide with the TPDES application.

**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 64)

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: Michael W. Goodrum

Title: City Manager

Signature:   
Date: 07-16-24

# 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 for a future master planned community within Fort Bend County. No existing infrastructure exists to service the future homes. This treatment plant is expected to have 3 phases. The first phase is projected to have a 2MGD flow and the second phase is 4MGD. The final projected flow to the plant is overall 6 MGD. The first phase is projected to accept flow starting the middle of 2025.

#### B. Regionalization of facilities

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

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

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

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

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

Yes  No  Not Applicable

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

If yes, attach correspondence from the city.

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

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

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

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

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

Yes  No

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

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

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

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

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

Yes     No

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

Attachment: [Tech.03](#)

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: [N/A Nearby plant owned by applicant.](#)

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 BOD <sub>5</sub> Concentration (mg/l)
Municipality		
Subdivision	6 (at Build-out)	325
Trailer park – transient	N/A	
Mobile home park	N/A	
School with cafeteria and showers	N/A	
School with cafeteria, no showers	N/A	
Recreational park, overnight use	N/A	
Recreational park, day use	N/A	
Office building or factory	N/A	
Motel	N/A	
Restaurant	N/A	
Hospital	N/A	
Nursing home	N/A	
Other	N/A	
TOTAL FLOW from all sources	6	
AVERAGE BOD <sub>5</sub> from all sources		325

## 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: 1.0

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 3

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

Dissolved Oxygen, mg/l: 6

Other: Click to enter text.

## 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: 6

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

## 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: 6

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

## D. Disinfection Method

Identify the proposed method of disinfection.

Chlorine: 1-4 mg/l after 20 minutes detention time at peak flow

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

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

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

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

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

Attachment: [Tech.05](#)

## 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.

## Tech.06

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

- Yes  No

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

- Yes  No

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

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

### B. Wind rose

Attach a wind rose: [Tech.07](#)

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

### A. Beneficial use authorization

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

- Yes  No

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

### B. Sludge processing authorization

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

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

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

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

Attach a solids management plan to the application.

**Attachment:** [Tech.08](#)

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: Rabs Bayou

### 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.

Middle Bayou, Brazos River

### 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.

The bayou was covered by greenery. and the water was discolored and flowing

Date and time of observation: 3/14/2024 @2.00 PM

Was the water body influenced by stormwater runoff during observations?

Yes  No

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

### A. Upstream influences

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

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

## B. Waterbody uses

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

- |  |  |
|--|--|
| <input type="checkbox"/> Livestock watering    | <input type="checkbox"/> Contact recreation                                  |
| <input type="checkbox"/> Irrigation withdrawal | <input type="checkbox"/> Non-contact recreation                              |
| <input type="checkbox"/> Fishing               | <input type="checkbox"/> Navigation  |
| <input type="checkbox"/> Domestic water supply | <input type="checkbox"/> Industrial water supply                             |
| <input type="checkbox"/> Park activities       | <input checked="" type="checkbox"/> Other(s), specify: <u>Storm Drainage</u> |

## C. Waterbody aesthetics

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

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

# 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: N/A

Significant IUs – non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: N/A

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: N/A

### 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: N/A

SIC Code: Click to enter text.

Contact name: Click to enter text.

Address: Click to enter text.

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

Telephone number: Click to enter text.

Email address: Click to enter text.

### **B. Process information**

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

Click to enter text.

### **C. Product and service information**

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

Click to enter text.

### **D. Flow rate information**

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

Process Wastewater:

Discharge, in gallons/day: Click to enter text.

Discharge Type:  Continuous     Batch     Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: Click to enter text.

Discharge Type:  Continuous     Batch     Intermittent

## E. Pretreatment standards

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

- Yes  No

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

- Yes  No

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

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

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

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

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

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

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

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

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

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

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

## F. Industrial user interruptions

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

- Yes  No

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

[Click to enter text.](#)

**Sugar Land Regional Wastewater Treatment Plant**  
**Fort Bend County, Texas**

**List of Attachments**

- 1) ADMIN.01** – Payment Submittal Form
- 2) ADMIN.02** – Core Data Form
- 3) ADMIN.03** – USGS Map (Full Size)
- 4) ADMIN.04** – Affected Landowners Map
- 5) ADMIN.05** – Affected Landowners List
- 6) ADMIN.06** – Original Photographs
- 7) ADMIN.07** – Buffer Zone Map
- 8) ADMIN.08** - Public Involvement Form
- 9) ADMIN.09** - Plain Language Summary Template
- 10) ADMIN.10** - Supplemental Permit Information Form
- 11) TECH.01** – Process Flow Diagram
- 12) TECH.02** – Service Area & Site Drawing
- 13) TECH.03** – Facilities Located Within Three Miles
- 14) TECH.04** – Treatment Units
- 15) TECH.05** – Design Calculations
- 16) TECH.06** – 100-Year Frequency Flood Plain
- 17) TECH.07** – Wind Rose
- 18) TECH.08** – Solids Management Plan
- 19) SPIF.01** – Supplemental Permit Information Form and USGS Topographic Map

**ADMIN.01 – Water Quality Permit Payment Submittal Form**  
**Administrative Report 1.0**  
**Pg. 2, Section 1**

# WATER QUALITY PERMIT

## PAYMENT SUBMITTAL FORM

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

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

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

*BY REGULAR U.S. MAIL*

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

*BY OVERNIGHT/EXPRESS MAIL*

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

**Fee Code: WQP      Waste Permit No: N/A**

1. Check or Money Order Number: 001240
2. Check or Money Order Amount: \$2,050.00
3. Date of Check or Money Order: 5/01/2024
4. Name on Check or Money Order: Pape-Dawson Engineers
5. APPLICATION INFORMATION

Name of Project or Site: Sugar Land Regional Wastewater Treatment Plant

Physical Address of Project or Site: The Plant will be located on the north of FM 2759, west of Toll Road Booth Rd

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

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

**ADMIN.02 – Core Data Form  
Administrative Report 1.0  
Pg. 4, Section 3.C**



# TCEQ Core Data Form

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

## SECTION I: General Information

<b>1. Reason for Submission</b> ( <i>If other is checked please describe in space provided.</i> )	
<input checked="" type="checkbox"/> New Permit, Registration or Authorization ( <i>Core Data Form should be submitted with the program application.</i> )	
<input type="checkbox"/> Renewal ( <i>Core Data Form should be submitted with the renewal form</i> )	
<input type="checkbox"/> Other	
<b>2. Customer Reference Number</b> ( <i>if issued</i> )	
<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	
CN 600593990	
<b>3. Regulated Entity Reference Number</b> ( <i>if issued</i> )	
RN	

## SECTION II: Customer Information

<b>4. General Customer Information</b>	<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)	4/29/2024					
<input checked="" type="checkbox"/> New Customer <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)	<input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership						
<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> ( <i>If an individual, print last name first: eg: Doe, John</i> )		<i>If new Customer, enter previous Customer below:</i>					
City of Sugar Land							
<b>7. TX SOS/CPA Filing Number</b>	<b>8. TX State Tax ID</b> (11 digits)	<b>9. Federal Tax ID</b> (9 digits)	<b>10. DUNS Number</b> ( <i>if applicable</i> )				
<b>11. Type of Customer:</b>	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual	<input type="checkbox"/> Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited					
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other:					
<b>12. Number of Employees</b>		<b>13. Independently Owned and Operated?</b>					
<input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
<b>14. Customer Role</b> ( <i>Proposed or Actual – as it relates to the Regulated Entity listed on this form. Please check one of the following</i> )							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant <input type="checkbox"/> Other:							
<b>15. Mailing Address:</b>	101A Gillingham Lane						
	City	Sugar Land	State	TX	ZIP	77478	ZIP + 4
<b>16. Country Mailing Information</b> ( <i>if outside USA</i> )			<b>17. E-Mail Address</b> ( <i>if applicable</i> )				
<b>18. Telephone Number</b>		<b>19. Extension or Code</b>			<b>20. Fax Number</b> ( <i>if applicable</i> )		

## SECTION III: Regulated Entity Information

**21. General Regulated Entity Information** (If "New Regulated Entity" is selected, a new permit application is also required.)

New Regulated Entity     Update to Regulated Entity Name     Update to Regulated Entity Information

**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).**

**22. Regulated Entity Name** (Enter name of the site where the regulated action is taking place.)

Sugar Land Regional Wastewater Treatment Plant

<b>23. Street Address of the Regulated Entity: <u>(No PO Boxes)</u></b>	STREET NUMBER NOT ESTABLISHED						
	City	SUGAR LAND	State	TX	ZIP	77469	ZIP + 4
<b>24. County</b>	Fort Bend						

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

<b>25. Description to Physical Location:</b>	The Plant will be located approximately 1300 feet ENE of FM 2759 (Thompson Road) and Arbor Ranch Drive, and adjacent to the Greatwood Lake subdivision.						
<b>26. Nearest City</b>				<b>State</b>	<b>Nearest ZIP Code</b>		
Sugar Land				TX	77469		
<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>		29.540864		<b>28. Longitude (W) In Decimal:</b>	-95.668836		
Degrees	Minutes	Seconds		Degrees	Minutes	Seconds	
29°	32	27.11		95°	40	7.81	
<b>29. Primary SIC Code</b> (4 digits)	<b>30. Secondary SIC Code</b> (4 digits)		<b>31. Primary NAICS Code</b> (5 or 6 digits)			<b>32. Secondary NAICS Code</b> (5 or 6 digits)	
4952							
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)							
Wastewater Treatment Facility							
<b>34. Mailing Address:</b>	101A Gillingham Lane						
	City	Sugar Land	State	TX	ZIP	77478	ZIP + 4
<b>35. E-Mail Address:</b>							
<b>36. Telephone Number</b>		<b>37. Extension or Code</b>			<b>38. Fax Number</b> (if applicable)		
( 281 ) 275-2450					( ) -		

**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>	Sarah Almasri, E.I.T.		<b>41. Title:</b>	Engineer II
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>	
( 713 ) 428-2400		(   ) -	salmasri@pape-dawson.com	

## **SECTION V: Authorized Signature**

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

<b>Company:</b>	City of Sugar Land	<b>Job Title:</b>	City Manager	
<b>Name (In Print):</b>	Michael W. Goodrum		<b>Phone:</b>	(   ) -
<b>Signature:</b>			<b>Date:</b>	07-14-24

**Admin.03 – USGS Topographic Map  
Administrative Report 1.0  
Pg. 11, Section 13**



**ADMIN.04 – Affected Landowners Map**  
**Administrative Report 1.1**  
**Pg. 14, Section 1**



## SUGAR LAND REGIONAL WASTEWATER TREATMENT PLANT

Fort Bend County, Texas

0 250 500  
Feet

1 inch = 500 feet



### Legend



Adjacent Tracts

**PAPE-DAWSON  
ENGINEERS**  
TEXAS ENGINEERING FIRM #470 | TEXAS SURVEYING FIRM #10028801

42139-00

APRIL 2024

BY CVN

Aerial Date: 12/16/2023

**ADMIN.05 – Affected Landowners List**  
**Administrative Report 1.1**  
**Pg. 14, Section 1**

**ADJACENT LANDOWNERS ADDRESSES**

No.	Name	Property Address	City	Zip	Mailing Address
1	Cold Sugar LLC	8515 FM 2759 RD	Richmond, TX	77469	4669 Southwest FWY, Houston TX, 77027
2	OAKES MELISSA V & JAMES R PARISEAU	1259 Deerbrook DR	Sugar Land, TX	77479	1259 Deerbrook DR, Sugar Land, TX 77479
3	Anderson Rodney	1255 Deerbrook DR	Sugar Land, TX	77479	1255 Deerbrook DR, Sugar Land, TX 77479
4	Multiple Owners	1251 Deerbrook DR	Sugar Land, TX	77479	1251 Deerbrook DR, Sugar Land, TX 77479
5	Pitman Matthew & Bandi Pittman	8038 Lauren WAY	Sugar Land, TX	77479	8038 Lauren WAY, Sugar Land, TX 77479
6	Loera Gabriel De & Catherine Alzate	8034 Lauren WAY	Sugar Land, TX	77479	8034 Lauren WAY, Sugar Land, TX 77479
7	Davies Carrie	8010 Lauren WAY	Sugar Land, TX	77479	8010 Lauren WAY, Sugar Land, TX 77479
8	Borges Rodrigo	8106 Lauren WAY	Sugar Land, TX	77479	8106 Lauren WAY, Sugar Land, TX 77479
9	TATE RAYFORD D & CONSTANCE E	1223 DEERBROOK DR	Sugar Land, TX	77479	1223 Deerbrook DR, Sugar Land, TX 77479
10	Hicks James	1231 Deerbrook DR	Sugar Land, TX	77479	1231 Deerbrook DR, Sugar Land, TX 77479
11	Hodges Terry	1239 Deerbrook DR	Sugar Land, TX	77479	1239 Deerbrook DR, Sugar Land, TX 77479
12	Currie Christopher M & Noelle D Currie	8102 Lauren WAY	Sugar Land, TX	77479	8102 Lauren WAY, Sugar Land, TX 77479
13	Kennedy Eric	8006 Lauren WAY	Sugar Land, TX	77479	8006 Lauren WAY, Sugar Land, TX 77479
14	Multile Owners	1235 Deerbrook DR	Sugar Land, TX	77479	1235 Deerbrook DR, Sugar Land, TX 77479
26	Morales Family Trust	8114 Lauren WAY	Sugar Land, TX	77479	8114 Lauren WAY, Sugar Land, TX 77479
27	Arredondo Ephraim III & Brigid L	1247 Deerbrook DR	Sugar Land, TX	77479	1247 Deerbrook DR, Sugar Land, TX 77479
28	Sands Anna	1227 Deerbrook DR	Sugar Land, TX	77479	1227 Deerbrook DR, Sugar Land, TX 77479
29	Giuffre Daehne	8002 Lauren WAY	Sugar Land, TX	77479	8002 Lauren WAY, Sugar Land, TX 77479
30	Mitchell Tara	8130 Lauren WAY	Sugar Land, TX	77479	8130 Lauren WAY, Sugar Land, TX 77479
31	Ft Bend MUD #117	Winding Brook East DR	Sugar Land, TX	77479	3200 Southwest FWY, Houston TX, 77027
32	Bromagen Kendra & Mark	8018 Lauren WAY	Sugar Land, TX	77479	8018 Lauren WAY, Sugar Land, TX 77479
33	AAZ Business Associates Inc	8022 Lauren WAY	Sugar Land, TX	77479	8085 Arezzo DR, Round Rock, 78665
34	Greatwood Community Association Inc	Deerbrook DR	Sugar Land, TX	77479	17049 El Camino Real, Houston TX, 77058
35	Taylor Kevin	8122 Lauren WAY	Sugar Land, TX	77479	8122 Lauren WAY, Sugar Land, TX 77479
36	Nguyen Tai & Lauren	8026 Lauren WAY	Sugar Land, TX	77479	8026 Lauren WAY, Sugar Land, TX 77479
37	Lavallais Dedra	8030 Lauren WAY	Sugar Land, TX	77479	8030 Lauren WAY, Sugar Land, TX 77479
38	<Null>	8110 Lauren WAY	Sugar Land, TX	77479	8110 Lauren WAY, Sugar Land, TX 77479
39	Parker Warren James & Tara Ann	8118 Lauren WAY	Sugar Land, TX	77479	8118 Lauren WAY, Sugar Land, TX 77479
40	Liakos David	1243 Deerbrook DR	Sugar Land, TX	77479	1243 Deerbrook DR, Sugar Land, TX 77479
41	Sowa Tanner	8014 Lauren WAY	Sugar Land, TX	77479	8014 Lauren WAY, Sugar Land, TX 77479
42	Dolan Brett & Elizabeth S	8126 Lauren WAY	Sugar Land, TX	77479	8126 Lauren WAY, Sugar Land, TX 77479
43	Johnson Lester	302 Arbor Ranch CIR	Richmond, TX	77469	302 Arbor Ranch CIR, Richmond, TX 77469
44	Pena Francisco Javier & Tameria Lashonda Kelly-Pena	306 Arbor Ranch CIR	Richmond, TX	77469	306 Arbor Ranch CIR, Richmond, TX 77469
45	Gatlin Gloria	310 Arbor Ranch CIR	Richmond, TX	77469	310 Arbor Ranch CIR, Richmond, TX 77469
46	Garcia Derek Ross & Sarah Danielle Thompson	314 Arbor Ranch CIR	Richmond, TX	77469	314 Arbor Ranch CIR, Richmond, TX 77469
47	Adediran Abayomi Adesina & Sophia Opeyemi	318 Arbor Ranch CIR	Richmond, TX	77469	318 Arbor Ranch CIR, Richmond, TX 77469
48	Mccoy Sean Michael & Lisa Kathleen	322 Arbor Ranch CIR	Richmond, TX	77469	322 Arbor Ranch CIR, Richmond, TX 77469
49	Kasturi Jaya	326 Arbor Ranch CIR	Richmond, TX	77469	326 Arbor Ranch CIR, Richmond, TX 77469
50	Nwokocha Danielle Marie & Steven Onyekachi	330 Arbor Ranch CIR	Richmond, TX	77469	330 Arbor Ranch CIR, Richmond, TX 77469
51	Francis Charles & Angelia Taylor Frances	334 Arbor Ranch CIR	Richmond, TX	77469	334 Arbor Ranch CIR, Richmond, TX 77469
52	Gentles Eric & Emily Marie	338 Arbor Ranch CIR	Richmond, TX	77469	338 Arbor Ranch CIR, Richmond, TX 77469
53	Janecek Kevin Ryan & Lauren	8026 Mesquite Hill LN	Richmond, TX	77469	8026 Mesquite Hill LN, Richmond, TX 77469
54	Davis Mark	8030 Mesquite Hill LN	Richmond, TX	77469	8030 Mesquite Hill LN, Richmond, TX 77469
55	Moos Matthew James & Lauren	8102 Mesquite Hill LN	Richmond, TX	77469	330 Darby Trails DR, Sugar Land, TX 77479

56	Mireles Oscar Alejandro Sr & Christiane Deanne	8106 Mesquite Hill LN	Richmond, TX	77469 8106 Mesquite Hill LN, Richmond, TX 77469
57	Erickson Arthur Vincent & Elisabeth Titik Veerman	8110 Mesquite Hill LN	Richmond, TX	77469 8110 Mesquite Hill LN, Richmond, TX 77469
58	Tran Pisamai K & Khai T	8114 Mesquite Hill LN	Richmond, TX	77469 8114 Mesquite Hill LN, Richmond, TX 77469
59	Blazek Scott W & Kathy E	8118 Mesquite Hill LN	Richmond, TX	77469 8118 Mesquite Hill LN, Richmond, TX 77469
60	Thomas Scott B & Danielle R	702 Chestnut Cove LN	Richmond, TX	77469 702 Chestnut Cove LN, Richmond, TX 77469
61	Klasen Heather	706 Chestnut Cove LN	Richmond, TX	77469 706 Chestnut Cove LN, Richmond, TX 77469
62	Multiple Owners	710 Chestnut Cove LN	Richmond, TX	77469 710 Chestnut Cove LN, Richmond, TX 77469
63	Hunt Joseph Austin & Chelsey Carole Richards	714 Chestnut Cove LN	Richmond, TX	77469 714 Chestnut Cove LN, Richmond, TX 77469
64	Bornefeld Bruce Kenison & Vicki Ann	718 Chestnut Cove LN	Richmond, TX	77469 718 Chestnut Cove LN, Richmond, TX 77469
65	Aydin Burhan & Hilal	722 Chestnut Cove LN	Richmond, TX	77469 722 Chestnut Cove LN, Richmond, TX 77469
66		726 Chestnut Cove LN	Richmond, TX	77469 726 Chestnut Cove LN, Richmond, TX 77469
67	Anderson Edward & Rachel	730 Chestnut Cove LN	Richmond, TX	77469 730 Chestnut Cove LN, Richmond, TX 77469
68	Young Billy & Candace	734 Chestnut Cove LN	Richmond, TX	77469 734 Chestnut Cove LN, Richmond, TX 77469
69	George John	738 Chestnut Cove LN	Richmond, TX	77469 738 Chestnut Cove LN, Richmond, TX 77469
70	Booth Sarah GST Exempt Trust	9115 FM 2759 RD	Richmond, TX	77470 9115 FM 2759 RD, Richmond, TX 77469

**WITHIN ONE MILE DOWNSTREAM**

15	WEAVER ROBERT C & ALISHA W	1514 Brookstone LN	Sugar Land, TX	77479 1514 Brookstone LN, Sugar Land, TX 77479
16	The Chandrashekhar D Damle & Pushpa C Damle Revocable Living Trust	1510 Brookstone LN	Sugar Land, TX	77479 1510 Brookstone LN, Sugar Land, TX 77479
17	Ewers Matthew A & Lindsey E	8507 Babbling Brook CT	Sugar Land, TX	77479 8507 Babbling Brook CT, Sugar Land, TX 77479
18	Doffing Holly	1518 Brookstone LN	Sugar Land, TX	77479 1518 Brookstone LN, Sugar Land, TX 77479
19	Bade Perry	1506 Brookstone LN	Sugar Land, TX	77479 1506 Brookstone LN, Sugar Land, TX 77479
20	Pearsall Joel P & Jessica	1502 Brookstone LN	Sugar Land, TX	77479 1502 Brookstone LN, Sugar Land, TX 77479
21	Bielitz Michael D & Keri L	1526 Brookstone LN	Sugar Land, TX	77479 1526 Brookstone LN, Sugar Land, TX 77479
22	DangTony D & Anh U Tran	8503 Old Quarry DR	Sugar Land, TX	77479 8503 Old Quarry DR, Sugar Land, TX 77479
23	Price Denise	8502 Babbling Brook CT	Sugar Land, TX	77479 8502 Babbling Brook CT, Sugar Land, TX 77479
24	Shepard Todd & Amy	1522 Brookstone LN	Sugar Land, TX	77479 1522 Brookstone LN, Sugar Land, TX 77479
25	Multiple Owners	8639 FM 2759 RD	Richmond, TX	77469

**ADMIN.06 – Original Photographs**

**Administrative Report 1.1**

**Pg. 15, Section 2**



Photo 1 – Point of Discharge into Rabs Bayou looking east.

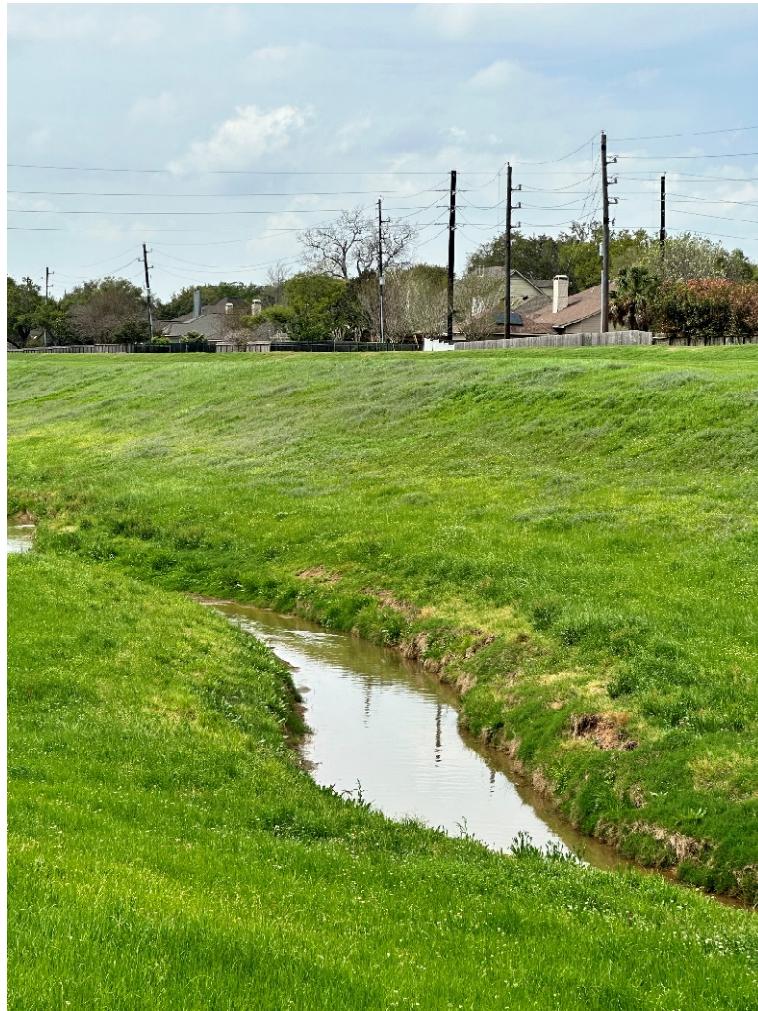


Photo 2 – Point of Discharge into Rabs Bayou looking west.

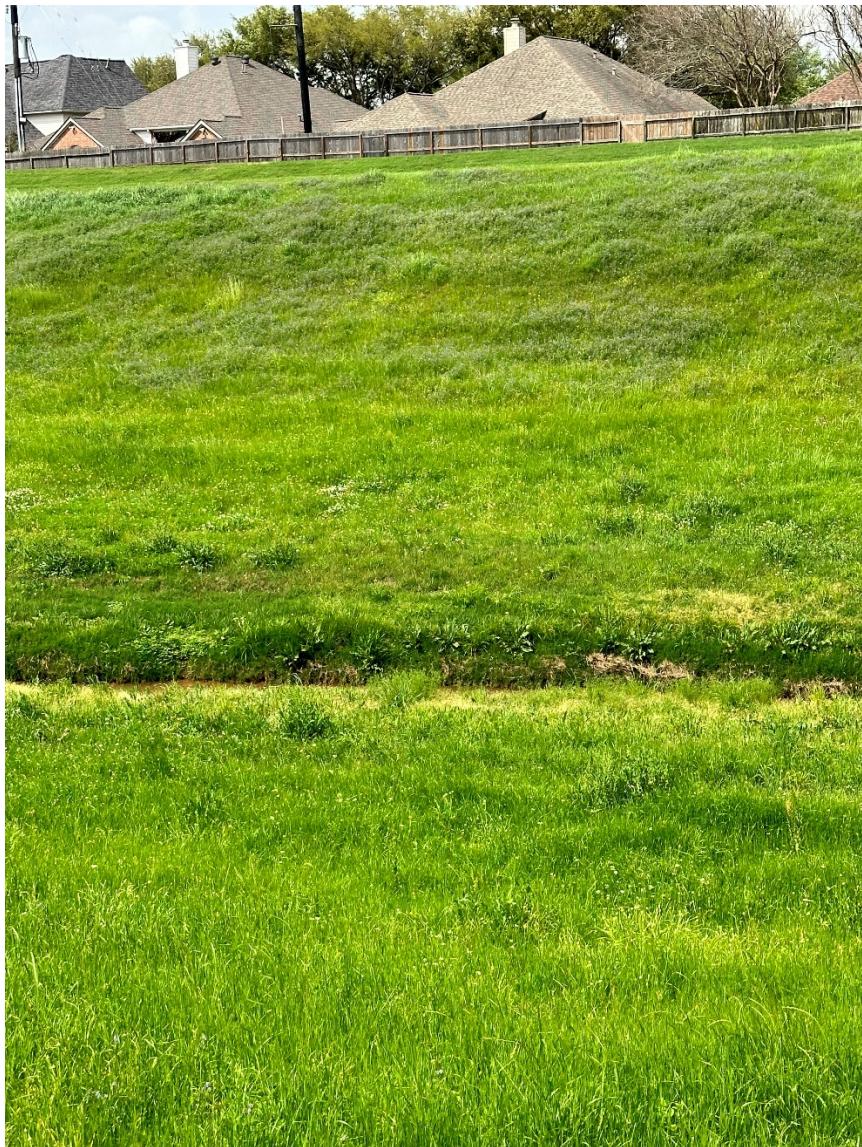


Photo 3 – Point of Discharge into Rabs Bayou looking north.



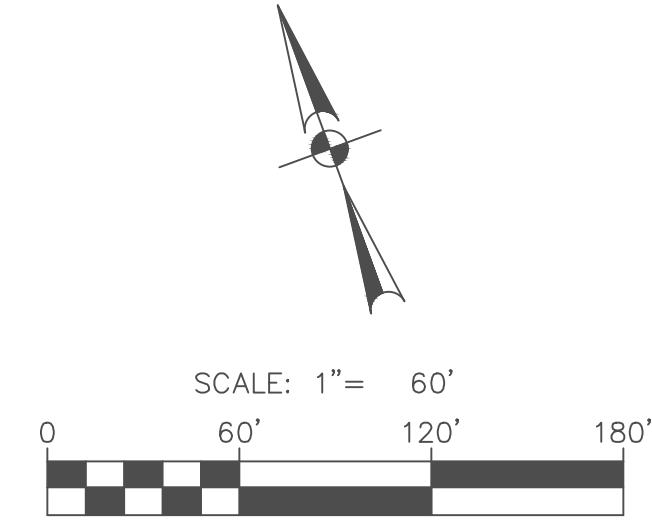
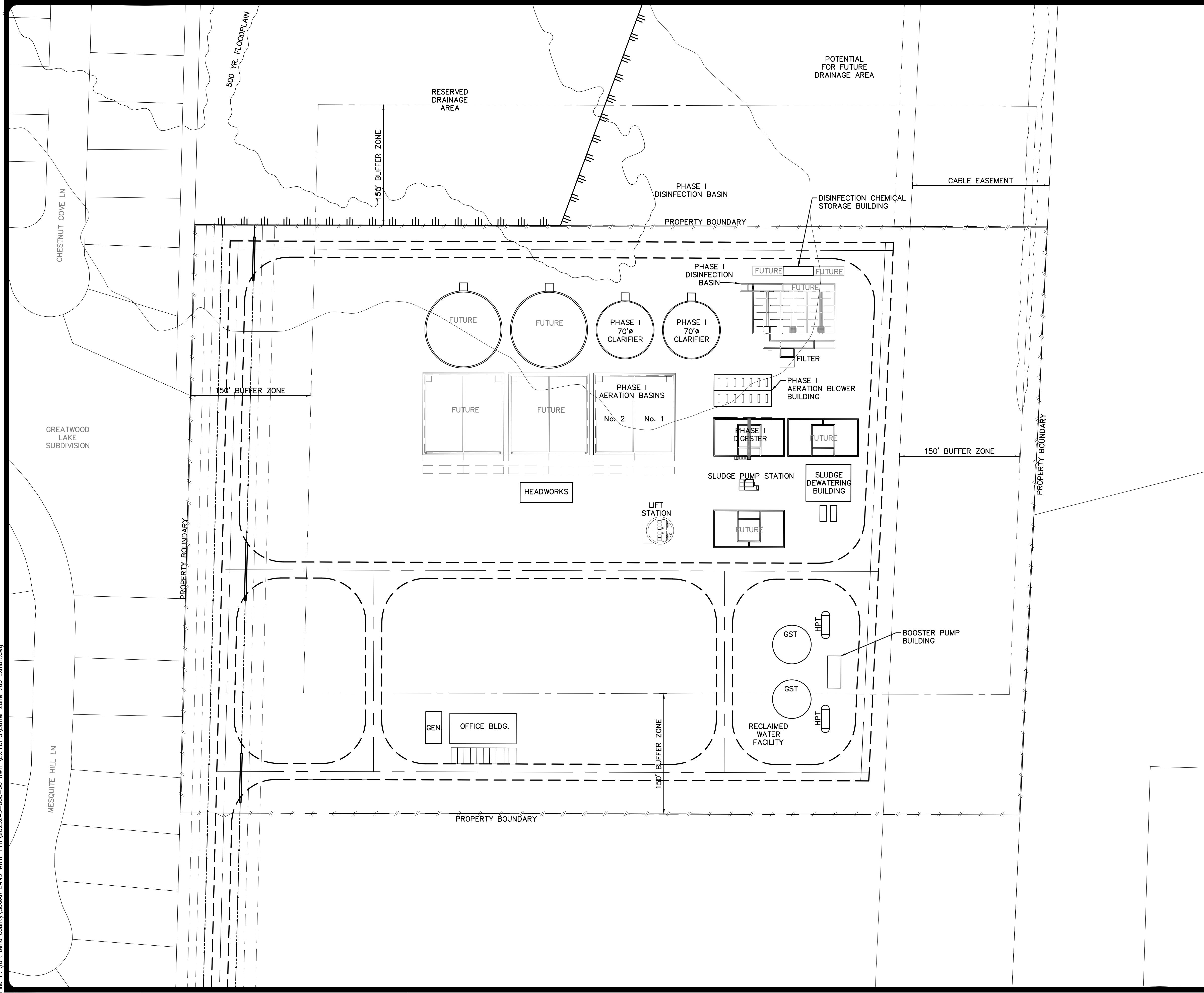
Photo 4 – New WWTP Location



**ADMIN.07 – Buffer Zone Map**

**Administrative Report 1.1**

**Pg. 15, Section 3**



SUGAR LAND REGIONAL WWTP  
SUGAR LAND, TEXAS  
BUFFER ZONE EXHIBIT

**PAPE-DAWSON**  
ENGINEERS

10350 RICHMOND AVE, STE 200 | HOUSTON, TX 77042 | 713.428.2400  
TEXAS ENGINEERING FIRM #470 | TEXAS SURVEYING FIRM #10193974

JOB NO. 2023245-000-00  
DATE MARCH 2024  
DESIGNER SA  
CHECKED HBW DRAWN LDH  
SHEET 1 of 1

**ADMIN.08 – Public Involvement Form**  
**Administrative Report 1.0**  
**Pg. 8, Section 8**



Texas Commission on Environmental Quality

## **Public Involvement Plan Form for Permit and Registration Applications**

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

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

### **Section 1. Preliminary Screening**

New Permit or Registration Application

New Activity - modification, registration, amendment, facility, etc. (see instructions)

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

### **Section 2. Secondary Screening**

Requires public notice,

Considered to have significant public interest, and

Located within any of the following geographical locations:

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

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

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

### **Section 3. Application Information**

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

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

#### Water Quality

Texas Pollutant Discharge Elimination System (TPDES)

Texas Land Application Permit (TLAP)

State Only Concentrated Animal Feeding Operation (CAFO)

Water Treatment Plant Residuals Disposal Permit

Class B Biosolids Land Application Permit

Domestic Septage Land Application Registration

#### Water Rights New Permit

New Appropriation of Water

New or existing reservoir

#### Amendment to an Existing Water Right

Add a New Appropriation of Water

Add a New or Existing Reservoir

Major Amendment that could affect other water rights or the environment

### **Section 4. Plain Language Summary**

Provide a brief description of planned activities.

## **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)

**Admin.09 - Plain Language Summary Template**

**Administrative Report 1.0**

**Pg. 7, Section 8**

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

**DOMESTIC WASTEWATER**

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

City of Sugar Land (CN600593990 ) proposes to operate Regional Wastewater Treatment Plant RN N/A. an activated sludge with nitrification WWTP for residential sewage. The facility will be located approximately 1300 feet ENE of FM 2759 (Thompson Road),and Arbor Ranch drive. Adjacent to the Greatwood Lake subdivision. , in Richmond, Fort Bend County, Texas 77469.

A new permit application to discharge 2MGD of treated domestic wastewater.

Discharges from the facility are expected to contain CBOD, TSS, Ammonia Nitrogen, and TDS.Domestic Wastewater will be treated by *bar screen, aeration basins, clarifiers, digesters, and disinfection basins.*

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

**AGUAS RESIDUALES DOMÉSTICAS**

City of Sugar Land (CN 600593990 ) opera Sugar Land Regional Wastewater Treatment Plant, RN(N/A), una planta lodos activados con nitrificación, flujo piston de lodos activados para aguas residuales residenciales. La instalación estará ubicada aproximadamente a 1300 pies al ENE de FM 2759 (Thompson Road) y Arbor Ranch Drive. Junto a la subdivisión de Greatwood Lake, en Richmond, condado de Fort Bend, Texas 77469.

Solicitud de renovación para descargar un flujo promedio de 2,000,000 galones por dia de aguas residuales domésticas tratadas.

Se espera que los vertidos de la planta contengan CBOD, TSS, nitrógeno amoniacal y TDS. Las aguas residuales domésticas se tratan mediante filtros de rejas, cámara de aireación, clarificadores secundarios, digestores de lodos y cámara de desinfección.

**Admin.10 – Supplemental Permit Information Form**

**Administrative Report 1.1**

**Pg. 14, Section 3**

# 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: City of Sugar Land

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):

The facility will be located approximately 1300 feet ENE of FM 2759 (Thompson Road), and Arbor Ranch drive. Adjacent to the Greatwood Lake subdivision.

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

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

First and Last Name: Sarah Almasri

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

Title: Engineer II

Mailing Address: 2107 CityWest Blvd, 3rd Floor

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

Phone No.: 713-428-2400 Ext.: Click here to enter text Fax No.: Click here to enter text

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

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

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

The treated effluent will be discharged into Rabbs Bayou (Segment 1202B), thence to Middle Bayou to the Brazos River (Segment 1202) of the Brazos River Basin.

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

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

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

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

Disturbance of vegetation or wetlands

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

There are no caves or other karst features located on site.

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

Typical vegetative cover on-site.

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

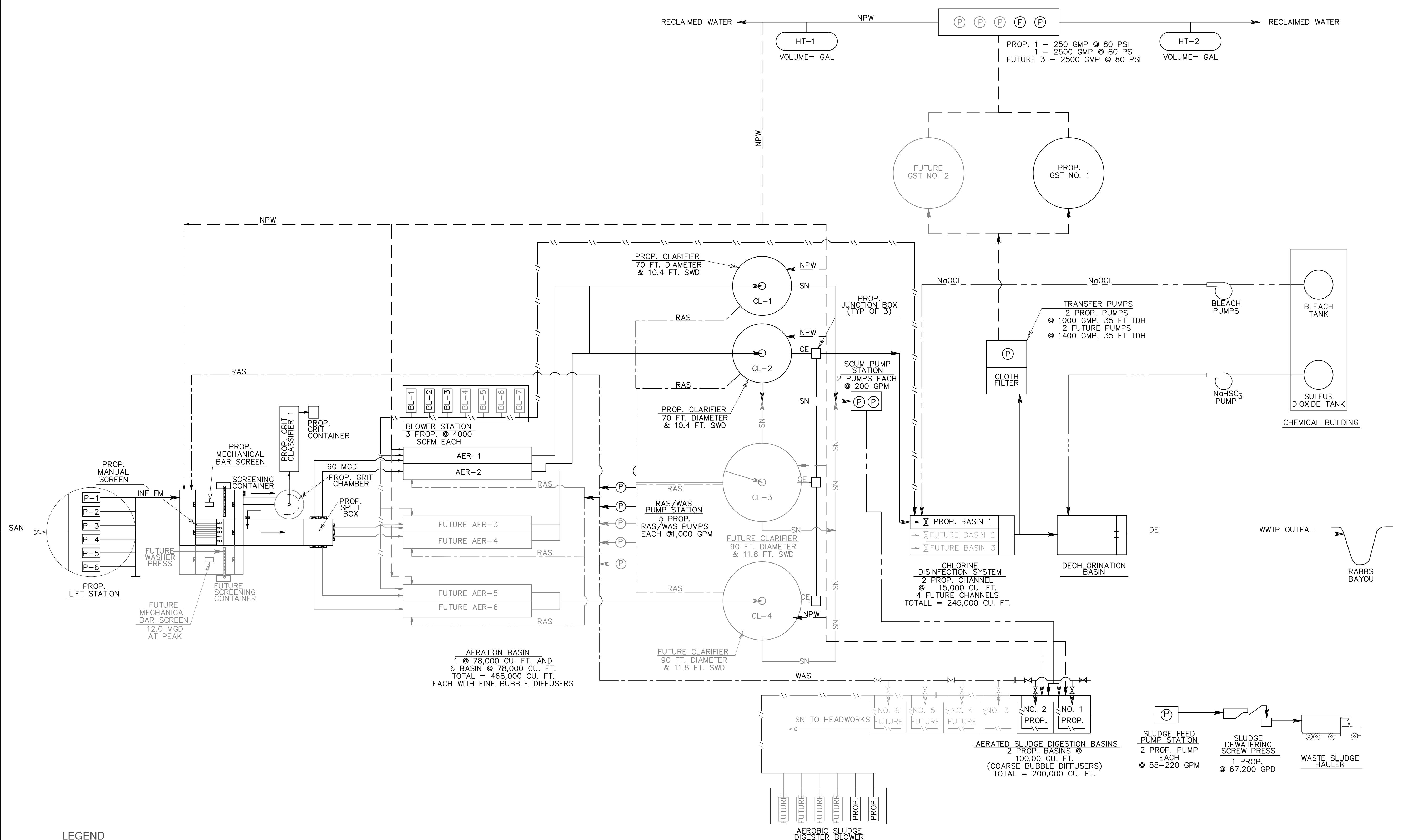
3. List construction dates of all buildings and structures on the property:

Wastewater treatment plant to begin construction in 2025

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

REMOVED BY APPLICANT

**TECH.01 – Process Flow Diagram**  
**Technical Report 1.0**  
**Pg. 2, Section 2.C**



SUGAR LAND REGIONAL WASTEWATER  
TREATMENT PLANT PHASE I  
SUGAR LAND, TEXAS  
PROCESS FLOW DIAGRAM

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

10350 RICHMOND AVE, STE 200 | HOUSTON, TX 77042 | 713.488.2400  
TEXAS ENGINEERING FIRM #470 | TEXAS SURVEYING FIRM #10193974

NO.	REVISION	DATE

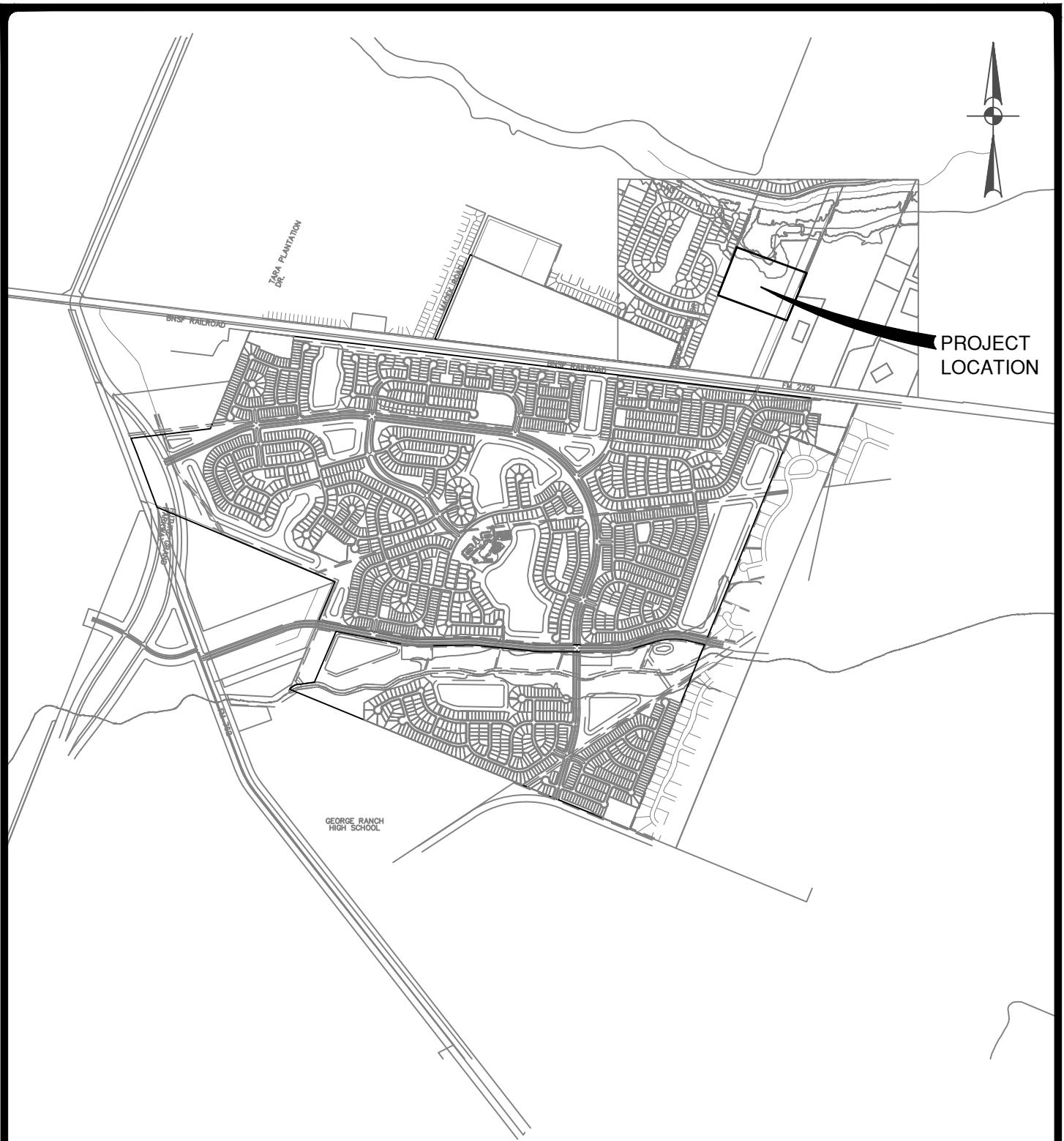
THESE CONSTRUCTION PLANS  
ARE RELEASED FOR THE  
PURPOSE OF INTERIM REVIEW  
UNDER THE AUTHORITY OF  
SHANE VAN  
P.E. #98645  
\$DATE\$  
THEY ARE NOT TO BE USED  
FOR BIDDING OR  
CONSTRUCTION PURPOSES.

PLAT NO. XXXXXX  
JOB NO. 2023245-000-00  
DATE MONTH YEAR  
DESIGNER S.P.  
CHECKED ABC DRAWN LDH

G4

4

**TECH.02 – Service Area & Site Drawing**  
**Technical Report 1.0**  
**Pg. 3, Section 3**



Date: March 25, 2024, 3:38 PM - User Id: LHarrie  
File: P:\Fort Bend County\SUGAR LAND WWTP\PH1\2023245-000-00

FORT BEND COUNTY KEY MAP PAGE FBC 607 T

JOB NO. 2023245-000-00

DATE MARCH 2024

DESIGNER SA

CHECKED HBW DRAWN LDH

SHEET 1 of 1

**SUGAR LAND REGIONAL WWTP  
SERVICE AREA MAP**

**P D PAPE-DAWSON  
ENGINEERS**

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



**TECH.03 – Facilities Located Within Three Miles**

**Technical Report 1.1**

**Pg. 21, Section 1**



**TECH.04 – Treatment Units**

**Technical Report 1.0**

**Pg. 2, Section 2B**

## **Proposed Treatment Units - Phase I**

<b>Proposed Wastewater Treatment Units – Phase I</b>		
<b>Treatment Units</b>	<b>Number Of Units</b>	<b>Dimensions/Capacity</b>
Aeration	2	94'(L) x 46' (W) x 18' (SWD)
Digester/Thichener	2	88'(L) x 47' (W) x 20' (SWD)
Clarifier	2	Diameter: 70' Height: 17.5'
Chlorine Contact Basin	2	51.4' (L) x 16' (W)

**Note:**

L = Length

W = Width

D = Depth

SWD = Side water depth

## **Proposed Treatment Units - Phase II**

### **Proposed Wastewater Treatment Units – Phase II**

<b>Treatment Units</b>	<b>Number Of Units</b>	<b>Dimensions/Capacity</b>
Aeration	4	94'(L) 46' (W) x 18' (SWD)
Digester/Thickener	4	88'(L) x 47' (W) x 20' (SWD)
Clarifier	4	Diameter: 93' Height: 17.5'
Chlorine Contact Basin	4	51.4' (L) x 16' (W)

**Note:**

L = Length

W = Width

D = Depth

SWD = Side water depth

### **Proposed Treatment Units - Phase III**

<b>Proposed Wastewater Treatment Units – Phase III</b>		
<b>Treatment Units</b>	<b>Number Of Units</b>	<b>Dimensions/Capacity</b>
Aeration	6	94'(L) 46' (W) x 18' (SWD)
Digester/Thickener	6	88'(L) x 47' (W) x 20' (SWD)
Clarifier	6	Diameter: 93' Height: 17.5'
Chlorine Contact Basin	6	51.4' (L) x 16' (W)

**Note:**

L = Length

W = Width

D = Depth

SWD = Side water depth

**TECH.05 – Design Calculations**

**Technical Report 1.1**

**Pg. 24, Section 4**

**PROJECT:**  
**CITY OF SUGAR LAND**  
**2.0 MGD WWTP**  
**FINAL ENGINEERING DESIGN**  
**FORT BEND COUNTY**

**DESIGN REQUIREMENTS**

PROVIDE SINGLE TRAIN MODULAR CONFIGURATION. TREATMENT TO PROVIDE PROCESS AERATION BASIN DISINFECTION BASIN, AND COMPLETE AEROBIC DIGESTION FACILITY. DESIGN WILL INCLUDE ALL NEW UNITS. NO DEWATERING UNITS SHALL BE DESIGNED. A FINAL CLARIFICATION BASIN WILL BE CONSTRUCTED

**DESIGN PARAMETERS**

AVERAGE DAILY FLOW (ADF)	<b>6 MGD</b>
WET WEATHER PEAKING FACTOR	<b>4 Q</b>

ADF IS GREATER THAN 0.4 MGD - DESIGN MUST INCLUDE TWO AERATION BASINS AND TWO CLARIFIERS.

<b>A. TOTAL FLOW CONDITIONS:</b>	MGD	GPM
AVG DESIGN FLOW (ADF) =	6.000	4167
PEAK 2-HOUR FLOW (PKF) =	24.000	16667

Number of Trains	<b>3</b>	
AVG DESIGN FLOW (ADF) =	2.000	1389
PEAK 2-HOUR FLOW (PKF) =	8.000	5556

**B. INFLUENT LOADINGS:**

	<b>Actual*</b>	<b>TCEQ</b>					
	mg/l	mg/l	conv	flow	=		
BOD	=	180	325	8.34	2.000	=	5421 lbs / day (Based on TCEQ Criteria)
TSS	=	180	350	8.34	2.000	=	5838 lbs / day (Based on TCEQ Criteria)
NH3	=	35	50	8.34	2.000	=	834 lbs / day (Based on TCEQ Criteria)

\* Based on 12 month influent data

**C. MAX EFFLUENT CHARACTERISTICS:**

BOD	10	MG/L	(30-Day Average)
TSS	15	MG/L	(30-Day Average)
NH3	3	MG/L	(30-Day Average)
O2	2	MG/L	(30-Day Average)

**DESIGN CRITERIA**

**TCEQ CHAPTER 217 - DESIGN CRITERIA FOR DOMESTIC WASTEWATER SYSTEMS**

**PROCESS DESCRIPTION**

**A. TREATMENT**

The Proposed Treatment Process Will Utilize Complete Mix Modification of the Activated Sludge Process.  
The Treatment Train Will Employ Aerated Mixing/Oxidation, Final Clarification, Effluent Disinfection and Final Effluent Flow

**B. SLUDGE PROCESS**

The Waste Activated Sludge Will Be Treated by Aerobic Digestion. Dewatering or Liquid Hauling, and Ultimate Disposal by Land Application Will Be Conducted by a Licensed Contractor.

**PROCESS CRITERIA:**

**PROCESS:** **CONVENTIONAL A.S. W/ NITRIFICATION - REACTOR TEMP. > 15° C**  
**A. AERATION**

Maximum Aeration Space Loading:

F : M Ratio = 0.25 TO 0.30  
Not to Exceed      **35** lbs BOD / day / 1000 cubic foot of tankage.      (per Table F.1)  
Aeration Requirements for Biological Nitrification  
**2.2** lbs of O<sub>2</sub> / lbs of BOD / day applied      (per Table F.1)

Air Diffuser Method:

**FINE AIR BUBBLE**

Type:      **Drop Diffusers**  
CWOTE      =      **21.60%** (Clean Water Oxygen Transfer Efficiency of Diffusers per Supplier / Manufacturer)  
Correction Factor:      **0.45** (TCEQ Clean Water to Dirty Water Conversion Factor)  
WOTE      =      CWOTE \* Correction Factor

WOTE      =      **0.0972**

**B. CLARIFICATION****PROCESS: ACTIVATED SLUDGE ENHANCED SECONDARY**

Maximum Clarifier Overflow Rates:

Not to Exceed      **1200** gpd / sf at PKF

Maximum Clarifier Weir Loading:

For a design flow of **less than** 1.0 MGD

&lt; 20,000 gpd / linear foot @ peak flow

For a design flow **of or greater than** 1.0 MGD

&lt; 30,000 gpd / linear foot @ peak flow

Min. Side Water Depth:      8      ft SWD, if Surface Area is Less Than 1,250 SF  
                                  10      ft SWD, if Surface Area is Equal to or Greater than 1,200 SFMin. Detention Time:      **1.8**      Hrs**C. DISINFECTION****METHOD: SODIUM HYPOCHLORITE****MIN. CONTACT TIME      20      Minutes at PKF**

DECHLORINATION: YES

**D. SLUDGE MANAGEMENT**

RETURN ACTIVATED SLUDGE

MIN FLOW =      200      gal / day / SF of Final Clarifier Area  
MAX FLOW =      400      gal / day / SF of Final ClarifierArea**E. AEROBIC DIGESTION****METHOD: Co-Disposal Landfill (30 TAC Chapter 330)**MINIMUM DETENTION      **15**      -Day SRT @20 CAERATION REQUIRED      **30**      SCFM / 1000 CF for Diffusers

**PROJECT:**  
 CITY OF SUGAR LAND  
 2.0 MGD WWTP  
 FINAL ENGINEERING DESIGN  
 FORT BEND COUNTY

### PROCESS AERATION BASIN DESIGN

#### BASIN SIZING

TOTAL VOLUME REQUIRED = (PPD BOD) \* (MAX ORGANIC LOADING)  
 MAXIMUM ORGANIC LOADING = 35.0 PPD BOD per 1000 cu ft Tankage  
 $BOD_5 = 5421$  LBS PER DAY

REQUIRED AERATION VOLUME = 154,886 Cubic Feet

Number of Basins in Phase I: 2

#### BASIN CONFIGURATION

Volume Required Per Basin = 77,443 Cubic Feet per Basin  
 Assumptions:

Width = New Setting  
 = 46.0 FEET

BASIN SIDE WATER DEPTH = 18.00 FEET (Peak WS Elevation)  
 Length = Volume / Width / Side Water Depth  
 = 93.53 FEET Round up to 94.00 FEET

PROVIDE	6	46.0	FOOT WIDE BY	94.0	FOOT LONG BY
		18.00	SIDE WATER DEPTH	RECTANGULAR BASIN	
NOTE:	3 FOOT FREEBOARD MUST BE PROVIDED @ PKF				
MIN. TANK HEIGHT = 21.00 FEET					

TOTAL VOLUME PROVIDED = W x L x SWD

VOLUME PROVIDED PER BASIN = 77,832 cf

SIZING OK

ACT. ORGANIC LOADING PROVIDED = (PPD BOD)/(Volume of Aeration Basin/1000 cf)  
 PPD BOD<sub>5</sub> = 2711 LBS PER DAY  
 Basin Volume/1000 cu ft = 77.83

ACTUAL ORGANIC LOADING = 34.83 ppd BOD/1000 cf

LOADING OK

#### TOTAL MIN. O<sub>2</sub> REQUIRED

MIN. O<sub>2</sub> REQ'D = (PPD BOD<sub>5</sub>) \* (LBS O<sub>2</sub> / PPD BOD<sub>5</sub>)  
 PPD BOD<sub>5</sub> = 2711  
 lbs O<sub>2</sub> /ppd BOD<sub>5</sub> = 2.2

MIN. O<sub>2</sub> REQUIRED = 5963 lbs

#### REQUIRED AIR FLOW RATE (RAF) @ 12-foot Submergence

RAF	=	$[(PPD BOD_5) * (lbs O_2 / lb BOD_5)] / [WOTE * 0.23 * 0.075 * 1440]$
WOTE	=	0.097 (Wastewater Oxygen Transfer Efficiency)
RAF (scfm)	=	2,469.76 scfm(@ 12-Foot Submergence)
Diffuser clearance	=	0.00 Foot above the floor
Diffused Submergence	=	SWD - # of foot of clearance above the floor
	=	18.00 FEET
RAF Corrected	=	RAF * Submergence Correction Factor
Submergence Correction Factor	=	0.73 per Table F.5 of Chapter 217

RAF Corrected	=	1802.9 scfm per basin
Phase I	=	3605.8 total scfm

---

**DETERMINE QUANTITY OF AIR DROPS**

795

DIAMETER OF AIR DROPS

**2.0-IN**

ASSUME AIR FLOW PER AIR DROP = **39** SCFM

NUMBER OF DROPS = **Total Air Flow / Air Flow per Drop**

NUMBER OF DROPS = 92.46 Roundup to **93** **Air Drops per basin**

ACTUAL AIRFLOW PER DIFFUSER = **Airflow / Number of Diffusers**

ACTUAL AIRFLOW PER DIFFUSER = 38.8 SCFM

**PROVIDE 93 MS DIFFUSERS ON DROP PIPES**  
**DROPS TO BE SPACE EQUALLY ALONG HEADERS**

**EACH HEADER TO BE SIZED FOR 150% AIRFLOW.**

**PROJECT:**  
 CITY OF SUGAR LAND  
 2.0 MGD WWTP  
 FINAL ENGINEERING DESIGN  
 FORT BEND COUNTY

#### FINAL CLARIFIER BASIN DESIGN

##### TANK DIAMETER

###### Surface Area Required (SAR)

$$\text{SAR} = \frac{\text{PKF} / \text{OR}}{\text{Where}}$$

PKF = Peak 2-Hour Storm Flow (mgd)  
 OR = Overflow Rate (gpd / sf at PKF)

$$\text{SAR} = \frac{8.00}{1200} \times 1,000,000$$

$$\text{SAR} = 6,666.7 \text{ Sq Ft}$$

$$\text{MIN DIA} = (2) * [\text{SQRT (AREA REQ'D)} / \pi]$$

$$\text{MIN DIA} = 65.15 \text{ Feet}$$

Number of Basins: 2

MATCH EXISTING 69'-4"

REQUIRED DIAMETER OF	66.0	Feet
PROVIDE FINAL DIAMETER OF	70.0	Feet

Weir Loading (Must Be <30,000 gpd/ft @ PKF)

$$\text{Weir Loading} = \frac{\text{PKF} / \text{Length of Weir}}{\text{Where}}$$

PKF = Peak 2-Hour Storm Flow (mgd)  
 Length of Weir =  $\pi * \text{Diameter of Weir}$   
 Diameter of Weir = Final Clarifier Diameter - 2 \* (Launder Width + Concrete Weir Width)  
 Launder Width = 1.667

$$\text{Diameter of Weir} = 66.67 \text{ FT}$$

$$\text{Length of Weir} = 209.44 \text{ LF}$$

$$\text{WEIR LOADING} = 19,098.59 \text{ GPD/FT}$$

LOADING OK

##### Sidewater Depth (SWD)

$$\text{Clarifier Surface Area} = 3,848.45 \text{ SF}$$

$$\text{Min. SWD Required} = 10.00 \text{ ft SWD, For Surface Area equal to or greater than 300 SF}$$

SWD BASED ON DETENTION TIME AT PKF

$$\text{Detention Time Required} = 1.80 \text{ Hrs @ PKF}$$

$$\text{Detention Time} = \text{Volume} / \text{PKF}$$

$$\text{PKF} = 166,667 \text{ gph}$$

$$\text{Required Volume at PKF} = 300,000 \text{ gal}$$

$$= 40,107 \text{ cf}$$

Calculated SWD = (Required Volume at PKF) / (Clarifier Surface Area)

CALCULATED PEAK SWD =	10.42 ft
MINIMUM SWD =	10.42 ft
ACTUAL SWD =	- ft

##### Physical Arrangement

$$\text{SURFACE DIAMETER OF FINAL CLARIFIER} = 70.0 \text{ FEET}$$

$$\text{SURFACE DIAMETER AT WEIR} = 66.7 \text{ FEET}$$

$$\text{CLARIFIER TYPE} = \text{PIER SUPPORTED}$$

##### Verify Detention

$$\text{Volume} = 40,107 \text{ cf}$$

$$= 300,000 \text{ gal}$$

$$\text{PKF} = 166,667 \text{ gph}$$

$$\text{Detention} = 1.80 \text{ hrs}$$

$$\begin{aligned} \text{Top of Wall Elev.} &= 92.3 \\ \text{Surface Elevation} &= \text{Pk WSE} \\ &= 90.161 \text{ ft} \\ \text{Min SWD @ Pk} &= 10.42 \text{ ft} \\ \text{Top of Sloped Floor} &= 79.74 \text{ ft} \\ \text{Grout Thickness} &= 2.00 \text{ inches} \\ \text{From CL of basin to hopper} &= 3.00 \text{ ft} \\ \text{Floor slope radius} &= 32.00 \text{ ft} \\ \text{FLOOR SLOPE * RADIUS} &= 2.67 \text{ ft ABOVE HOPPER} \\ \text{Slab} &= 76.91 \text{ ft} \end{aligned}$$

NOTE: 1 - FOOT MIN. FREEBOARD MUST BE PROVIDED @ PKF  
 Clarifier Wall Height = 17.50 FEET = AERATION BASIN WALL HEIGHT

**PROJECT:**

CITY OF SUGAR LAND  
2.0 MGD WWTP  
FINAL ENGINEERING DESIGN  
FORT BEND COUNTY

**CHLORINE CONTACT BASIN DESIGN****DETERMINE REQUIRED VOLUME**

PKF	=	<b>24</b>	MGD	=	16,666.67	GPM
				=	2228.16	CFM
DETENTION TIME REQUIRED	=	<b>20</b>	MINUTES AT PEAK 2-HOUR FLOW			
REQUIRED VOLUME	=	(PKF) * (Detention Time) / (7.48)		REQUIRED VOLUME	=	<b>44,563.28 CU FT</b>

NO. OF TRAINS                   **3**

**PHYSICAL ARRANGEMENT:**

PROPOSED CHLORINE CONTACT TANK BUILT SEPARATELY FROM TREATMENT PLANT. PROVIDE MEDIUM BUBBLE AERATION TO PREVENT SOLIDS FROM DEPOSITING ON THE FLOOR OF THE CHLORINE CONTACT BASIN AND TO PROVIDE FOR THE DISSOLVED OXYGEN REQUIREMENT FOR THE PERMITTED EFFLUENT REQUIREMENT.

**DETERMINE DIMENSIONS FOR NEW BASIN(S)**

TOTAL VOL. REQUIRED	=	#REF!	Cu Ft
NO. OF BASINS	=	<b>6</b>	
REQ'D VOL PER BASIN	=	#REF!	Cu Ft

*Assume disinfection depth is equal to total depth liquid of Clarifier less 2 feet*

	SWD	W	I	#	CF	CL Length FT	Q CFM	A SF	Vel FPM	Time MINUTES
MIXING AREA	<b>11.46</b>	<b>6.83</b>	<b>8.00</b>	<b>1</b>		<b>8.00</b>	<b>371.36</b>	<b>54.67</b>	<b>6.79</b>	
BAYS	<b>10.40</b>	<b>8.00</b>	<b>16.00</b>	<b>4</b>	<b>5324.8</b>	<b>56.00</b>	<b>371.36</b>	<b>83.2</b>	<b>4.46</b>	<b>12.55</b>
	<b>10.40</b>	<b>8.00</b>	<b>12.00</b>	<b>1</b>	<b>998.40</b>	<b>10.00</b>	<b>371.36</b>	<b>83.2</b>	<b>4.46</b>	<b>2.24</b>
	<b>10.40</b>	<b>8.00</b>	<b>12.00</b>	<b>1</b>	<b>998.40</b>	<b>10.00</b>	<b>371.36</b>	<b>83.2</b>	<b>4.46</b>	<b>2.24</b>
@ BAFFLE WALLS	<b>10.40</b>	<b>0.67</b>	<b>4</b>	<b>5</b>	<b>138.67</b>	<b>43.33</b>	<b>371.36</b>	<b>41.6</b>	<b>8.93</b>	<b>4.85</b>
DISCHARGE AREA	<b>8.5</b>	<b>12.00</b>	<b>9</b>							
						<b>7,460 CF</b>				<b>21.88</b>

#REF!

**REQUIRED MINIMUM DIMENSIONS**

SWD =	<b>10.40 FEET</b>
FREEBOARD =	<b>2.00 FEET</b>
Min Basin Height =	<b>12.40 FEET</b>
BASIN FOOT PRINT =	#REF! SFT
LENGTH =	<b>51.35 FEET</b>
WIDTH =	<b>35.51 FEET</b>

**ACTUAL AERATION REQUIRED:**

AERATION REQUIRED	=	(Actual Volume) * (20 scfm / 1000 Cu Ft)
PROVIDE	=	<b>20 SCFM PER 1000 CUBIC FOOT OF TANKAGE</b>
		AERATION REQ'D = <b>895 SCFM</b>

**DETERMINE QUANTITY OF DIFFUSERS REQUIRED**

ASSUME DIAMETER OF AIR DROPS	=	<b>1.0-IN</b>
AIRFLOW PER AIR DROP	=	<b>9.82 SCFM</b>
NUMBER OF DIFFUSERS	=	(Aeration Required) / (Airflow per Diffuser)
NUMBER OF DIFFUSERS	=	<b>91.2 M.S. DIFFUSERS</b>
ROUNDUP TO	<b>92.0</b>	Drops per basin

**DETERMINE CHLORINE SUPPLY FOR PLANT**

### GASEOUS CHLORINE DISINFECTION

#### POUNDS PER DAY REQUIREMENTS

$$\text{PPD} = Q \cdot D \cdot 8.34$$

Where

PPD = pounds per day of chlorine required for treatment  
 Q = peak 2-hr flow in mgd  
 D = chlorine concentration  
 8.34 = conversion factor

EFFLUENT TYPE: ACTIVATED SLUDGE

	$Q$ (MGD)	$D$ (mg/l)	CONV	PPD	Values Per §217 Table K.1
Pk	8.000	8	8.34	533.76	
Design	2	8	8.34	133.44	

#### CYLINDER BANK SIZING

##### GAS WITHDRAWL RATE

CYLINDER TYPE: 1 ton Cl<sub>2</sub>

$$W_g = (T_A - T_{th}) \cdot F$$

Where

$T_A$  = Low Ambient Temperature, °F  
 $T_{th}$  = Threshold Temperature, °F  
 F = Withdrawal Factor, lb /°F / Day  
 $W_g$  = Maximum Gas Withdrawl Rate per Cylinder, lb / day

$T_A$	$T_{th}^*$	F	$W_g$	Values Per Table K.2, TCEQ §217
32	0	8	256	

\* For Cylinder Mounted Vacuum Regulators

#### CYLINDERS PER BANK

$$\text{Cyl} = \text{PPD} / W_g$$

§217 Requires 1 additional cylinder in reserve (not applicable for ton containers)

$$\text{Cylinders} = \frac{2.09}{\text{ROUNDUP TO}} \quad 3$$

SETUP: 2 SCALES AND RESERVE AREA FOR 2 CONTAINERS

#### CONVERSION TO SODIUM HYPOCHLORITE (NaOCl)

Chlorine available in NaOCl solution (C):

Peak

1 (lb/gal)

Average Daily Flow

1 (lb/gal)

533.76 gallons

133.44 gallons

12.50%

12.50%

Solution Strength:

15 day

15 day

Storage:

8006 gallons

Specific Weight = 10 lbs./ gal

4003 gallons per tank

2002 gallons

1,001 gallons per tank

10,008 lbs each tank

4000 1050.0 Gallons

90 72.0 inches

7.5 6.0 feet

162 87.0 inches

13.5 7.3 feet

2 2

8000 2100.0 gallons

1070 280.7 cfs

23.6 18.8 sf

SG = 1.2

Sp. Grav = 1.5

XLPE = Cross Linked Polyethylene

#### DAY TANK

ICT 150 XLPE

150 Gallons

47 inches

3.91667 feet

44 inches

3.7 feet

2

300.0 gallons

40.1 cfs

12.3 sf

CONTAINMENT 1.25 x largest tank volume

1,251.00 gallons

#### INJECTION RATE CAPACITY:

TAC Equation K.1.

Where

R	=	<b>PPD/(24*C)</b>
R	=	minimum rate of metering equipment (gal/hr)
C	=	lbs of available Cl <sub>2</sub> per gallon of NaOCl
Capacity Range	Pk	Design
R	<b>22.24</b> gal/hr <b>0.37</b> gpm	<b>5.56</b> gal/hr <b>0.09</b> gpm

### DETERMINE DE-CHLORINATION SUPPLY FOR PLANT

*Do not use for Plants treating less than 1.0 mgd*

$$\text{PPD} = Q \cdot D \cdot 8.34$$

Where

PPD	=	pounds per day of sodium dioxide required for de-chlorination
Q	=	peak 2-hr flow in mgd
D	=	SO <sub>2</sub> concentration = (0.9 * chlorine residual) (per EPA)
8.34	=	conversion factor
Cl Residual (max)	=	4 mg/l
Cl Residual (min)	=	1 mg/l

	Q (MGD)	D (mg/l)	CONV	PPD
max	24.000	3.6	8.34	720.58
min	7.600	0.9	8.34	57.05
max	1.900	3.6	8.34	57.05
min	1.900	0.9	8.34	14.26

call chemical manufacure for bisulfite percent

ppd/26C

### CYLINDER BANK SIZING

GAS WITHDRAWL RATE

CYLINDER TYPE:

$$W_g = (I_A - I_{th})^F$$

Where

TA	=	Low Ambient Temperature, °F
T <sub>th</sub>	=	Threshold Temperature, °F
F	=	Withdrawal Factor, lb / F / Day
W <sub>g</sub>	=	Maximum Gas Withdrawl Rate per Cylinder, lb / day

1 ton Cl<sub>2</sub>



Values Per Table K.2 of TCEQ §217

\* For Cylinder Mounted Vacuum Regulators

CYLINDERS PER BANK

$$\text{Cyl} = \text{PPD} / \text{Wg}$$

$$\boxed{\text{Cylinders} = 4.8 \text{ per bank}}$$

### CONVERSION TO SODIUM BISULFITE (NaHSO<sub>3</sub>)

#### INJECTION RATE CAPACITY

$$\text{lbs NaHSO}_3 = 1 \text{ lb chlorine required} * 1.465$$

#### §217 Equation K.5.

R	=	lbs NaHSO <sub>3</sub> * 24	lbs of Sodium Bisulfite /day
	=	(10.9 lbs NaHSO <sub>3</sub> /gallon NaHSO <sub>3</sub> ) * S	PPD of Chlorine per day
	=	lbs Na HS <sub>3</sub> 781.96 Peak	24 * pounds od Cl <sub>2</sub> in one gal of SI
	=	195.49 ADF	
S	=	10.9 lbs Na HS <sub>3</sub> 10.90	
	=	gallon NA HS <sub>3</sub> 1.00	
	=	Solution Strength 40.00 %	SG = 1.4
			Specific Weight = 11.7 lbs./ gal
Range	R	Peak 43.04      Design 10.76 gallons per hr	
		0.72      0.18 gpm	

### REQUIRED STORAGE VOLUME

*Solution Strength at or greater than 10% (15-day tank based on Average Daily Flow)*

*ADF greater than 1.0 MGD - 2 Tanks Required*

No. of Tanks	2	Peak 1,033      Design 258	gallons per day
		15,496      3,874	15-Day
		7,748	1,937 gal      22,662 lbs each tank

CONTAINMENT      1.25 x largest tank volume  
2421 gallons

### SODIUM BISULFITE BULK STORAGE TANK SIZE

	ADF	DAY TANK	XLPE = Cross Linked Polyethylene
Manufacture	Assman		
Model	IMT 2050 Sp. Grav = 1.5	IMT 150	
Capacity	2050 Gallons	150 gallons	
Diameter	72 inches	47 inches	
	6 feet	4 feet	
Height	159 inches	44 inches	
	13.3 feet	3.7 feet	
No. of Tanks Required	2	2	
Total Storage Provided	4100 gallons	300 gallons	

**TECH.06 – 100-Year Frequency Flood Plain  
Technical Report 1.1  
Pg. 25, Section 5**



MAP SCALE 1" = 1000'

2000  
FEET500 0 1000  
M  
300 0 300 600

NHP

PANEL 0270L

**FIRM**  
**FLOOD INSURANCE RATE MAP****FORT BEND COUNTY,  
TEXAS  
AND INCORPORATED AREAS****PANEL 270 OF 575**

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
FORT BEND COUNTY	480228	0270	L
SUGAR LAND, CITY OF	480234	0270	L
THOMPSONS, TOWN OF	481642	0270	L

Notice to User: The Map Number shown below should be used when placing map orders; the Community Number shown above should be used on insurance applications for the subject community.

**MAP NUMBER**  
**48157C0270L****MAP REVISED**  
**APRIL 2, 2014**

Federal Emergency Management Agency

**NATIONAL FLOOD INSURANCE PROGRAM**

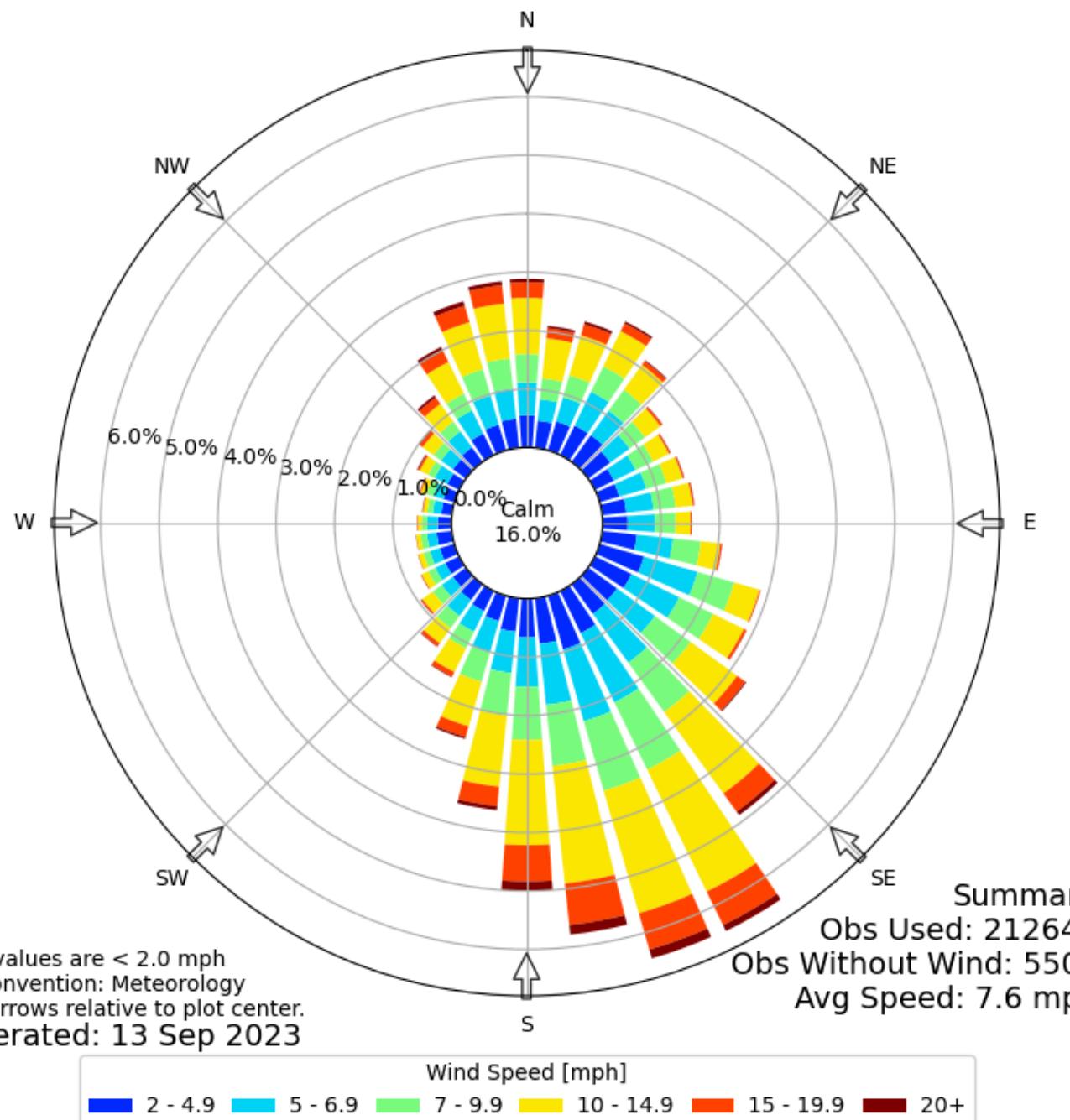
This is an official FIRMette showing a portion of the above-referenced flood map created from the MSC FIRMette Web tool. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For additional information about how to make sure the map is current, please see the Flood Hazard Mapping Updates Overview Fact Sheet available on the FEMA Flood Map Service Center home page at <https://msc.fema.gov>.

**TECH.07 – Wind Rose**  
**Technical Report 1.1**  
**Pg. 25, Section 5**



## Windrose Plot for [SGR] HOUSTON/HULL FIELD

Obs Between: 01 Jul 1996 05:50 AM - 13 Sep 2023 02:53 AM America/Chicago



**TECH.08 – Solids Management Plan  
Technical Report 1.1  
Pg. 26, Section 7**

**City of Sugar Land Regional Wastewater Treatment Plant**  
**SLUDGE MANAGEMENT CALCULATIONS**  
**Phase 1: 2 MGD**

% Capacity	Flow, MGD	BOD, mg/l	Waste Solids, lbs/day <sup>(1)</sup>	Digested Solids, lbs/day <sup>(2)</sup>
25	0.500	325	1355.25	1071
50	1.000	325	2710.5	2141
75	1.500	325	4065.75	3212
100	2.000	325	5421	4283

<sup>(1)</sup> Assumes 1 lb Waste Activated Sludge per lb influent BOD.

<sup>(2)</sup> Typically, a 30% reduction in volatile solids is achieved in aerobic digesting. Volatile Solids make up 70% of total solids. Therefore, Digested Solids are  $[1 - (.30)(.7)]$  [Waste Solids].

SRT = Digester Volume / Sludge Volume

% Capacity	Flow, MGD	Digested Solids, cf/day <sup>(1)</sup>	SRT Days <sup>(2)</sup>
25	0.500	858	62
50	1.000	1716	31
75	1.500	2574	21
100	2.000	3432	16

<sup>(1)</sup> Assumes Percent Solids **2.00%**

<sup>(2)</sup> Calculated with a Total digester volume of **53,230** cubic feet

Sludge hauling frequency is determined as follows:

SRT of 15 Days

Sludge Hauling Truck Volume: **7,000** gallons (typical)

Solids Dumpster: **1,080** cubic feet (typical)

Percent Solids: **2.00%**

Belt Press Capture: **95.00%**

Percent Solids (post belt press): **20.00%**

% Capacity	Flow, MGD	Thickened Solids (2.0%), cf/day	Thickened Solids (2.0%), GPD	No. of Liquid Sludge Hauls per 15 Day SRT	No. of Solid Sludge Hauls per 15 Day SRT <sup>(1)</sup>
25	0.500	858	6419	14	10
50	1.000	1716	12838	28	20
75	1.500	2574	19256	43	30
100	2.000	3432	25675	57	39

<sup>(1)</sup> Assumes a percent solids based on a typical design range of 20-40%

**VOLATILE SOLIDS LOADING (VSL)**MINIMUM VSL = **100.0** PPD VS per 1000 cu ft TankageBOD<sub>5</sub> = **3795** LBS PER DAYREQUIRED VOLUME = **37,947** Cubic FeetMAXIMUM VSL = **200.0** PPD VS per 1000 cu ft TankageBOD<sub>5</sub> = **3795** LBS PER DAYREQUIRED VOLUME = **18,974** Cubic FeetACTUAL VSL = **71.28875**BOD<sub>5</sub> = **3795** LBS PER DAYACTUAL VOLUME = **53,230** Cubic Feet

**SPIF.01 – Supplemental Permit Information Form**  
**Pgs. 16-18**

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC  
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)

The SPIF must be completed as a separate document. The TCEQ will mail a copy of the SPIF to each agency as required by the TCEQ agreement with EPA. If any of the items are not completely addressed or further information is needed, you will be contacted to provide the information before the permit is issued. Each item must be completely addressed.

**Do not refer to a response of any item in the permit application form.** Each attachment must be provided with this form separately from the administrative report of the application. The application will not be declared administratively complete without this form being completed in its entirety including all attachments.

The following applies to all applications:

1. Permittee: City of Sugar Land

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):

The facility will be located approximately 1300 feet ENE of FM 2759 (Thompson Road), and Arbor Ranch drive. Adjacent to the Greatwood Lake subdivision.

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

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

First and Last Name: Sarah Almasri

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

Title: Engineer II

Mailing Address: 2107 CityWest Blvd., 3rd Floor

City, State, Zip Code: Houston, Texas 77042

Phone No.: 713-428-2400 Ext.:  Click here to enter text Fax No.:  Click here to enter text

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

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

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

The treated effluent will be discharged into Rabbs Bayou (Segment 1202B), thence to Middle Bayou to the Brazos River (Segment 1202) of the Brazos River Basin.

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

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

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

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

- Disturbance of vegetation or wetlands
6. List proposed construction impact (surface acres to be impacted, depth of excavation, sealing of caves, or other karst features):  
There are no caves or other karst features located on site.

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

Typical vegetative cover on-site.

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

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

Wastewater treatment plant to begin construction in 2025

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

REDACTED

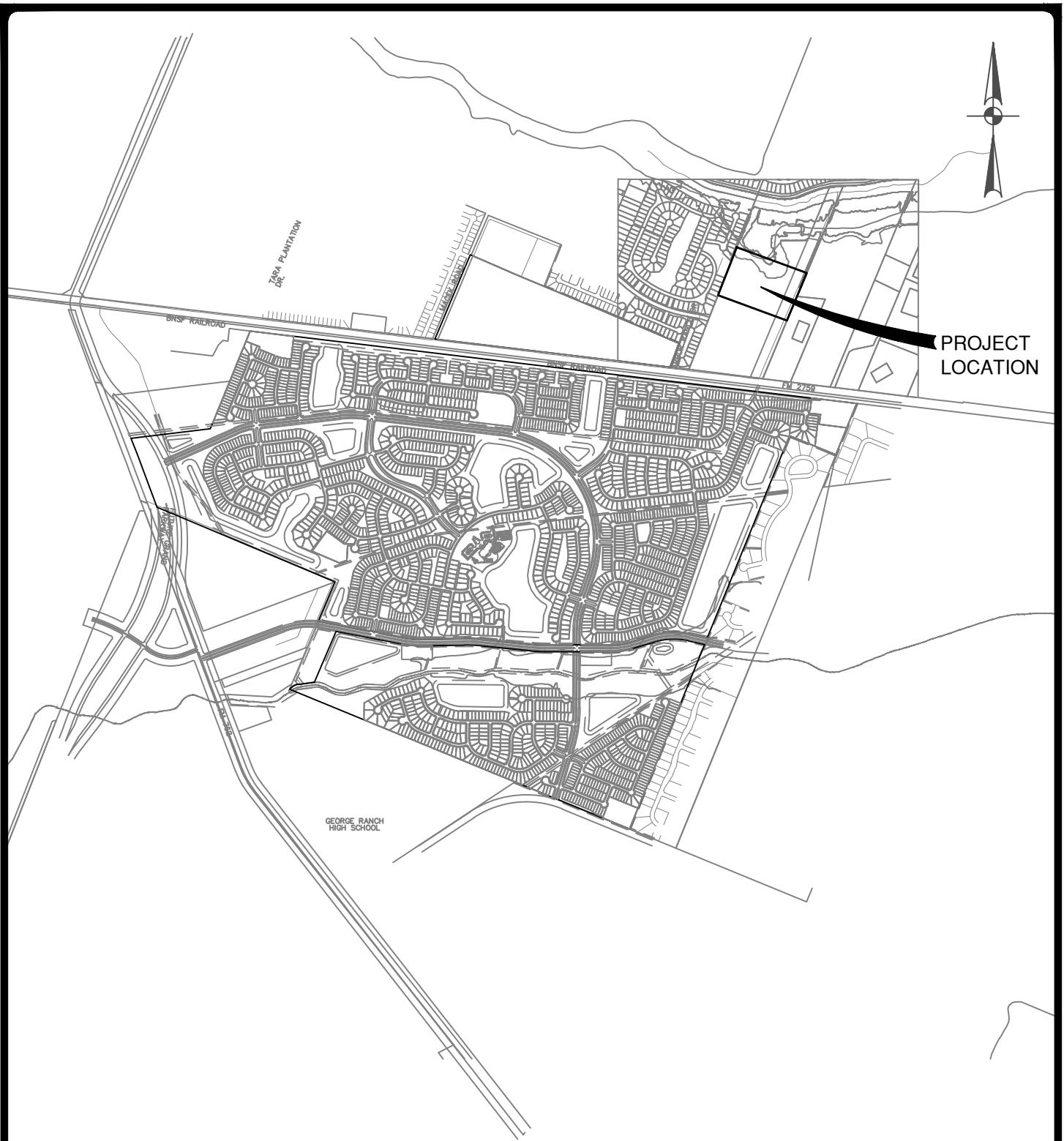
**ATTACHMENT “SPIF.01”**

**USGS Topographic Map**



**ATTACHMENT “SPIF.02”**

**General Location Map**



Date: March 25, 2024, 3:38 PM - User Id: LHarrie  
File: P:\Fort Bend County\SUGAR LAND\WWTP\PH1\2023245-000-00

FORT BEND COUNTY KEY MAP PAGE FBC 607 T

JOB NO. 2023245-000-00

DATE MARCH 2024

DESIGNER SA

CHECKED HBW DRAWN LDH

SHEET 1 of 1

**SUGAR LAND REGIONAL WWTP**  
**GENERAL LOCATION MAP**

**P D PAPE-DAWSON  
ENGINEERS**

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

October 22, 2024

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

RE: Wastewater Discharge Permit Application New  
South of the Brazos Wastewater Treatment Plant  
Fort Bend County, Texas  
Project No. 41462-47 Task 002

Dear Mr./Ms.:

Please see below the responses to your September 6, 2024, letter regarding the application for a new Permit City of Sugar Land WWTP.

1. The name of the Wastewater Treatment Plant has changed, please see attached Core Data Form with updated name.
2. Please see attached revised facility location description on the Core Data Form.
3. See attached Administrative Report 1.0, Section 6 for the updated billing section with a name for the contact person.
4. See attached for electronic landowner labels.
5. Please see attached Plain Language Summary in English and Spanish.

Should you have any questions or require any additional information, please do not hesitate to contact me at 713-428-2400 or [salmasri@pape-dawson.com](mailto:salmasri@pape-dawson.com).

Sincerely,

Sarah Almasri,  
Engineer II



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

## SECTION II: Customer Information

<b>4. General Customer Information</b>	<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)	4/29/2024						
<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> ( <i>If an individual, print last name first: eg: Doe, John</i> )		<i>If new Customer, enter previous Customer below:</i>						
City of Sugar Land								
<b>7. TX SOS/CPA Filing Number</b>	<b>8. TX State Tax ID</b> (11 digits)	<b>9. Federal Tax ID</b> (9 digits)	<b>10. DUNS Number</b> ( <i>if applicable</i> )					
<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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:						
<b>12. Number of Employees</b>		<b>13. Independently Owned and Operated?</b>						
<input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<b>14. Customer Role</b> ( <i>Proposed or Actual – as it relates to the Regulated Entity listed on this form. Please check one of the following</i> )								
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant <input type="checkbox"/> Other:								
<b>15. Mailing Address:</b>	101A Gillingham Lane							
	City	Sugar Land	State	TX	ZIP	77478	ZIP + 4	
<b>16. Country Mailing Information</b> ( <i>if outside USA</i> )				<b>17. E-Mail Address</b> ( <i>if applicable</i> )				
<b>18. Telephone Number</b>			<b>19. Extension or Code</b>			<b>20. Fax Number</b> ( <i>if applicable</i> )		

## SECTION III: Regulated Entity Information

**21. General Regulated Entity Information** (If "New Regulated Entity" is selected, a new permit application is also required.)

New Regulated Entity    Update to Regulated Entity Name    Update to Regulated Entity Information

**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).**

**22. Regulated Entity Name** (Enter name of the site where the regulated action is taking place.)

South of the Brazos Wastewater Treatment Plant

<b>23. Street Address of the Regulated Entity: <u>(No PO Boxes)</u></b>	STREET NUMBER NOT ESTABLISHED							
	City	SUGAR LAND	State	TX	ZIP	77469	ZIP + 4	
<b>24. County</b>	Fort Bend							

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

<b>25. Description to Physical Location:</b>	The Plant will be located approximately 1800 feet northeast of the intersection of Arbor Ranch Drive and Farm-to-Market Road 2759, in Fort Bend County, Texas 77469.							
--	--	--	--	--	--	--	--	--

26. Nearest City	State	Nearest ZIP Code
Sugar Land	TX	77469

**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).**

<b>27. Latitude (N) In Decimal:</b> 29.540864		<b>28. Longitude (W) In Decimal:</b> -95.668836	
Degrees	Minutes	Seconds	
29°	32	27.11	95°
			40
			7.81

<b>29. Primary SIC Code</b> (4 digits)	<b>30. Secondary SIC Code</b> (4 digits)	<b>31. Primary NAICS Code</b> (5 or 6 digits)	<b>32. Secondary NAICS Code</b> (5 or 6 digits)
4952			

<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)							
Wastewater Treatment Facility							

<b>34. Mailing Address:</b>	101A Gillingham Lane							
	City	Sugar Land	State	TX	ZIP	77478	ZIP + 4	

<b>35. E-Mail Address:</b>							
<b>36. Telephone Number</b>	<b>37. Extension or Code</b>			<b>38. Fax Number (if applicable)</b>			
( 281 ) 275-2450				( ) -			

**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.

# 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:

- Permittee: City of Sugar Land

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):

The Plant will be located approximately 1800 feet northeast of the intersection of Arbor Ranch Drive and Farm-to-Market Road 2759, in Fort Bend County, Texas 77469..

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

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

First and Last Name: Sarah Almasri

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

Title: Engineer II

Mailing Address: 2107 CityWest Blvd, 3rd Floor

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

Phone No.: 713-428-2400 Ext.: Click here to enter text Fax No.: Click here to enter text

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

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

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

The treated effluent will be discharged into Rabbs Bayou, thence to a diversion canal, thence to Middle Bayou, thence to Brazos River Below Navasota River in Segment 1202 of the Brazos River Basin

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

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

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

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

Disturbance of vegetation or wetlands

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

There are no caves or other karst features located on site.

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

Typical vegetative cover on-site.

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

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

Wastewater treatment plant to begin construction in 2025

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

Land developed for residential

# WATER QUALITY PERMIT

## PAYMENT SUBMITTAL FORM

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

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

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

*BY REGULAR U.S. MAIL*

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

*BY OVERNIGHT/EXPRESS MAIL*

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

**Fee Code: WQP      Waste Permit No: N/A**

1. Check or Money Order Number: 001240
2. Check or Money Order Amount: \$2,050.00
3. Date of Check or Money Order: 5/01/2024
4. Name on Check or Money Order: Pape-Dawson Engineers
5. APPLICATION INFORMATION

Name of Project or Site: Sugar Land Brazos Regional Wastewater Treatment Plant

Physical Address of Project or Site: The Plant will be located approximately 1800 feet northeast of the intersection of Arbor Ranch Drive and Farm-to-Market Road 2759, in Fort Bend County, Texas 77469.

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

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

B. Prefix: Mr. Last Name, First Name: King, Jon  
Title: Brazos River Authority Credential: Click to enter text.  
Organization Name: Click to enter text.  
Mailing Address: P.O Box 7555 City, State, Zip Code: Waco, TX, 76714  
Phone No.: 254-761-3167 E-mail Address: jon.king@brazos.org

## 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: Click to enter text. Last Name, First Name: Cook, Laurie  
Title: Accounts Payable Manager Credential: Click to enter text.  
Organization Name: City of Sugar Land  
Mailing Address: 2700 Town Center Blvd N. City, State, Zip Code: Sugar Land, TX, 77479  
Phone No.: 281-275-2746 E-mail Address: accountspayable@sugarlandtx.gov

## 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: Middleton, Jay  
Title: Click to enter text. Credential: Click to enter text.  
Organization Name: Brazos River Authority  
Mailing Address: P.O. Box 7555 City, State, Zip Code: Waco, TX, 76714  
Phone No.: 512-850-9145 E-mail Address: jay.middleton@brazos.org

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

### A. Individual Publishing the Notices

Prefix: Ms. Last Name, First Name: Almasri, Sarah  
Title: Engineer II Credential: E.I.T.  
Organization Name: Pape-Dawson Engineers  
Mailing Address: 2107 CityWest Blvd, 3rd Floor City, State, Zip Code: Houston, TX, 77042  
Phone No.: 713-428-2400 E-mail Address: SAlmasri@pape-dawson.com

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

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

E-mail Address