



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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

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

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

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

LMD Investments Limited Partnership (CN# (NEW) proposes to operate County Line Wastewater Treatment Plant (RN# (NEW)), an plant designed for a 995k gpd the aeration basins are planned to be equipped with fine bubble diffusers with a submergence of 10 feet. The final build out will have aeration basins, digesters, clarifiers and chlorine contact basins as shown in the process flow diagram. The facility will be located at County Line Road, approximately 4.5 miles east from the intersection of S Danville St and County Line road, in Willis, Montgomery County, Texas 77378. This Application is for a new permit regarding a wastewater treatment plant.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), and **Escherichia coli**. Domestic wastewater will be treated by a submerged plate bioreactor process plant and the treatment units include a bar screen, bio reactor basins, final clarifiers, tube settlers, sludge digesters, and chlorine contact chambers.

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

AGUAS RESIDUALES DOMESTICAS /AGUAS PLUVIALES

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

LMD Investments Limited Partnership CN# (NEW) propone operar LMD Planta de tratamiento de aguas residuales de County Line (RN# (NEW)), una planta diseñada para un 995k GPD Las cuencas de aireación están planeadas para estar equipadas con difusores de burbujas finas con una inmersión de 10 pies. La construcción final tendrá cuencas de aireación, digestores, clarificadores y cuencas de contacto con cloro, como se muestra en el diagrama de flujo del proceso. La instalación estará ubicada aproximadamente a 4.5 millas al este por County Line Road, en Willis, Condado de Montgomery, Texas 77378. Esta solicitud es para un nuevo permiso relacionado con una planta de tratamiento de aguas residuales.

<<Para las solicitudes de TLAP incluya la siguiente oración, de lo contrario, elimine:>> Este permiso no autorizará una descarga de contaminantes en el agua en el estado.

Se espera que las descargas de la instalación contengan demanda bioquímica carbonácea de oxígeno (CBOD5), sólidos suspendidos totales (SST) y Escherichia coli en cinco días. Aguas residuales domésticas. **estará** tratado por Una planta de proceso de biorreactor de placa sumergida y las unidades de tratada por incluyen una pantalla de barras, cuencas de bio reactores, clarificadores finales, sedimentadores de tubos, digestores de lodos y cámaras de contacto de cloro.

INSTRUCTIONS

1. Enter the name of applicant in this section. The applicant name should match the name associated with the customer number.
2. Enter the Customer Number in this section. Each Individual or Organization is issued a unique 11-digit identification number called a CN (e.g. CN123456789).
3. Choose “operates” in this section for existing facility applications or choose “proposes to operate” for new facility applications.
4. Enter the name of the facility in this section. The facility name should match the name associated with the regulated entity number.
5. Enter the Regulated Entity number in this section. Each site location is issued a unique 11-digit identification number called an RN (e.g. RN123456789).
6. Choose the appropriate article (a or an) to complete the sentence.
7. Enter a description of the facility in this section. For example: steam electric generating facility, nitrogenous fertilizer manufacturing facility, etc.
8. Choose “is” for an existing facility or “will be” for a new facility.
9. Enter the location of the facility in this section.
10. Enter the City nearest the facility in this section.
11. Enter the County nearest the facility in this section.
12. Enter the zip code for the facility address in this section.
13. Enter a summary of the application request in this section. For example: renewal to discharge 25,000 gallons per day of treated domestic wastewater, new application to discharge process wastewater and stormwater on an intermittent and flow-variable basis, or major amendment to reduce monitoring frequency for pH, etc. If more than one outfall is included in the application, provide applicable information for each individual outfall.
14. List all pollutants expected in the discharge from this facility in this section. If applicable, refer to the pollutants from any federal numeric effluent limitations that apply to your facility.
15. Enter the discharge types from your facility in this section (e.g., stormwater, process wastewater, once through cooling water, etc.)
16. Choose the appropriate verb tense to complete the sentence.
17. Enter a description of the wastewater treatment used at your facility. Include a description of each process, starting with initial treatment and finishing with the outfall/point of disposal. Use additional lines for individual discharge types if necessary.

Questions or comments concerning this form may be directed to the Water Quality Division's Application Review and Processing Team by email at WQ-ARPTeam@tceq.texas.gov or by phone at (512) 239-4671.

Example

Individual Industrial Wastewater Application

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

ABC Corporation (CN600000000) operates the Starr Power Station (RN10000000000), a two-unit gas-fired electric generating facility. Unit 1 has a generating capacity of 393 megawatts (MWs) and Unit 2 has a generating capacity of 528 MWs. The facility is located at 1356 Starr Street, near the City of Austin, Travis County, Texas 78753.

This application is for a renewal to discharge 870,000,000 gallons per day of once through cooling water, auxiliary cooling water, and also authorizes the following waste streams monitored inside the facility (internal outfalls) before it is mixed with the other wastewaters authorized for discharge via main Outfall 001, referred to as “previously monitored effluents” (low-volume wastewater, metal-cleaning waste, and stormwater (from diked oil storage area yards and storm drains)) via Outfall 001. Low-volume waste sources, metal-cleaning waste, and stormwater drains on a continuous and flow-variable basis via internal Outfall 101.

The discharge of once through cooling water via Outfall 001 and low-volume waste and metal-cleaning waste via Outfall 101 from this facility is subject to federal effluent limitation guidelines at 40 CFR Part 423. The pollutants expected from these discharges based on 40 CFR Part 423 are: free available chlorine, total residual chlorine, total suspended solids, oil and grease, total iron, total copper, and pH. Temperature is also expected from these discharges. Additional potential pollutants are included in the Industrial Wastewater Application Technical Report, Worksheet 2.0.

Cooling water and boiler make-up water are supplied by Lake Starr Reservoir. The City of Austin municipal water plant (CN600000000, PWS 00000) supplies the facility’s potable water and serves as an alternate source of boiler make-up water. Water from the Lake Starr Reservoir is withdrawn at the intake structure and treated with sodium hypochlorite to prevent biofouling and sodium bromide as a chlorine enhancer to improve efficacy and then passed through condensers and auxiliary equipment on a once-through basis to cool equipment and condense exhaust steam.

Low-volume wastewater from blowdown of boiler Units 1 and 2 and metal-cleaning wastes receive no treatment prior to discharge via Outfall 101. Plant floor and equipment drains and stormwater runoff from diked oil storage areas, yards, and storm drains are routed through an oil and water separator prior to discharge via Outfall 101. Domestic wastewater, blowdown, and backwash water from the service water filter, clarifier, and sand filter are routed to the Starr Creek Domestic Sewage Treatment Plant, TPDES Permit No. WQ0010000001, for treatment and disposal. Metal-cleaning waste from equipment cleaning is generally disposed of off-site.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PROPOSED PERMIT NO. WQ0016607001

APPLICATION. LMD Investments Limited Partnership, 600 Ryan Street, Unit 155, Lake Charles, Louisiana 70601, has applied to the Texas Commission on Environmental Quality (TCEQ) for proposed Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0016607001 (EPA I.D. No. TX0146528) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 995,000 gallons per day. The domestic wastewater treatment facility will be located approximately 4.5 miles of County Line Road, and S Danville Street, near the city of Willis, in Montgomery County, Texas 77378. The discharge route will be from the plant site via sewer to Caney Creek. TCEQ received this application on August 26, 2024. The permit application will be available for viewing and copying at R F Meador Branch Library, notice board, 709 West Montgomery Street, Willis, 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=-95.407164,30.444544&level=18>

ALTERNATIVE LANGUAGE NOTICE. Alternative language notice in Spanish is available at: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. El aviso de idioma alternativo en español está disponible en <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

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

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

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

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

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

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

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

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

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

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

Further information may also be obtained from LMD Investments Limited Partnership at the address stated above or by calling Ms. Charlotte McCann at 337-433-1779.

Issuance Date: December 11, 2024

Comisión de Calidad Ambiental del Estado de Texas



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

PERMISO PROPUESTO NO. WQ0016607001

SOLICITUD. LMD Inestimentos Limitad Asociación está ubicada en 600 Ryan Street, Unit 155, Lake Charles, Louisiana 70601, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para el propuesto Permiso No. WQ0016607001 (EPA I.D. No. TX0146528) 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 995,000 galones por día. La instalación estará ubicada en County Line Road, aproximadamente a 4.5 millas al este de la intersección de County Line Road y S Danville Street, cerca de la ciudad de Willis, condado de Montgomery, Texas 77378. Esta solicitud es para un nuevo permiso relacionado con una planta de tratamiento de aguas residuales. La ruta de descarga es del sitio de la planta a tratamiento de aguas residuales propuesta se verterá en una tubería sanitaria de gravedad de 18 pulgadas hacia el segmento 1040 de Caney Creek. La TCEQ recibió esta solicitud el 26 de agosto de 2024. La solicitud para el permiso está disponible para leerla y copiarla en Biblioteca R. F. Meador, 709 West Montgomery Street, Willis, 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=-95.407164,30.444544&level=18>

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

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar

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

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

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

Después del cierre de todos los períodos de comentarios y de petición que aplican, el Director Ejecutivo enviará la solicitud y cualquier petición para reconsideración o para una audiencia de caso impugnado a los Comisionados de la TCEQ para su consideración durante una reunión programada de la Comisión. La Comisión sólo puede conceder una solicitud de una audiencia de caso impugnado sobre los temas que el solicitante haya

presentado en sus comentarios oportunos que no fueron retirados posteriormente. Si se concede una audiencia, el tema de la audiencia estará limitado a cuestiones de hecho en disputa o cuestiones mixtas de hecho y de derecho relacionadas a intereses pertinentes y materiales de calidad del agua que se hayan presentado durante el período de comentarios.

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

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

También se puede obtener información adicional del LMD Invetimentos Limitad Asociación a la dirección indicada arriba o llamando a Ms. Charlottee McCann al 337-433-1779

Fecha de emisión 11 de diciembre de 2024.



TCEQ Core Data Form

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

SECTION I: General Information

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

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)			
<input checked="" type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
LMD INVESTMENTS LIMITED PARTNERSHIP					
7. TX SOS/CPA Filing Number 0006008510		8. TX State Tax ID (11 digits) 32036475666		9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
11. Type of Customer:		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input checked="" type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:	
12. Number of Employees <input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input checked="" type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				13. Independently Owned and Operated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other: <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
15. Mailing Address:		3100 RYAN ST STE E			
City		LAKE CHARLES		State	LA
ZIP		70601		ZIP + 4	8576
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)	
				charlotte@mecom.cc	
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)	

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SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.)							
<input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information							
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>							
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)							
COUNTY LINE ROAD WWT P							
23. Street Address of the Regulated Entity: (No PO Boxes)	TBD COUNTY LINE ROAD						
	City	WILLIS	State	TX	ZIP	77318	ZIP + 4
24. County							

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

25. Description to Physical Location:	THE WWTP IS LOCATED APPROX 4.5 MILES EAST OF THE CITY OF WILLIS TRAVELING DOWN COUNTY LINE ROAD				
26. Nearest City	State			Nearest ZIP Code	
WILLIS	TX			77318	
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>					
27. Latitude (N) In Decimal:		30.444544°		28. Longitude (W) In Decimal:	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
30	26	40.36	95	24	25.79
29. Primary SIC Code (4 digits)		30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)	
32. Secondary NAICS Code (5 or 6 digits)					
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)					
WASTE WATER TREATMENT					
34. Mailing Address:	3100 RYAN ST STE E				
	City	LAKE CHARLES	State	LA	ZIP
				70601	ZIP + 4
					8576
35. E-Mail Address:		charlotte@mecom.cc			
36. Telephone Number		37. Extension or Code		38. Fax Number (if applicable)	
() - 337-433-1779				() -	

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

40. Name:	MAKAYLA COMMANDER			41. Title:	PROJECT MANAGER
42. Telephone Number 936-256-2626	43. Ext./Code	44. Fax Number	45. E-Mail Address MAKAYLA@SPETEXAS.COM		
		() -			

SECTION V: Authorized Signature

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

Company:	LightPoint Engineering, LLC	Job Title:	PROJECT MANAGER	
Name (In Print):	MAKAYLA COMMANDER		Phone:	(936) 256 -2626
Signature:	<i>MaKayla Commander</i>		Date:	8/12/2024



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: LMD Investments Limited Partnership

PERMIT NUMBER (If new, leave blank): WQ00

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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 7.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

For TCEQ Use Only

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION
ADMINISTRATIVE REPORT 1.0**

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00 ☐

Payment Information:

Mailed Check/Money Order Number: [Click to enter text.](#)

Check/Money Order Amount: \$1,650.00

Name Printed on Check: LightPoint Engineers, LLC

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

Copy of Payment Voucher enclosed? Yes ☒

Section 2. Type of Application (Instructions Page 26)

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

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

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

- ☐ Active ☒ Inactive

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

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

d. Check the box next to the appropriate application type

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

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

f. For existing permits:

Permit Number: WQ00 NEW

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

Expiration Date: N/A

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

LMD Investments Limited Partnership

(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: NEW

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: Ms.

Last Name, First Name: McCann, Charlotte

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

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: N/A

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

Prefix: Click to enter text.

Last Name, First Name: MULLINS, DONALD

Title: PRESIDENT

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 1.0

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: MAKAYLA, COMMANDER
Title: PROJECT MANAGER Credential: Click to enter text.
Organization Name: LightPoint Engineering, LLC
Mailing Address: 604 West Worsham St., Ste. 100 City, State, Zip Code: Willis, TX 77378
Phone No.: (936-256-2626) E-mail Address: MAKAYLA@spetexas.com
Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix: Ms. Last Name, First Name: McCann, Charlotte
Title: Click to enter text. Credential: Click to enter text.
Organization Name: LMD Investments Limited Partnership
Mailing Address: 600 Ryan Street, Unit 155 City, State, Zip Code: Lake Charles, LA, 70601
Phone No.: (337) 433-1779 E-mail Address: charlotte@mecom.cc
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: COMMANDER, MAKAYLA
Title: PROJECT MANAGER Credential: Click to enter text.
Organization Name: LightPoint Engineering LLC
Mailing Address: 604 West Worsham St. Suite 100 City, State, Zip Code: Willis, Texas 77378
Phone No.: (936) 256-2626 E-mail Address: MAKAYLA@spetexas.com

B. Prefix: Ms. Last Name, First Name: McCann, Charlotte
Title: Click to enter text. Credential: Click to enter text.
Organization Name: LMD Investments Limited Partnership
Mailing Address: 600 Ryan Street, Unit 155 City, State, Zip Code: Lake Charles, LA, 70601
Phone No.: (337) 433-1779 E-mail Address: charlotte@mecom.cc

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Ms. Last Name, First Name: McCann, Charlotte
Title: Click to enter text. Credential: Click to enter text.
Organization Name: LMD Investments Limited Partnership
Mailing Address: 600 Ryan Street, Unit 155 City, State, Zip Code: Lake Charles, LA, 70601
Phone No.: (337) 433-1779 E-mail Address: charlotte@mecom.cc

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

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

Prefix: Ms. Last Name, First Name: McCann, Charlotte
Title: Click to enter text. Credential: Click to enter text.
Organization Name: LMD Investments Limited Partnership
Mailing Address: 600 Ryan Street, Unit 155 City, State, Zip Code: Lake Charles, LA, 70601
Phone No.: (337) 433-1779 E-mail Address: charlotte@mecom.cc

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Ms. Last Name, First Name: COMMANDER, MAKAYLA
Title: PROJECT MANAGER Credential: Click to enter text.
Organization Name: LIGHTPOINT ENGINEERING LLC
Mailing Address: 604, W. Worsham St., STE 100 City, State, Zip Code: Willis, Tx 77378
Phone No.: (936) 256-2626 E-mail Address: MAKAYLA@spetexas.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: McCann, Charlotte

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: LMD Investments Limited Partnership

Mailing Address: 600 Ryan Street, Unit 155 City, State, Zip Code: Lake Charles, LA, 70601

Phone No.: (337) 433-1779

E-mail Address: charlotte@mecom.cc

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: R F Meador Branch Library

Location within the building: Notice Board

Physical Address of Building: 709 W. Montgomery St.

City: Willis

County: Montgomery

Contact (Last Name, First Name): Raye Morello

Phone No.: (936) 422-7740 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: PLS – 20917 – COUNTY LINE WWTP

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: PIP – 20960 – COUTNY LINE WWTP

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 NEW

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

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

LMD Investments Limited Partnership

C. Owner of treatment facility: LMD Investments Limited Partnership

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

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: LMD Investments Limited Partnership

Mailing Address: 600 Ryan Street, Unit 155 City, State, Zip Code: LAKE CHARLES, LA 70601

Phone No.: (337) 433-1779

E-mail Address: charlotte@mecom.cc

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: 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.

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:

New Permit - THE PROPOSED WWTP WILL BE LOCATED APPROX 4.5 MILES EAST DOWN COUNTY LINE ROAD FROM THE CITY OF WILLIS

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

☐ Yes ☐ No

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

The discharge from the proposed WWTP will outfall into a 18" gravity sanitary sewer line to Caney Creek segment 1040

City nearest the outfall(s): WILLIS, TX

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

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

☐ Yes ☒ No

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

- ☐ Authorization granted ☐ Authorization pending

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

Attachment: Click to enter text.

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☐ No

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

N/A

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

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

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

N/A

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

Click to enter text.

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

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

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

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

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

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

Section 13. Attachments (Instructions Page 33)

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

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

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

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

☐ Attachment 1 for Individuals as co-applicants

☐ Other Attachments. Please specify: [Click to enter text.](#)

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: New

Applicant: _____

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): MARK H MULLINS

Signatory title: Vice President

Signature: MARK H MULLINS Date: JULY 17, 2024
(Use blue ink)

Subscribed and Sworn to before me by the said Mark Mullins
on this 17th day of July, 2024.
My commission expires on the at my death day of _____, 20____.

[Signature]
Notary Public

L. Charlotte McGinn #59563

Calcasieu Parish Louisiana
County, Texas

[SEAL]



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: MONTGOMERY COUNTY 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):

N/A

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 1.0 – SPIF 20971

ATTACHMENT 1

INDIVIDUAL INFORMATION

Section 1. Individual Information (Instructions Page 41)

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

Prefix (Mr., Ms., Miss): N/A

Full legal name (Last Name, First Name, Middle Initial): N/A

Driver's License or State Identification Number: N/A

Date of Birth: N/A

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

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

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

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

CN: N/A

For Commission Use Only:

Customer Number:

Regulated Entity Number:

Permit Number:

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

Things to Know:

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

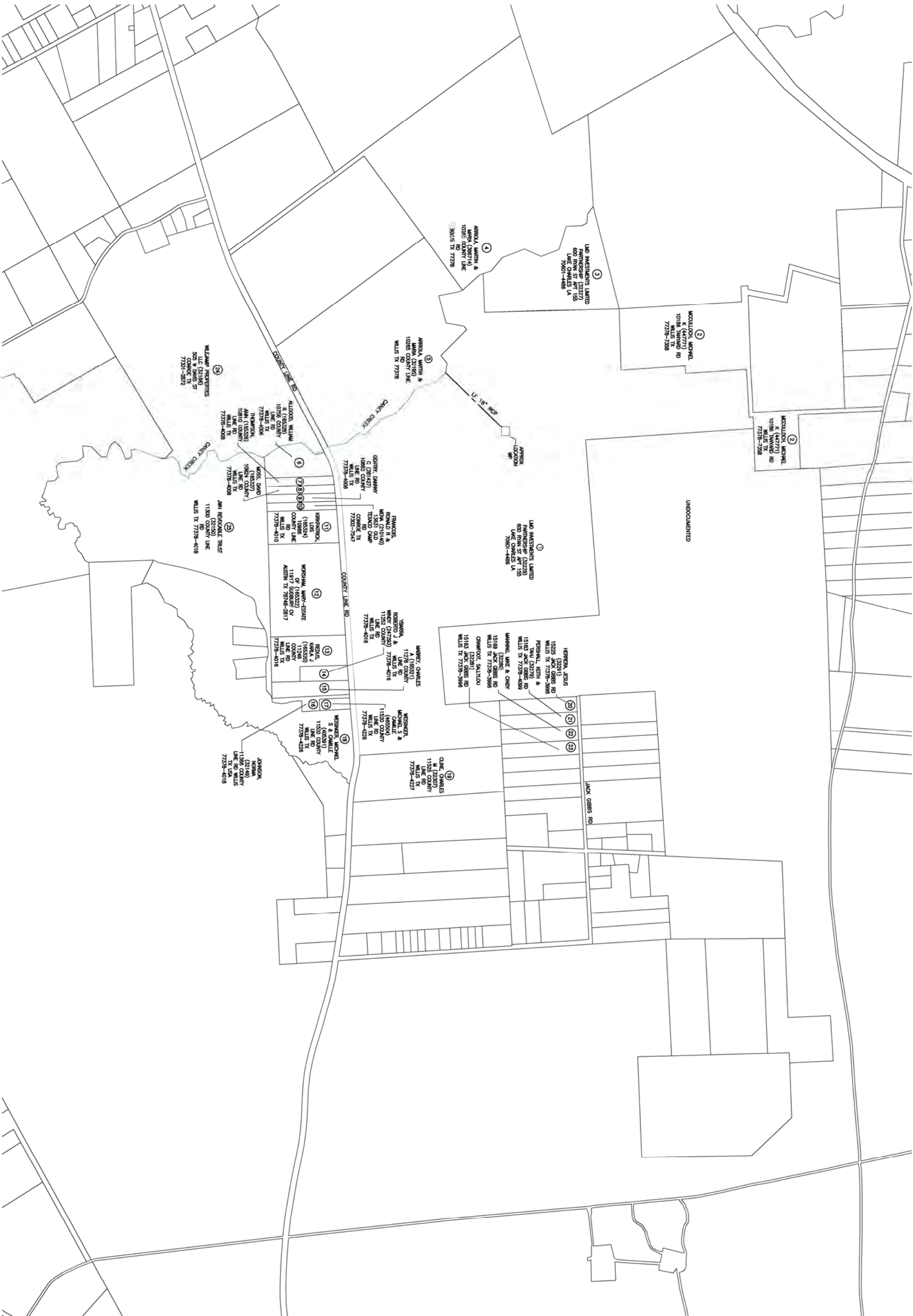
Landowners Cross Reference List ☐ N/A ☒ Yes
(See instructions for landowner requirements)


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

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

Plain Language Summary ☒ Yes

#	Acres	Parcel Address	Owner	Owner Address	County
1	150.0	A0015 - De La Garza, Tract 12, 13, 15 (Prop. ID: 32229)	LMD INVESTMENTS LIMITED PARTNERSHIP	600 RYAN ST APT 155 LAKE CHARLES LA USA 70601-4486	Montgomery
2	56.3	A0015 - De La Garza, Tract 15, 46-B, 52-A (Prop. ID: 447771)	MCCULLOCH, MICHAEL K	10186 TANYARD RD WILLIS TX USA 77378-7358	Montgomery
3	37.8	A0015 - De La Garza, Tract 17 (Prop. ID: 32327)	LMD INVESTMENTS LIMITED PARTNERSHIP	600 RYAN ST APT 155 LAKE CHARLES LA USA 70601-4486	Montgomery
4	2.0	A0015 - De La Garza, Tract 3-A, 21, 44-A (Split for AG) (Prop. ID: 366714)	ARRIOLA, MARTIN & MARIA	10265 COUNTY LINE RD WILLIS TX USA 77378	Montgomery
5	81.5	A0015 - De La Garza, Tract 45,46,47 (Prop. ID: 32915)	ARRIOLA, MARTIN & MARIA	10266 COUNTY LINE RD WILLIS TX USA 77378	Montgomery
6	10.0	Talley, Lot 15 (Prop. ID: 165328)	ALLGOOD, WILLIAM R	10756 COUNTY LINE RD WILLIS TX USA 77378-4006	Montgomery
7		Talley, Lot 14-B (14 W/2) (Prop. ID: 165326)	THOMPSON, ANN	10810 COUNTY LINE RD WILLIS TX USA 77378-4008	Montgomery
8		Talley, Lot 14-A (14 E/2) (Prop ID: 165327)	MOSS, DAVID	10824 COUNTY LINE RD WILLIS TX USA 77378-4008	Montgomery
9	2.5	Talley, Lot 13-B (Prop. ID: 281427)	GENTRY, DANNY C	10862 COUNTY LINE RD WILLIS TX USA 77378-4008	Montgomery
10	2.5	Talley, Lot 13, 13A-1 (Prop. ID: 210140)	FRANCOIS, RONALD R & MENA	13631 OLD TEXACO CAMP RD CONROE TX USA 77302-7547	Montgomery
11	10.0	S918000 -Talley, Lot 11 & 12 (Prop. ID: 165324)	KIRKPATRICK, LOIS	10986 COUNTY LINE RD WILLIS TX USA 77378-4010	Montgomery
12	2.0	S918000 -Talley, Lot 5-10 (Prop. ID: 165322)	WORSHAM, MARY	11917 SUDBURY CV AUSTIN TX USA 78748-2817	Montgomery
13	12.0	S918000 - Talley, Lot 2-B, 3, 4 (Prop. ID: 165320)	REDUS, KARLA J	11246 COUNTY LINE RD WILLIS TX USA 77378-4016	Montgomery
14	3.0	S918000 - Talley, Lot 2-A (Prop. ID: 247293)	YBARRA, ROBERTO J & WINDY	11252 COUNTY LINE RD WILLIS TX USA 77378-4016	Montgomery
15		S918000 - Talley, Lot 1 (Prop. ID:165321)	MABREY, CHARLES A	11278 COUNTY LINE RD WILLIS TX USA 77378-4016	Montgomery
16	1.3	A0015 - De La Garza, Tract 8 (Prop. ID: 32149)	JOHNSON, NORMA	11366 COUNTY LINE RD WILLIS TX USA 77378-4018	Montgomery
17	1.7	A0015 - De La Garza, Tract 8-B (Prop. ID: 465504)	WEISINGER, MICHAEL S & CAMILLE	11520 COUNTY LINE RD WILLIS TX USA 77378-4226	Montgomery
18	3.0	A0015 - De La Garza, Tract 8A-1 (Prop. ID: 405391)	WEISINGER, MICHAEL S & CAMILLE	11521 COUNTY LINE RD WILLIS TX USA 77378-4226	Montgomery
19	31.5	A0015 - De La Garza, Tract 34 (Prop. ID: 32307)	CLINE, CHARLES M	11525 COUNTY LINE RD WILLIS TX USA 77378-4227	Montgomery
20	5.0	A0015 - De La Garza, Tract 21 Lot 32-A (Prop. ID: 32291)	HERRERA, JESUS	15225 JACK GIBBS RD WILLIS TX USA 77378-3998	Montgomery
21	5.0	A0015 - De La Garza, Tract 21 Lot 32 (Prop. ID: 32279)	PERSHALL, KEITH & TAHJ	15183 JACK GIBBS RD WILLIS TX USA 77378-4099	Montgomery
22	5.0	A0015 - De La Garza, Tract 21 Lot 33 (Prop. ID: 32280)	MANNING, MIKE & CINDY	15169 JACK GIBBS RD WILLIS TX USA 77378-3996	Montgomery
23	5.0	A0015 - De La Garza, Tract 21 Lot 34 (Prop. ID: 32281)	CRAWFOOT, SALLYLOU	15163 JACK GIBBS RD WILLIS TX USA 77378-3996	Montgomery
24	0.3	A0015 - De La Garza, Tract 18, 19 (Prop. ID: 32166)	WILEJAMIP PROPERTIES LLC	505 W DAVIS ST CONROE TX USA 77301-2872	Montgomery
25	107.8	A0015 - De La Garza, Tract 8-A (Prop. ID: 32150)	IWH REVOCABLE TRUST	11300 COUNTY LINE RD WILLIS TX USA 77378-4018	Montgomery





0 200 400
SCALE IN FEET

PROJECT NAME

COUNTY LINE 444

PROJECT NUMBER

7000-02

PREPARED FOR

MARK JACOBS

DATE

JULY 26, 2024

LAND OWNERS MAP



SPEAR POINT
ENGINEERING, LLC

THOMAS M. JACOBS
DRAFTER

DAVID W. JACOBS
ENGINEER

7/25/2024

10:24:27 AM

ORIGINAL LAYOUT SIZE - 11x17 /
Z:\SPEARPOINT ENGINEER\SPF JOB FOLDER\000 SPF GENERAL CLIENTS\067008-02 COUNTY LINE 444 EFFLUENT PERMIT\CAD\WWTP DISCHARGE LOCATION.DWG



LEGEND:

● LOCATION OF PHOTO

➔ DIRECTION PHOTO WAS TAKEN




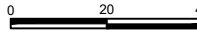
WWTP DISCHARGE UPSTREAM



WWTP LOCATION



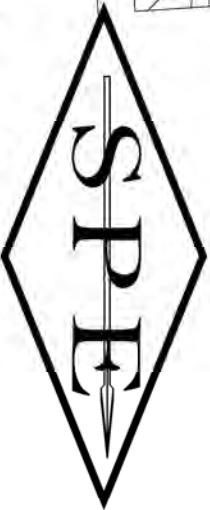
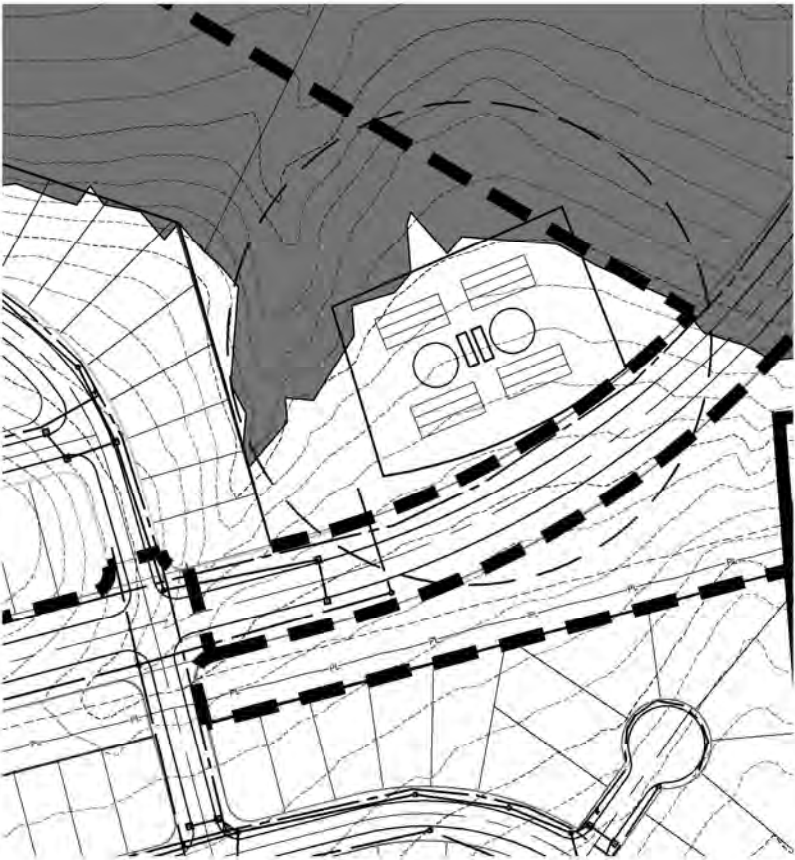
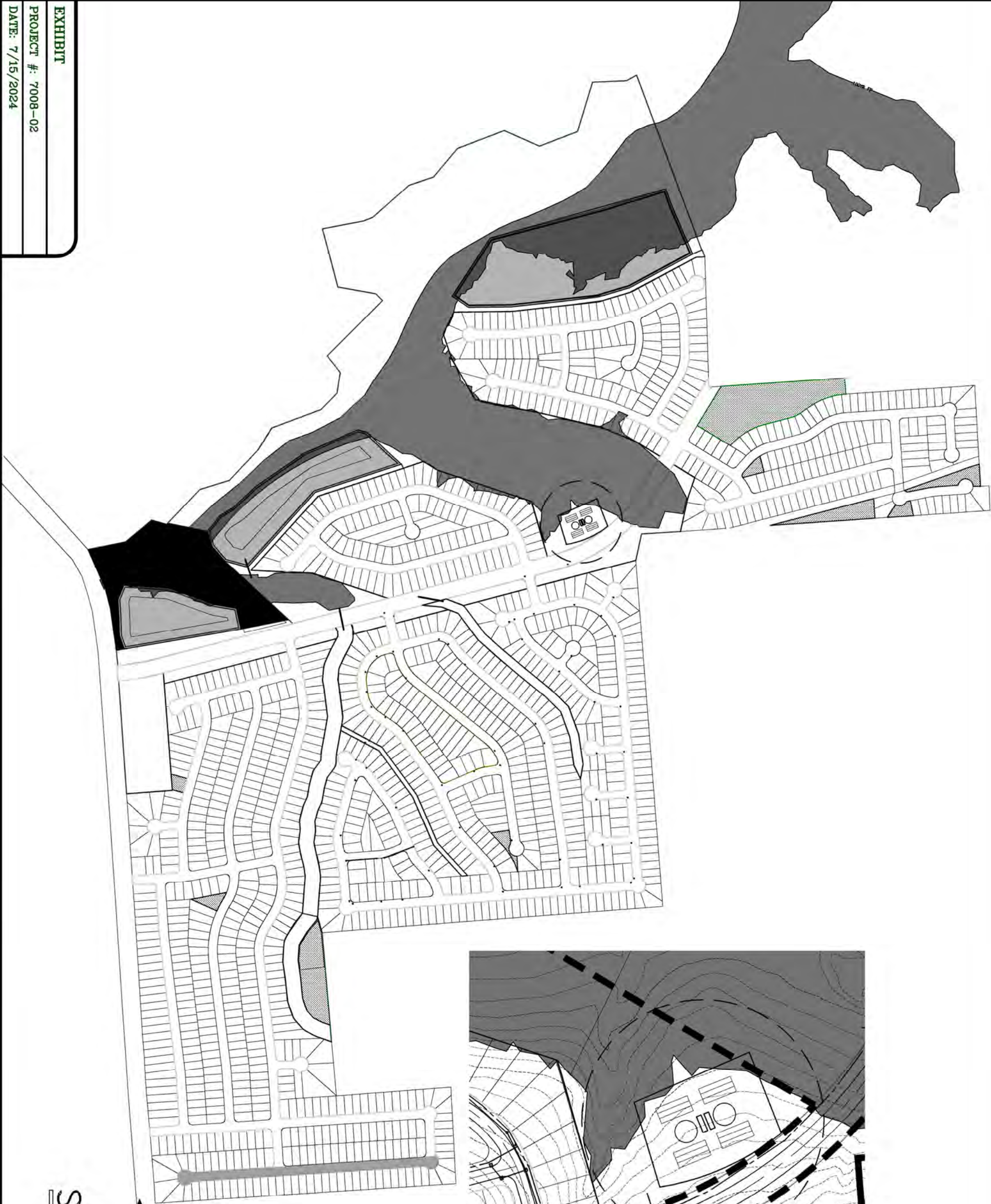
WWTP DISCHARGE DOWNSTREAM



SCALE: 1" = 40'

PROJECT NAME:	COUNTY LINE 444
PROJECT NUMBER:	7008-02
PREPARED FOR:	MARK JACOBS
DATE:	JULY 31, 2024

COUNTY LINE 444 DISCHARGE LOCATION PHOTOS


TBPE Firm No. 18904
604 W. Worsham St., Suite 100
Willis, TX 77378
936-256-2626



PROJECT NAME:	COUNTY LINE 444 ACRES WWTP PERMIT
PROJECT NUMBER:	GCL7008-2
PREPARED FOR:	
DATE:	7/16/2024

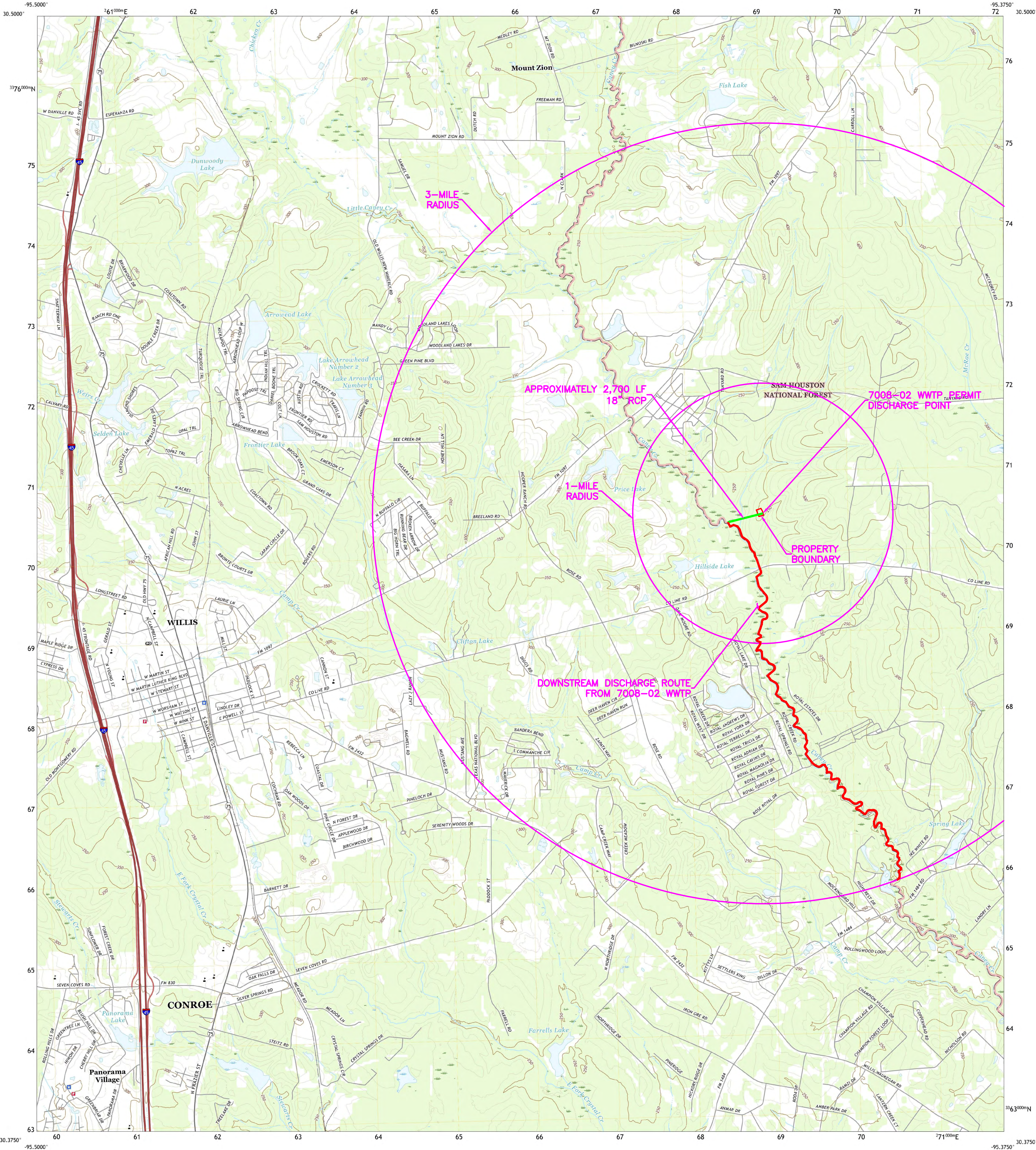
COUNTY LINE 444 ACRES WWTP PERMIT
LOCATION-CONROE NE



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

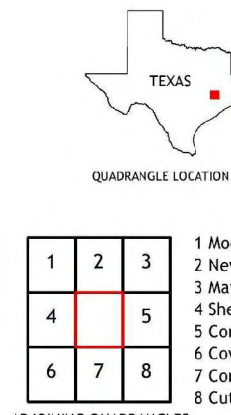
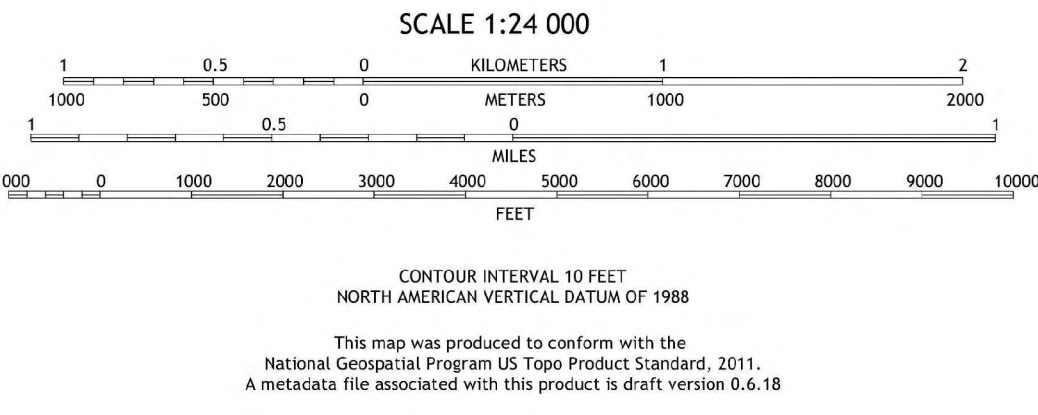
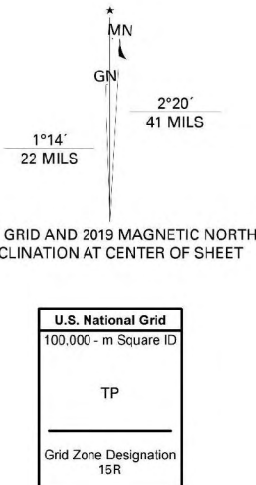


WILLIS QUADRANGLE
TEXAS - MONTGOMERY COUNTY
7.5-MINUTE SERIES



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

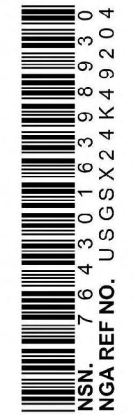
Imagery.....NAIP, September 2016 - November 2016
Roads.....U.S. Census Bureau, 2015
Data within US Forest Service Lands.....FS Topo
with limited Forest Service updates, 2012 - 2013
Names.....GNIS, 1979 - 2018
Hydrography.....National Hydrography Dataset, 2003 - 2018
Contours.....National Elevation Dataset, 2010 - 2018
Boundaries.....Multiple sources; see metadata file, 2016 - 2017
Wetlands.....FWS National Wetlands Inventory 1983 - 1993



ROAD CLASSIFICATION	
Expressway	Local Connector
Secondary Hwy	Local Road
Ramp	4WD
Interstate Route	US Route
FS Primary Route	State Route
FS Passenger Route	FS High Clearance Route

Check with local Forest Service unit
for current travel conditions and restrictions.

WILLIS, TX
2019



PROJECT NAME:	COUNTY LINE 444 ACRES WWTP PERMIT
PROJECT NUMBER:	GCL7008-2
PREPARED FOR:	
DATE:	7/16/2024

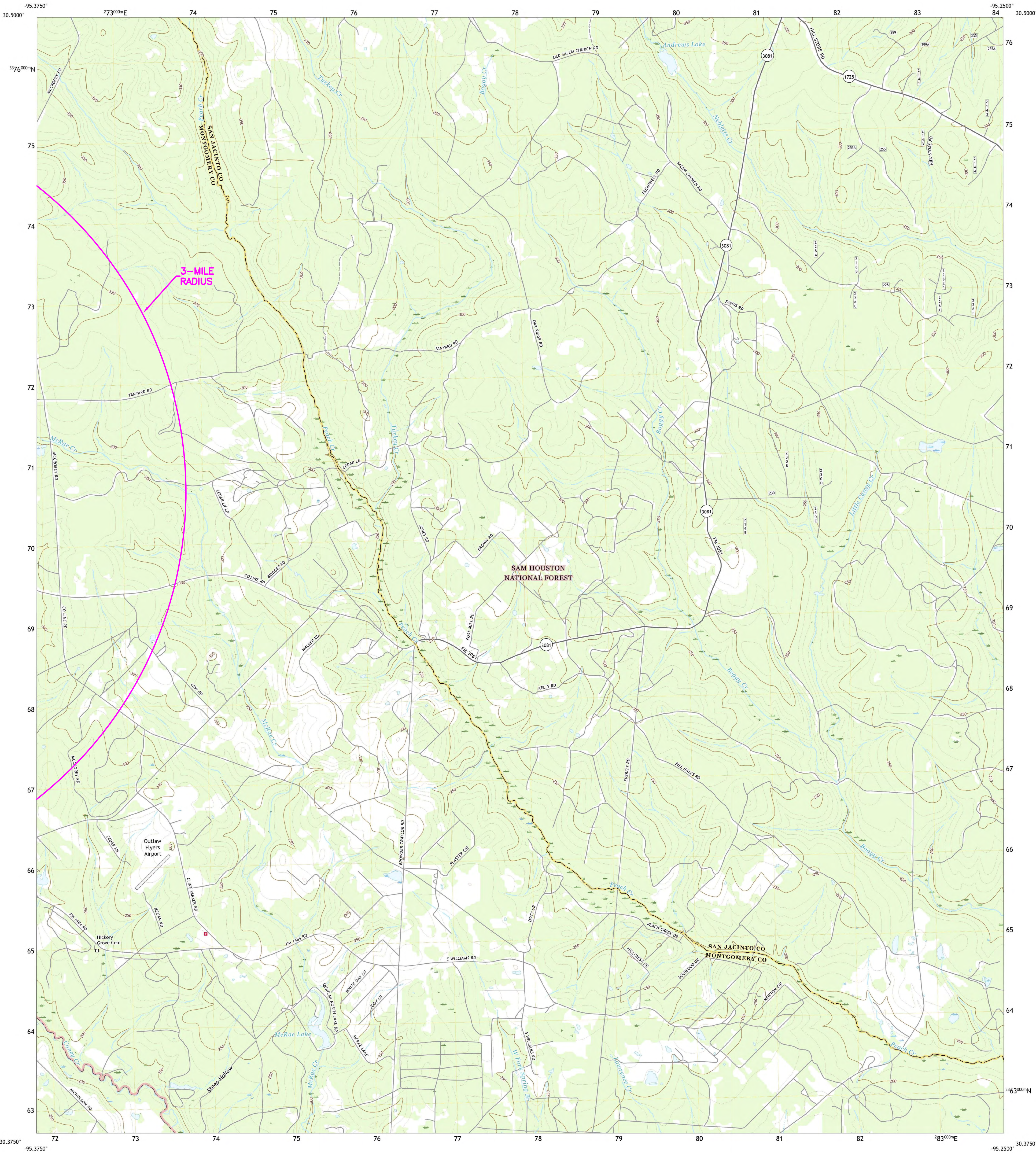
COUNTY LINE 444 ACRES WWTP PERMIT
LOCATION-CONROE NE



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

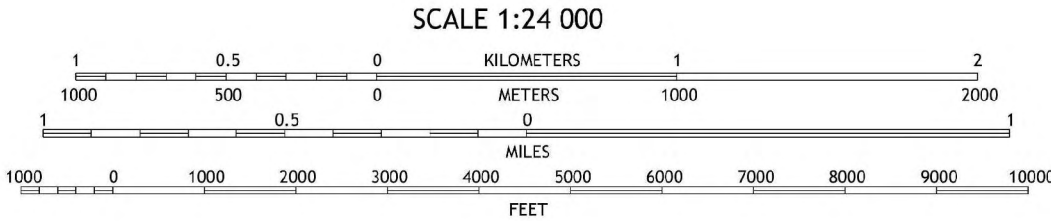
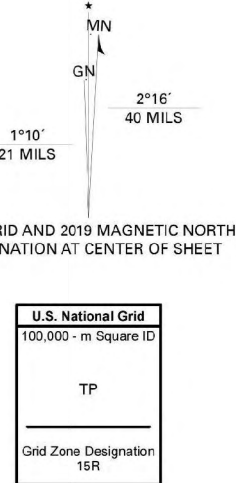


CONROE NE QUADRANGLE
TEXAS
7.5-MINUTE SERIES



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

Imagery.....NAP, September 2016 - November 2016
Roads.....U.S. Census Bureau, 2015
Roads within US Forest Service Lands.....FS Topo Data
with limited Forest Service updates, 2012
Names.....National Hydrography Dataset, 2015
Hydrography.....National Hydrography Dataset, 2015
Contours.....National Elevation Dataset, 2018
Boundaries.....Multiple sources; see metadata file 2016 - 2017
Wetlands.....FWS National Wetlands Inventory 1982 - 1993



CONTOUR INTERVAL 10 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988
This map was produced to conform with the
National Geospatial Program US Topo Product Standard, 2011.
A metadata file associated with this product is draft version 0.6.18



1	2	3	1 New Waverly
4	5	2 Maynard	
6	7	3 Coldspring	
		4 Willis	
		5 Bear Creek	
		6 Conroe	
		7 Cut And Shoot	
		8 Fostoria	

ROAD CLASSIFICATION		
Expressway	Local Connector	
Secondary Hwy	Local Road	
Ramp	4WD	
Interstate Route	US Route	State Route
FS Primary Route	FS Passenger Route	FS High Clearance Route

Check with local Forest Service unit
for current travel conditions and restrictions.

CONROE NE, TX
2019



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

____ Texas Historical Commission

____ U.S. Fish and Wildlife

____ Texas Parks and Wildlife Department

____ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: COUNTY LINE WWTP

Permit No. WQ00 NEW

EPA ID No. TX

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

TBD COUNTY LINE ROAD, MONTGOMERY, TEXAS

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: . Charlotte McCann

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

Title:

Mailing Address: 600 RYAN STREET, UNIT 155

City, State, Zip Code: LAKE CHARLES, LA 70601

Phone No.: 337-433-1779 Ext.:

Fax No.:

E-mail Address: charlotte@mecom.cc

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

SAME AS APPLICANT

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 discharge from the proposed WWTP will outfall into a 18" gravity sanitary sewer line then to caney creek (water segment: 1015) San Jacinto River Basin.

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

N/A

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

REMOVAL OF TREES AND BUSHES, ALTER DRAINAGE

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

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

N/A

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

N/A



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

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

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

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

LMD Investments Limited Partnership (CN_____) proposes to operate County Line Road WWTP (RN_____), a wastewater treatment plant facility. The facility will be located at approximately 4.5 miles east of the City of Willis down County Line Road, in Willis, Texas, Montgomery County, Texas 77831. the discharge of treated wastewater at a volume not to exceed a daily average flow of 995,000 gallons per day..

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD5), total suspended solids (TSS), ammonia nitrogen (NH3-N), and Escherichia coli.. Domestic Wastewater will be treated by an activated sludge process plant and the treatment units will include a influent lift station, bar screen, aeration basins, clarifier basins, sludge digesters, and a chlorine contact chamber.

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

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

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

LMD Investments Limited Partnership (CN_____) propone operar County Line Road PTAR (RN_____), instalación de planta de tratamiento de aguas residuales. La instalación estará ubicada en aproximadamente 4.5 millas al este de la ciudad de Willis por County Line Road, en Willis, Texas, Condado de Montgomery, Texas 77831. la descarga de aguas residuales tratadas en un volumen que no exceder un flujo promedio diario de 995,000 galones por día. Se espera que las descargas de la instalación contengan sustancias bioquímicas carbonosas de cinco días. demanda de oxígeno (CBOD5), sólidos suspendidos totales (SST), nitrógeno amoniacal (NH3-N) y Escherichia coli. Las aguas residuales domésticas serán tratadas mediante una planta de proceso de lodos activados y las unidades de tratamiento incluirán una estación de elevación del afluente, una rejilla de barra, estanques de aireación, un clarificador cubetas, digestores de lodos y cámara de contacto de cloro.

INSTRUCTIONS

1. Enter the name of applicant in this section. The applicant name should match the name associated with the customer number.
2. Enter the Customer Number in this section. Each Individual or Organization is issued a unique 11-digit identification number called a CN (e.g. CN123456789).
3. Choose “operates” in this section for existing facility applications or choose “proposes to operate” for new facility applications.
4. Enter the name of the facility in this section. The facility name should match the name associated with the regulated entity number.
5. Enter the Regulated Entity number in this section. Each site location is issued a unique 11-digit identification number called an RN (e.g. RN123456789).
6. Choose the appropriate article (a or an) to complete the sentence.
7. Enter a description of the facility in this section. For example: steam electric generating facility, nitrogenous fertilizer manufacturing facility, etc.
8. Choose “is” for an existing facility or “will be” for a new facility.
9. Enter the location of the facility in this section.
10. Enter the City nearest the facility in this section.
11. Enter the County nearest the facility in this section.
12. Enter the zip code for the facility address in this section.
13. Enter a summary of the application request in this section. For example: renewal to discharge 25,000 gallons per day of treated domestic wastewater, new application to discharge process wastewater and stormwater on an intermittent and flow-variable basis, or major amendment to reduce monitoring frequency for pH, etc. If more than one outfall is included in the application, provide applicable information for each individual outfall.
14. List all pollutants expected in the discharge from this facility in this section. If applicable, refer to the pollutants from any federal numeric effluent limitations that apply to your facility.
15. Enter the discharge types from your facility in this section (e.g., stormwater, process wastewater, once through cooling water, etc.)
16. Choose the appropriate verb tense to complete the sentence.
17. Enter a description of the wastewater treatment used at your facility. Include a description of each process, starting with initial treatment and finishing with the outfall/point of disposal. Use additional lines for individual discharge types if necessary.

Questions or comments concerning this form may be directed to the Water Quality Division's Application Review and Processing Team by email at WQ-ARPTeam@tceq.texas.gov or by phone at (512) 239-4671.

Example

Individual Industrial Wastewater Application

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

ABC Corporation (CN600000000) operates the Starr Power Station (RN10000000000), a two-unit gas-fired electric generating facility. Unit 1 has a generating capacity of 393 megawatts (MWs) and Unit 2 has a generating capacity of 528 MWs. The facility is located at 1356 Starr Street, near the City of Austin, Travis County, Texas 78753.

This application is for a renewal to discharge 870,000,000 gallons per day of once through cooling water, auxiliary cooling water, and also authorizes the following waste streams monitored inside the facility (internal outfalls) before it is mixed with the other wastewaters authorized for discharge via main Outfall 001, referred to as “previously monitored effluents” (low-volume wastewater, metal-cleaning waste, and stormwater (from diked oil storage area yards and storm drains)) via Outfall 001. Low-volume waste sources, metal-cleaning waste, and stormwater drains on a continuous and flow-variable basis via internal Outfall 101.

The discharge of once through cooling water via Outfall 001 and low-volume waste and metal-cleaning waste via Outfall 101 from this facility is subject to federal effluent limitation guidelines at 40 CFR Part 423. The pollutants expected from these discharges based on 40 CFR Part 423 are: free available chlorine, total residual chlorine, total suspended solids, oil and grease, total iron, total copper, and pH. Temperature is also expected from these discharges. Additional potential pollutants are included in the Industrial Wastewater Application Technical Report, Worksheet 2.0.

Cooling water and boiler make-up water are supplied by Lake Starr Reservoir. The City of Austin municipal water plant (CN600000000, PWS 00000) supplies the facility’s potable water and serves as an alternate source of boiler make-up water. Water from the Lake Starr Reservoir is withdrawn at the intake structure and treated with sodium hypochlorite to prevent biofouling and sodium bromide as a chlorine enhancer to improve efficacy and then passed through condensers and auxiliary equipment on a once-through basis to cool equipment and condense exhaust steam.

Low-volume wastewater from blowdown of boiler Units 1 and 2 and metal-cleaning wastes receive no treatment prior to discharge via Outfall 101. Plant floor and equipment drains and stormwater runoff from diked oil storage areas, yards, and storm drains are routed through an oil and water separator prior to discharge via Outfall 101. Domestic wastewater, blowdown, and backwash water from the service water filter, clarifier, and sand filter are routed to the Starr Creek Domestic Sewage Treatment Plant, TPDES Permit No. WQ0010000001, for treatment and disposal. Metal-cleaning waste from equipment cleaning is generally disposed of off-site.



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, a Public Involvement Plan is not necessary. Completion of the remaining sections not required.

Section 2. Secondary Screening

- ☒ Requires public notice,
☒ Considered to have significant public interest, **and**
☒ Located within any of the following geographical locations:
- Austin
 - San Antonio
 - Dallas
 - West Texas
 - Fort Worth
 - Texas Panhandle
 - Houston
 - Along the Texas/Mexico Border
 - Other geographical locations should be decided on a case-by-case basis

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

- ☐ 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
☐ Radioactive Materials Licensing ☐ Underground Injection Controls

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.

Bringing residential lots to the proposed County Line Road Subdivision, anticipating a new wastewater and water treatment system to serve the proposed subdivision and any additional subdivisions in the future.

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.

Montgomery
(City)

Montgomery
(County)

(Census Tract) Please indicate which of these three is the level used for gathering the following information. <input checked="" type="checkbox"/> 7]hm <input type="checkbox"/> 7ci bhm Census Tract
(a) Percent of people over 25 years of age who at least graduated from high school +(1
(b) Per capita income for population near the specified location \$42,611
(c) Percent of minority population and percent of population by race within the specified location <]gdUb]W&* "(% 6`UW`! `* `b* 1 5a Yf]Wb `bX]Ub! `%"\$1 BUhj Y< Uk U]]Ub ``! `S"%4
(d) Percent of Linguistically Isolated Households by language within the specified location 0.4%
(e) Languages commonly spoken in area by percentage Spanish! &* "(1 `
(f) Community and/or Stakeholder Groups BcbY"BYk `8Yj Ycda Ybh
(g) Historic public interest or involvement BcbY

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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(b) If yes, do you intend at this time to provide public outreach other than what is required by rule? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Publish in alternative language newspaper <input type="checkbox"/> Posted on Commissioner's Integrated Database Website

<input type="checkbox"/> Mailed by TCEQ's Office of the Chief Clerk <input type="checkbox"/> Other (specify)
(d) Is there an opportunity for some type of public meeting, including after notice? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(e) If a public meeting is held, will a translator be provided if requested? <input type="checkbox"/> Yes <input type="checkbox"/> No
(f) Hard copies of the application will be available at the following (check all that apply): <input type="checkbox"/> TCEQ Regional Office <input checked="" type="checkbox"/> TCEQ Central Office <input checked="" type="checkbox"/> Public Place (at VFW)

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
What types of notice will be provided? <input type="checkbox"/> Publish in alternative language newspaper <input type="checkbox"/> Posted on Commissioner's Integrated Database Website <input type="checkbox"/> Mailed by TCEQ's Office of the Chief Clerk <input type="checkbox"/> Other (specify)



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): .250

2-Hr Peak Flow (MGD): 1

Estimated construction start date: 8/1/2026

Estimated waste disposal start date: 4/1/2027

B. Interim II Phase

Design Flow (MGD): .5

2-Hr Peak Flow (MGD): 2

Estimated construction start date: 8/1/2028

Estimated waste disposal start date: 4/1/2029

C. Final Phase

Design Flow (MGD): .995

2-Hr Peak Flow (MGD): 3.98

Estimated construction start date: 8/1/2030

Estimated waste disposal start date: 4/1/2031

D. Current Operating Phase

Provide the startup date of the facility: NEW

Section 2. Treatment Process (Instructions Page 43)

A. Current Operating Phase

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

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

The ultimate plant is designed for 995k gpd. The aeration basins are planned to be equipped with fine bubble diffusers with a submergence of 10 feet. The final build out will have aeration basins, digesters, clarifiers and chlorine contact basins as shown in the process flow diagram.

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)
CLARIFIER	2	DIA 54'
CL2 CHAMBER	1	76X12X10
AERATION BASIN	4	72X12X12
DIGESTER	2	34X12X12

C. Process Flow Diagram

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

Attachment: ATTACHMENT 2.1

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

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

- Latitude: 30°26'36.40"N
- Longitude: 95°24'37.03"W

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

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

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

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

Attachment: ATTACHMENT 1.4

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

COUNTY LINE ROAD SUBDIVISON, A SINGLE-FAMILY SUBDIVISION INMONTGOMERY
COUNTY TEXAS

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
		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	

Section 4. Unbuilt Phases (Instructions Page 45)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

N/A

Section 5. Closure Plans (Instructions Page 45)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

N/A

Section 6. Permit Specific Requirements (Instructions Page 45)

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

A. Summary transmittal

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

☐ Yes ☒ No

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

N/A

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

N/A

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 BOD₅ concentration of the sludge, and the design BOD₅ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

[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 BOD₅ concentration of the septic waste, and the design BOD₅ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

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 ₅ , 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, μ mohs/cm, †					
Oil & Grease, mg/l					
Alkalinity (CaCO ₃)*, 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 ₃), mg/l					

Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: TBDFacility Operator's License Classification and Level: TBDFacility Operator's License Number: TBD

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

A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

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

B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

C. Biosolids Management

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

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

Biosolids Management

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

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

D. Disposal site

Disposal site name: TBD

TCEQ permit or registration number: TBD

County where disposal site is located: TBD

E. Transportation method

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

Name of the hauler: TBD

Hauler registration number: TBD

Sludge is transported as a:

Liquid ☐ semi-liquid ☐ semi-solid ☐ solid ☐

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

A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

B. Sludge processing authorization

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

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

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

A. Location information

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

- Original General Highway (County) Map:
Attachment: ATTACHMENT 2.0 A
- USDA Natural Resources Conservation Service Soil Map:
Attachment: ATTACHMENT 2.0 B
- Federal Emergency Management Map:
Attachment: ATTACHMENT 2.0 C
- Site map:
Attachment: ATTACHMENT 1.4

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

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

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

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

[Click to enter text.](#)

B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

C. Liner information

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

☐ Yes ☐ No

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

[Click to enter text.](#)

D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

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

E. Groundwater monitoring

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

☐ Yes ☐ No

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

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

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

A. Additional authorizations

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

☐ Yes ☒ No

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

Click to enter text.

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Click to enter text.

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

A. RCRA hazardous wastes

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

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

Section 14. Laboratory Accreditation (Instructions Page 56)

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

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

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

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

CERTIFICATION:

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

Printed Name: N/A New Permit

Title: Click to enter text.

Signature: _____

Date: _____

DOMESTIC WASTEWATER PERMIT APPLICATION

TECHNICAL REPORT 1.1

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

Section 1. Justification for Permit (Instructions Page 57)

A. Justification of permit need

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

The County Line subdivision will consist of hundreds of residential homes. The construction for the CL-WWTP is dependent on the developer for the subdivision. The first phase of WWTP construction will be sufficient in capacity for the entire subdivision. The CL WWTP will then have an additional 2-phases with a timeline on construction depending on the development pace of the area surrounding the County Line Road subdivision.

B. Regionalization of facilities

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

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

1. Municipally incorporated areas

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

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

☐ Yes ☒ No ☐ Not Applicable

If yes, within the city limits of: N/A

If yes, attach correspondence from the city.

Attachment: N/A

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

Attachment: N/A

2. Utility CCN areas

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

☐ Yes ☒ No

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

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

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

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

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

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

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

Section 2. Proposed Organic Loading (Instructions Page 59)

Is this facility in operation?

☐ Yes ☒ No

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

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

A. Current organic loading

Facility Design Flow (flow being requested in application): [Click to enter text.](#)

Average Influent Organic Strength or BOD₅ Concentration in mg/l: [Click to enter text.](#)

Average Influent Loading (lbs/day = total average flow X average BOD₅ conc. X 8.34): [Click to enter text.](#)

Provide the source of the average organic strength or BOD₅ 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 ₅ Concentration (mg/l)
Municipality		
Subdivision	.250/.500/.995	300/300/300
Trailer park – transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources		
AVERAGE BOD ₅ from all sources		

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

A. Existing/Interim I Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 3.0

Total Phosphorus, mg/l: n/a

Dissolved Oxygen, mg/l: 4.0

Other: n/a

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: 3.0

Total Phosphorus, mg/l: n/a

Dissolved Oxygen, mg/l: 4.0

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: 3.0

Total Phosphorus, mg/l: n/a

Dissolved Oxygen, mg/l: 4.0

Other: Click to enter text.

D. Disinfection Method

Identify the proposed method of disinfection.

☒ Chlorine: 2.0 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: 2.3.

Section 5. Facility Site (Instructions Page 60)

A. 100-year floodplain

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

☒ Yes ☐ No

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

Click to enter text.

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

FEMA FLOOD MAP 48407Co200C

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: 2.4

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: N/A

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: CANEY CREEK

A. Receiving water type

Identify the appropriate description of the receiving waters.

☒ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: Click to enter text.

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

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

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: Click to enter text.

B. Flow characteristics

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

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

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

☐ Perennial - normally flowing

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

☒ USGS flow records

☐ Historical observation by adjacent landowners

☒ Personal observation

☐ Other, specify: Click to enter text.

C. Downstream perennial confluences

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

NONE

D. Downstream characteristics

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

☐ Yes ☒ No

If yes, discuss how.

Click to enter text.

E. Normal dry weather characteristics

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

SMALL INTERMITTENT FLOWING CREEK

Date and time of observation: 7/26/2024 @ 2 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 type="checkbox"/> Urban runoff |
| <input type="checkbox"/> Upstream discharges | <input type="checkbox"/> Agricultural runoff |
| <input type="checkbox"/> Septic tanks | <input checked="" type="checkbox"/> Other(s), specify: <u>Forest Runoff</u> |

B. Waterbody uses

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

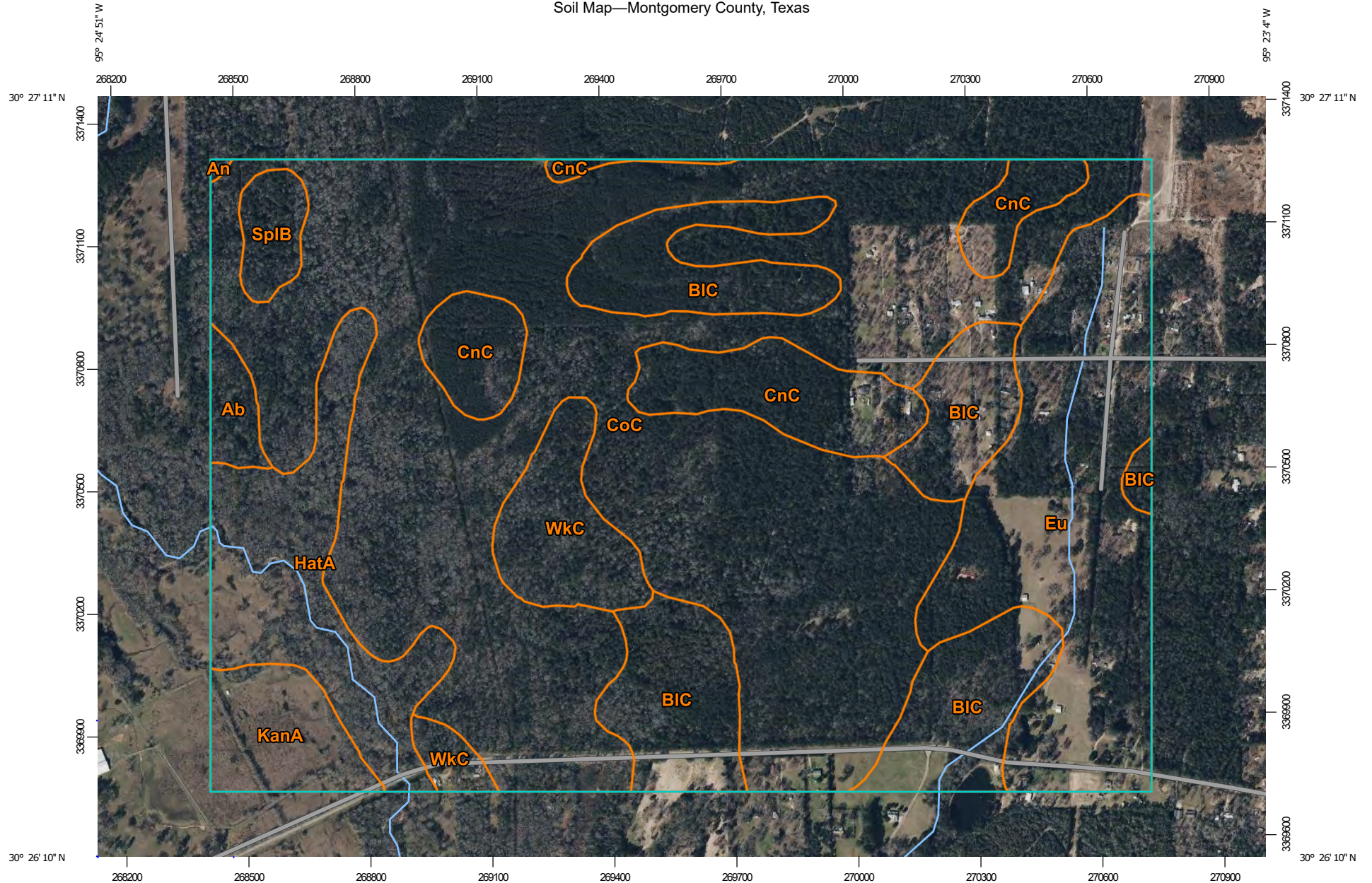
- | | |
|--|---|
| <input type="checkbox"/> Livestock watering | <input type="checkbox"/> Contact recreation |
| <input type="checkbox"/> Irrigation withdrawal | <input type="checkbox"/> Non-contact recreation |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Navigation |
| <input type="checkbox"/>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

C. Waterbody aesthetics

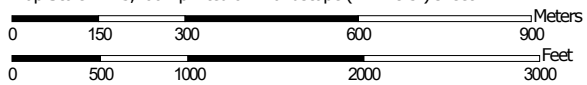
Check one of the following that best describes the aesthetics of the receiving water and the surrounding area.

- ☐ 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

Soil Map—Montgomery County, Texas



Map Scale: 1:13,100 if printed on A landscape (11" x 8.5") sheet.



Map projection: Web Mercator Corner coordinates: WGS84 Edge tics: UTM Zone 15N WGS84



**Natural Resources
Conservation Service**

Web Soil Survey
National Cooperative Soil Survey

8/12/2024
Page 1 of 3

MAP LEGEND

Area of Interest (AOI)

 Area of Interest (AOI)

Soils

 Soil Map Unit Polygons

 Soil Map Unit Lines

 Soil Map Unit Points

Special Point Features



Blowout



Borrow Pit



Clay Spot



Closed Depression



Gravel Pit



Gravelly Spot



Landfill



Lava Flow



Marsh or swamp



Mine or Quarry



Miscellaneous Water



Perennial Water



Rock Outcrop



Saline Spot



Sandy Spot



Severely Eroded Spot



Sinkhole



Slide or Slip



Sodic Spot



Spoil Area



Stony Spot



Very Stony Spot



Wet Spot



Other



Special Line Features

Water Features



Streams and Canals

Transportation



Rails



Interstate Highways



US Routes



Major Roads



Local Roads

Background



Aerial Photography

MAP INFORMATION

The soil surveys that comprise your AOI were mapped at 1:20,000.

Please rely on the bar scale on each map sheet for map measurements.

Source of Map: Natural Resources Conservation Service

Web Soil Survey URL:

Coordinate System: Web Mercator (EPSG:3857)

Maps from the Web Soil Survey are based on the Web Mercator projection, which preserves direction and shape but distorts distance and area. A projection that preserves area, such as the Albers equal-area conic projection, should be used if more accurate calculations of distance or area are required.

This product is generated from the USDA-NRCS certified data as of the version date(s) listed below.

Soil Survey Area: Montgomery County, Texas

Survey Area Data: Version 21, Sep 5, 2023

Soil map units are labeled (as space allows) for map scales 1:50,000 or larger.

Date(s) aerial images were photographed: Jan 26, 2023—Mar 4, 2023

The orthophoto or other base map on which the soil lines were compiled and digitized probably differs from the background imagery displayed on these maps. As a result, some minor shifting of map unit boundaries may be evident.

Map Unit Legend

Map Unit Symbol	Map Unit Name	Acres in AOI	Percent of AOI
Ab	Landman fine sand	8.4	0.9%
An	Angie fine sandy loam	0.5	0.1%
BIC	Betis fine sand, 0 to 5 percent slopes	120.6	13.6%
CnC	Conroe gravelly loamy fine sand, 0 to 5 percent slopes	60.3	6.8%
CoC	Conroe loamy fine sand, 0 to 5 percent slopes	440.1	49.6%
Eu	Betis loamy fine sand	122.5	13.8%
HatA	Hatliff-Pluck-Kian complex, 0 to 1 percent slopes, frequently flooded	64.8	7.3%
KanA	Kaman clay, 0 to 1 percent slopes, frequently flooded	25.3	2.8%
SplB	Splendora fine sandy loam, 0 to 2 percent slopes	10.7	1.2%
WkC	Fetzer loamy fine sand, 1 to 5 percent slopes	34.7	3.9%
Totals for Area of Interest		888.0	100.0%

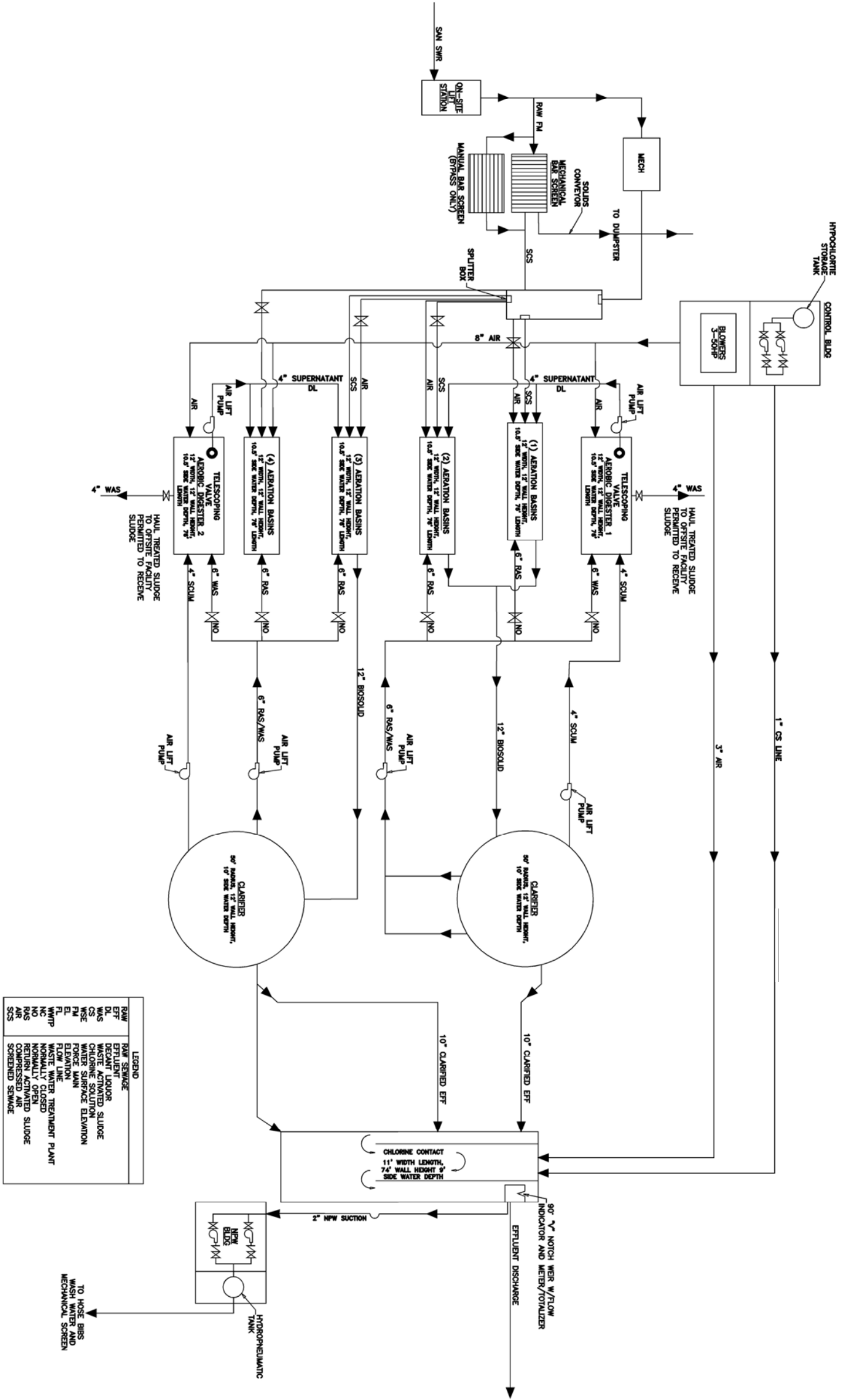


PROJECT NAME:	COUNTY LINE 444
PROJECT NUMBER:	7008-02
PREPARED FOR:	TCEQ
DATE:	JULY 15, 2024



SPEAR POINT
ENGINEERING, LLC

TBPE Firm No. 18904
 604 W. Worsham St., Suite 100
 Willis, TX 77378
 936-256-2626



PROJECT NAME:	COUNTY LINE WWTTP
PROJECT NUMBER:	7008-02
PREPARED FOR:	MARK JACOBS
DATE:	JULY 23, 2024



PROCESS FLOW DIAGRAM

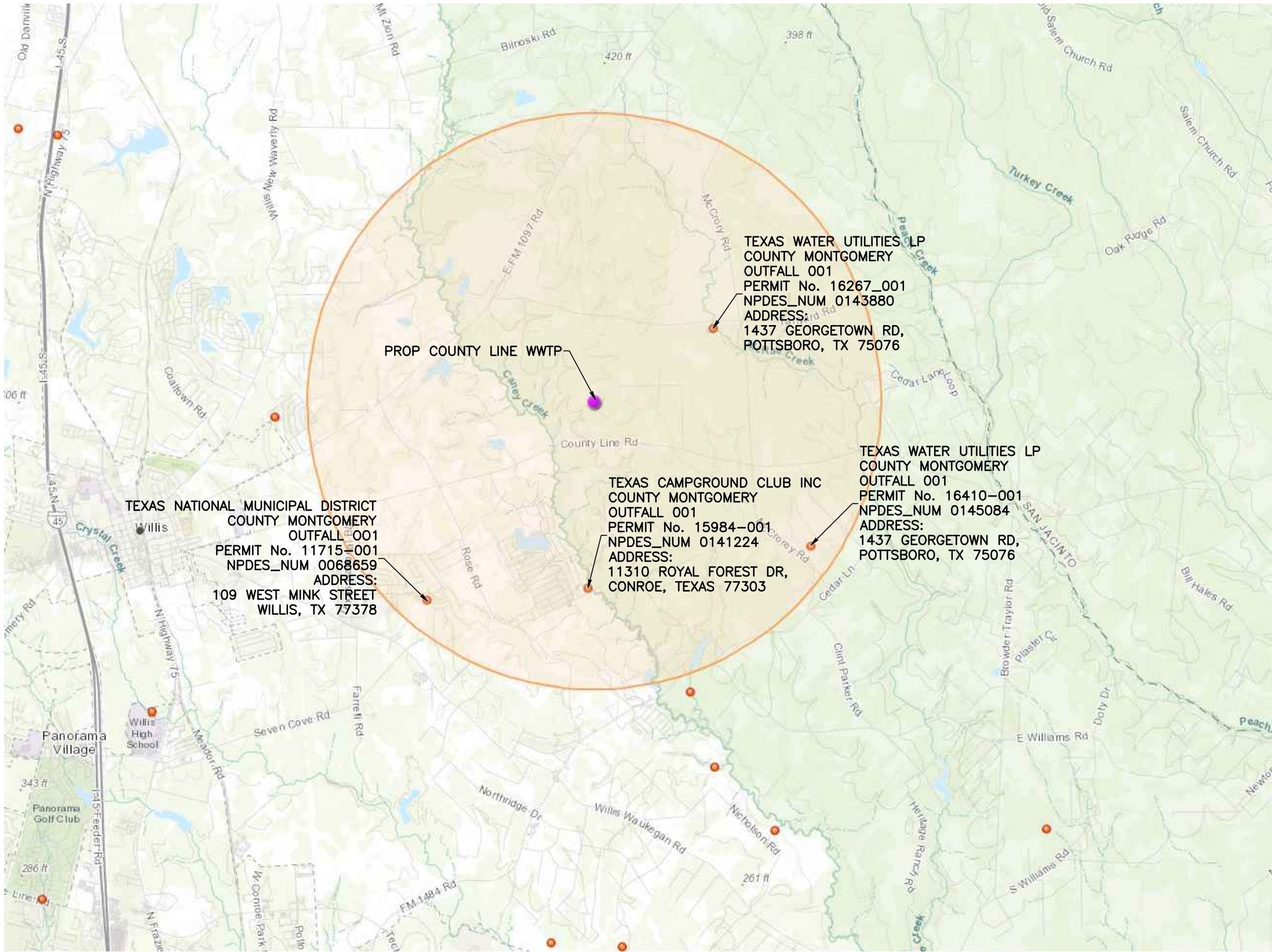
ENGINEERING, LLC


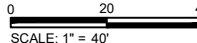
TBPE Firm No. 18904

604 W. Worsham St., Suite 100

Wills, TX 77378

936-256-2626





SCALE: 1" = 40'

PROJECT NAME:	COUNTY LINE 444
PROJECT NUMBER:	7008-02
PREPARED FOR:	MARK JACOBS
DATE:	JULY 30, 2024

COUNTY LINE 444 LOCATION EXHIBIT


TBPE Firm No. 18904
604 W. Worsham St., Suite 100
Willis, TX 77378
936-256-2626

County Line Wastewater Treatment Plant

250,000 Gallons Per Day with 4Q Peak Capacity (Interim)

Montgomery County, Texas

Process Unit Calculations

Original: 07-30-24

Updated N/A



604 W. WORSHAM ST.,
WILLIS, TEXAS 77378
TEL (936) 256-2626
TBPE Firm No. 18938

General Notes:

The following design calculations are based on the TCEQ requirements as found in **Texas Administrative Code, Title 30, Part 1, Chapter 217, Subchapters A through M**. For each process unit the TCEQ criteria is stated, the process design for this facility is discussed and the final design unit sizing is calculated to show compliance with the TCEQ criteria.

Key to Cells:

Input Value

Calculated Value

General Criteria

Capacity:

Peak Factor:

4.0

250,000 gpd

174 gpm

Average Daily flow

0.39 cfs

1,000,000 gpd

694 gpm

Peak 2-hour flow

1.55 cfs

Influent: 30 TAC §217.32(a)(3)

300 mg/l

Organic Loading (CBOD₅)

626 Pounds / day

300 mg/l

Suspended Solids Loading (TSS)

626 Pounds / day

NOTE: Proposed Plant will use a 3 mm fine screen to reduce SS to:

120 mg/l

250 Pounds / day

Assumes:

60.0

Percent removal rate

Prop. Effluent:

10 mg/l

Organic Loading (CBOD₅)

15 mg/l

Suspended Solids Loading (TSS)

126 MPN

E.coli

4 mg/l

Dissolved Oxygen (DO)

2 mg/l

CI Residual after 20 minutes

Treatment Process will be standard activated sludge with RAS capability to 100 percent.

Process loading criteria will NOT require nitrification.

Wasted Solids will be processed using a single stage aerobic digester with decant capability.

Solids disposal will be in a liquid state by a licensed contract hauler.

Bar Screen

TCEQ Design Criteria:

1. Manually Cleaned Coarse Screen required
2. Screen bypass overflow must handle peak plant flows
3. Bar spacing provides clear space for a coarse screen between 0.5 and 1 inch
4. Screen slope is between 30 degrees and 60 degrees
5. Screen must have temporary cleaning storage at top of screen
6. Velocity through screen must be between 1 and 3 feet per second

Process Design:

1. Fine screening will be sized for future plants on this site for Phase 2 of construction.
2. Assume Hydrosieve screen with opening size of 3 mm.
3. Provide **72** inch Hydrosieve screen with slot openings and manual bypass[1/2 inch / 1/4 inch bar screen (Dual screen)].
4. At peak flow of **1,042** GPM and velocity of **2** FPS, the water depth will be **9.3** inches through 50% opening bypass.
5. Screenings removed per day (Dry Weight) at **60** percent removal (300 mg/l to 120 mg /l) **250.2** lbs./day
6. Screenings volume based on **40** lbs./cuft is **6.3** cu ft / day
7. Dumpster cycle time for a **4** cu yd front load container is **12.9** days assuming loading is to **75%**
8. Weight of dumpster loaded to **75%** capacity will be **3240.0** lbs. This compares to the 4000 pound capacity limit.

Engineering Drawings Unit Provided:

Fine screen with 3 mm openings. [Primary]
Course screen with 1/2 inch openings. [Secondary]
Disposal of washed screenings by dumpster.
Screenings wash water uses NPW and return to lift station.

Aeration Basin

TCEQ Design Criteria:

1. Aeration basin must maintain minimum dissolved oxygen of 2.0 mg/l.
2. Organic Loading rate for CBOD is **35** lbs./day/1000 cu.ft. of tank liquid volume
2. Loading Rate for nitrification is **35** lbs./day/1000 cu.ft. of tank liquid volume
3. Air diffuser depth for a 1.00 correction factor is 9.5 feet
4. Minimum freeboard is 1.5 feet at peak flow
5. Air supply requirement is 1,800 cu.ft./day/pound BOD₅
6. Minimum submergence depth is 10 feet

Process Design:

Design Loading:	BOD ₅	625.5	lb./day
	TSS	250.2	lb./day

Sizing Design:

Aeration Basin Volume: (Minimum)	17871.4	cu.ft.
Basin Depth:	12	ft.
Water Depth:	10.5	ft.
Basin Area:	1702.0	sq.ft..
Tank Width:	12	ft.
Tank Length: (minimum)	141.8	ft.

[See Air Supply Requirements Section for Air Calculations]

Engineering Drawings Unit Provided:

Two (2) Steel tanks with 12 foot sides and 10.5 SWD.
Tank dimensions are 12 feet wide and 72 feet long each.
Total Tank volume is 18,144 CF (9072 CU/Tank).
Organic loading as designed 35 lb./day/1000 cu ft.

Clarifier

TCEQ Design Criteria:

1. Clarifier must have an inlet valve or gate
2. Vertical flow velocity through inlet stilling well must not exceed 0.15 feet per second at peak flow.
3. Clarifier must have a mechanical skimmer
4. Scum must be discharged to aeration basin or digester
5. Clarifier effluent weir must be level and adjustable
6. Weir loading must not exceed 20,000 gallons per day per linear foot of weir at peak flows
7. The velocity in the clarifier sludge removal pipe must be greater than 0.5 feet per second
8. Clarifier must have mechanical sludge collecting equipment
9. Surface Loading rate must not exceed 1,200 gallons per day at the peak 2-hour flow rate
10. Return sludge pumping shall be between 200 and 400 gallons per day per square foot
11. Minimum freeboard at peak flow rate is 12 inches
12. Minimum detention time at peak flow is 1.8 hours (108 min.)

Process Design:

Peak Flow

Stilling Well required area:

Clarifier Area Required: (Minimum)

Clarifier Diameter (Recommended):

Return Sludge Flow Rates:

Single return pipe velocities:

Detention Time Check:

Weir Overflow Rate:

Assume circular weir 2 feet inside of clarifier.

Weir length:

Weir Loading:

1,389 gpm		3.1 cfs				
20.7	sq.ft...	Stilling well diameter is:			5.5 feet	
		Stilling well area			23.76 sq. ft.	
1666.7	sq. ft.					
54 ft.		Clarifier net area:			2266.46 sq. ft.	
100 gpd/sq.ft..		226,646	gpd	0.35	cfs	
150 gpd/sq.ft..		339,969	gpd	0.53	cfs	
200 gpd/sq.ft..		453,293	gpd	0.70	cfs	
gpd/sq.ft..	4	6	8	10	inch pipe	Return %
100	4.02	1.79	1.00	0.64		91
150	6.03	2.68	1.51	0.96		136
200	8.04	3.57	2.01	1.29		181
		Indicates does not meet requirement				
Use 4 inch return activated sludge line to meet all velocity conditions.						
Side Water Depth =		9 feet				
Volume =		20,398 cu. Ft.				
Detention at peak flow=			6,591 sec.		1.83 hr.	
lar weir 2 feet inside of clarifier.						
		157.1 ft.				
		6366 gpd/ft.				
:						

Engineering Drawings Unit Provided:

Steel tank with 12 foot sides and 9.0 SWD.

Tank diameter is 54 feet. Stilling Well is 5.5 foot dia.

Net tank area is 2267 sq ft.

Peak Surface loading is 573 gallons per sq ft per day.

Clarifier is sized for 500,000 GPD for phase 3 expansion

Chlorine Contact Chamber

TCEQ Design Criteria:

1. At least two (2) chemical solution pumps are required.
2. Pump capacity must deliver sufficient chlorine to supply 8 mg/l at peak flow.
3. Pump flow rate must be flow proportioned.
4. Either mixing zone or 40:1 serpentine flow must assure complete mixing of chlorine and wastewater
5. Minimum chlorine contact time is 20 minutes at peak flow

Process Design:

Assumed NaOCl concentration

Design Flow

Design Peak Flow

Required Chlorine Dosage Rate

Pounds of chlorine per minute required

Gallons per minute for NaOCl feed pump

Chlorine Required Detention time

Chlorine tank minimum volume

Daily Requirement for NaOCl

Sizing Design:

Chlorine Contact Basin volume: (Min)

Basin depth:

Water Depth:

Basin area:

Tank width:

Tank Length: (Minimum)

[See Air Supply Requirements Section for Air Calculations]

12.5 Percent	
694 gpm	
2,778 gpm	
8 mg/l	
0.185 pounds/min	
0.178 gpm	672.89 ml/min
20 min	
55,556 gallons	7427 cu ft
16.000 gallons	

Engineering Drawings Unit Provided:

Steel tank with 11 foot sides and 8.25 SWD.

Tank is 12 feet wide and 76 feet long.

Tank volume is 7,524 cu ft.

Detention time at peak flow is 20.26 minutes.

Chlorine Chamber is sized for 1,000,000 GPD for phase 2 & 3 expansion

Use 7 feet with 2 foot wide channels for serpentine flow.

Aerobic Digester

TCEQ Design Criteria:

1. For water temperature of 20 degrees Celsius and above the solids detention time is 40 days for surface application and drying
2. For decanting a hauling for additional processing the solids detention time is 15 days
3. Maximum Solids concentration for an aerobic digester is 2 percent. With data can go to 3%.
4. For a single tank digester facility the air diffusers must be removable for cleaning and inspection
5. Dissolved oxygen must be maintained at 0.5 mg per liter or higher
6. Air requirement for mixing is 20 SCFM per 1000 cubic feet of digester volume.
7. The aerobic digester must have a means to decant the supernatant

Engineering Drawings Unit Provided:

Steel tank with 12 foot sides and 10.5 SWD.

Tank is 12 feet wide and 76 feet long.

Tank volume is 9576 cu ft.

Solids detention time at 2% solids is 28 days.

Process Design:

Solids wasting for design flows

Net wasted influent suspended solids (SS)

219 pounds per day

Net generated mixed liquor SS

211.63 pounds per day

[Assume 0.35 lb. gen./ lb. of BOD In 15 day
digestion]

Total daily wasting

431 pounds per day

Digester Volume

Digester solids concentration maximum

2 percent

Minimum required solids detention time

15 days

Minimum required digester volume

38,719 gallons

5,176 cu.ft.

[See Air Supply Requirements Section for Air Calculations]

Sizing Design:

Digester Basin volume: (Minimum)

5,176 cu.ft.

Basin depth:

12 ft.

Water Depth:

10.5

Basin area:

493 sq.ft..

Tank width:

12 ft.

Tank Length: (Minimum)

41.1 ft.

[See Air Supply Requirements Section for Air Calculations]

Flow Metering

TCEQ Design Criteria:

1. Must have primary and secondary flow devices
2. Primary device must include a weir or flume
3. Primary device must have a readable scale in 1/4 inch increments
4. Straight approach for 20 lengths of maximum weir height
5. Secondary device must have a totalizing meter

Process Design:

1. Utilize 90 degree v-notch weir calibrated to maximum flow of 300 GPM
2. Flow calibration for 90 degree v-notch is as follows:
3. 90 degree V-notch Weir Flow Formula.

$$Q = 4.28 * C * (h + k)^{2.5}$$

Where: Q = flow in cfs, h = water head in feet, C = 0.58 @ 90 deg, k = .003 @ 90 deg

Total Weir Height 12 inches

90 Degree V-notch Weir Calibration Chart

0.58 0.003 4.28 90

Depth (inches)	Flow (GPM)	Depth (inches)	Flow (GPM)	Depth (inches)	Flow (GPM)	Depth (inches)	Flow (GPM)
0.25	0.1	2.25	17.6	4.25	84.9	6.25	221.3
0.50	0.5	2.50	22.9	4.50	97.9	6.50	243.9
0.75	1.2	2.75	28.9	4.75	111.9	6.75	267.9
1.00	2.4	3.00	35.9	5.00	127.1	7.00	293.3
1.25	4.2	3.25	43.7	5.25	143.5	7.25	320.0
1.50	6.5	3.50	52.5	5.50	161.1	7.50	348.2
1.75	9.5	3.75	62.3	5.75	179.9	7.75	377.8
2.00	13.2	4.00	73.1	6.00	199.9	8.00	408.9

Average Daily Flow (1Q)

Peak 2-hour Flow (4Q)

Engineering Drawings Unit Provided:

12 inch high 90 degree steel or fiberglass V-notch weir
12 inch staff gauge calibrated in 0.25 inch increments
Ultrasonic flow meter (stilling well with 0.02 foot accuracy)

Alternate Air Supply Calculations for Fine Bubble Diffusers

Aeration tanks

TCEQ Design Criteria: 1. For nitrification provide oxygen with the following formula:

$$O_2R = [(1.2 * BOD_5) + 4.3 * (NH_3-N)] / BOD_5$$

Process Design:

Where:	BOD5	300 mg/l	188 lb/day
	NH3-N	40 mg/l	25 lb/day
	O2R	333 lb. O2 per day	
		1.77 lb. O2 / lb. BOD5	

Diffuser Sizing and Air Supply Requirements:

The aeration basins are planned to be equipped with fine bubble diffusers with a submergence of 10 feet. The basis of design will be from design parameters researched by Sanitare Corporation in their publication, "Diffused Aeration Design Guide."

The requirement calculated above is for SOR (Standard Oxygen Requirements). This figure needs to be adjusted for actual site conditions for elevation, temperature, diffuser efficiency, clear water to wastewater transfer coefficient (alpha), oxygen solubility in clear water vs. wastewater coefficient (beta).

The following are adjustments for the factors to convert from SOR to AOR.

Alpha The alpha coefficient typically can vary from 0.4 to 0.7 for this application a figure of 0.5 will be utilized.

Beta The beta coefficient can vary from 0.95 to 0.99. for this application a figure of 0.97 will be used.

Theta The theta temperature correction factor for this facility in north texas will be 1.0 using a water temperature average of 20 deg. C (68 deg. F.)

O2 Sat The O2 saturation for the site elevation and temperature conditions is estimated to be 9.0 mg/l

For these conditions the fine bubble diffuser transfer efficiency is 20% for a submergence depth of 10 feet.

	Fine Bubble	Course Bubble	
Diffuser Efficiency	20%	7.5%	
Oxygen in Air	0.0173	0.0173	lb O2 per cuft Air
AOR/SOR Ratio	33.0%	50.0%	

SCFM Required:	291,440	cuft per day
Fine Bubble	202	CFM

SCFM Required:	512,934	cuft per day
Course Bubble	356	CFM

Air Supply Requirements

Aeration tanks

TCEQ Design Criteria: 1. For nitrification provide 3,200 scf/day/pound BOD₅

Process Design:

Air Requirement: Reference calculations above

Note: As a safety factor calculated required CFM air flow values are **increased 20%** to compensate for field conditions.

Fine Bubble Total: 243 SCFM

Course Bubble Total: 427 SCFM

Engineering Drawings Unit Provided:

Two positive displacement blowers

Each blower produces at minimum

the 430 CFM air requirement.

Blower pressure will be minimum of 6.5 PSI

Digester

TCEQ Design Criteria: 1. For mixing supply 20 scfm per 1000 cubic feet

Process Design:

Air Requirement: 20 SCFM/ 1000 cu.ft.

Total: 104 SCFM

Air lift Pumps

TCEQ Design Criteria:

1. Two pumps need to be used with each capable of 100% of design flow
2. Air lift must be at least 3 inch diameter

Process Design:

RAS

Pump Sizing

Required return flow rate (100% ADF)

Design Velocity

Pipe Size

Area:

Diameter:

Use:

Lift

Submergence:

Pump Constant

174 gpm

2 fps

27.852 sq. in.

6.0 in.

6 in.

5 ft.

0.6

245

Air Requirement

Assume lift is 5 feet. Submergence is 0.6. Pump constant is 245.

$V_a = 0.8 * LI / (C \log_{10} ((L_s + 34)/34))$

77.2 CFM

WAS

Assume pumping rate to remove 5,000 mg/l solids from clarifier return once each hour for 5 minutes

Required Daily Solids Wasting

431 pounds per day

Volume wasting concentration

5000 mg/l

(NOTE: At 100% recycle and MLSS = 2,500 mg/l Return = 5,000 mg/l)

Required waste volume

10,325 gallons/day

43 gallons/minute for 5 min per hour

Design Velocity

2 fps

Pipe Size

Area:

6.90 sq. in.

Diameter:

2.97 in.

Use:

3 in.

Lift

5 ft.

Submergence:

0.6

Pump Constant

245

Air Requirement

Assume lift is 5 feet. Submergence is 0.6. Pump constant is 245.

$V_a = 0.8 * LI / (C \log_{10} ((L_s + 34)/34))$

19.1 CFM

Chlorine Contact Tank

TCEQ Design Criteria:

1. For mixing supply 20 scfm per 1000 cubic feet

Process Design:

Air Requirement:

20 SCFM/ 1000 cu.ft.

Total:

149 SCFM

Centrifugal Air blowers

TCEQ Design Criteria:

1. Supply air blowers so that all air requirements are met with the largest unit out of service
2. Air compressors must deliver design air flow at inlet temperatures exceeding 100 degrees Fahrenheit
3. Air compressors must deliver design air flow at inlet pressures less than standard (14.7 PSI absolute)
4. Air compressors must automatically restart after a power outage.

Process Design:

Total Air Requirement:

1. Aeration basin
2. Digester
3. RAS Air lift pump
4. WAS airlift pump
5. Chlorine Contact

243 CFM

104 CFM

77.2 CFM

19.1 CFM

148.5 CFM

Plant Total

443 CFM

using 6.5 PSI Air Supply

Use 420 CFM or 230 CFM per blower for triplex.



Reclaimed Water System (NPW)

TCEQ Design Criteria:

1. Recycle water must be used for wash down water and site irrigation

Process Design:

1. Include 20 GPM recycle pump capable of providing pressure of 100 PSI.
2. In lieu of a hydro pressure tank, operator will turn on NPW when required and use a pressure regulated return to the chlorine tank.
3. Provide cartridge filtration system on effluent side of NPW system.
4. All reuse piping shall be color coded in purple.

Site and Flood Plain

TCEQ Design Criteria:

1. Show flood plain within 1000 feet of treatment plant site.

Process Design:

1. Facility will be located outside of the Zone A flood classification area.
2. Zone A does not have defined flood elevations, and is generally shown on the FIRM map as a cautionary area.
3. Site access shall be by an all weather road not located in the flood zone.

Emergency Power Requirements

TCEQ Design Criteria:

1. Must have alarm for power outage.
2. Plant must operate for 20 minutes with power out
3. Emergency power must operate: Primary Treatment, disinfection and RAS pumps.

Process Design:

1. Supply one (1) Diesel generator set with ATS and sufficient fuel to operate for 72 hours.
2. Generator will operate one (1) pump at the lift station, site lighting, disinfection system and air blower for RAS.

Engineering Drawings Unit Provided:

Diesel powered emergency backup generator

Generator will operate all critical components

Fuel supply will run generator for 72 hours

Generator will automatically start for a detected outage

Lift Station

1. Lift station to pump peak flows with largest pump out of service

2. Proposed 3 pump station: 3 total, 2 operational.

Lift Station Discharge Flows (GPM) - VFD

	Frequency (Hz)				
Pump #	60	50	40	30	Pump Type
1	105	90	65	40	Variable Speed
2	105	90	65	40	Variable Speed
3	105	90	65	40	Variable Speed

Engineering Drawings Unit Provided:

Three pump submersible pump station for 4Q peak flows

Pumps will be variable speed (0.77Q to 4.04Q)

Pumps will be on emergency generator

Wet well will have 5000 gallons of storage

Pump Run Sequencing

	0.5Q	1Q	2Q	3Q	4Q	
	26	52	104	156	208	GPM
Phase 1	P1, P2 or P3	P1, P2 or P3	P1, P2 or P3	Any 2 pumps	Any 2 pumps	

- Indicates flow is below minimum pump flow of 40 gpm.

Wet Well Level Control System

Pumps 1, 2 and 3 start in alternating sequences.

Level	Distance from WW Bottom	Pump 1	Pump 2	Pump 3	
1	<=1.5	OFF	OFF	OFF	
2	<=2.5 AND >1.5	ON	OFF	OFF	
3	<=3.5 AND >2.5	ON	ON	OFF	
4	<=4.5 AND >3.5	ON	ON	OFF	
5	>4.5	ON	ON	ON	ALARM

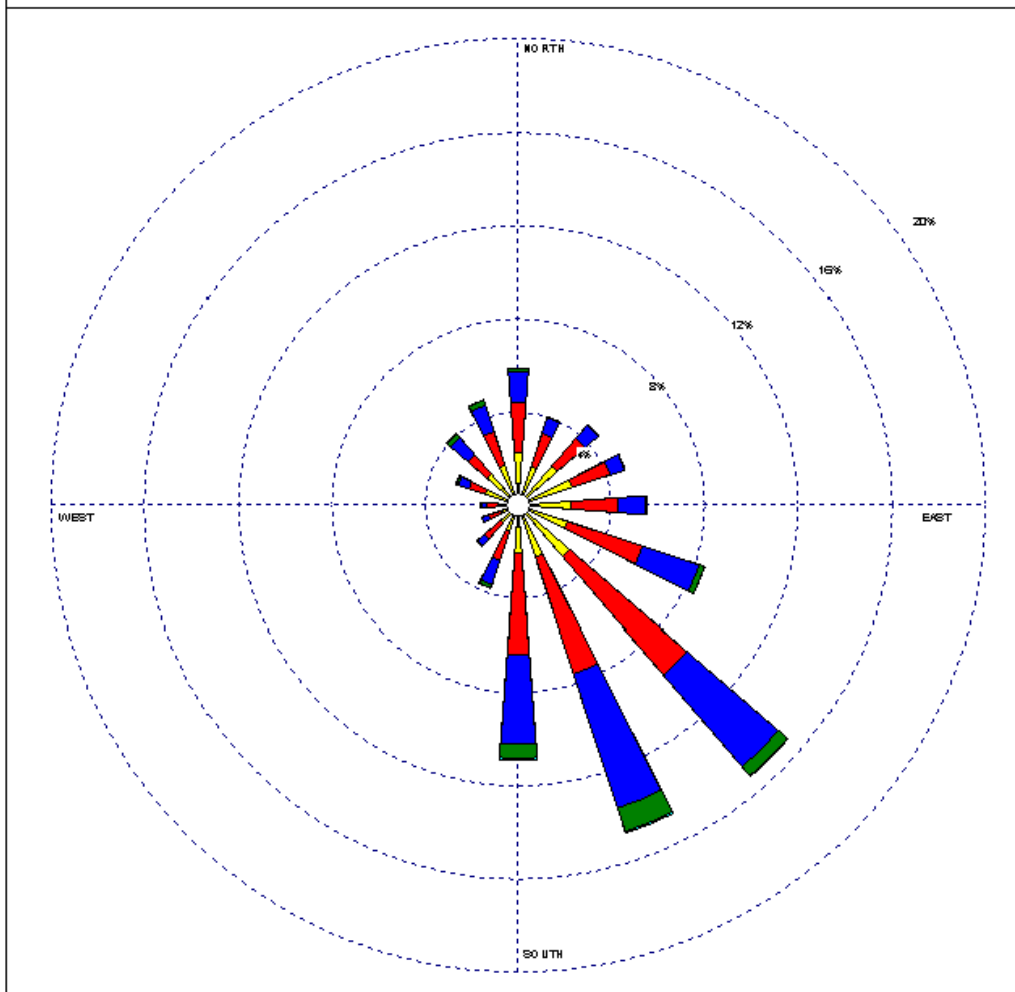
Note: For 12 foot diameter wet well each foot of depth contains 846 gallons.


Pump cycle times (Start to Start) will all exceed 20 minutes.

Note: All pumps are submersible non-clog electric sewer service.

WIND ROSE PLOT

Station #12960 - HOUSTON/INTERCONTINENTAL ARPT, TX



Wind Speed (m/s) 	MODELER	Sara West	DATE	8/29/2002	COMPANY NAME	USDA-ARS
	DISPLAY	Wind Speed	UNIT	m/s	COMMENTS	
	AVG. WIND SPEED	4.63 m/s	CALM WINDS	4.65%		
	ORIENTATION	Direction (blowing from)	PLOT YEAR-DATETIME	1961 Apr 1 - Apr 30 Midnight - 11 PM		

WRPLOT v1.0a 3.3 by Carlos Environmental Software - www.carlos-environmental.com

PROJECT NAME: COUNTY LINE 444

PROJECT NUMBER: 7008-02

PREPARED FOR: TCEQ

DATE: JULY 15, 2024

WINDROSE MAP



TBPE Firm No. 18904
 604 W. Worsham St., Suite 100
 Willis, TX 77378
 936-256-2626



TCEQ Core Data Form

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

SECTION I: General Information

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

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		
<input checked="" type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership				
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)				
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>				
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)			<i>If new Customer, enter previous Customer below:</i>	
LMD INVESTMENTS LIMITED PARTNERSHIP				
7. TX SOS/CPA Filing Number 0006008510		8. TX State Tax ID (11 digits) 32036475666		9. Federal Tax ID (9 digits)
				10. DUNS Number (if applicable)
11. Type of Customer:		Partnership: <input type="checkbox"/> General <input checked="" type="checkbox"/> Limited		
<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual		
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:		
12. Number of Employees <input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input checked="" type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher			13. Independently Owned and Operated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following				
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:				
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant				
15. Mailing Address:		600 RYAN STREET, UNIT 155		
City		LAKE CHARLES	State	LA
ZIP		70601	ZIP + 4	8576
16. Country Mailing Information (if outside USA)			17. E-Mail Address (if applicable)	
			charlotte@mecom.cc	
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)

() - 337-433-1779		() -
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SECTION III: Regulated Entity Information

21. General Regulated Entity Information <i>(If 'New Regulated Entity' is selected, a new permit application is also required.)</i> <input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information															
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>															
22. Regulated Entity Name <i>(Enter name of the site where the regulated action is taking place.)</i> COUNTY LINE ROAD WWT P															
23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>	TBD COUNTY LINE ROAD														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">City</td> <td style="width: 20%; padding: 2px;">WILLIS</td> <td style="width: 10%; padding: 2px;">State</td> <td style="width: 10%; padding: 2px;">TX</td> <td style="width: 10%; padding: 2px;">ZIP</td> <td style="width: 15%; padding: 2px;">77318</td> <td style="width: 10%; padding: 2px;">ZIP + 4</td> <td style="width: 15%; padding: 2px;"></td> </tr> </table>	City	WILLIS	State	TX	ZIP	77318	ZIP + 4								
City	WILLIS	State	TX	ZIP	77318	ZIP + 4									
24. County															

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

25. Description to Physical Location:	THE WWTP IS LOCATED APPROX 4.5 MILES EAST OF THE CITY OF WILLIS TRAVELING DOWN COUNTY LINE ROAD														
26. Nearest City	WILLIS				State TX	Nearest ZIP Code 77318									
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>															
27. Latitude (N) In Decimal:		30.444544°			28. Longitude (W) In Decimal:		95.407164°								
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds										
30	26	40.36	95	24	25.79										
29. Primary SIC Code (4 digits)		30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)									
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i> WASTE WATER TREATMENT															
34. Mailing Address:	600 RYAN ST, UNIT 155														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">City</td> <td style="width: 20%; padding: 2px;">LAKE CHARLES</td> <td style="width: 10%; padding: 2px;">State</td> <td style="width: 10%; padding: 2px;">LA</td> <td style="width: 10%; padding: 2px;">ZIP</td> <td style="width: 15%; padding: 2px;">70601</td> <td style="width: 10%; padding: 2px;">ZIP + 4</td> <td style="width: 15%; padding: 2px;">8576</td> </tr> </table>	City	LAKE CHARLES	State	LA	ZIP	70601	ZIP + 4	8576							
City	LAKE CHARLES	State	LA	ZIP	70601	ZIP + 4	8576								
35. E-Mail Address:	charlotte@mecom.cc														
36. Telephone Number			37. Extension or Code			38. Fax Number <i>(if applicable)</i>									
() - 337-433-1779						() -									

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:

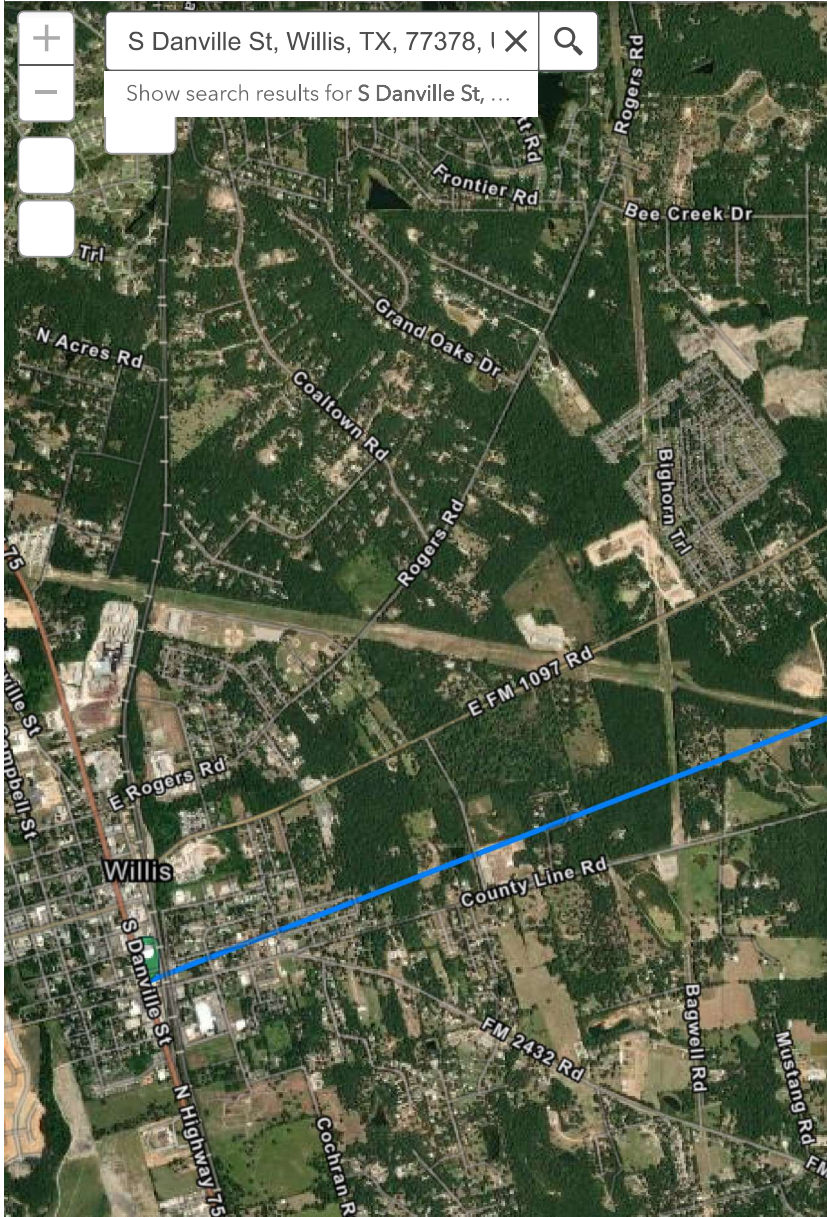
SECTION IV: Preparer Information

40. Name:	MAKAYLA COMMANDER			41. Title:	PROJECT MANAGER
42. Telephone Number 936-256-2626	43. Ext./Code	44. Fax Number	45. E-Mail Address MAKAYLA@SPETEXAS.COM		
		() -			

SECTION V: Authorized Signature

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

Company:	LightPoint Engineering, LLC	Job Title:	PROJECT MANAGER	
Name (In Print):	MAKAYLA COMMANDER		Phone:	(936) 256 -2626
Signature:	<i>MaKayla Commander</i>		Date:	8/12/2024



Measure

| Miles

Measurement Result

4.55 Miles

Clear

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

____ Texas Historical Commission

____ U.S. Fish and Wildlife

____ Texas Parks and Wildlife Department

____ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: CONTY LINE WWTP

Permit No. WQ00 NEW

EPA ID No. TX NEW

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

The Facility will be located on County Line Road, approximately 4.5 miles east from the intersection of S Danville St and County Line road