



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

South Central Water Company CN602602179) proposes to operate The Reserve at Salado Creek WWTP (RN111694345) a domestic wastewater treatment plant. The facility will be located approximately 6900 feet West of the intersection of Dos Hermans Road and Williamson Road in Bell County, Texas 76571,

This application is for a new discharge at an annual average flow of 700,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), ammonia nitrogen (NH₃-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, aeration basins, final clarifiers, sludge digesters and chlorine contact chambers.

South Central Water Company CN602602179) propone operar The Reserve at Salado Creek WWTP (RN111694345), una planta de tratamiento de aguas residuales domésticas. La instalación estará ubicada aproximadamente a 6900 pies al oeste de la intersección de Dos Hermans Road y Williamson Road en el condado de Bell, Texas 76571, Esta solicitud es para una nueva descarga a un flujo promedio anual de 700,000 galones por día de aguas residuales domésticas tratadas. Se espera que las descargas de la instalación contengan una demanda bioquímica carbonosa de oxígeno (CBOD₅) de cinco días, sólidos suspendidos totales (TSS), nitrógeno amoniacal (NH₃-N) y *Escherichia coli*. En la sección 7 del Informe Técnico Doméstico 1.0 se incluyen contaminantes potenciales adicionales. Análisis de Contaminantes de Efluentes Tratados y Hoja de Trabajo Doméstico 4.0 en el paquete de solicitud de permisos. Las aguas residuales domésticas son tratadas por una planta de procesamiento de lodos activados y las unidades de tratamiento incluyen una criba de barras, cuencas de aireación, clarificadores finales, digestores de lodos y cámaras de contacto con cloro.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PROPOSED PERMIT NO. WQ0016658001

APPLICATION. Salado Creek Land Partners LLC and South Central Water Company, P.O. Box 570177, Houston, Texas 77257, has applied to the Texas Commission on Environmental Quality (TCEQ) for proposed Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0016658001 (EPA I.D. No. TX0146897) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 700,000 gallons per day. The domestic wastewater treatment facility will be located approximately 6,900 feet west of the intersection of Dos Hermans Road and Williamson Road, near the city of Salado, in Bell County, Texas 76571. The discharge route will be from the plant site directly to Salado Creek. TCEQ received this application on October 28, 2024. The permit application will be available for viewing and copying at Lena Armstrong Public Library, 301 East 1st Avenue, Belton, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage:

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

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.62472,30.871388&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 Salado Creek Land Partners LLC and South Central Water Company, at the address stated above or by calling Mr. Jeff Goebel, Goebel Environmental, LLC, at 713-724-9321.

Issuance Date: November 26, 2024

Comisión de Calidad Ambiental del Estado de Texas



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

PERMISO PROPUESTO NO. WQ0016658001

SOLICITUD. Salado Creek Land Partners LLC y South Central Water Company, P.O. Box 570177, Houston, Texas 77257 ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para el propuesto Permiso No. WQ0016658001 (EPA I.D. No. TX0146897) 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 700,000 galones por día. La planta está ubicada aproximadamente 6,900 pies al oeste de la intersección de Dos Hermans Road y Williamson Road, cerca de la ciudad de Salado, en el condado de Bell, Texas 76571. La ruta de descarga será desde el sitio de la planta directamente hasta el arroyo Salado. La TCEQ recibió esta solicitud el 28 de octubre de 2024. La solicitud para el permiso está disponible para leerla y copiarla en Biblioteca Pública Lena Armstrong, 301 East 1st Avenue, Belton, Texas, antes de la fecha en que se publique este aviso en el periódico. La aplicación. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web:

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

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.62472,30.871388&level=18>

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

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

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

OPORTUNIDAD DE UNA AUDIENCIA ADMINISTRATIVA DE LO

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

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

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

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

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

CONTACTOS E INFORMACIÓN DE LA TCEQ. Todos los comentarios escritos del público y los para pedidos una reunión deben ser presentados a la Oficina del Secretario Principal, MC 105, TCEQ, P.O. Box 13087, Austin, TX 78711-3087 o por el internet at www.tceq.texas.gov/about/comments.html. 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 Salado Creek Land Partners LLC and South Central Water Company a la dirección indicada arriba o llamando a Sr. Jeff Goebel, Goebel Environmental, LLC al 713-724-9321.

Fecha de emisión 26 de noviembre de 2024

APPLICATION FOR A NEW DOMESTIC WASTEWATER DISCHARGE PERMIT

Permit No. Pending

The Reserve at Salado Creek Wastewater Treatment Facility

Submitted to:

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



00166 52001

Attachment C



TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input checked="" 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 602602179		RN

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input type="checkbox"/> New Customer		<input checked="" type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)		<input type="checkbox"/> Change in Regulated Entity Ownership	
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)		If new Customer, enter previous Customer below:	
South Central Wastewater			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
0161296200	17606670101	NA	N/A
11. Type of Customer:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other:	
12. Number of Employees		13. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input 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"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:			
15. Mailing Address:	PO Box 570177		
	City	Houston	State TX ZIP 77257 ZIP + 4
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
		malcolmbailey@comcast.net	
18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)	
(713) 783-6611		() -	

SECTION III: Regulated Entity Information

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

23. Street Address of the Regulated Entity: (No PO Boxes)	None						
	City		State	TX	ZIP		ZIP + 4
24. County	Bell						

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	The facility will be located approximately 6900 feet West of the intersection of Dos Hermans Rd and Williamson Rd						
26. Nearest City	Salado				State	TX	Nearest ZIP Code
							76571
27. Latitude (N) In Decimal:			28. Longitude (W) In Decimal:				
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
30	52	17.30	97	37	29.36		
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)		
4952							
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
Wastewater Utilities							
34. Mailing Address:	PO Box 570177						
	City	Houston	State	TX	ZIP	77257	ZIP + 4
35. E-Mail Address:		malcolmbailey@concast.net					
36. Telephone Number		37. Extension or Code		38. Fax Number (if applicable)			
(713) 783-6611				() -			

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

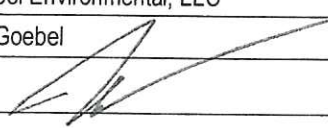
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review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

SECTION IV: Preparer Information

40. Name:	Jeff Goebel	41. Title:	Vice President
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(713) 724-9321		() -	texaswater@sbcglobal.net

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:	Goebel Environmental, LLC	Job Title:	President
Name(In Print) :	Jeff Goebel	Phone:	(713) 724-9321
Signature:		Date:	2/27/2023



TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)	
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)	
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input checked="" type="checkbox"/> Other
2. Customer Reference Number (if issued)	3. Regulated Entity Reference Number (if issued)
CN 0	RN 111694345

Follow this link to search
for CN or RN numbers in
Central Registry**

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input type="checkbox"/> New Customer		<input checked="" type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)		<input type="checkbox"/> Change in Regulated Entity Ownership	
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)		If new Customer, enter previous Customer below:	
Salado Creek Land Partners LLC			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
		NA	N/A
11. Type of Customer:		Partnership: <input type="checkbox"/> General <input 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"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship	
12. Number of Employees		13. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input 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 checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator			
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:			
15. Mailing Address:			
3300 Bee Caves Rd, Suite 650-1233			
City	Austin	State	TX
ZIP	78746	ZIP + 4	
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
		bethany@insite-austin.com	
18. Telephone Number		19. Extension or Code	
(512) 914-7802			
		20. Fax Number (if applicable)	
		() -	

SECTION III: Regulated Entity Information

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

23. Street Address of the Regulated Entity: (No PO Boxes)	None						
	City		State	TX	ZIP		ZIP + 4
24. County	Denton						

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	The facility will be located approximately 6900 feet west of the intersection of Dos Hermanas Rd and Williamson Rd in Williamson and Bell County						
26. Nearest City	Salado				State	TX	Nearest ZIP Code
							76571
27. Latitude (N) In Decimal:	97.625			28. Longitude (W) In Decimal:	30.879		
Degrees	Minutes	Seconds		Degrees	Minutes	Seconds	
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)				
4952							
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
Wastewater Utilities							
34. Mailing Address:	PO Box 570177						
	City	Houston	State	TX	ZIP	77257	ZIP + 4
35. E-Mail Address:	malcolmbailey@concast.net						
36. Telephone Number	37. Extension or Code	38. Fax Number (if applicable)					
(713) 783-6611		() -					

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

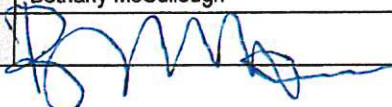
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review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

SECTION IV: Preparer Information

40. Name:	Jeff Goebel	41. Title:	Consultant
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(713) 724-9321		() -	texaswater@sbcglobal.net

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:	Salado Creek Land Partners LLC	Job Title:	Manager
Name(In Print) :	Bethany McCullough	Phone:	(512) 914-7802
Signature:		Date:	9.17.24



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
DOMESTIC WASTEWATER PERMIT APPLICATION
CHECKLIST

Complete and submit this checklist with the application.

APPLICANT: South Central Wastewater

PERMIT NUMBER: Pending

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
APPLICATION FOR A DOMESTIC WASTEWATER PERMIT
ADMINISTRATIVE REPORT 1.0

If you have questions about completing this form please contact the Applications Review and Processing Team at 512-239-4671.

Section 1. Application Fees (Instructions Page 29)

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: 5279

Check/Money Order Amount: \$1,650.00

Name Printed on Check: South Central Water Co

EPAY Voucher Number:

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 29)

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

For amendments or modifications, describe the proposed changes:

For existing permits:

Permit Number: WQ00

EPA I.D. (TPDES only): TX

Expiration Date:

Section 3. Facility Owner (Applicant) and Co-Applclicant Information (Instructions Page 29)

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

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

South Central Wastewater

(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: 602602179

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

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

First and Last Name: Doug Bailey

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

Title: President

B. Co-applclicant 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-applclicant applying for this permit?

Salado Creek Land Partners LLC

(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-applclicant 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: Please see attached

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

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

First and Last Name: Bethany McCullough

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

Title: Manager

Provide a brief description of the need for a co-permittee: The co-permittee has a WWTP easement agreement with the current landowner.

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: C

Section 4. Application Contact Information (Instructions Page 30)

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

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

First and Last Name: Jeff Goebel

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

Title: Consultant

Organization Name: Goebel Environmental, LLC

Mailing Address: 32002 Pattys Landing

City, State, Zip Code: Magnolia, Texas 77354

Phone No.: 713-724-9321 Ext.: Fax No.:

E-mail Address: texaswater@sbcglobal.net

Check one or both: ☒ Administrative Contact ☒ Technical Contact

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

First and Last Name:

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

Title:

Organization Name:

Mailing Address:

City, State, Zip Code:

Phone No.: Ext.: Fax No.:

E-mail Address:

Check one or both: ☐ Administrative Contact ☐ Technical Contact

Section 5. Permit Contact Information (Instructions Page 30)

Provide two names of individuals that can be contacted throughout the permit term.

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

First and Last Name: Doug Bailey

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

Title: President

Organization Name: South Central Wastewater

Mailing Address: PO BOX 570177

City, State, Zip Code: Houston Texas 77257

Phone No.: 713-783-6611 Ext.: 207 Fax No.: Click here to enter text

E-mail Address: doug@southcentralww.com

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

First and Last Name: Jack Bailey

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

Title: Vice President

Organization Name: South Central Wastewater

Mailing Address: PO BOX 570177

City, State, Zip Code: Houston Texas 77257

Phone No.: 713-783-6611 Ext.: Click here to enter text Fax No.: Click here to enter text

E-mail Address: jack@southcentralww.com

Section 6. Billing Information (Instructions Page 30)

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

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

First and Last Name: Doug Bailey

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

Title: President

Organization Name: South Central Wastewater

Mailing Address: PO Box 570177

City, State, Zip Code: Houston Texas 77257

Phone No.: 713-783-6611 Ext.: 207 Fax No.: Click here to enter text

E-mail Address: doug@southcentralww.com

Section 7. DMR/MER Contact Information (Instructions Page 31)

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

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

First and Last Name: Doug Bailey

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

Title: President

Organization Name: South Central Wastewater

Mailing Address: PO Box 570177

City, State, Zip Code: Houston Texas 77257

Phone No.: 713-783-6611 Ext.: 207 Fax No.: Click here to enter text

E-mail Address: doug@southcentralww.com

DMR data is required to be submitted electronically. Create an account at:
<https://www.tceq.texas.gov/permitting/netdmr/netdmr.html>.

Section 8. Public Notice Information (Instructions Page 31)

A. Individual Publishing the Notices

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

First and Last Name: Jeff Goebel

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

Title: Consultant

Organization Name: Goebel Environmental, LLC

Mailing Address: 32002 Pattys Landing

City, State, Zip Code: Magnolia Texas 77354

Phone No.: 713-724-9321 Ext.: Click here to enter text Fax No.: Click here to enter text

E-mail Address: texaswater@sbcglobal.net

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 person to be listed in the Notices

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

First and Last Name: Jeff Goebel

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

Title: Consultant

Organization Name: Goebel Environmental, LLC

Phone No.: 713-724-9321 Ext.: Click here to enter text

E-mail: texaswater@sbcglobal.net

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: Lena Armstrong Public Library

Location within the building: Information

Physical Address of Building: 301 East 1st Avenue

City: Belton

County: Bell

Contact Name: Click here to enter text

Phone No.: 254-933-5830 Ext.: Click here 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

- ☐
- Yes
- ☒
- No

Phone No.: NA

E-mail Address: NA

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: NA

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

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

First and Last Name: NA

Mailing Address: NA

City, State, Zip Code: NA

Phone No.: NA

E-mail Address: NA

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: NA

Section 10. TPDES Discharge Information (Instructions Page 34)

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

☐ Yes ☒ No

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

The facility will be located approximately 6900 feet West of the intersection of Dos Hermans Rd and Williamson Rd

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

☐ Yes ☒ No

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

From the facility thence into Salado Creek

City nearest the outfall(s): Salado

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

Outfall Latitude: 30 52' 15.43"N

Longitude: 97 37' 27.28"

- 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: NA

- 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.

NA

Section 11. TLAP Disposal Information (Instructions Page 36)

- 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:

Not a TLAP Permit Application

- B. City nearest the disposal site: Not a TLAP Permit Application

- C. County in which the disposal site is located: Not a TLAP Permit Application

- D. Disposal Site Latitude: Not a TLAP Permit Application Longitude: Not a TLAP Permit Application

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

Not a TLAP Permit Application

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

Not a TLAP Permit Application

Section 12. Miscellaneous Information (Instructions Page 37)

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 here to enter TCEQ

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 here to enter TCEQ

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account number: Click here to enter TCEQ

Amount past due: Click here to enter TCEQ

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

Enforcement order number: Click here to enter TCEQ

Amount past due: Click here to enter TCEQ

Section 13. Attachments (Instructions Page 38)

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: [REDACTED]

Section 14. Signature Page (Instructions Page 39)

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

Permit Number:

Applicant: South Central Water Company

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): Doug Bailey

Signatory title: President

Signature: _____ Date: 10-1-24
(Use blue ink)

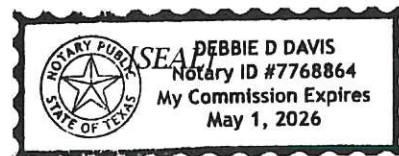
Subscribed and Sworn to before me by the said Doug Bailey

on this 1st day of October, 2024.

My commission expires on the 1st day of May, 2026.

Debbie D Davis
Notary Public

Harris
County, Texas



Section 14. Signature Page (Instructions Page 39)

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

Permit Number: W00016310001

Applicant: Salado Creek Land Partners LLC

Certification:

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

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

Signatory name (typed or printed): Bethany McCullough

Signatory title: Manager

Signature:  Date: 9-17-24
(Use blue ink)

Subscribed and Sworn to before me by the said Manager - Bethany McCullough
on this 17th day of September, 2024.
My commission expires on the 12th day of November, 202027.


Notary Public



Travis
County, Texas

Section 15. Plain Language Summary (Instructions Page 40)

If you are subject to the alternative language notice requirements in 30 Texas Administrative Code §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

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

South Central Wastewater (2. Enter Customer Number here (i.e., CN6#####).) proposes to operate The Reserve at Salado Creek WWTP 5. Enter Regulated Entity Number here (i.e., RN1#####). an 7. Enter facility description here.. The facility will be located approximately 6900 feet West of the intersection of Dos Hermans Rd and Williamson Rd, in 10. Enter city name here., Bell County, Texas 76571.

13. Enter summary of application request here. <<For TLAP applications include the following sentence, otherwise delete:>> This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain14. List all expected pollutants here..15. Enter types of wastewater discharged here. 16. Choose from the drop-down menu. treated by 17. Enter a description of wastewater treatment used at the facility here..

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

AGUAS RESIDUALES DOMÉSTICAS

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

1. Introduzca el nombre del solicitante aquí. (2. Introduzca el número de cliente aquí (es decir, CN6 #####).) 3. Elija del menú desplegable. 4. Introduzca el nombre de la instalación aquí. 5. Introduzca el número de entidad regulada aquí (es decir, RN1 #####). 6. Elija del menú desplegable. 7. Introduzca la descripción de la instalación aquí. . La instalación 8. Elija del menú desplegable. ubicado 9. Introduzca la ubicación aquí. , en 10. Introduzca el nombre de la ciudad aquí. , Condado de 11. Introduzca el nombre del condado aquí. , Texas 12. Introduzca el código postal aquí. . 13. Introduzca el resumen de la solicitud de solicitud aquí. <<Para las aplicaciones 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 14. Liste todos los contaminantes esperados aquí. . 15. Introduzca los tipos de aguas residuales descargadas aquí. 16. Elija del menú desplegable. tratado por 17. Introduzca una descripción del tratamiento de aguas residuales utilizado en la instalación aquí.

DOMESTIC ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

ATTACHMENT G

Section 1. Affected Landowner Information (Instructions Page 41)

- 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: Bell CAD
- 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):

None Known

Section 2. Original Photographs (Instructions Page 44)

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

- ☒ 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 44)

ATTACHMENT I

- 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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____ Renewal ____ Major Amendment ____ Minor Amendment ____ New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

____ Texas Historical Commission

____ U.S. Fish and Wildlife

____ Texas Parks and Wildlife Department

____ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: South Central Wastewater

Permit No. WQ00

EPA ID No. TX

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

The facility will be located approximately 6900 feet West of the intersection of Dos Hermans Rd and Williamson Rd

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

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

First and Last Name: Doug Bailey

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

Title: President

Mailing Address: PO Box 570177

City, State, Zip Code: Houston Texas 77257

Phone No.: 713-783-6611 Ext.: 207 Fax No.:

E-mail Address: doug@southcentralww.com

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

Paula Knight Warden. Prior to the construction of the wastewater facility the applicant will own the wastewater treatment plant site.

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

From the facility thence to Salado Creek

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

None known.

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

Pasture Land

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

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

None

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

Not Known

Jon Niermann, *Chairman*
Bobby Janecka, *Commissioner*
Catarina R. Gonzales, *Commissioner*
Kelly Keel, *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

September 16, 2024

Mr. Doug Bailey,
President
South Central Wastewater
P.O. Box 570177
Houston, Texas 77257

Re: Return of Application for Proposed Permit No. WQ0016310001 (EPA I.D. TX0144266)
Applicant Name: South Central Water Company (CN602602179)
Site Name: The Reserve at Salado Creek WWTP (RN111694345)

Dear Mr. Bailey:

Thank you for submitting your application for the proposed permit for South Central Water Company. We received your application on March 7, 2023, and requested additional information from Mr. Jeff Goebel, Goebel Environmental, LLC and Mr. Doug Bailey, South Central Water Company, via certified U.S. Postal mail on July 26, 2024. A complete response to the Notice of Deficiency letter was due by August 25, 2024; and as of today, September 12, 2024, we have not received a complete response, despite numerous attempts to obtain the information. Due to not receiving the additional items needed to continue the review, we have removed your application from our record of pending applications.

The original application submittal will remain a record of the Texas Commission on Environmental Quality (TCEQ), and should you wish to pursue a permit, a new application and all the required documents will need to be re-submitted. **If re-submitted within six months of the application being returned, the previously paid application processing fee will be applied to the re-submitted application. In addition, when re-submitting, to ensure that the application fee is not requested again, please complete and attach the payment submittal form containing the information from the check initially submitted.**

If you have any questions regarding the administrative review, please contact Leah Whallon at (512) 239-0084. For technical questions, please contact the staff of the Municipal Permits Team at (512) 239-4671.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Sadlier".

Robert Sadlier, Deputy Director
Water Quality Division
RS/lcw

Enclosures

cc: Mr. Jeff Goebel, Goebel Environmental, LLC, 32002 Pattys Landing, Magnolia, Texas 77354

Attachment A

WASTEWATER PLANT EASEMENT AGREEMENT
The Reserve at Salado Creek

NOTICE OF CONFIDENTIALITY RIGHTS: IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY OF THE FOLLOWING INFORMATION FROM ANY INSTRUMENT THAT TRANSFERS AN INTEREST IN REAL PROPERTY BEFORE IT IS FILED FOR RECORD IN THE PUBLIC RECORDS: YOUR SOCIAL SECURITY NUMBER OR YOUR DRIVER'S LICENSE NUMBER.

That Paula Warden called "**Grantor**" (whether one or more), for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, does hereby grant, transfer, sell, assign and convey unto **Salado Creek Land Partners LLC**, having an address of 3300 Bee Caves Rd, Suite 650-1233, Austin, Texas 78746, and to its successors and/or assigns, hereinafter called "**Grantee**," an exclusive and perpetual, subject to the terms and conditions herein, easement and right-of-way (the "**Easement**") along, over, under and across the following described property (the "**Property**"):

[SEE EXHIBIT A]

The right-of-way, utility easement, and other rights and privileges herein granted shall include:

1. The right to place, construct, reconstruct, rephase, upgrade, expand the capability of, operate, maintain, repair, relocate within this Easement, rebuild, replace and remove thereon and/or in or upon the Property, a wastewater plant together with all the overhead and/or underground utility lines, including but not limited to water and sewer lines, equipment, and all other necessary or desirable appurtenances, including, but not limited to valves and manholes as deemed necessary by the Grantee to support the plant, lines and equipment within the Easement; and
2. The right to use the Groundwater. As used herein, the term "Groundwater" means all of the underground water, percolating water, artesian water and any other water from any and all depths and reservoirs, formations, depths and horizons beneath the surface of the Property.
3. The right to any additional temporary working space about or near the Easement as may be reasonably necessary, together with the right of pedestrian and/or vehicular ingress and egress over the Property and any adjoining land to or from said utility easement for the purposes of placing, constructing, reconstructing, rephasing, patrolling, inspecting, upgrading, expanding the capability of, operating, repairing, maintaining, relocating within this Easement, replacing, and/or removing said utility facilities, equipment and systems and appurtenances pertaining thereto; and
4. The right to clear the right of way of all obstructions, to cut, trim or remove trees and/or shrubbery located on, over or within the Easement and/or Property through any means deemed reasonable and appropriate by Grantee, including the use of machinery and the application of herbicides, and including any control of the growth of other vegetation in or about the Easement which may incidentally and necessarily result from the means of control employed; and

5. The right of free access to the Easement at all reasonable hours to perform the aforementioned activities, and at any time to restore service or during an emergency.

The rights hereby granted to Grantee may be dedicated, assigned (and/or licensed) by Grantee in whole or in part. Grantor covenants that Grantor, Grantor's heirs, successors and assigns shall not, individually, or in combination with others, interfere directly or indirectly with Grantee's use of this Easement now or at any time in the future, or with the efficiency, safety, or convenient operation of the utility(ies), utility service(s), related equipment, devices, appliances, and/or other property.

Grantor shall not construct nor cause or allow to be constructed any structure, building or improvement, nor plant any trees, nor impound any water, nor place any temporary or permanent erection of any equipment or appurtenances within the Easement in any manner as to interfere with the safe, efficient and convenient operation of the Grantee's facilities, equipment or systems. Such prohibited construction shall include, but not be limited to, new construction of a habitable structure, major modification to a preexisting habitable structure, stock tanks, dams, storage piles, swimming pools, antenna, spas, water wells, or oil wells. Grantor agrees that the Grantee shall have the right to remove, or cause to be removed, at Grantor's sole cost, any obstructions Grantor installs, erects or creates after the effective date of this Easement and which limit or impede Grantee's access to, through or across the Easement, or which interferes with or threatens to endanger the operation, reliability, efficiency, construction, reconstruction, or maintenance of Grantee's utility facilities or systems.

This Easement contains all covenants and terms between Grantor and Grantee related to the Easement. Any oral representations or modifications concerning this Easement shall be of no force and effect. Any subsequent amendment or modification to this Easement must be in writing and agreed to by the Grantor and Grantee. No waiver by Grantee of any default or breach of any covenant, condition, or stipulation herein contained, or delay by Grantee in the utilization of any right herein granted, shall be treated as a waiver of any subsequent default or breach of the same or any other covenant condition or stipulation, or as a waiver of any right of Grantee or of the ability of Grantee to utilize any such right at a future date.

TO HAVE AND TO HOLD the Easement unto said Grantee, its successors and assigns, and Grantor hereby binds Grantor, and Grantor's successors, assigns, and heirs to warrant and defend all and singular said Easement and rights thereunder unto Grantee, its successors and assigns, against every person whomsoever lawfully claiming or to claim by through or under the same or any part thereof.

This Easement may be executed in any number of counterparts with the same effect as if all signatory parties had signed the same document. All counterparts will be construed together and will constitute one and the same instrument.

EXECUTED the 12th day of September 2024.

GRANTOR:

Paula Warden

By: Paula Warden

Name: Paula Warden

Title: Owner

Date: 9-12-24

GRANTEE:

Salado Creek Land Partners, LLC

By: Todd

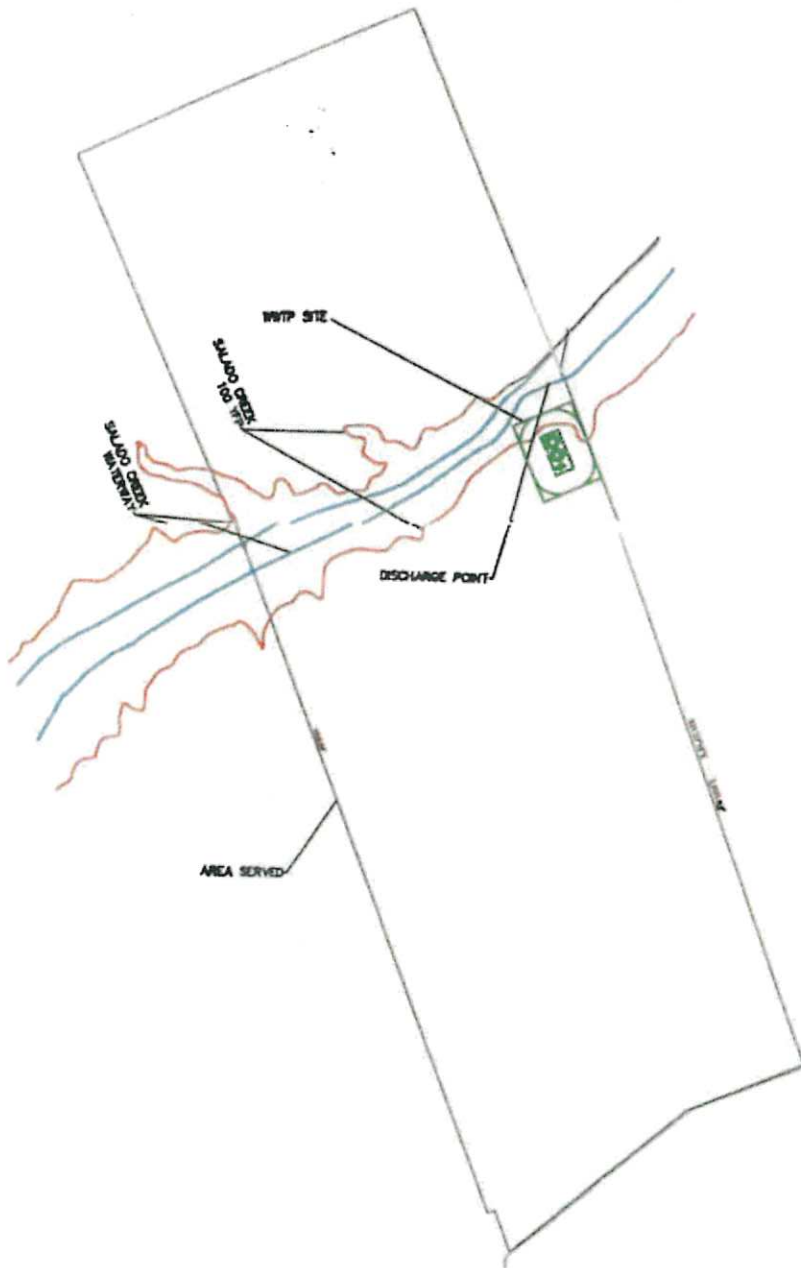
Name: Todd McCullough

Title: Manager

Date: September 12, 2024

EXHIBIT A

A tract of land containing approx 180,600 ft. and being of dimension 425 ft by 425 ft with the center location being $30^{\circ} 52' 12.6336''$, $-97^{\circ} 37' 27.0258''$.



Attachment B



Office of the Secretary of State

CERTIFICATE OF FILING OF

SOUTH CENTRAL WATER COMPANY

File Number: 161296200

Assumed Name:

South Central Wastewater

The undersigned, as Secretary of State of Texas, hereby certifies that the assumed name certificate for the above named entity has been received in this office and filed as provided by law on the date shown below.

ACCORDINGLY the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law hereby issues this Certificate of Filing.

Dated: 03/01/2022

Effective: 03/01/2022



A handwritten signature of John B. Scott, consisting of a stylized 'J' followed by a series of loops and a final 'm'.

John B. Scott
Secretary of State

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



John B. Scott
Secretary of State

Office of the Secretary of State

April 26, 2022

Curt M Langley
2225 Crockett St
Houston, TX 77007 USA

RE: SOUTH CENTRAL WATER COMPANY
File Number: 161296200

Assumed Name:
South Central Wastewater

File Date: 03/01/2022

It has been our pleasure to file the assumed name certificate for the above referenced entity. Enclosed is the certificate evidencing filing. Payment of the filing fee is acknowledged by this letter.

If we can be of further service at any time, please let us know.

Sincerely,

Corporations Section
Business & Public Filings Division
(512) 463-5555

Enclosure

Come visit us on the internet at <https://www.sos.texas.gov/>

Phone: (512) 463-5555
Prepared by: Cassandra Kaehn

Fax: (512) 463-5709
TID: 10336

Dial: 7-1-1 for Relay Services
Document: 1135307730002

Attachment D



Texas Commission on Environmental Quality

Public Involvement Plan Form for Permit and Registration Applications

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

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

Section 1. Preliminary Screening

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

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

Section 2. Secondary Screening

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

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

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

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

The applicants proposed WWTP is located over 40 miles from downtown Austin and therefore not in the above geographical locations.

Section 3. Application Information

Type of Application (check all that apply):

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

Water Quality

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

Water Rights New Permit

- ☐ New Appropriation of Water
- ☐ New or existing reservoir

Amendment to an Existing Water Right

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

Section 4. Plain Language Summary

Provide a brief description of planned activities.

Section 5. Community and Demographic Information

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

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

(City)

(County)

(Census Tract)

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

☐

City

☐

County

☐

Census Tract

- (a) Percent of people over 25 years of age who at least graduated from high school
- (b) Per capita income for population near the specified location
- (c) Percent of minority population and percent of population by race within the specified location
- (d) Percent of Linguistically Isolated Households by language within the specified location
- (e) Languages commonly spoken in area by percentage
- (f) Community and/or Stakeholder Groups
- (g) Historic public interest or involvement

Section 6. Planned Public Outreach Activities

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If Yes, please describe.

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

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

☐ Yes ☐ No

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

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

- ☐ TCEQ Regional Office ☐ TCEQ Central Office
- ☐ Public Place (specify)

Section 7. Voluntary Submittal

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

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

☐ Yes ☐ No

What types of notice will be provided?

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



TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input checked="" 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 602602179		RN

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input type="checkbox"/> New Customer		<input checked="" type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)		<input type="checkbox"/> Change in Regulated Entity Ownership	
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)		If new Customer, enter previous Customer below:	
South Central Wastewater			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
0161296200	17606670101	NA	N/A
11. Type of Customer:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other:	
12. Number of Employees		13. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input 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"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:			
15. Mailing Address:	PO Box 570177		
	City	State	ZIP
	Houston	TX	77257
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
		malcolmbailey@comcast.net	
18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)	
(713) 783-6611		() -	

SECTION III: Regulated Entity Information

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

23. Street Address of the Regulated Entity: (No PO Boxes)	None						
	City		State	TX	ZIP		ZIP + 4
24. County	Bell						

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	The facility will be located approximately 6900 feet West of the intersection of Dos Hermans Rd and Williamson Rd						
26. Nearest City	Salado				State	TX	Nearest ZIP Code
							76571
27. Latitude (N) In Decimal:			28. Longitude (W) In Decimal:				
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
30	52	17.30	97	37	29.36		
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)		
4952							
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
Wastewater Utilities							
34. Mailing Address:	PO Box 570177						
	City	Houston	State	TX	ZIP	77257	ZIP + 4
35. E-Mail Address:	malcolmbailey@concast.net						
36. Telephone Number		37. Extension or Code		38. Fax Number (if applicable)			
(713) 783-6611				() -			

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

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

SECTION IV: Preparer Information

40. Name:	Jeff Goebel		41. Title:	Vice President
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address	
(713) 724-9321		() -	texaswater@sbcglobal.net	

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:	Goebel Environmental, LLC	Job Title:	President
Name(In Print) :	Jeff Goebel	Phone:	(713) 724-9321
Signature:		Date:	2/27/2023

Attachment E

The Reserve at Salado Creek WWTP

Estimated Schedule of Buildout

<u>Year</u>	<u>Number of months for buildout</u>
2024	12
2025	12
2026	12
2027	12
2028	12
2029	12
2030	12

Monthly growth of LUE's= 20
 Gal. Per day per connection = 300

Estimated time for implementation of all phases

<u>Year</u>	<u>Sub Total GPD</u>	<u>Number of LUE's</u>	<u>Phase</u>
2023	72,000	240	I
2024	144,000	480	II
2025	216,000	720	II
2026	288,000	960	II
2027	360,000	1,200	III
2028	432,000	1,440	III
2029	504,000	1,680	III

Attachment F

PENDING

Attachment G

ONE MILE

②

④

⑤

①

④

③

④

150' BUFFERZONE

PROPOSED WWTP SITE
AND APPLICANTS
PROPERTY

③

①

③

DISCHARGE POINT

①

AREA SERVED

0 1000' 2000'



PROPERTY OWNER MAP

1. HILL, NELDA ANNETTE
ETVIR ROBERT HICKS III
271 TEXAS AVE
ROUND ROCK, TX 78664
2. SOLANA RANCH CO
PO BOX 1199
SALADO TX 76571
3. KLEPAC MICHAEL AND
CINDY
500 W WALTER AVE
PFLUGERVILLE TX 78660
4. FAULKNER, PATSY
3412 DARION LN
PLANO TX 75093
5. GOODE, BYRON F
PO BOX 297
JARRELL TX 76537

Attachment H

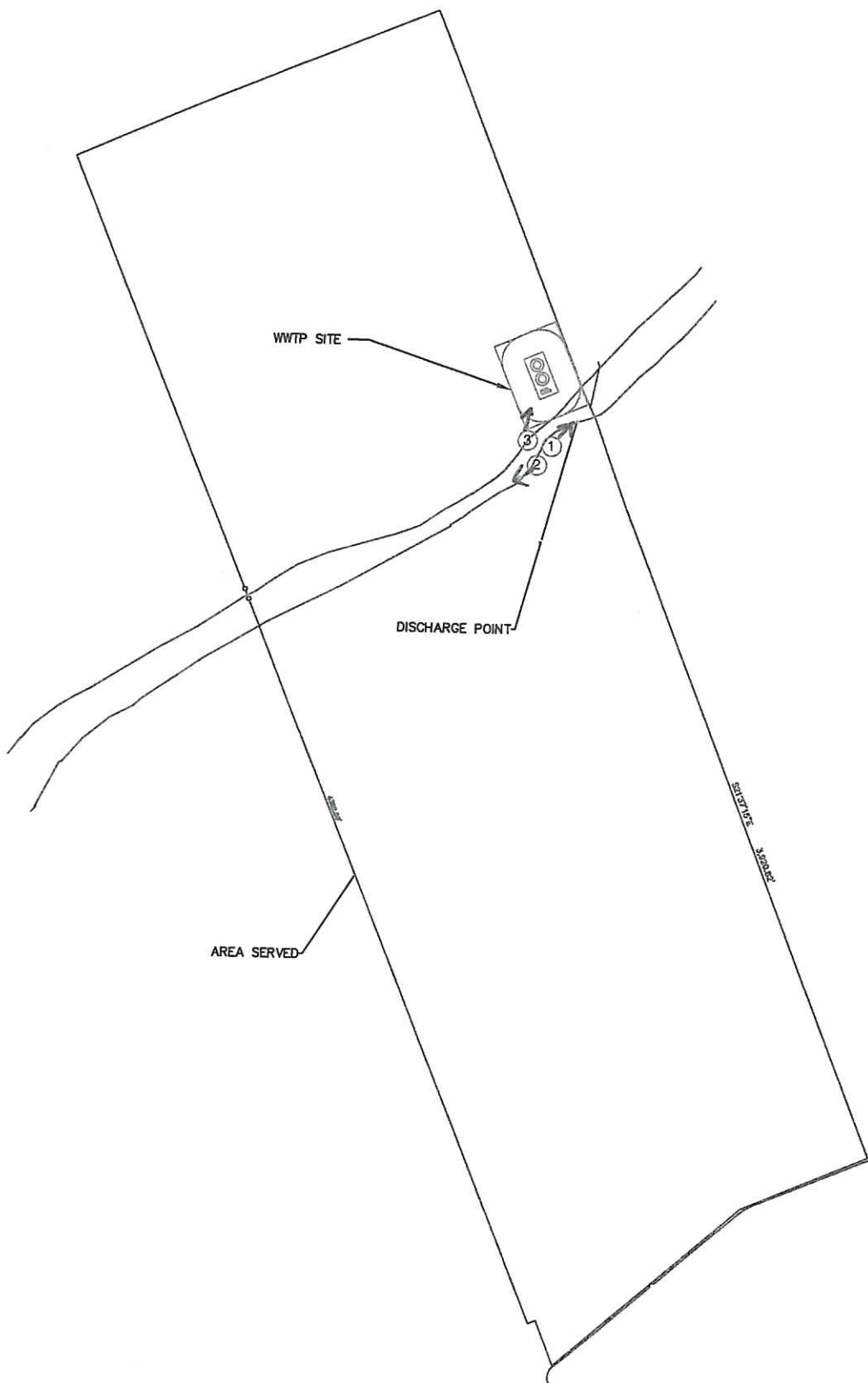
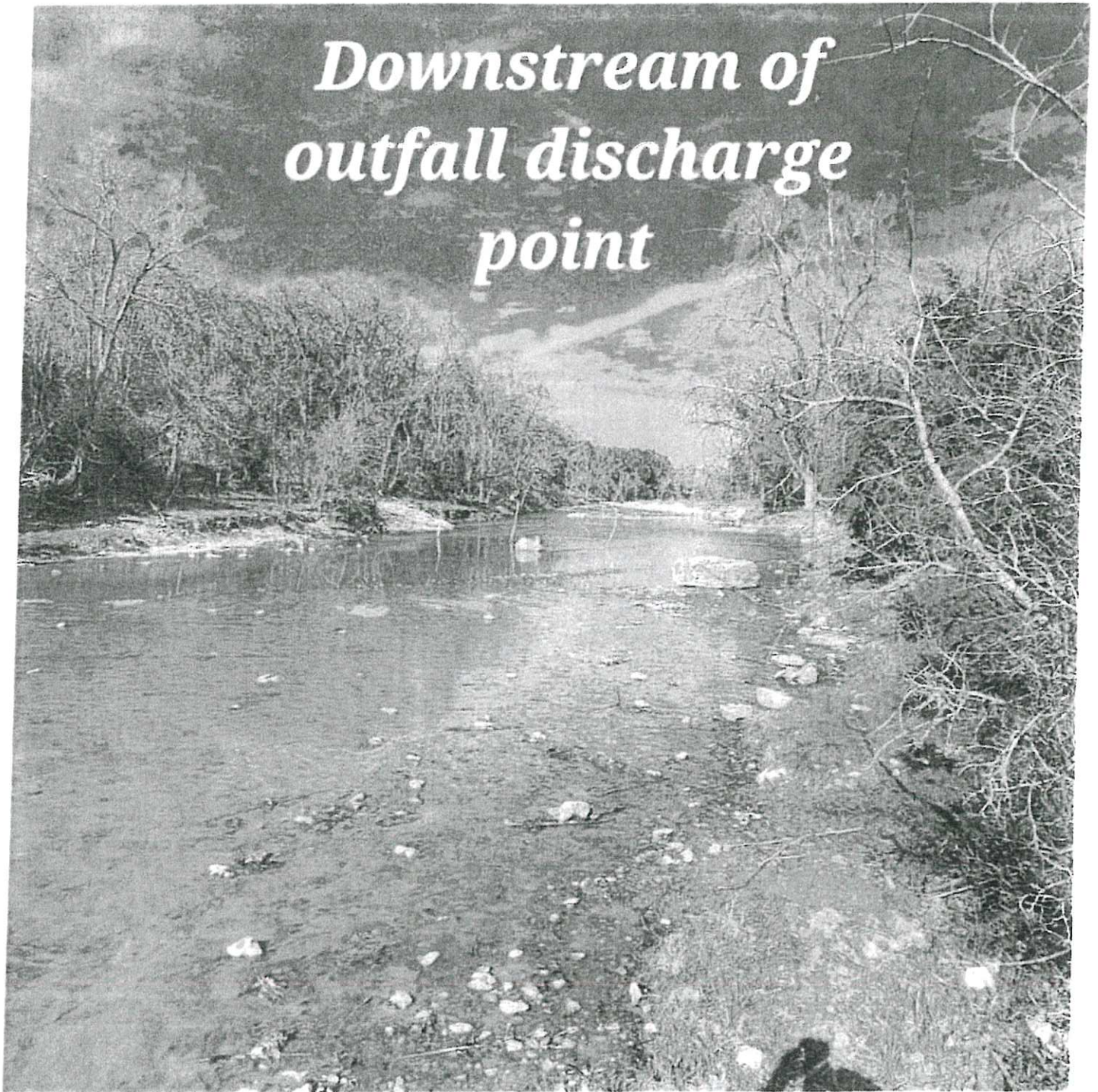


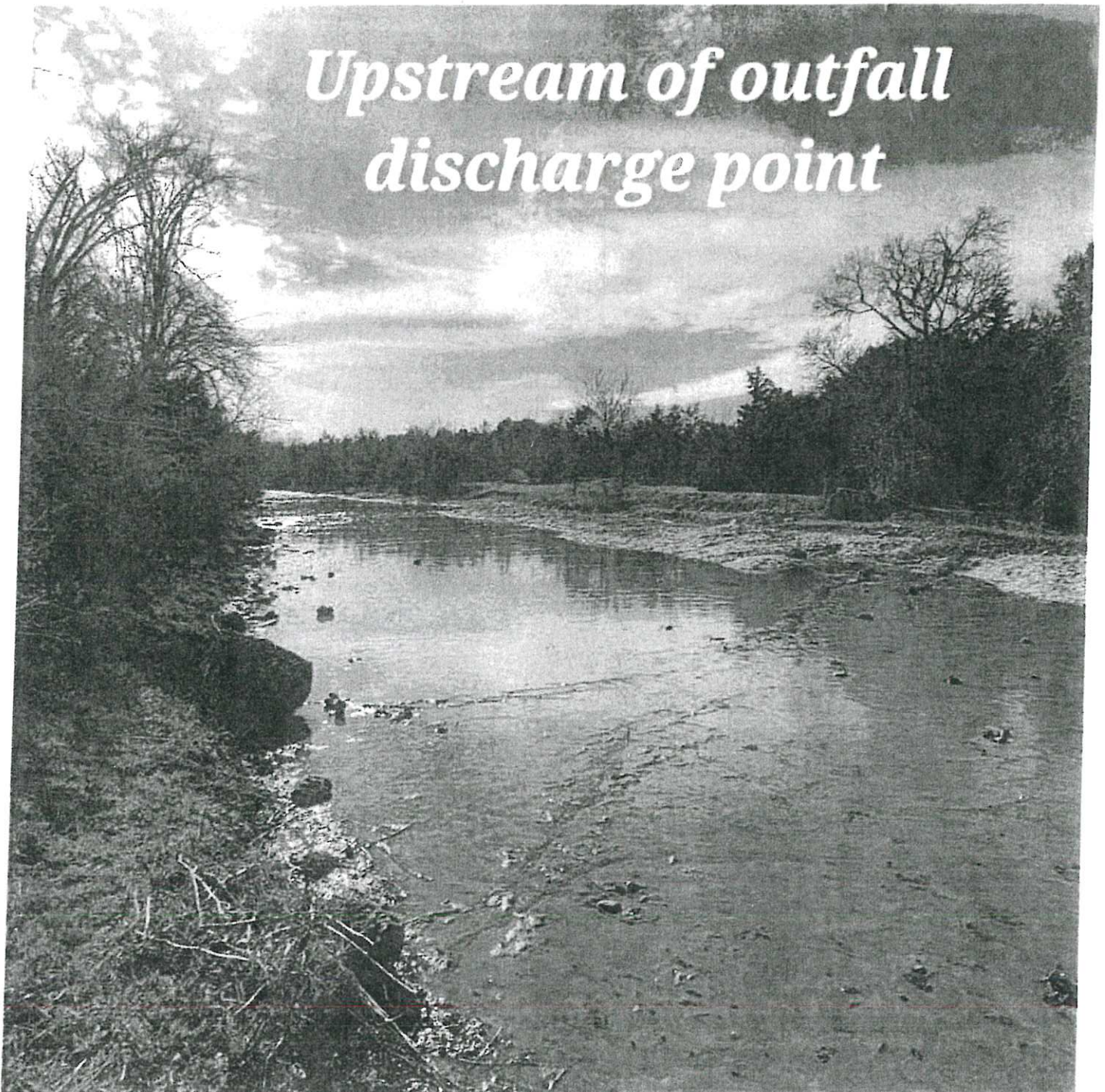
PHOTO LOCATION

*Downstream of
outfall discharge
point*



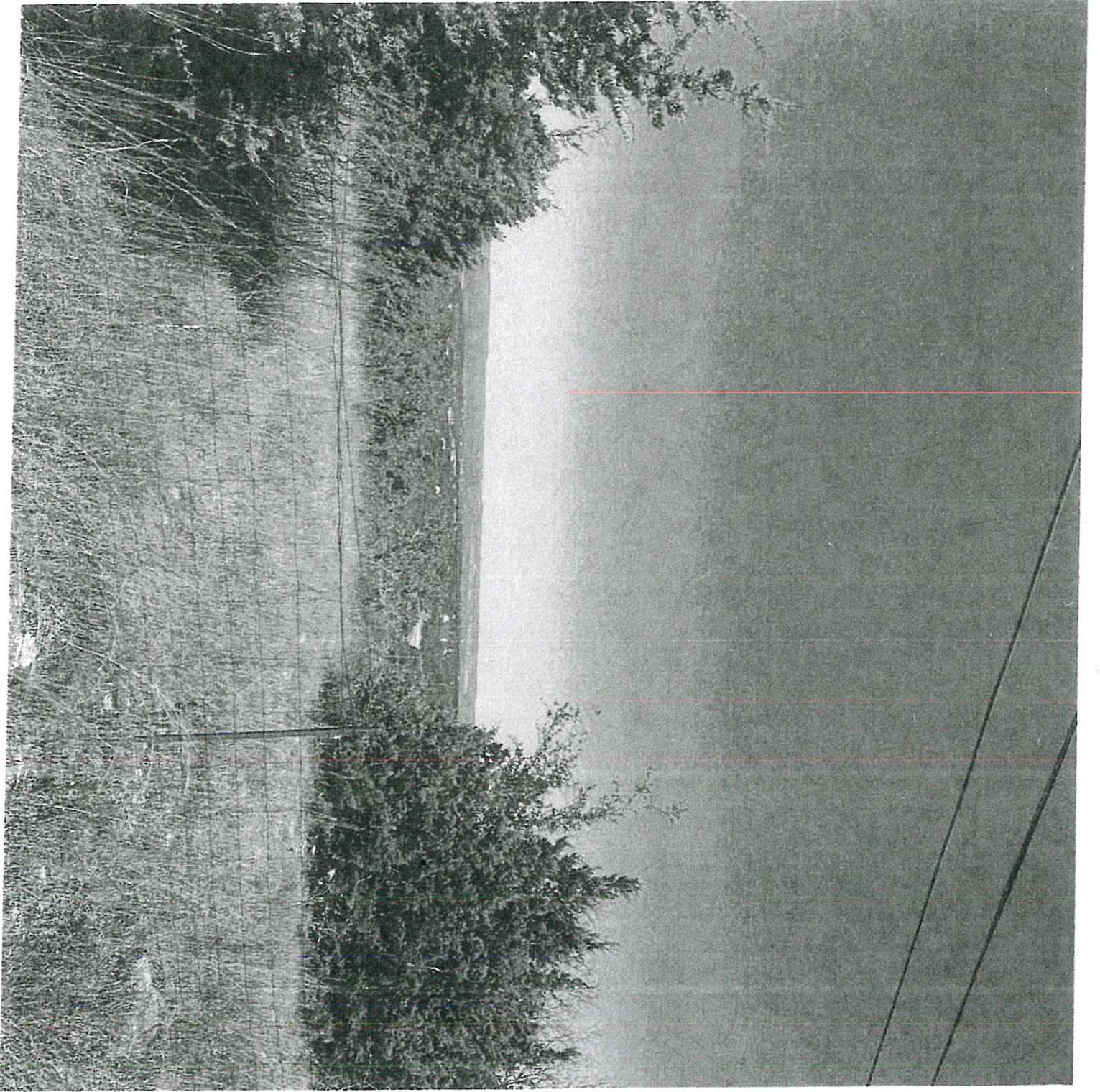
①

*Upstream of outfall
discharge point*



②

STP site



Attachment I

PHASE III BUFFERZONE

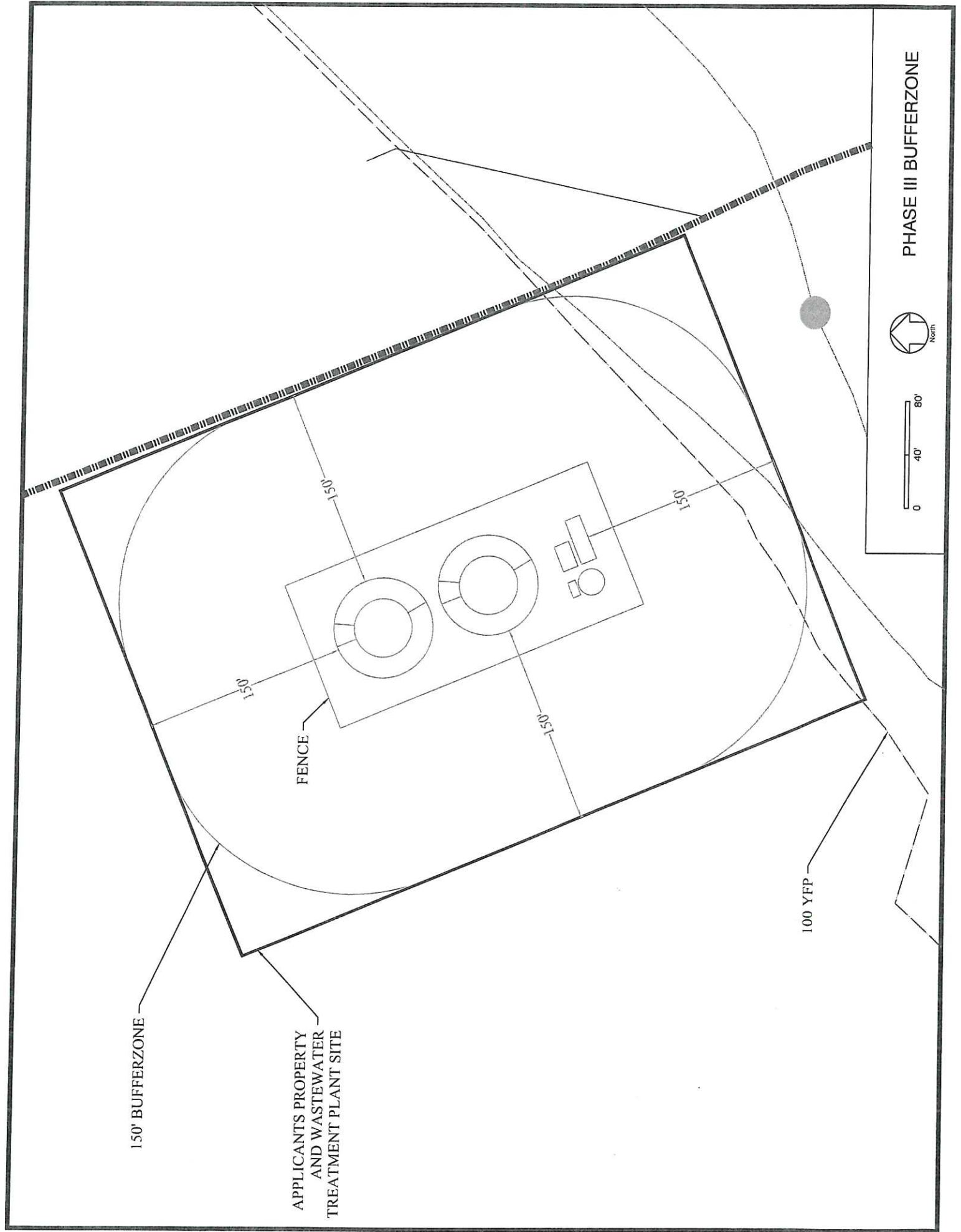


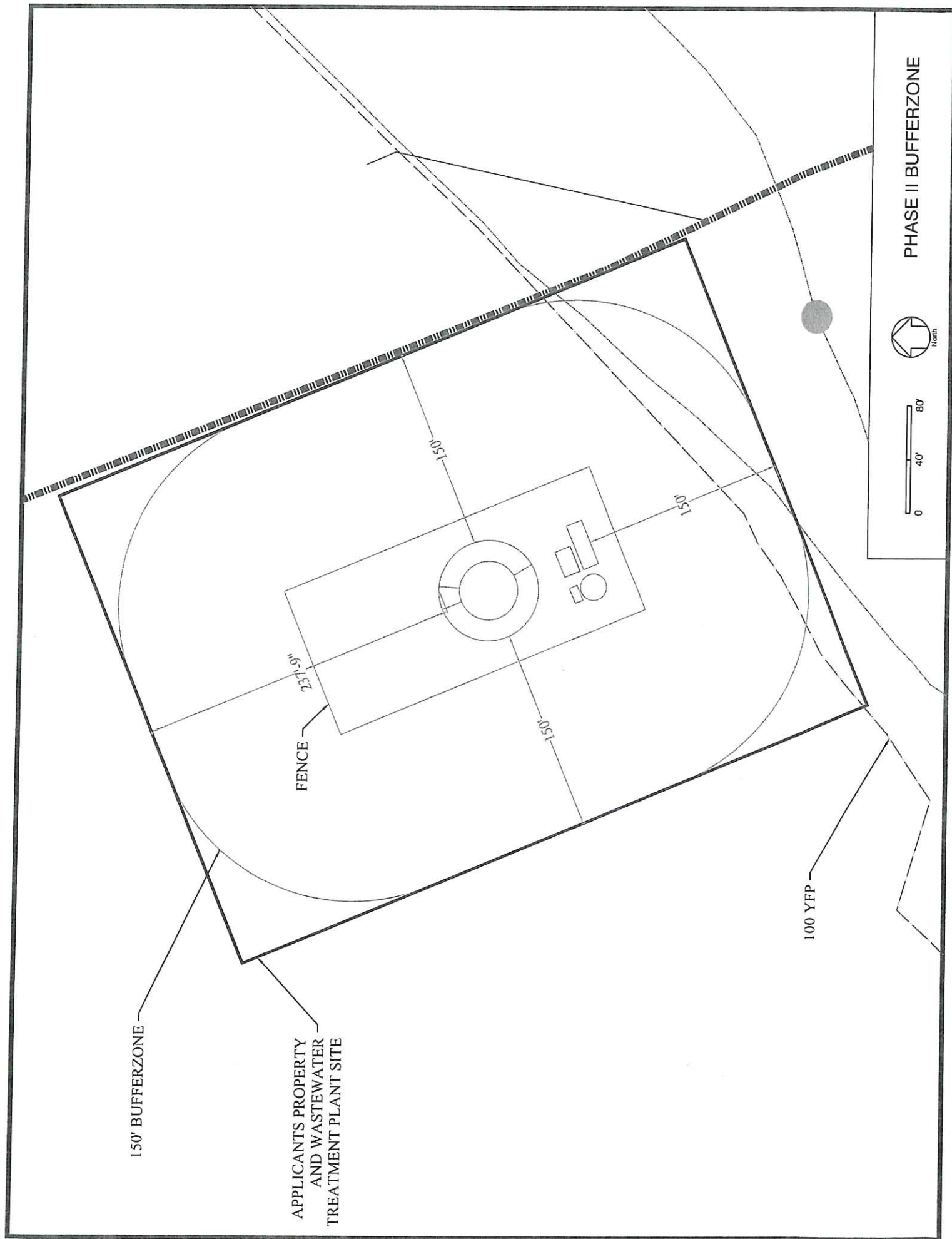
150' BUFFERZONE

APPLICANTS PROPERTY
AND WASTEWATER
TREATMENT PLANT SITE

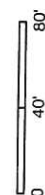
FENCE

100 YFP





PHASE II BUFFERZONE



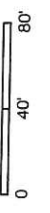
150' BUFFERZONE

APPLICANTS PROPERTY
AND WASTEWATER
TREATMENT PLANT SITE

FENCE

100 YFP

PHASE I BUFFERZONE



150' BUFFERZONE

APPLICANT'S PROPERTY
AND WASTEWATER
TREATMENT PLANT SITE

FENCE

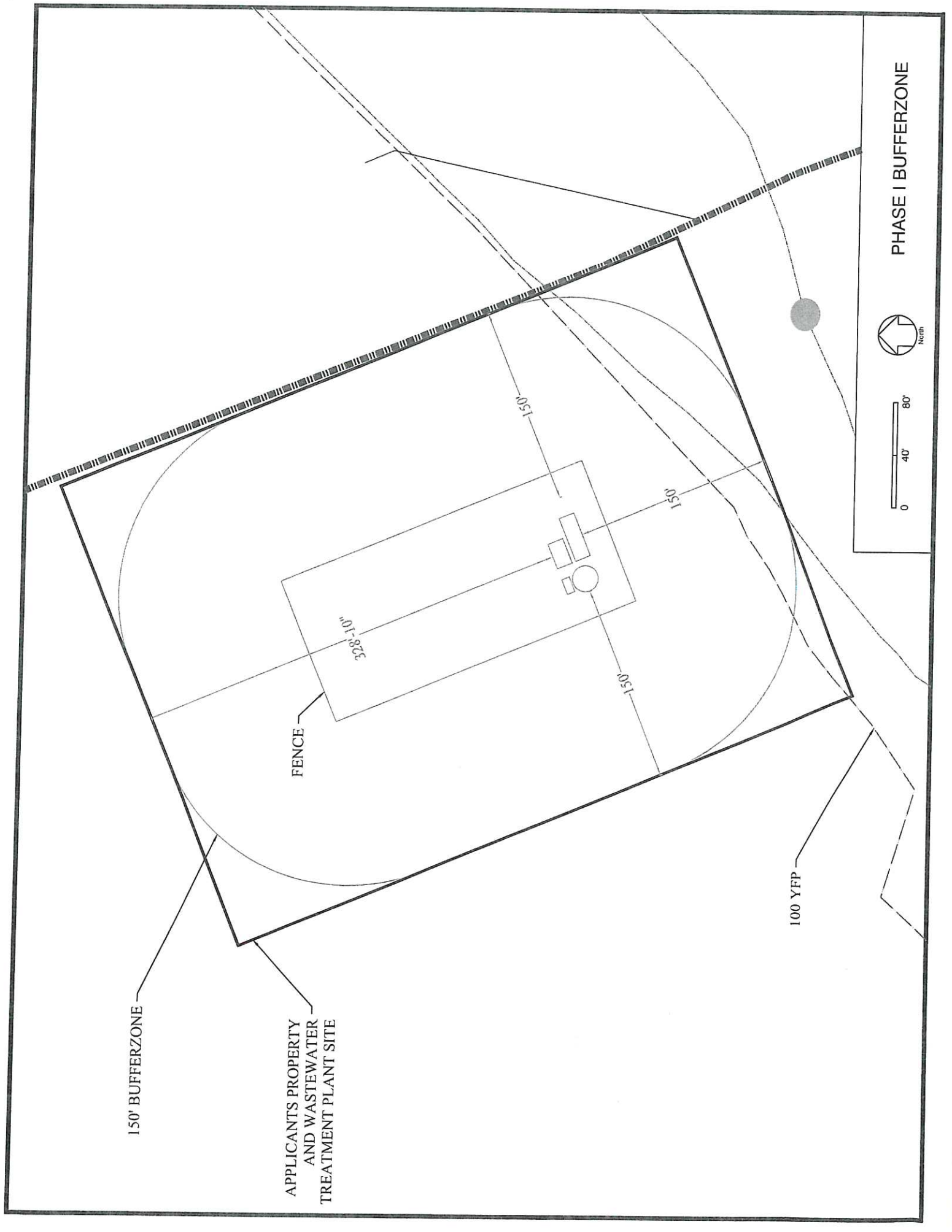
322.8'-10"

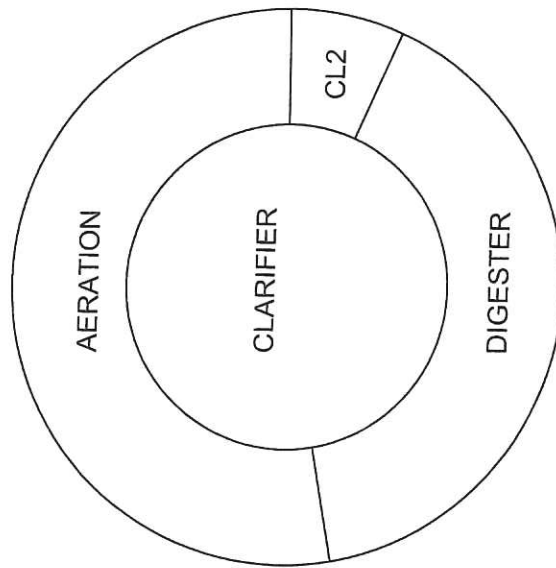
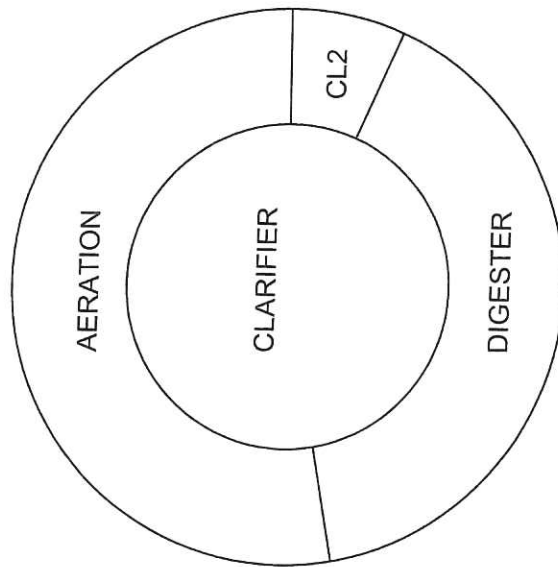
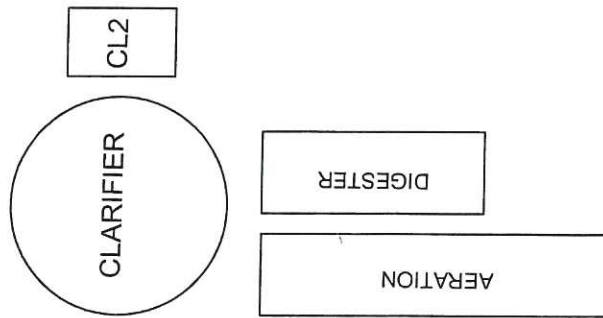
150'

150'

150'

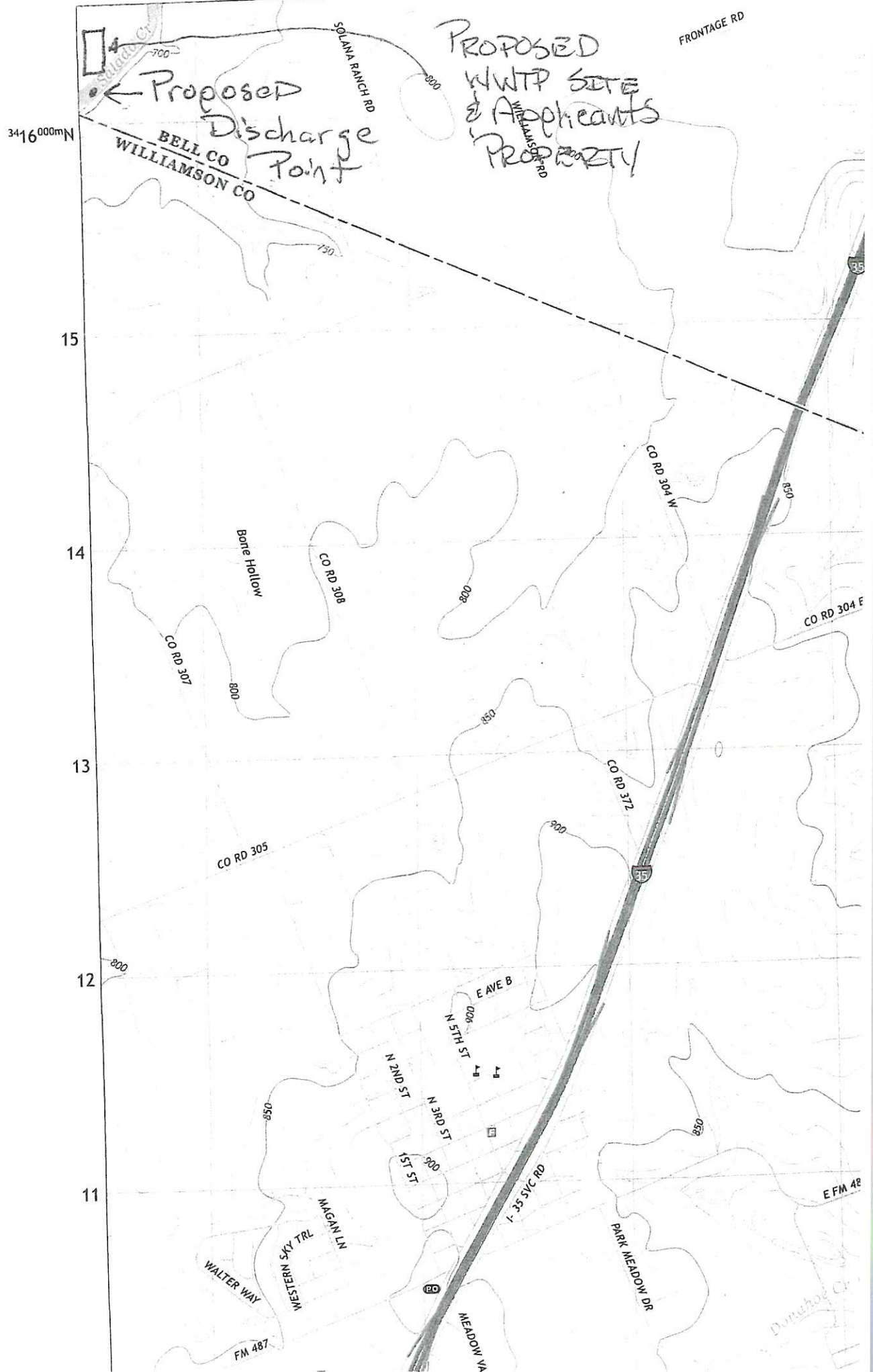
100 YFP





UNIT TYPE

Attachment J





TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
DOMESTIC WASTEWATER PERMIT APPLICATION

DOMESTIC TECHNICAL REPORT 1.0

The Following Is Required For All Applications
Renewal, New, And Amendment

Section 1. Permitted or Proposed Flows (Instructions Page 51)

A. Existing/Interim I Phase

Design Flow (MGD): 0.075

2-Hr Peak Flow (MGD): 0.3

Estimated construction start date: Upon Permit Issuance

Estimated waste disposal start date: Upon Permit Issuance

B. Interim II Phase

Design Flow (MGD): 0.350

2-Hr Peak Flow (MGD): 1.4

Estimated construction start date: 1/1/2025

Estimated waste disposal start date: 3/1/2025

C. Final Phase

Design Flow (MGD): 0.7

2-Hr Peak Flow (MGD): 2.8

Estimated construction start date: 1/1/2028

Estimated waste disposal start date: 3/1/2028

D. Current operating phase: None

Provide the startup date of the facility:

Section 2. Treatment Process (Instructions Page 51)

A. Treatment process description

Provide a detailed description of the treatment process. Include the type of

Attachment T-1

B. Treatment Units

Table 1.0(1) – Treatment Units

[illegible]

Attachment: T-2

Section 3. Site Drawing (Instructions Page 52)

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: T-4

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

The Reserve at Salado Creek WWTP

Section 4. Unbuilt Phases (Instructions Page 52)

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.

Continued need for effluent

Section 5. Closure Plans (Instructions Page 53)

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.

Section 6. Permit Specific Requirements (Instructions Page 53)

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 here to enter](#)

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.

B. Buffer zones

Have the buffer zone requirements been met?

Yes ☒

No ☐

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

relevant to maintaining the buffer zones.

The buffer zone is inside the land owned by the permittee

C. Other actions required by the current permit

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

Yes ☐ No ☒

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

Click here to click here

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 here 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 512-239-0000. 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 here 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 512-239-0000.

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

Click here 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 or TXRNE

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:

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 here 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 here 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 here 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, a Sewage Sludge Solids Management Plan is required. See Example 5 in the instructions.

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

1. Acceptance of sludge from other WWTPs

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

Yes ☐ No ☒

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

In addition, provide the date that the plant started accepting sludge 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 here 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 a the date that the plant started accepting septic waste, 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.

<p>Click here to insert text</p>

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 the facility accepting or will it 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 here to enter text.

Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 58)

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).

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , mg/l					
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)					

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l					
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 60)

Facility Operator Name: Contract Operations

Facility Operator's License Classification and Level: Contract Operations

Facility Operator's License Number: Contract Operations

Section 9. Sewage Sludge Management and Disposal (Instructions Page 60)

A. Sludge disposal method

Identify the current or anticipated sludge disposal method or methods from the

following list. Check all that apply.

- ☐ Permitted landfill
- ☐ Permitted or Registered land application site for beneficial use
- ☐ Land application for beneficial use authorized in the wastewater permit
- ☐ Permitted sludge processing facility
- ☐ Marketing and distribution as authorized in the wastewater permit
- ☐ Composting as authorized in the wastewater permit
- ☐ Permitted surface disposal site (sludge monofill)
- ☐ Surface disposal site (sludge monofill) authorized in the wastewater permit
- ☐ Transported to another permitted wastewater treatment plant or permitted sludge processing facility. If you selected this method, a written statement or contractual agreement from the wastewater treatment plant or permitted sludge processing facility accepting the sludge must be included with this application.
- ☒ Other: Attachment T-4

B. Sludge disposal site

Disposal site name: Attachment T-4

TCEQ permit or registration number: Attachment T-4

County where disposal site is located: Attachment T-4

C. Sludge transportation method

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

Name of the hauler: Attachment T-4

Hauler registration number: Attachment T-4

Sludge is transported as a:

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

Section 10. Permit Authorization for Sewage Sludge Disposal (Instructions Page 60)

A. Beneficial use authorization

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

B. Sludge processing authorization

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

Sludge Composting Yes ☐ No ☒

Marketing and Distribution of sludge Yes ☐ No ☒

Sludge Surface Disposal or Sludge Monofill Yes ☐ No ☒

Temporary storage in sludge lagoons Yes ☐ No ☒

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

Yes ☐ No ☐

Section 11. Sewage Sludge Lagoons (Instructions Page 61)

Does this facility include sewage sludge lagoons?

Yes ☐ No ☒

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

A. Location information

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

- Original General Highway (County) Map:

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

- USDA Natural Resources Conservation Service Soil Map:

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

- Federal Emergency Management Map:

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

- Site map:

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

Discuss in a description if any of the following exist within the lagoon area.

Check all that apply.

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

Attachment: [Click here 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:

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 here to enter text](#)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

D. Site development plan

Provide a detailed description of the methods used to deposit sludge in the

lagoon(s):

Click here to enter text

Attach the following documents to the application.

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

Attachment: Click here to enter text

- Copy of the closure plan

Attachment: Click here to enter text

- Copy of deed recordation for the site

Attachment: Click here to enter text

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

Attachment: Click here to enter text

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

Attachment: Click here to enter text

- Procedures to prevent the occurrence of nuisance conditions

Attachment: Click here 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 here to enter text

Section 12. Authorizations/Compliance/Enforcement

(Instructions Page 63)

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:

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:

Section 13. RCRA/CERCLA Wastes (Instructions Page 63)

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 here to edit text.](#)

Section 14. Laboratory Accreditation (Instructions Page 64)

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

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

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

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

CERTIFICATION:

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

Printed Name: N/A - Not in Operation

Title: XXXXXXXXXXXXXXXXXXXX

Signature: _____

Date: _____

DOMESTIC TECHNICAL REPORT 1.1

The following is required for new and amendment applications

Section 1. Justification for Permit (Instructions Page 66)

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 developer will require the proposed flow to develop the proposed property. Please see Attachment T-5 for estimated buildout.

B. Regionalization of facilities

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:

If yes, attach correspondence from the city.

Attachment:

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:

2. *Utility CCN areas*

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

Yes ☐ No ☒

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 here 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 that includes the permittee's name and permit number, and an area map showing the location of these facilities.

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

If yes, attach copies of your certified letters to these facilities and their response letters concerning connection with their system.

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

Does a permitted domestic wastewater treatment facility or a collection system located within three (3) miles of the proposed facility currently have the capacity to accept or is willing to expand to accept the volume of wastewater proposed in this application?

Yes ☐ No ☐ Pending

If yes, attach an analysis of expenditures required to connect to a permitted wastewater treatment facility or collection system located within 3 miles versus the cost of the proposed facility or expansion.

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

Section 2. Organic Loading (Instructions Page 67)

Is this facility in operation?

Yes ☐ No ☒

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

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

A. Current organic loading

Facility Design Flow (flow being requested in application): 0.7MGD

Average Influent Organic Strength or BOD₅ Concentration in mg/l: 250mg/l

Average Influent Loading (lbs/day = total average flow X average BOD₅ conc. X 8.34): 1459.5

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

<u>TCEQ regulations</u>

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	0.7	250
Trailer park - transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no showers		
Recreational park,		

Source	Total Average Flow (MGD)	Influent BOD ₅ Concentration (mg/l)
overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources	0.7	
AVERAGE BOD ₅ from all sources		250

Section 3. Proposed Effluent Quality and Disinfection (Instructions Page 68)

A. Existing/Interim I Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 3

Total Phosphorus, mg/l: 1.5

Dissolved Oxygen, mg/l: 4

Other: Chlorine in effluent

B. Interim II Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 3

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

Dissolved Oxygen, mg/l: 4

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

C. Final Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 3

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

Dissolved Oxygen, mg/l: 4

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

D. Disinfection Method

Identify the proposed method of disinfection.

- ☒ Chlorine: 1 mg/l after 20 minutes detention time at peak flow
Dechlorination process: None
- ☐ Ultraviolet Light: [Click here to enter text](#) seconds contact time at peak flow
- ☐ Other: [Click here to enter text](#)

Section 4. Design Calculations (Instructions Page 68)

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

Attachment: T-6

Section 5. Facility Site (Instructions Page 68)

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 here to enter text.

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

Developers Engineer

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 here to enter text.

If **no**, provide the approximate date you anticipate submitting your application to the Corps: Click here to enter text.

B. Wind rose

Attach a wind rose. Attachment: T-8

Section 6. Permit Authorization for Sewage Sludge Disposal (Instructions Page 69)

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)

Attachment: [Click here 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 a completed DOMESTIC WASTEWATER PERMIT APPLICATION: SEWAGE SLUDGE TECHNICAL REPORT (TCEQ Form No. 10056).

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

Section 7. Sewage Sludge Solids Management Plan (Instructions Page 69)

Attach a solids management plan to the application.

Attachment: T-7

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 TECHNICAL REPORT WORKSHEET 2.0

RECEIVING WATERS

The following is required for all TPDES permit applications

Section 1. Domestic Drinking Water Supply (Instructions Page 73)

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 yes, provide the following:

Owner of the drinking water supply:

Distance and direction to the intake:

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

Attachment:

Section 2. Discharge into Tidally Affected Waters (Instructions Page 73)

Does the facility discharge into tidally affected waters?

Yes ☐ No ☒

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: Oyster waters

Are there oyster waters in the vicinity of the discharge?

Yes ☐ No ☒

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

B. 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 here to enter text.](#)

Section 3. Classified Segments (Instructions Page 73)

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 75)

Name of the immediate receiving waters: Salado 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 here to enter text.](#)

Average depth of the entire water body, in feet: [Click here to enter text.](#)

Average depth of water body within a 500-foot radius of discharge point, in feet: [Click here to enter text.](#)

- ☐ Man-made Channel or Ditch
- ☐ Open Bay
- ☐ Tidal Stream, Bayou, or Marsh
- ☐ Other, specify: [Click here 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 here 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.

[Click here to enter text.](#)

D. Downstream characteristics

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

Yes ☐ No ☒

If yes, discuss how.

[Click here to enter text.](#)

E. Normal dry weather characteristics

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

[Click here to enter text](#)

Date and time of observation: [Click here to enter text](#)

Was the water body influenced by stormwater runoff during observations?

Yes ☐ No ☒

Section 5. General Characteristics of the Waterbody (Instructions Page 74)

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 checked="" type="checkbox"/> Agricultural runoff |
| <input type="checkbox"/> Septic tanks | <input type="checkbox"/> Other(s), specify Click here to enter text |

B. Waterbody uses

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

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

C. Waterbody aesthetics

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

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

Attachment T-1

Facility Dimensions & Facility Features

The facility will employ the complete mix variation of the activated sludge process designed for single stage nitrification - From the lift station the wastewater will travel through a coarse barscreen then to the complete mix basin; from the basin the mix-liquor will be transferred to the clarifier where solids will be settled out and clear water will flow over the weirs then into the chlorine contact basin. The settled solids will either be transferred to the digester or returned to the headworks.

Phase I – 0.07MGD

<u>Unit</u>	<u>Length</u>	<u>Width</u>	<u>Height</u>
Clarifier		<u>20' Dia</u>	<u>12'</u>
Chlorine Contact	6'	12'	10'
Aeration 1@	35'	12'	12'
Digester 1@	20'	12'	12'

Phase II – 0.350MGD

<u>Unit</u>	<u>Length</u>	<u>Width</u>	<u>Height</u>
Clarifier		<u>44' Dia</u>	<u>16.5'</u>
Chlorine Contact	3000 cuft		
Aeration	21,000 cuft		
Digester	16,000 cuft		

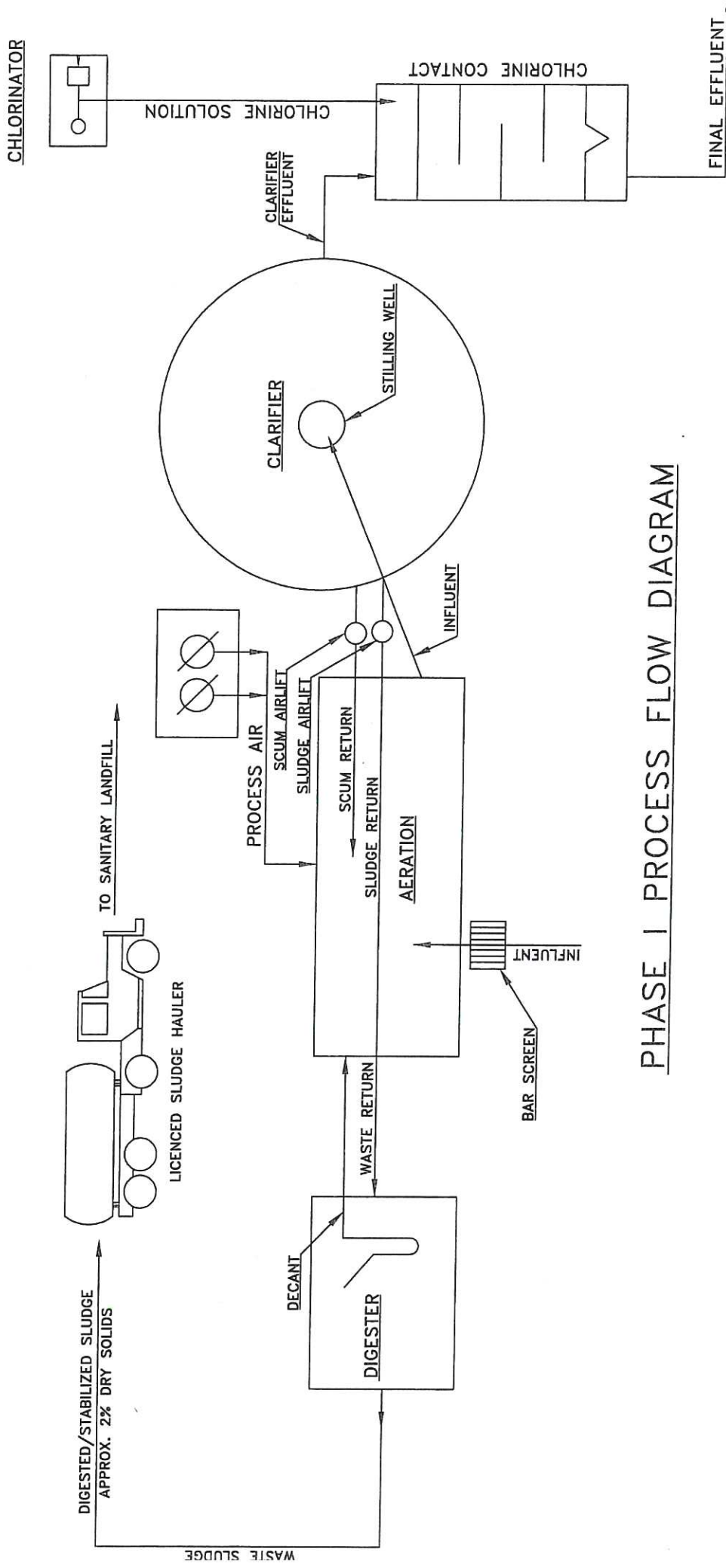
Phase III – 0.7MGD

<u>Unit</u>	<u>Length</u>	<u>Width</u>	<u>Height</u>
Clarifier 2@		<u>44' Dia</u>	<u>16.5'</u>
Chlorine Contact 2@	3000 cuft		
Aeration 2@	21,000 cuft		
Digester 2@	16,000 cuft		

Facility Dimensions & Facility Features

- For short power outages the sewage will be contained in the collection system. The plant features digesters, chlorinator, and stand-by blowers. The plant is to be maintained and operated by personnel licensed by the State of Texas.
- The plant is designed to be maintained without bypassing. Replacement or repair of the interior coating system is the only maintenance item that would necessitate bypassing and the epoxy system should last 25-30 years.
- An intruder resistant fence will be placed around the facility.
- A generator will be placed at the facility with automatic transfer switch for power outages

Attachment T-2

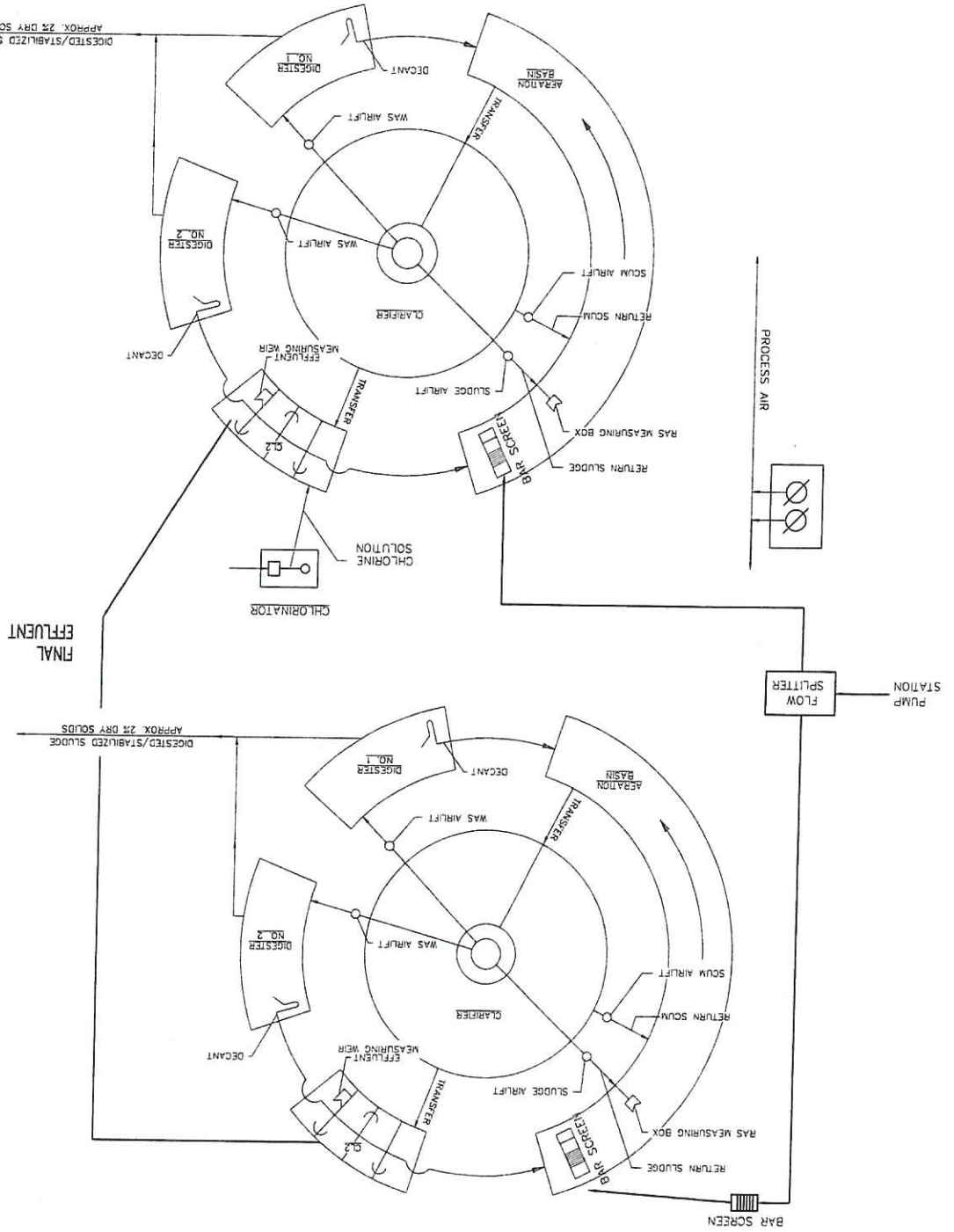


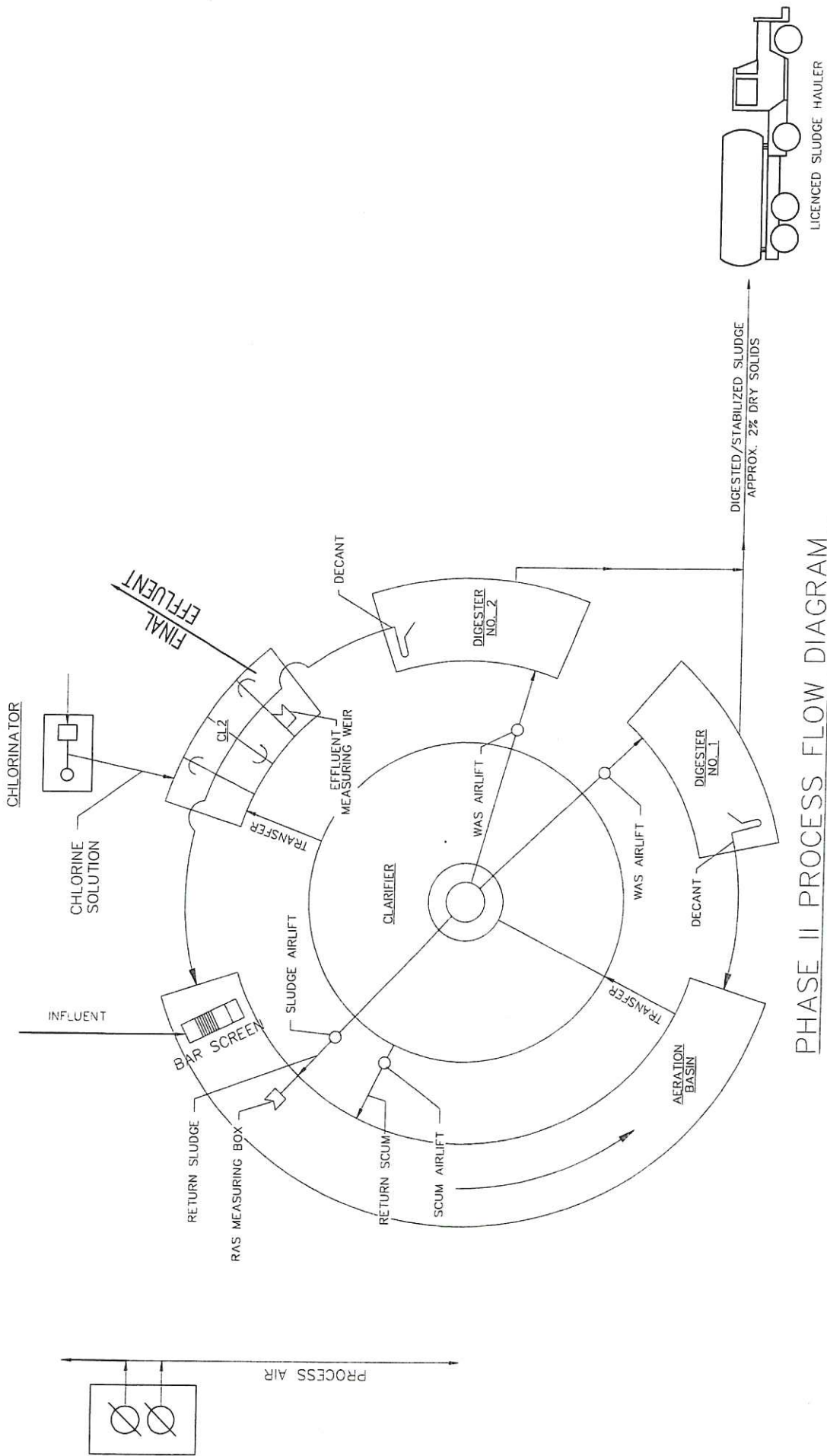
PHASE I PROCESS FLOW DIAGRAM

PHASE III PROCESS FLOW DIAGRAM



DIGESTED/STABILIZED SLUDGE
APPROX. 2% DRY SOLIDS





**APPLICATION FOR A NEW
DOMESTIC WASTEWATER DISCHARGE PERMIT**

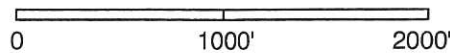
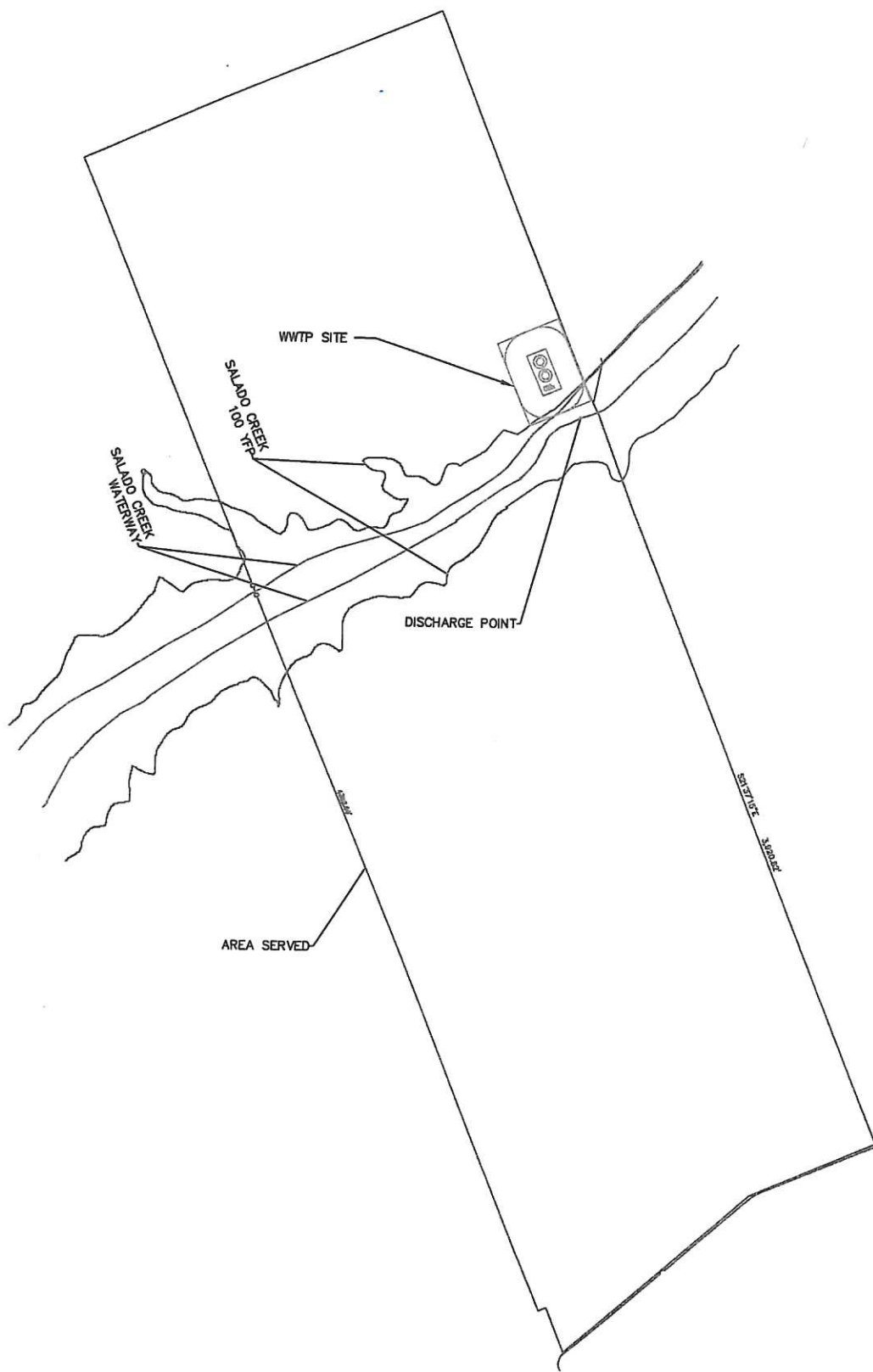
Permit No. Pending

The Reserve at Salado Creek Wastewater Treatment Facility

Submitted to:

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

Attachment T-3



AREA SERVED

Attachment T-4



Austin Wastewater Processing Facility
826 Linger Ln
Austin, Texas 78721
(512) 973-8484

Waste Stream Acceptance

Wastewater Residuals Management, LLC an affiliate of Wastewater Transport Services, LLC, owns and operates the Austin Wastewater Processing Facility. This facility has been permitted by the TCEQ and assigned permit number MSW 2384. The disposal facility is expected to be open for at least the next 5 years. Wastewater Residuals Management reserves the right to discontinue acceptance of the below mentioned waste at any time.

The facility has been permitted to receive the following non-categorical waste streams:

- Wastewater Treatment Plant Sludge
- Water Treatment Plant Sludge
- Leachate
- Septic
- Sanitary Sewer
- Storm Water
- Food Service Grease
- Lint Trap Waste
- Other Non-Hazardous Liquid Waste

The facility has also been permitted as a centralized waste treatment facility to receive and treat the following categorical waste streams:


- Grit Trap Waste (Car Wash)
- Other Oils Treatment and Recovery

We agree to accept the following waste stream from the below listed generator:

Generator: South Central Wastewater

Waste Stream(s): _____

Profile Number: _____


3/1/23

Wastewater Residuals Management, LLC

**Waste stream will need a profile and may need analytical before any waste is accepted.



Austin Wastewater Processing Facility
826 Linger Ln
Austin, Texas 78721
(512) 973-8484

Waste Stream Acceptance

Wastewater Residuals Management, LLC an affiliate of Wastewater Transport Services, LLC, owns and operates the Austin Wastewater Processing Facility. This facility has been permitted by the TCEQ and assigned permit number MSW 2384. The disposal facility is expected to be open for at least the next 5 years. Wastewater Residuals Management reserves the right to discontinue acceptance of the below mentioned waste at any time.

The facility has been permitted to receive the following non-categorical waste streams:

- Wastewater Treatment Plant Sludge
- Water Treatment Plant Sludge
- Leachate
- Septic
- Sanitary Sewer
- Storm Water
- Food Service Grease
- Lint Trap Waste
- Other Non-Hazardous Liquid Waste

The facility has also been permitted as a centralized waste treatment facility to receive and treat the following categorical waste streams:


- Grit Trap Waste (Car Wash)
- Other Oils Treatment and Recovery

We agree to accept the following waste stream from the below listed generator:

Generator: South Central Water Company - New Plant

Waste Stream(s): _____

Profile Number: _____


03/01/2023

Wastewater Residuals Management, LLC

**Waste stream will need a profile and may need analytical before any waste is accepted.

Attachment T-5

The Reserve at Salado Creek WWTP Estimated Schedule of Buildout

<u>Year</u>	<u>Number of months for buildout</u>
2024	12
2025	12
2026	12
2027	12
2028	12
2029	12
2030	12

Monthly growth of LUE's= 20
 Gal. Per day per connection = 300

Estimated time for implementation of all phases

<u>Year</u>	<u>Sub Total GPD</u>	<u>Number of LUE's</u>	<u>Phase</u>
2023	72,000	240	I
2024	144,000	480	II
2025	216,000	720	II
2026	288,000	960	II
2027	360,000	1,200	III
2028	432,000	1,440	III
2029	504,000	1,680	III

Attachment T-6

TECHNICAL DESIGN REPORT

FOR

The Reserve at Salado Creek

1. **PURPOSE** The purpose of this report is to present the basis of design and summary of unit sizing and hydraulic calculations for the Sewage Treatment Plant.
2. **DESCRIPTION OF PROPERTY** The project under development is a residential community
3. **POPULATION SERVED** The location of the proposed facility is shown on Sheet One of the Plans. The population flow is based on 100 gallons per capita per day.
4. **INFLUENT QUALITY CHARACTERISTICS** The raw sewage quality characteristics used for design are estimates based on past experience and on State Design Criteria and are as follows:

<u>PARAMETER</u>	<u>CONCENTRATION - MG/L</u>	<u>PER CAPITA CONTRIBUTION - LB/DAY</u>
BOD5	250	0.1668
TSS	250	0.2000

5. **INFLUENT FLOW CHARACTERISTICS** The hydraulic design of the plant must be conservative to insure that the plant will operate under the most extreme conditions anticipated. Future enlargement to the plant will be based on actual influent flow data. The plant process and hydraulic design for this phase are based on the following flows:

First Phase		
Average Daily Flow (Qav)	75,000 GPD	52 GPM
Peak 2-Hr. Flow (Qpk) 4	300,000 GPD	208 GPM
Second Phase		
Average Daily Flow (Qav)	350,000 GPD	243 GPM
Peak 2-Hr. Flow (Qpk) 4	1,400,000 GPD	972 GPM
Third Phase		
Average Daily Flow (Qav)	700,000 GPD	486 GPM
Peak 2-Hr. Flow (Qpk) 4	2,800,000 GPD	1944 GPM

Refer to Attachment "A" - Process Design Calculations, Hydraulic Profile Calculations, Process Flow Diagrams, and Plant Discharge relationship for the 100 year flood.

6. **PROCESS DESIGN** The Sewage Treatment Plant has been designed to produce an effluent in compliance with permitted parameters of: BOD5 = 10 mg/l, TSS = 15 mg/l, and Chlorine

Residual = 1mg/l after 20 minutes contact

Compressed air will be supplied to the process units by multiple blowers.

7. FLOOD HAZARD ANALYSIS The 100 Year Flood Elevation is ____ feet and is confined to the flood control and drainage, which has a bank elevation of ____ feet. The plant is capable of discharging at peak flow against the 100 year flood elevation.

8. SLUDGE DISPOSAL

Digester..... Aerobic
Transportation..... Contract Hauler
Final Disposition To be Determined by Contract Hauler

Proposed Organic Loading

<u>Influent Conditions</u>	First Phase		Second Phase		Third Phase	
	GPD	GPM	GPD	GPM	GPD	GPM
Average Daily Flow - Qav	75,000	52	350,000	243	700,000	486
2hr. Peak Flow (Qpk)	300,000	208	1,400,000	972	2,800,000	1944
BOD ₅ (lbs/day)/@.1668 lb/capita	156.375		729.75		1459.5	
2 hr AverageFlow (Qav) cf/sec	0.12		0.54		1.08	
2 hr Peak Flow (Qpk) cf/sec	0.46		2.17		4.33	
<u>Effluent (30 Day Average)</u>						
BOD ₅ (mg/l)	250					
TSS (mg/l)	250					
<u>Process Loadings</u>						
MLSS (mg/l)	3000					
RASS (mg/l)	6000					
<u>Aeration</u>						
Total Aeration Vol. Available	4481.4 cf		21000 cf		42000 cf	
Organic Loading (lbs/day/1000cu ft)	34.9 lbs		34.8 lbs		34.8 lbs	
TCEQ Maximum Organic Loading lbs/day/1000cu ft	35 lbs		35 lbs		35 lbs	
<u>Digester</u>						
Total Volume Available	3201 cf		16000 cf		32000 cf	
Digester Loadings (Vol.) / (lbs BOD ₅)	20.5 cf/lb		21.9 cf/lb		21.9 cf/lb	
TCEQ Minimum Volume for Organic Loading	20 cf/lb		20 cf/lb		20 cf/lb	
Retention Time (Vol) / (BOD ₅)(1.1355)	18.0 days		19.3 days		19.3 days	
<u>Clarifier</u>						
Diameter	20 ft (Dia "A") 0 ft (Dia "B") 0 ft (Dia "C")		0 ft (Dia "A") 44 ft (Dia "B") 0 ft (Dia "C")		0 ft (Dia "A") 44 ft (Dia "B") 44 ft (Dia "C")	
Area	314.2 sf		1520.5 sf		3041.1 sf	
TCEQ Maximum Surface Loading @ Qav	1,200 GPD/sf		1,200 GPD/sf		1,200 GPD/sf	
Surface Loading @ Qpk	954.93 GPD/sf		920.73 GPD/sf		920.73 GPD/sf	
Stilling Well Diameter	3 ft (Dia "A") 0 ft (Dia "B") 0 ft (Dia "C")		0 ft (Dia "A") 4 ft (Dia "B") 0 ft (Dia "C")		0 ft (Dia "A") 4 ft (Dia "B") 4 ft (Dia "C")	
Stilling Well Area	7.07 sf		12.57 sf		25.13 sf	

Vert. Flow Velocity @ Qpk (Area)	(CFS) /	0.07 ft/sec	0.17 ft/sec	0.17 ft/sec
		Third Phase	Third Phase	Third Phase
<u>Clarifier Weir</u>				
Weir Diameter		18 ft ("A")	-2 ft ("A")	-2 ft ("A")
		1 ft ("B")	1 ft ("B")	1 ft ("B")
Weir Length		56.5 ft ("A")	-6.3 ft ("A")	-6.3 ft ("A")
		1.0 ft ("B")	1.0 ft ("B")	1.0 ft ("B")
Total Weir length		180.8	-16.6	-16.6
Maximum Weir loading at Qpk		20,000 GPD/sq.ft.	20,000 GPD/sq.ft.	20,000 GPD/sq.ft.
Weir Loading at Qpk		1,659.3 GPD/sq.ft.	-84,349.6 GPD/sq.ft.	-168,699.2 GPD/sq.ft.

Chlorine Contact Chamber

Volume Required by TCEQ	557.0	2,599.5	5,199.0
Volume Furnished cf	600.00 cf	3000.00 cf	6000.00 cf
Volume gal	4,488.0 gal	22,440.0 gal	44,880.0 gal
Min TCEQ Detention Time	20 min	20 min	20 min
Detention Time @ Qpk			
(Vol. Gal)(1440) / (Qpk GPD)	21.5 min	23.1 min	23.1 min
Dosage Rate			
lb/day=Qpk MGD**mg/1*8.34	28.78 lb/day	134.29 lb/day	268.59 lb/day
Solution Water Supply			
GPM=20 Gpm/100lb/day	5.76 GPM	26.86 GPM	53.72 GPM

Attachment T-7

SLUDGE PRODUCTION RATES

	Phase I			
	Avg. Daily Flow (MGD)	=	0.075	
		Percent Capacity		
	<u>100%</u>	<u>75%</u>	<u>50%</u>	<u>25%</u>
<u>I. PARAMETERS</u>				
Average Daily Flows (MGD)	0.075	0.05625	0.0375	0.01875
Dimensions & Volume of Digester				
	Volume =	3,201	cu.ft. =	23,943 gal
CBOD ₅ Removal				
	Influent Concentration =	250	mg/l	
	Effluent Concentration =	10	mg/l	
	Net Removal =	<u>240</u>	mg/l	

II. DAILY SLUDGE PRODUCTION

Lbs. BOD ₅ /day Removal	150	113	75	38
Lbs. of Dry Sludge (using sludge age =30days at 20°C, 0.315 lbs. Sludge/lb.BOD ₅ removed)	47	35	24	12
Lbs of Wet Sludge Produced (assume 1.5% solids, lbs.dry/0.015)	3,153	2,364	1,576	788
Volume of Wet Sludge Produced (gal/day)'= lbs. wet /8.34 lbs/gal	378	284	189	95

III. REMOVAL SCHEDULE

Digester (gal) / Vol wet sludge produced = days between empties	63	84	127	253
--	----	----	-----	-----

Process Loadings

MLSS (mg/l) = 3000

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

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

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

SLUDGE PRODUCTION RATES

	Phase II			
	Avg. Daily Flow (MGD) = 0.350			
	Percent Capacity			
<u>I. PARAMETERS</u>	<u>100%</u>	<u>75%</u>	<u>50%</u>	<u>25%</u>
Average Daily Flows (MGD)	0.35	0.2625	0.175	0.0875
Dimensions & Volume of Digester				
	Volume =	16,000	cu.ft. =	119,680 gal
CBOD ₅ Removal				
	Influent Concentration = 250 mg/l			
	Effluent Concentration = 10 mg/l			
	Net Removal = <u>240</u> mg/l			

II. DAILY SLUDGE PRODUCTION

Lbs. BOD ₅ /day Removal	701	525	350	175
Lbs. of Dry Sludge (using sludge age =30days at 20°C, 0.315 lbs. Sludge/lb.BOD ₅ removed)	221	166	110	55
Lbs of Wet Sludge Produced (assume 1.5% solids, lbs.dry/0.015)	14,712	11,034	7,356	3,678
Volume of Wet Sludge Produced (gal/day)'= lbs. wet /8.34 lbs/gal	1764	1323	882	441

III. REMOVAL SCHEDULE

Digester (gal) / Vol wet sludge produced = days between empties	68	90	136	271
--	----	----	-----	-----

Process Loadings

MLSS (mg/l) = 3000

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

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

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

SLUDGE PRODUCTION RATES

		Phase III			
		Avg. Daily Flow (MGD) = 0.700			
		Percent Capacity			
<u>I. PARAMETERS</u>		<u>100%</u>	<u>75%</u>	<u>50%</u>	<u>25%</u>
Average Daily Flows (MGD)		0.7	0.525	0.35	0.175
Dimensions & Volume of Digester					
	Volume =	32,000	cu.ft. =	478,720	gal
CBOD ₅ Removal					
	Influent Concentration =			250	mg/l
	Effluent Concentration =			10	mg/l
	Net Removal =			<u>240</u>	<u>mg/l</u>

II. DAILY SLUDGE PRODUCTION

Lbs. BOD ₅ /day Removal	1401	1051	701	350
Lbs. of Dry Sludge (using sludge age =30days at 20°C, 0.315 lbs. Sludge/lb.BOD ₅ removed)	441	331	221	110
Lbs of Wet Sludge Produced (assume 1.5% solids, lbs.dry/0.015)	29,424	22,068	14,712	7,356
Volume of Wet Sludge Produced (gal/day)'= lbs. wet /8.34 lbs/gal	3528	2646	1764	882

III. REMOVAL SCHEDULE

Digester (gal) / Vol wet sludge produced = days between empties	136	181	271	543
--	-----	-----	-----	-----

Process Loadings

MLSS (mg/l) = 3000

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

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

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

Attachment T-8

SLUDGE PRODUCTION RATES

	Phase III			
	Avg. Daily Flow (MGD) = 0.500			
	Percent Capacity			
	<u>100%</u>	<u>75%</u>	<u>50%</u>	<u>25%</u>
<u>I. PARAMETERS</u>				
Average Daily Flows (MGD)	0.5	0.375	0.25	0.125
Dimensions & Volume of Digester				
	Volume =	30,000	cu.ft. =	448,800 gal
CBOD ₅ Removal				
			Influent Concentration =	300 mg/l
			Effluent Concentration =	10 mg/l
			Net Removal =	<u>290 mg/l</u>

II. DAILY SLUDGE PRODUCTION

Lbs. BOD ₅ /day Removal	1209	907	605	302
Lbs. of Dry Sludge (using sludge age =30days at 20°C, 0.315 lbs. Sludge/lb.BOD ₅ removed)	381	286	190	95
Lbs of Wet Sludge Produced (assume 1.5% solids, lbs.dry/0.015)	25,395	19,046	12,698	6,349
Volume of Wet Sludge Produced (gal/day)'= lbs. wet /8.34 lbs/gal	3045	2284	1523	761

III. REMOVAL SCHEDULE

Digester (gal) / Vol wet sludge produced = days between empties	147	197	295	590
--	-----	-----	-----	-----

Process Loadings

MLSS (mg/l) = 3000

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

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

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: South Central Water Company

PERMIT NUMBER (If new, leave blank): WQ0016658001

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:
Check/Money Order Amount:
Name Printed on Check:

EPAY Voucher Number:

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: WQ006310001 [Click to enter text.](#)

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

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

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

South Central Water Company

(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: 602602179

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

Prefix: Mr.

Last Name, First Name: Bailey, Doug

Title: President

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?

Salado Creek Land Partners

(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: Please see attached -

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: Mrs.

Last Name, First Name: McCullough, Bethany

Title: Manager

Credential: Click to enter text.

Provide a brief description of the need for a co-permittee: The co-permittee has a WWTP Easement agreement with the current land owner.

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 C

Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: Mr.

Last Name, First Name: Goebel, Jeff

Title: Consultant

Credential: Click to enter text.

Organization Name: Goebel Environmental, LLC

Mailing Address: 32002 Pattys Landing City, State, Zip Code: Magnolia, Texas 77354

Phone No.: 713-724-9321 E-mail Address: texaswater@sbcglobal.net

Check one or both: ☐ Administrative Contact ☐ Technical Contact

B. Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

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

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

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: Bailey, Doug

Title: President

Credential: Click to enter text.

Organization Name: South Central Water Company

Mailing Address: PO Box 570177 City, State, Zip Code: Houston, Texas 77257

Phone No.: 713-805-2005

E-mail Address: Doug@southcentralww.com

B. Prefix: Mr

Last Name, First Name: Bailey, Jack

Title: Vice President

Credential: Click to enter text.

Organization Name: South Central Water Company

Mailing Address: PO BOX 570177

City, State, Zip Code: Houston, Texas 77257

Phone No.: 713-783-6611

E-mail Address: jack@southcentralww.com

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mr

Last Name, First Name: Bailey, Doug

Title: President

Credential: Click to enter text.

Organization Name: South Central Water Company

Mailing Address: PO Box 570177

City, State, Zip Code: Houston, Texas 77257

Phone No.: 713-805-2005

E-mail Address: doug@southcentralww.com

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

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

Prefix: Mr

Last Name, First Name: Bailey, Doug

Title: President

Credential: Click to enter text.

Organization Name: South Central Water Company

Mailing Address: PO Box 570177

City, State, Zip Code: Houston, Texas 77257

Phone No.: 713-805-2005

E-mail Address: doug@southcentralww.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mr

Last Name, First Name: Goebel, Jeff

Title: Consultant

Credential: Click to enter text.

Organization Name: Goebel Environmental, LLC

Mailing Address: 32002 Pattys Landing

City, State, Zip Code: Magnolia, Texas 77354

Phone No.: 713-724-9321

E-mail Address: texaswater@sbcglobal.net

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

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

☒ E-mail Address

☐ Fax

☐ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Mr

Last Name, First Name: Goebel, Jeff

Title: Consultant

Credential: Click to enter text.

Organization Name: Goebel Environmental, LLC

Mailing Address: 32002 Pattys Landing City, State, Zip Code: Magnolia, Texas 77354

Phone No.: 713-724-9321

E-mail Address: texaswater@sbcglobal.net

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: Lena Armstrong Public Library

Location within the building: Information

Physical Address of Building: 301 East 1st Avenue

City: Belton

County: Bell

Contact (Last Name, First Name): Click to enter text.

Phone No.: Click to enter text. 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:

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: D

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

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

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

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

The Reserve at Salado Creep WWTP

C. Owner of treatment facility: South Central Water Company

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

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

Prefix: Ms.

Last Name, First Name: Knight Warden, Paula

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: P.O Box 376

City, State, Zip Code: Jarrell, Texas 76537

Phone No.: 512-818-1291

E-mail Address: pjwarden76@gmail.com

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

Attachment: Click to enter text.

E. Owner of effluent disposal site:

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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: N/A

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: N/A

Title: N/A

Credential: N/A

Organization Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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: N/A

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☐ Yes ☒ No

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

The facility will be located approximately 6,900 feet west of the intersection of Dos Hermanas Rd and Williamson Rd.

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

☐ Yes ☒ No

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

From the facility, thence into Salado Creek

City nearest the outfall(s): Salado

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

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: N/A

- 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:

Not a TLAP Permit Application

- B.** City nearest the disposal site: Not a TLAP Permit Application

- C.** County in which the disposal site is located: **Not a TLAP Permit Application**

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

Not a TLAP Permit Application

- E.** For TLAPs, please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: **Not a TLAP Permit Application**

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: WQ0016658001

Applicant: South Central Water Company

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): Doug Bailey

Signatory title: President

Signature: _____

(Use blue ink)

Date: _____

11-18-24

Subscribed and Sworn to before me by the said DOUG BAILEY

on this 18th day of November, 2024.

My commission expires on the 1 day of MAY, 2026.

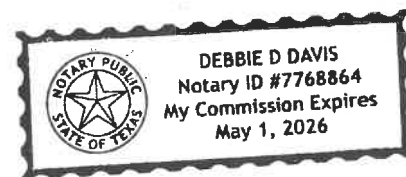
Debbie D Davis

Notary Public

[SEAL]

Harris

County, Texas



DOMESTIC WASTEWATER PERMIT APPLICATION

ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

Section 1. Affected Landowner Information (Instructions Page 36)

A. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:

- ☒ The applicant's property boundaries
- ☒ The facility site boundaries within the applicant's property boundaries
- ☒ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
- ☒ The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
- ☒ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream
- ☒ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
- ☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides
- ☐ The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property
- ☐ The property boundaries of all landowners surrounding the effluent disposal site
- ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
- ☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located

B. ☒ Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.

C. Indicate by a check mark in which format the landowners list is submitted:

- ☒ USB Drive ☐ Four sets of labels

D. Provide the source of the landowners' names and mailing addresses: Bell CAD

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):

None Known

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: [Click to enter text.](#)

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

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

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

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

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

BY OVERNIGHT/EXPRESS MAIL

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

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

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

Name of Project or Site:

Physical Address of Project or Site:

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

Staple Check or Money Order in This Space

ATTACHMENT 1

INDIVIDUAL INFORMATION

Section 1. Individual Information (Instructions Page 41)

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

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

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

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

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

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

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

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

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

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

For Commission Use Only:

Customer Number:

Regulated Entity Number:

Permit Number:

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

Things to Know:

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

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

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

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

Plain Language Summary ☐ Yes

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____ Renewal ____ Major Amendment ____ Minor Amendment ____ New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

____ Texas Historical Commission

____ U.S. Fish and Wildlife

____ Texas Parks and Wildlife Department

____ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: South Central Water Company

Permit No. WQ0016658001

EPA ID No. TX

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

The facility will be located approximately 6900 feet West of the intersection of Dos Hermanas Rd and Williamson Rd

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

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

First and Last Name: Doug Bailey

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

Title: President

Mailing Address: PO Box 570177

City, State, Zip Code: Houston Texas 77257

Phone No.: 713-783-6611 Ext.: 207 Fax No.: Click here to enter text

E-mail Address: doug@southcentralww.com

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

Paula Knight Warden. Prior to the construction of the wastewater facility the applicant will own the wastewater treatment plant site.

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

From the facility thence to Salado Creek

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

None known.

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

Pasture Land

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

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

None

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

Not Known

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

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

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

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

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

BY OVERNIGHT/EXPRESS MAIL

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

Fee Code: WQP Waste Permit No:

1. Check or Money Order Number:
2. Check or Money Order Amount: \$1,650.00
3. Date of Check or Money Order:
4. Name on Check or Money Order:

5. APPLICATION INFORMATION

Name of Project or Site: The Reserve at Salado Creek WWTP

Physical Address of Project or Site: The facility will be located approximately 6900 feet West of the intersection of Dos Hermans Rd and Williamson Rd

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

Staple Check or Money Order in This Space

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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 checked="" 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 602602179		RN 105921738

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)		If new Customer, enter previous Customer below:	
South Central Water Company		S	
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
0161296200	17606670101		
11. Type of Customer:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other:	
12. Number of Employees		13. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input 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:	P.O Box 570177		
	City	Houston	State TX ZIP 77257 ZIP + 4
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
		Doug@southcentralww.com	
18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)	
(713) 783-6611		() -	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.)	
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" 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.)	
The Reserve at Salado Creek WWTP	

23. Street Address of the Regulated Entity: (No PO Boxes)							
	City		State		ZIP		ZIP + 4
24. County							

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

25. Description to Physical Location:	The facility will be located approximately 6,900 feet west of the intersection of Dos Hermanas Rd and Williamson Rd in Williamson and Bell County						
26. Nearest City	Salado				State	TX	Nearest ZIP Code
							76571
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).							
27. Latitude (N) In Decimal:	97.625			28. Longitude (W) In Decimal:	30.879		
Degrees	Minutes	Seconds		Degrees	Minutes	Seconds	
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.)							
Wastewater Utilities							
34. Mailing Address:	PO BOX 570177						
	City	Houston	State	TX	ZIP	77257	ZIP + 4
35. E-Mail Address:		Doug@southcentralww.com					
36. Telephone Number	37. Extension or Code			38. Fax Number (if applicable)			
(713) 783-6611				() -			

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.

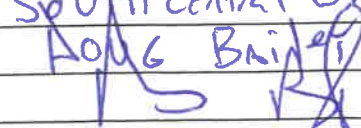
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review 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:	Jeff Goebel	41. Title:	Consultant
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(713) 724-9321		() -	Texaswater@sbcglobal.net

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:	South Central Water Company	Job Title:	President
Name (In Print):	Doug Brainerd	Phone:	(713) 783-6611
Signature:		Date:	11-18-24



TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input checked="" 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 0		RN 111694345

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input type="checkbox"/> New Customer		<input checked="" type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)		<input type="checkbox"/> Change in Regulated Entity Ownership	
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)		If new Customer, enter previous Customer below:	
Salado Creek Land Partners LLC			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
		NA	N/A
11. Type of Customer:		Partnership: <input type="checkbox"/> General <input 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"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship	
12. Number of Employees		13. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input 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 checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator			
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:			
15. Mailing Address:			
3300 Bee Caves Rd, Suite 650-1233			
City	Austin	State	TX
ZIP	78746	ZIP + 4	
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
		bethany@insite-austin.com	
18. Telephone Number		19. Extension or Code	
(512) 914-7802			
		20. Fax Number (if applicable)	
		() -	

SECTION III: Regulated Entity Information

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

23. Street Address of the Regulated Entity: (No PO Boxes)	None						
	City		State	TX	ZIP		ZIP + 4
24. County	Denton						

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	The facility will be located approximately 6900 feet west of the intersection of Dos Hermanas Rd and Williamson Rd in Williamson and Bell County						
26. Nearest City	Salado				State	TX	Nearest ZIP Code
							76571
27. Latitude (N) In Decimal:	97.625		28. Longitude (W) In Decimal:	30.879			
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
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)		
4952							
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
Wastewater Utilities							
34. Mailing Address:	PO Box 570177						
	City	Houston	State	TX	ZIP	77257	ZIP + 4
35. E-Mail Address:	malcolmbailey@concast.net						
36. Telephone Number		37. Extension or Code		38. Fax Number (if applicable)			
(713) 783-6611				() -			

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

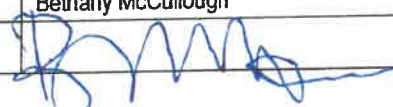
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review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

SECTION IV: Preparer Information

40. Name:	Jeff Goebel	41. Title:	Consultant
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(713) 724-9321		() -	texaswater@sbcglobal.net

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:	Salado Creek Land Partners LLC	Job Title:	Manager
Name(In Print):	Bethany McCullough	Phone:	(512) 914-7802
Signature:		Date:	9.17.24

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0016658001

Applicant: Salado Creek Land Partners, LLC

Certification:

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

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

Signatory name (typed or printed): Bethany McCullough

Signatory title: Manager

Signature: _____

(Use blue ink)

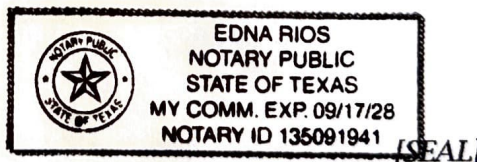
Date: 11-20-24

Subscribed and Sworn to before me by the said BETHANY MCCULLOUGH, MANAGER

on this 20th day of November, 2024.

My commission expires on the 17th day of September, 2028.

[Signature]
Notary Public



Trawis
County, Texas

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____ Renewal ____ Major Amendment ____ Minor Amendment ____ New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

____ Texas Historical Commission _____ U.S. Fish and Wildlife

____ Texas Parks and Wildlife Department _____ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: South Central Wastewater

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

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

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

The facility will be located approximately 6900 feet West of the intersection of Dos Hermanas Rd and Williamson Rd