

Administrative Package Cover Page

This file contains the following documents:

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



Portada de Paquete Administrativo

Este archivo contiene los siguientes documentos:

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

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

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

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

Woodmere Development Co., LTD (CN 602463333) proposes to operate Harris County MUD No. 606 (RN not yet provided), a wastewater treatment plant to serve HCMUD No. 606. The facility will be located at 0.6 miles northwest of the intersection of West Road and Katy Hockley Cutoff Road, in Cypress, Harris County, Texas 77433. New TPDES permit for a facility flowing at an average 640,000 gallons per day to ultimately discharge in Bear Creek.

Discharges from the facility are expected to contain Biochemical Oxygen Demand, 10 mg/L, Total Suspended Solids, 15 mg/L, Ammonia Nitrogen, 2 mg/L, Dissolved Oxygen, 4 mg/L. Domestic wastewater will be treated by a single stage nitrification process, wastewater will pass through screening, into aeration, then to clarification, after this process effluent will be disinfected with chlorine and discharged ultimately to Bear Creek.

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

AGUAS RESIDUALES DOMESTICAS /AGUAS PLUVIALES

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

Woodmere Development Co., LTD (CN602463333) propone operar Harris County MUD No. 606 (numero de entidad todavia no se ha proporcionado), una planta de tratamiento de aguas residuales. La instalación estará ubicada en 0.6 millas noroeste de la interseccion de West Road y Katy Hockley Cutoff Road, en Cypress, Condado de Harris, Texas 77433. Nuevo permiso de TPDES para una instalación que fluye a un promedio de 640,000 galones por día para descargar finalmente en Bear Creek.

Se espera que las descargas de la instalación contengan Demanda Bioquímica de Oxígeno, 10 mg/L, Sólidos Suspendidos Totales, 15 mg/L, Nitrógeno Amoniacal, 2 mg/L, Oxígeno Disuelto, 4 mg/L. Aguas residuales domésticas. estará tratado por un proceso de nitrificación de una sola etapa, las aguas residuales pasarán a través de la criba, a la aireación, luego a la clarificación, después de este proceso, el efluente se desinfectará con cloro y se descargará finalmente a Bear Creek.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PROPOSED PERMIT NO. WQ0016678001

APPLICATION. Woodmere Development Co., Ltd, 15915 Katy Freeway, Suite 405, Houston, Texas 77094, has applied to the Texas Commission on Environmental Ouality (TCEO) for proposed Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0016678001 (EPA I.D. No. TX0147036) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 640,000 gallons per day. The domestic wastewater treatment facility will be located approximately 0.6 miles northwest of the intersection of Katy Hockley Cutoff Road and West Road, near the city of Katy, in Harris County, Texas 77493. The discharge route will be from the plant site to an onsite detention pond system, thence to a ditch, thence to an offsite detention pond system, thence to Bear Creek, thence to South Mayde Creek, thence to Buffalo Bayou Above Tidal. TCEQ received this application on December 3, 2024. The permit application will be available for viewing and copying at Lone Star College - Tomball Community Library, 30555 Tomball Parkway, Tomball, in Harris County, 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/tpdesapplications.

This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.817777,29.906111&level=18

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

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 <u>www.tceq.texas.gov/goto/cid</u>. 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 <u>https://www14.tceq.texas.gov/epic/eComment/</u>, 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 <u>www.tceq.texas.gov/goto/pep</u>. Si desea información en Español, puede llamar al 1-800-687-4040.

Further information may also be obtained from Woodmere Development Co.,Ltd at the address stated above or by calling Mr. Jason Hajduk, P.E., IDS Engineering Group, at 832-590-7148.

Issuance Date: February 26, 2025

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. WQ0016678001

SOLICITUD. Woodmere Development Co.,Ltd, 15915 Katy Freeway, Suite 405, Houston, Texas 77094, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para el propuesto Permiso No. WQ0016678001 (EPA I.D. No. TX0147036) 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 640,000 galones por día. La planta estará ubicada aproximadamente 0.6 millas noroeste de la intersección de Katy Hockley Cutoff Road y West Road, cerca de la ciudad de Katy en el Condado de Harris, Texas 77493. La ruta de descarga estará del sitio de la planta a un sistema de estangue de detención en el sitio, de allí a una zanja, de allí a un sistema de estangue de detención externo, de allí a Bear Creek, de allí a South Mayde Creek, de allí a Buffalo Bayou Above Tidal. TCEQ recibió esta solicitud el 3 de diciembre de 2024. La solicitud para el permiso estará disponible para leerla y copiarla en Lone Star College – Tomball Community Library, 30555 Tomball Parkway, Tomball en el Condado de Harris, Texas antes de la fecha de publicación de este aviso en el periódico. Esta solicitud, incluyendo las actualizaciones, y los avisos asociados están disponibles electrónicamente en el siguiente pagina web: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.

https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.817777,29.906111&level=18

AVISO DE IDIOMA ALTERNATIVO. El aviso de idioma alternativo en español está disponible en <u>https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications</u>.

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 de la decisión del Director ejecutivo 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 agrega 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.

INFORMACIÓN DISPONIBLE EN LÍNEA. Para detalles sobre el estado de la solicitud, favor de visitar la Base de Datos Integrada de los Comisionados en <u>www.tceq.texas.gov/goto/cid</u>. Para buscar en la base de datos, utilizar el número de permiso para esta solicitud que aparece en la parte superior de este aviso.

CONTACTOS E INFORMACIÓN A LA AGENCIA. Todos los comentarios públicos y solicitudes deben ser presentadas electrónicamente vía

http://www14.tceq.texas.gov/epic/eComment/ o por escrito dirigidos a la Comisión de Texas de Calidad Ambiental, Oficial de la Secretaría (Office of Chief Clerk), MC-105, P.O. Box 13087, Austin, Texas 78711-3087. 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. Para obtener más información acerca de esta solicitud de permiso o el proceso de permisos, llame al programa de educación pública de la TCEQ, gratis, al 1-800-687-4040. Si desea información en Español, puede llamar al 1-800-687-4040.

También se puede obtener información adicional del Woodmere Development Co.,Ltd a la dirección indicada arriba o llamando a Jason Hajduk, P.E., IDS Engineering Group, al 832-590-7148.

Fecha de emisión el 26 de febrero de 2025

Leah Whallon

From:	Valeria Gomez (IDS) <vgomez@idseg.com></vgomez@idseg.com>
Sent:	Tuesday, February 25, 2025 9:39 AM
То:	Leah Whallon
Cc:	Eve Blakemore (IDS); Jason Hajduk (IDS)
Subject:	RE: Application for Proposed Permit No. WQ0016678001; Woodmere Development
	Co.,Ltd; Harris County MUD 606 WWTP
Attachments:	16 - Affected Landowners Map and List.pdf; Affected Landowners Mailing List.docx
Follow Up Flag:	Follow up
Flag Status:	Flagged

Good Morning Leah,

Thank you for your time on the phone on Friday! Please see the attached updated affected landowners map and list (Attachment 16), and the updated mailing list. Feel free to give me a call if you have any questions!

Thanks,

Valeria Gomez, E.I.T. Design Engineer

13430 Northwest Freeway, Suite 700, Houston, Texas 77040 Main: 713.462.3178 | Direct: 832.590.7149 VGomez@idseg.com

Website | Facebook | Linkedin

TxEng Firm 2726 | TxSurv Firm 10110700

Engineering Group

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From: Leah Whallon <<u>Leah.Whallon@Tceq.Texas.Gov</u>>
Sent: Thursday, February 20, 2025 4:47 PM
To: Valeria Gomez (IDS) <<u>VGomez@idseg.com</u>>
Cc: Eve Blakemore (IDS) <<u>EBlakemore@idseg.com</u>>; Jason Hajduk (IDS) <<u>JHajduk@idseg.com</u>>
Subject: RE: Application for Proposed Permit No. WQ0016678001; Woodmere Development Co.,Ltd; Harris County MUD 606 WWTP

[EXTERNAL EMAIL]

Thank you, Valeria.

The landowner map attached here still shows the applicant boundary as property #35 and that it is owned by BGM Land Investments Ltd. The landowner map and list also need to be updated to reflect the changes and the accurate applicant property boundary. Can you please make the updates to these attachments and send the corrected map, list, and mailing labels?

Thanks,



Leah Whallon Texas Commission on Environmental Quality Water Quality Division 512-239-0084 Leah.whallon@tceq.texas.gov

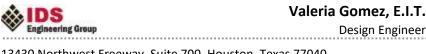
How is our customer service? Fill out our online customer satisfaction survey at www.tceq.texas.gov/customersurvey

From: Valeria Gomez (IDS) <<u>VGomez@idseg.com</u>>
Sent: Friday, February 14, 2025 10:46 AM
To: Leah Whallon <<u>Leah.Whallon@Tceq.Texas.Gov</u>>
Cc: Eve Blakemore (IDS) <<u>EBlakemore@idseg.com</u>>; Jason Hajduk (IDS) <<u>JHajduk@idseg.com</u>>
Subject: RE: Application for Proposed Permit No. WQ0016678001; Woodmere Development Co.,Ltd; Harris County MUD
606 WWTP

Good Morning Leah,

The only things that have changed from the previous application is the description of the discharge route in Section 10b of Administrative Report due to pre-technical review comments from Michelle Labrie, the addition of the deed (Attachment 20), and the updated affected landowners map/list (Attachment 16). Please see the attached Section 9d of the Administrative Report with your comments addressed. I have also attached the updated landowner map & list (Attachment 16), along with the mailing list properly formatted in the Word Document. Let me know if there is anything else you need!

Thanks,



13430 Northwest Freeway, Suite 700, Houston, Texas 77040 Main: 713.462.3178 | Direct: 832.590.7149 <u>VGomez@idseg.com</u> <u>Website | Facebook | Linkedin</u>

TxEng Firm 2726 | TxSurv Firm 10110700

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From: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>
Sent: Tuesday, February 11, 2025 2:09 PM
To: Valeria Gomez (IDS) <<u>VGomez@idseg.com</u>>
Cc: Eve Blakemore (IDS) <<u>EBlakemore@idseg.com</u>>; Jason Hajduk (IDS) <<u>JHajduk@idseg.com</u>>

Subject: RE: Application for Proposed Permit No. WQ0016678001; Woodmere Development Co.,Ltd; Harris County MUD 606 WWTP

[EXTERNAL EMAIL]

Hi Valeria,

I've reviewed the updated file and want to clarify if the only change is the addition of the deed? If not, can you please summarize what has been updated in the application from the previous version?

Section 9 of the Administrative Report still lists BGM Land Investments as the owner of the land and the affected landowner map does not reflect the updated applicant property boundary and adjacent landowners. Can you please update the relevant pages of the application to match the changes made and provide only the revised pages? We will also need the updated landowner map, cross-reference landowner list, and the list formatted for mailing labels (Avery 5160) in a Microsoft Word document.

Please let me know if you have any questions.

Thanks,



Leah Whallon

Texas Commission on Environmental Quality Water Quality Division 512-239-0084 <u>leah.whallon@tceq.texas.gov</u>

How is our customer service? Fill out our online customer satisfaction survey at www.tceq.texas.gov/customersurvey

From: Leah Whallon
Sent: Thursday, February 6, 2025 4:50 PM
To: Valeria Gomez (IDS) <<u>VGomez@idseg.com</u>>
Cc: Eve Blakemore (IDS) <<u>EBlakemore@idseg.com</u>>; Jason Hajduk (IDS) <<u>JHajduk@idseg.com</u>>
Subject: RE: Application for Proposed Permit No. WQ0016678001; Woodmere Development Co.,Ltd; Harris County MUD 606 WWTP

Thank you, Valeria.

I was able to download the files. I'll review and follow up shortly. Please let me know if you have any questions.

Thanks,



Leah Whallon Texas Commission on Environmental Quality Water Quality Division 512-239-0084 Leah.whallon@tceq.texas.gov

How is our customer service? Fill out our online customer satisfaction survey at www.tceq.texas.gov/customersurvey

From: Valeria Gomez (IDS) <<u>VGomez@idseg.com</u>>
Sent: Thursday, February 6, 2025 2:12 PM
To: Leah Whallon <<u>Leah.Whallon@Tceq.Texas.Gov</u>>
Cc: Eve Blakemore (IDS) <<u>EBlakemore@idseg.com</u>>; Jason Hajduk (IDS) <<u>JHajduk@idseg.com</u>>
Subject: RE: Application for Proposed Permit No. WQ0016678001; Woodmere Development Co.,Ltd; Harris County MUD
606 WWTP

Hi Leah,

Thank you for the extension until the 21st! I have updated permit application for HCMUD 606 WWTP addressing your comments and sent it via Newforma. You should have received an email from them containing the file for your download and review. Please let me know if you did not receive them or have any issues downloading the documents.

Thanks!



Valeria Gomez, E.I.T. Design Engineer

13430 Northwest Freeway, Suite 700, Houston, Texas 77040 Main: 713.462.3178 | Direct: 832.590.7149 VGomez@idseg.com Website | Facebook | Linkedin

TxEng Firm 2726 | TxSurv Firm 10110700

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From: Leah Whallon < Leah.Whallon@Tceq.Texas.Gov>

Sent: Friday, January 24, 2025 2:13 PM

To: Valeria Gomez (IDS) <<u>VGomez@idseg.com</u>>

Cc: Eve Blakemore (IDS) < EBlakemore@idseg.com >; Jason Hajduk (IDS) < IHajduk@idseg.com >

Subject: RE: Application for Proposed Permit No. WQ0016678001; Woodmere Development Co.,Ltd; Harris County MUD 606 WWTP

[EXTERNAL EMAIL]

Hi Valeria,

Yes, we are able to hold the application until February 21, 2025. Please send the response by this date. Let me know if you have any questions.

Thanks,



Leah Whallon Texas Commission on Environmental Quality Water Quality Division 512-239-0084 Leah.whallon@tceq.texas.gov

How is our customer service? Fill out our online customer satisfaction survey at www.tceq.texas.gov/customersurvey

From: Valeria Gomez (IDS) <<u>VGomez@idseg.com</u>>
Sent: Friday, January 24, 2025 9:04 AM
To: Leah Whallon <<u>Leah.Whallon@Tceq.Texas.Gov</u>>
Cc: Eve Blakemore (IDS) <<u>EBlakemore@idseg.com</u>>; Jason Hajduk (IDS) <<u>JHajduk@idseg.com</u>>
Subject: RE: Application for Proposed Permit No. WQ0016678001; Woodmere Development Co.,Ltd; Harris County MUD 606 WWTP

Hi Leah,

Thank you for your time on the phone yesterday! We are working on getting the metes & bounds drafted and sent to Woodmere Development Co. by this Wednesday. They will then have the special warranty deed recorded by February 19th. Due to these circumstances and the timeline, I was wondering if it were possible to get an extension until February 21st. Let me know if you have any questions.

Thank you!



Valeria Gomez, E.I.T.

Design Engineer

13430 Northwest Freeway, Suite 700, Houston, Texas 77040 Main: 713.462.3178 | Direct: 832.590.7149

VGomez@idseg.com Website | Facebook | Linkedin

TxEng Firm 2726 | TxSurv Firm 10110700

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Sent: Tuesday, January 21, 2025 1:55 PM
To: Valeria Gomez (IDS) <VGomez@idseg.com>
Cc: Eve Blakemore (IDS) <EBlakemore@idseg.com>
Subject: RE: Application for Proposed Permit No. WQ0016678001; Woodmere Development Co.,Ltd; Harris County MUD
606 WWTP

[EXTERNAL EMAIL]

Hi Valeria,

Sorry for the delay, I was out of the office unexpectedly last week and am catching up now. Please let me know what questions you have so that I can help you address them.

Thank you,



Leah Whallon

Texas Commission on Environmental Quality Water Quality Division 512-239-0084 <u>leah.whallon@tceq.texas.gov</u>

How is our customer service? Fill out our online customer satisfaction survey at <u>www.tceq.texas.gov/customersurvey</u>

From: Valeria Gomez (IDS) <<u>VGomez@idseg.com</u>> Sent: Tuesday, January 14, 2025 5:11 PM To: Leah Whallon <<u>Leah.Whallon@Tceq.Texas.Gov</u>>

Cc: Eve Blakemore (IDS) <EBlakemore@idseg.com>

Subject: RE: Application for Proposed Permit No. WQ0016678001; Woodmere Development Co.,Ltd; Harris County MUD 606 WWTP

Good Evening Leah,

I have a few questions regarding your comments below. Please give me a call at 832-590-7149 at your earliest convenience!

I look forward to hearing from you.

Best,



Valeria Gomez, E.I.T. Design Engineer

13430 Northwest Freeway, Suite 700, Houston, Texas 77040 Main: 713.462.3178 | Direct: 832.590.7149 VGomez@idseg.com Website | Facebook | Linkedin

TxEng Firm 2726 | TxSurv Firm 10110700

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From: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>
Sent: Monday, December 23, 2024 10:01 AM

To: Valeria Gomez (IDS) <VGomez@idseg.com>

Cc: Jason Hajduk (IDS) <<u>JHajduk@idseg.com</u>>; Eve Blakemore (IDS) <<u>EBlakemore@idseg.com</u>>; Kameron Pugh (IDS) <KPugh@idseg.com>

Subject: RE: Application for Proposed Permit No. WQ0016678001; Woodmere Development Co.,Ltd; Harris County MUD 606 WWTP

[EXTERNAL EMAIL]

Hi Valeria,

I've reviewed the response and have some questions about the updated information provided in response to Item 3. Your response and the updated landowner map indicate BGM Land Investments, LTD. owns the land where the facility will be located and that BGM Land Investments, Ltd. is the same entity as the applicant, Woodmere Development Co.,Ltd. This is not consistent with the administrative report 1.0, Section 9 which lists Woodmere Development Co.,Ltd as the owner. These are two separate entities and cannot be considered the same entity when applying for the TPDES permit.

If BGM Land Investments, Ltd. owns the land where the facility will be located, they will need to be listed as the owner of the land in Section 9, and because they are not the same entity as the applicant, they will need to either be the applicant, or included as a co-applicant. To add a co-applicant, the administrative report will need to be updated in Sections 3, 9, and 14, as well as a core data form provided. The alternative is to provide a deed recorded easement or executed lease agreement between the owner and the applicant.

Because you are still within the due date of the initial NOD letter, I can send a 30 day extension letter next week to allow more time to resolve this issue. I have also not been able to confirm the additional check sent last week was received by our cashier yet as of today.

Please let me know if you have any questions and I will reach out next week to follow up.

Thank you,



Leah Whallon Texas Commission on Environmental Quality Water Quality Division 512-239-0084 Leah.whallon@tceq.texas.gov

How is our customer service? Fill out our online customer satisfaction survey at www.tceq.texas.gov/customersurvey

From: Valeria Gomez (IDS) <<u>VGomez@idseg.com</u>>
Sent: Wednesday, December 18, 2024 9:33 AM
To: Leah Whallon <<u>Leah.Whallon@Tceq.Texas.Gov</u>>
Cc: Jason Hajduk (IDS) <<u>JHajduk@idseg.com</u>>; Eve Blakemore (IDS) <<u>EBlakemore@idseg.com</u>>; Kameron Pugh (IDS)
<<u>KPugh@idseg.com</u>>
Subject: RE: Application for Proposed Permit No. WQ0016678001; Woodmere Development Co.,Ltd; Harris County MUD

Good Morning Leah,

The files were too large to send via email, so I sent them via Newforma. You should have received an email from them containing the files for your download and review. Please let me know if you did not receive them or have any issues downloading the documents.

Thanks,

606 WWTP



Valeria Gomez, E.I.T. Design Engineer

13430 Northwest Freeway, Suite 700, Houston, Texas 77040 Main: 713.462.3178 | Direct: 832.590.7149 <u>VGomez@idseg.com</u> Website | Facebook | Linkedin

TxEng Firm 2726 | TxSurv Firm 10110700

606 WWTP

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From: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>
Sent: Friday, December 13, 2024 3:29:57 PM
To: Jason Hajduk (IDS) <JHajduk@idseg.com>
Cc: Kameron Pugh (IDS) <KPugh@idseg.com>
Subject: Application for Proposed Permit No. WQ0016678001; Woodmere Development Co.,Ltd; Harris County MUD

[EXTERNAL EMAIL]

Good Afternoon,

Please see the attached Notice of Deficiency letter dated December 13, 2024 requesting additional information needed to declare the application administratively complete. Please send the complete response by December 27, 2024.

Please let me know if you have any questions.

Thank you,



Leah Whallon Texas Commission on Environmental Quality Water Quality Division 512-239-0084 Leah.whallon@tceq.texas.gov

How is our customer service? Fill out our online customer satisfaction survey at www.tceq.texas.gov/customersurvey

🖾 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? <u>Spanish</u>

F. Plain Language Summary Template

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

Attachment: See Attachment No. 2

G. Public Involvement Plan Form

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

Attachment: See Attachment No. 3

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 $\underline{N/A}$

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

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

HCMUD No. 606 Wastewater Treatment Plant

C. Owner of treatment facility: <u>Woodmere Development Co., LTD (to be transferred to HCMUD No.</u> 606 upon MUD creation approval)

Ownership of Facility: \square Public \square Private \square Both \square Federal

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

Prefix: <u>Mr.</u> Last Name, First Name: <u>Alford, Aaron</u>

Title: <u>Executive Vice President</u>Credential: <u>N/A</u>

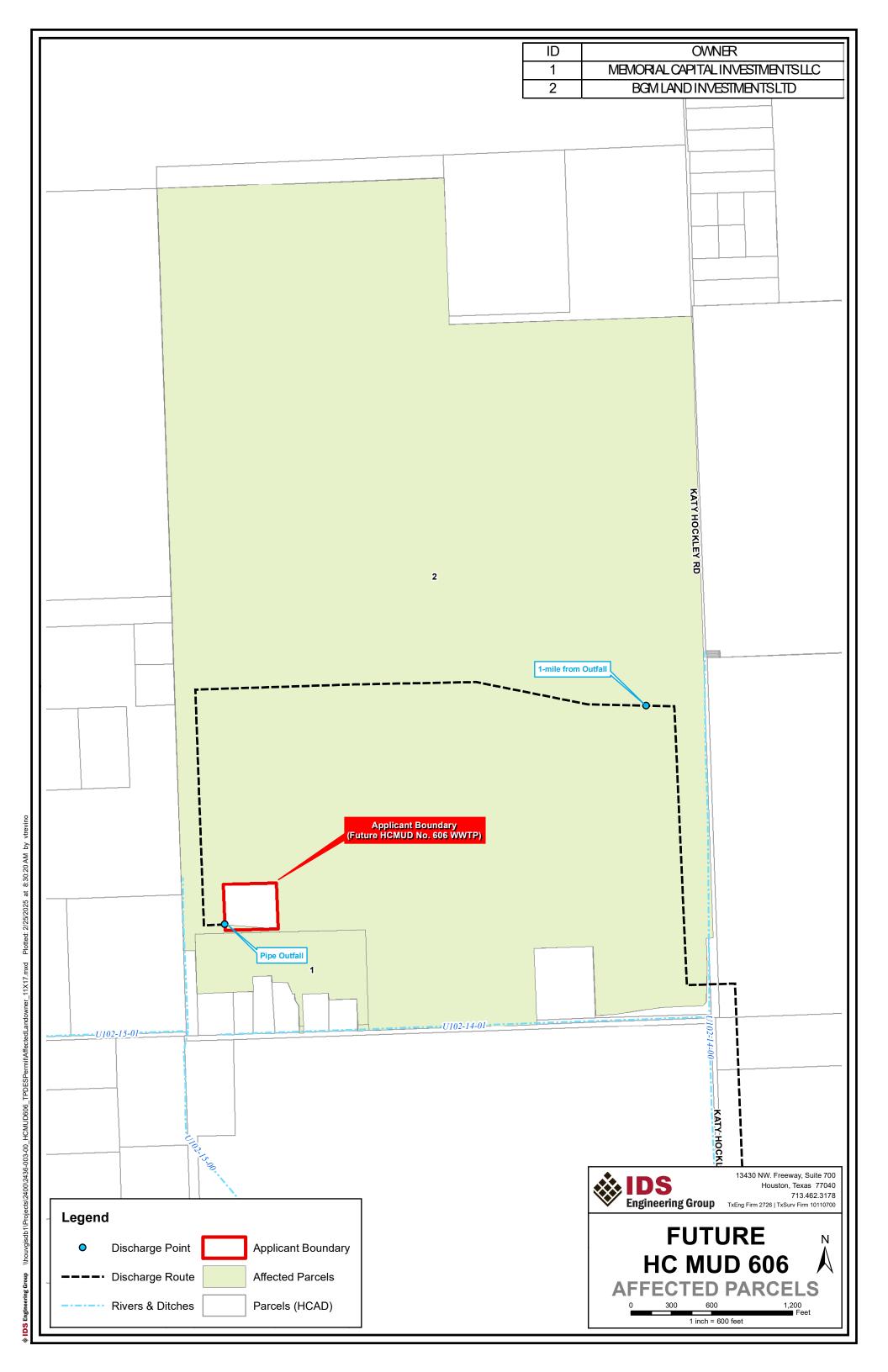
Organization Name: Woodmere Development Co., LTD

Mailing Address: 15915 Katy Fwy, Suite 405 City, State, Zip Code: Houston, TX 77094

Phone No.: <u>832-859-4305</u> E-mail Address: <u>aalford@LongLakeLTD.com</u>

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

Attachment: See Attachment 20



GIS ID	Landowner	Mailing Address	City	State	Zip Code
1	MEMORIAL CAPITAL INVESTMENTS LLC	23501 CINCO RANCH BLVD STE H120 #259	KATY	TX	77494-3109
2	BGM LAND INVESTMENTS LTD	15915 KATY FWY	HOUSTON	ТΧ	77094-1708

MEMORIAL CAPITAL INVESTMENTS LLC 23501 CINCO RANCH BLVD STE H120 #259 KATY, TX 77494-3109

BGM LAND INVESTMENTS LTD 15915 KATY FWY HOUSTON, TX 77094-1708



13430 Northwest Freeway Suite 700, Houston, TX 77040

PROJECT:	HCMUD 606 TPDES Permit 243600300	DATE:	2/6/2025
SUBJECT:	Application for Proposed Permit No. WQ0016678001	TRANSMITTAL ID:	00002
PURPOSE:	For your review and comment	VIA:	Info Exchange

FROM

NAME	COMPANY	EMAIL	PHONE
Valeria Gomez 13430 Northwest Freeway Suite 700 Houston TX 77040 United States	IDS Engineering Group	VGomez@idseg.com	713-462-3178

ТО

NAME	COMPANY	EMAIL	PHONE
Leah.Whallon@tceq.texa		Leah.Whallon@tceq.texas.go	
s.gov		V	

REMARKS: Please see the attached file for the updated permit application for HCMUD 606 WWTP.

DESCRIPTION OF CONTENTS

QTY	DATED	TITLE	NOTES
1	2/6/2025	2025-2-6 Submitted Permit Application.pdf	

COPIES:

Eve Blakemore Jason Hajduk (IDS Engineering Group) (IDS Engineering Group)



DOMESTIC WASTEWATER PERMIT APPLICATION

Texas Commission on Environmental Quality

Harris County Municipal Utility District No. 606

IDS Project No. 2436-003-00

December 2024

TxEng Firm 2726 | TxSurv Firm 10110700

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: <u>Woodmere Development Co., LTD</u> PERMIT NUMBER (If new, leave blank): WQ00 Click to enter text. **Indicate if each of the following items is included in your application.**

Y N

Administrative Report 1.0 \boxtimes Administrative Report 1.1 \boxtimes SPIF \boxtimes \boxtimes Core Data Form \boxtimes Public Involvement Plan Form \boxtimes **Technical Report 1.0** \boxtimes **Technical Report 1.1** Worksheet 2.0 \boxtimes \boxtimes Worksheet 2.1 \boxtimes Worksheet 3.0 Worksheet 3.1 \boxtimes Worksheet 3.2 \boxtimes Worksheet 3.3 \boxtimes Worksheet 4.0 \boxtimes \boxtimes Worksheet 5.0 Worksheet 6.0 \boxtimes Worksheet 7.0 \boxtimes

Original USGS Map	\boxtimes	
Affected Landowners Map	\boxtimes	
Landowner Disk or Labels	\boxtimes	
Buffer Zone Map	\boxtimes	
Flow Diagram	\boxtimes	
Site Drawing	\boxtimes	
Original Photographs	\boxtimes	
Design Calculations	\boxtimes	
Solids Management Plan	\boxtimes	
Water Balance		\boxtimes

Y

Ν

For TCEQ Use Only

Segment Number	County
Expiration Date	,
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 🗆	\$315.00 🗆
≥ 0.05 but < 0.10 MGD	\$550.00	\$515.00 🗆
≥0.10 but <0.25 MGD	\$850.00	\$815.00
≥0.25 but <0.50 MGD	\$1,250.00	\$1,215.00 🗆
≥0.50 but <1.0 MGD	\$1,650.00	\$1,615.00 🗆
≥1.0 MGD	\$2,050.00	\$2,015.00 🗆

Minor Amendment (for any flow) \$150.00 □

Payment Information:

Mailed	Check/Money Order Number: <u>220223/220273</u>		
	Check/Money Order Amount: <u>\$850.00/\$</u>	800.00	
	Name Printed on Check: IDS Engineering	<u>Group</u>	
EPAY	Voucher Number: Click to enter text.		
Copy of Payment Voucher enclosed? Yes ⊠			

Section 2. Type of Application (Instructions Page 26)

- **a.** Check the box next to the appropriate authorization type.
 - Publicly-Owned Domestic Wastewater
 - Privately-Owned Domestic Wastewater
 - Conventional Wastewater Treatment
- **b.** Check the box next to the appropriate facility status.
 - \Box Active \boxtimes 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 <u>with</u> Renewal
 Minor Amendment <u>with</u> Renewal

- □ Major Amendment <u>without</u> Renewal
- Minor Amendment without Renewal
- □ Renewal without changes □ Minor Modification of permit
- e. For amendments or modifications, describe the proposed changes: N/A

f. For existing permits:

Permit Number: WQ00 <u>N/A</u> EPA I.D. (TPDES only): TX <u>N/A</u> Expiration Date: <u>N/A</u>

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

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

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

Woodmere Development Co., Ltd

(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 <u>http://www15.tceq.texas.gov/crpub/</u>

CN: <u>602463333</u>

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: <u>Mr.</u> Last Name, First Name: <u>Alford, Aaron</u>

Title: <u>Executive Vice President</u> Credential: <u>N/A</u>

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?

<u>N/A</u>

(*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: <u>http://www15.tceq.texas.gov/crpub/</u>

CN: <u>N/A</u>

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: <u>N/A</u>	Last Name, First Name: <u>N/A</u>
Title: <u>N/A</u>	Credential: <u>N/A</u>

Provide a brief description of the need for a co-permittee: N/A

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. <u>See Attachment No. 1</u>.

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: <u>Mr.</u>	Last Name, First Name: <u>Hajduk</u>	<u>, Jasc</u>	<u>on</u>
	Title: <u>Senior Vice President</u>	Credential: <u>P.E.</u>		
	Organization Name: IDS Engineering Group			
	Mailing Address: <u>13430 Northwest Freeway, Suite 700</u>			
	City, State, Zip Code: <u>Houston, TX</u>	77040		
	Phone No.: <u>832-590-7148</u> E-mail Address: <u>jhajduk@idseg.com</u>			
	Check one or both: \square Adm	ninistrative Contact	\boxtimes	Technical Contact
B.	Prefix: <u>Mr.</u> Last Name, First Name: <u>Pugh, Kameron</u>			<u>'on</u>
	Title: <u>Senior Project Manager</u>	Credential: <u>P.E.</u>		
	Organization Name: IDS Engineer	ing Group		
	Mailing Address: <u>13430 Northwest</u>	Freeway, Suite 700		
	City, State, Zip Code: <u>Houston, TX 77040</u>			
	Phone No.: <u>832-590-7187</u> E-mail Address: <u>kpugh@idseg.com</u>			
	Check one or both: \Box Adm	ninistrative Contact	\boxtimes	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.

А.	Prefix: <u>Mr.</u>	Last Name, First Name: <u>Alford, Aaron</u>
	Title: <u>Executive Vice President</u>	Credential: <u>N/A</u>

Organization Name: Woodmere Development Co., Ltd

Mailing Address: 15615 Katy Freeway Suite 405City, State, Zip Code: Houston, TX 77094Phone No.: 832-859-4305E-mail Address: aalford@LongLakeLTD.comB. Prefix: Mr.Last Name, First Name: Hajduk, JasonTitle: P.E.Credential: Senior Vice PresidentOrganization Name: IDS Engineering GroupMailing Address: 13430 Northwest Freeway, Suite 700City, State, Zip Code: Houston, TX 77040Phone No.: 832-590-7148E-mail Address: jhajduk@idseg.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: <u>Mr.</u>	Last Name, First	Name: <u>Alford, Aaron</u>		
Title: <u>Executive Vice President</u>	Credential: <u>N/A</u>			
Organization Name: <u>Woodmere Development Co., Ltd</u>				
Mailing Address: <u>15915 Katy Freew</u>	<u>vay, Suite 405</u>	City, State, Zip Code: <u>Houston, TX 77094</u>		
Phone No.: <u>832-859-4305</u>	E-mail Address	: <u>aalford@LongLakeLTD.com</u>		

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: <u>Mr.</u>	Last Name, First Name: <u>Williams, Michael</u>		
Title: <u>N/A</u>	Credential: <u>N/A</u>		
Organization Name: Municipal Operations & Consulting, Inc.			
Mailing Address: 27316 Spectrum V	Nay City, State, Zip Code: <u>Oak Ridge, TX 77385</u>		
Phone No.: <u>832-642-7384</u>	E-mail Address: <u>mwilliams@municipalops.com</u>		

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices
Prefix: Ms. Last Name, First Name: <u>Riley, Vonda</u>
Title: <u>Contract Administrator</u> Credential: <u>N/A</u>
Organization Name: <u>IDS Engineering Group</u>
Mailing Address: <u>13430 Northwest Freeway, Suite 700</u>
City, State, Zip Code: <u>Houston, TX 77040</u>

Last Name, First Name: Hajduk, Jason

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: <u>Mr.</u>

Credential: P.E.

Organization Name: IDS Engineering Group

Mailing Address: 13430 Northwest Freeway, Suite 700

City, State, Zip Code: Houston, TX 77040

Phone No.: <u>832-590-7148</u> E-mail Address: <u>jhajduk@idseg.com</u>

D. Public Viewing Information

Title: Senior Vice President

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: <u>Lone Star College – Tomball Community Library</u>

Location within the building: Community Board

Physical Address of Building: <u>30555 Tomball Parkway</u>

City: Tomball

County: <u>Harris</u>

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

Phone No.: 832-559-4200 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? <u>Spanish</u>

F. Plain Language Summary Template

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

Attachment: See Attachment No. 2

G. Public Involvement Plan Form

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

Attachment: See Attachment No. 3

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

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

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

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

HCMUD No. 606 Wastewater Treatment Plant

C. Owner of treatment facility: <u>Woodmere Development Co., LTD (to be transferred to HCMUD No.</u> <u>606 upon MUD creation approval)</u>

Ownership of Facility: \square Public \square Private \square Both \square Federal

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

Prefix: <u>Mr.</u> Last Name, First Name: <u>Alford, Aaron</u>

Title: <u>Executive Vice President</u> Credential: <u>N/A</u>

Organization Name: BGM Land Investments LTD

Mailing Address: 15915 Katy Fwy, Suite 405 City, State, Zip Code: Houston, TX 77094

Phone No.: <u>832-859-4305</u> E-mail Address: <u>aalford@LongLakeLTD.com</u>

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

Attachment: See Attachment 20

E. Owner of effluent disposal site:

Prefix: <u>N/A</u>	Last Name, First Name: <u>N/A</u>		
Title: <u>N/A</u>	Credential: <u>N/A</u>		
Organization Name: <u>N/A</u>			
Mailing Address: <u>N/A</u>	City, State, Zip Code: <u>N/A</u>		
Phone No.: <u>N/A</u>	E-mail Address: <u>N/A</u>		

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: <u>N/A</u>

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

Last Name, First Name: <u>N/A</u>		
Credential: <u>N/A</u>		
Organization Name: <u>N/A</u>		
City, State, Zip Code: <u>N/A</u>		
-mail Address: <u>N/A</u>		

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: <u>N/A</u>

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:

0.6 miles northwest of the intersection at West Road and Katy Hockley Cutoff Road

- **B.** Are the point(s) of discharge and the discharge route(s) in the existing permit correct?
 - 🗆 Yes 🖾 No

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

The initial discharge of the WWTP will exit the site to the west into the adjacent conveyance channel (approximately 260,000 cy in size with a 10-acre surface area), then flow into an onsite detention pond (approximately 940,000 cy in size with a 40-acre surface area), and finally into an onsite conveyance channel (approximately 335,000 cy in size with a 9 acre surface area) until it exits the site in the southeast corner. From there it will flow south through a proposed offsite drainage channel (approximately 85,000 cy in size with a 7-acre surface area) for 0.4 miles until it discharges into an adjacent development's detention pond system. It will then flow through their detention pond system (approximately 225,000 cy in size with a 16-acre surface area) for 0.7 miles ultimately discharges directly into Bear Creek Segment No. U102-00-00.

City nearest the outfall(s): <u>Katy</u>

County in which the outfalls(s) is/are located: <u>Harris</u>

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

🗆 Yes 🛛 No

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

□ Authorization granted □ Authorization pending

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

Attachment: Click to enter text.

D. For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: Click to enter text.

Section 11. TLAP Disposal Information (Instructions Page 32)

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

🗆 Yes 🛛 No

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

N/A

- **B.** City nearest the disposal site: $\underline{N/A}$
- C. County in which the disposal site is located: N/A
- **D.** For **TLAPs**, describe the routing of effluent from the treatment facility to the disposal site:

N/A

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

🗆 Yes 🖾 No

- **B.** If the existing permit contains an onsite sludge disposal authorization, is the location of the sewage sludge disposal site in the existing permit accurate?
 - □ Yes □
- No 🛛 Not Applicable

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

N/A

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: N/A

D. Do you owe any fees to the TCEQ?

🗆 Yes 🖾 No

If **yes**, provide the following information:

Account number: <u>N/A</u>

Amount past due: <u>N/A</u>

E. Do you owe any penalties to the TCEQ?

🗆 Yes 🖾 No

If **yes**, please provide the following information:

Enforcement order number: <u>N/A</u>

Amount past due: <u>N/A</u>

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: <u>Attachment 1 – Core Data Form, Attachment 2 – Plain</u> Language Summary, Attachment 3 – Public Involvement Plan Form, Attachment 5 – USGS Map

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: Click to enter text.

Applicant: Woodmere Development Co., LTD

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): <u>Aaron Alford</u>

Signatory title: <u>Executive Vice President</u>

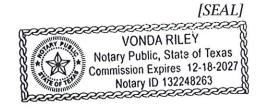
Signature: D. D. Del	Date: Nov 26 2024
(Use blue ink)	

Subscribed	d and Sworn to before r	ne by the s	aid AARON P	D. ALGORD
on this	ZUTH	_day of	JOVEM BER	, 20 <u>24</u> .
My commi	ssion expires on the $\underline{\ \ }$	8TH	day of <u>Secon</u>	<u>ee</u> , 20 <u>24</u> .

ONDA RILEY

Notary Public

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:
 - $\Box \quad USB \text{ Drive} \qquad \boxtimes \quad Four \text{ sets of labels}$
- **D.** Provide the source of the landowners' names and mailing addresses: <u>Harris County Appraisal</u> <u>District</u>
- **E.** As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?
 - 🗆 Yes 🖾 No

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

N/A

Section 2. Original Photographs (Instructions Page 38)

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

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

Section 3. Buffer Zone Map (Instructions Page 38)

- **A.** Buffer zone map. Provide a buffer zone map on 8.5 x 11-inch paper with all of the following information. The applicant's property line and the buffer zone line may be distinguished by using dashes or symbols and appropriate labels.
 - The applicant's property boundary;
 - The required buffer zone; and
 - Each treatment unit; and
 - The distance from each treatment unit to the property boundaries.
- **B.** Buffer zone compliance method. Indicate how the buffer zone requirements will be met. Check all that apply.
 - ⊠ Ownership
 - ☑ Restrictive easement
 - □ Nuisance odor control
 - □ Variance
- **C.** Unsuitable site characteristics. Does the facility comply with the requirements regarding unsuitable site characteristic found in 30 TAC § 309.13(a) through (d)?



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: See Attachment No. 4

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	BY OVERNIGHT/EXPRESS MAIL
Texas Commission on Environmental Quality	Texas Commission on Environmental Quality
Financial Administration Division	Financial Administration Division
Cashier's Office, MC-214	Cashier's Office, MC-214
P.O. Box 13088	12100 Park 35 Circle
Austin, Texas 78711-3088	Austin, Texas 78753

Fee Code: WQP Waste Permit No: Click to enter text.

- 1. Check or Money Order Number: <u>220223/220273</u>
- 2. Check or Money Order Amount: <u>\$850.00/\$800.00</u>
- 3. Date of Check or Money Order: <u>12/2/2024 & 12/16/2024</u>
- 4. Name on Check or Money Order: IDS Engineering Group
- 5. APPLICATION INFORMATION

Name of Project or Site: <u>Harris County MUD No. 606 WWTP</u>

Physical Address of Project or Site: TBD

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): <u>N/A</u>

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

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

Date of Birth: <u>N/A</u>

Mailing Address: <u>N/A</u>

City, State, and Zip Code: <u>N/A</u>

Phone Number: <u>N/A</u>

Fax Number: <u>N/A</u>

E-mail Address: <u>N/A</u>

CN: <u>N/A</u>

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) (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 (TCEQ Form Nos. 10053 and 10054. Version dated 6/25/2018 or later.)					
Water Quality Permit Payment Submittal Form (Page 19) (Original payment sent to TCEQ Revenue Section. See instructions for	r mai	iling ad	⊠ dress	Yes :.)	
7.5 Minute USGS Quadrangle Topographic Map Attached (Full-size map if seeking "New" permit. 8 ½ x 11 acceptable for Renewals and Amendments)			\boxtimes	Yes	
Current/Non-Expired, Executed Lease Agreement or Easement	\boxtimes	N/A		Yes	
Landowners Map (See instructions for landowner requirements)		N/A	\boxtimes	Yes	

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 (See instructions for landowner requirements)		N/A	\boxtimes	Yes
Landowners Labels or USB Drive attached (See instructions for landowner requirements)		N/A	\boxtimes	Yes
Original signature per 30 TAC § 305.44 – Blue Ink Preferred (If signature page is not signed by an elected official or principle exect a copy of signature authority/delegation letter must be attached)	utive	officer	\boxtimes	Yes
Plain Language Summary			\boxtimes	Yes

TCEQ-10053 (01/09/2024) Domestic Wastewater Permit Application Administrative Report

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): <u>0.24</u> 2-Hr Peak Flow (MGD): <u>0.96</u> Estimated construction start date: <u>10/01/2025</u> Estimated waste disposal start date: <u>10/01/2026</u>

B. Interim II Phase

Design Flow (MGD): <u>0.40</u> 2-Hr Peak Flow (MGD): <u>1.60</u> Estimated construction start date: <u>10/01/2027</u> Estimated waste disposal start date: <u>04/01/2028</u>

C. Final Phase

Design Flow (MGD): <u>0.64</u> 2-Hr Peak Flow (MGD): <u>2.56</u> Estimated construction start date: <u>10/01/2029</u> Estimated waste disposal start date: <u>10/01/2030</u>

D. Current Operating Phase

Provide the startup date of the facility: <u>N/A</u>

Section 2. Treatment Process (Instructions Page 43)

A. Current Operating Phase

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

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

See Attachment No. 6

B. Treatment Units

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

Table 1.0(1) - Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
See Attachment No. 7		

C. Process Flow Diagram

Provide flow diagrams for the existing facilities and **each** proposed phase of construction. Attachment: <u>See Attachment No. 8</u>

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

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

- Latitude: <u>29°54'22.07 "N</u>
- Longitude: <u>95°49'7.93"W</u>

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

- Latitude: <u>Click to enter text.</u>
- Longitude: <u>Click to enter text.</u>

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

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

Attachment: See Attachment No. 9

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

Harris County Municipal Utility District No. 606

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

Collection System Information

Collection System Name	Owner Name	Owner Type	Population Served
		Choose an item.	

Section 4. Unbuilt Phases (Instructions Page 45)

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

🗆 Yes 🖾 No

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

□ Yes □ No

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

Click to enter text.			

Section 5. Closure Plans (Instructions Page 45)

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



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

🗆 Yes 🗆 No

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

Click to enter text.

Section 6. Permit Specific Requirements (Instructions Page 45)

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

A. Summary transmittal

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

🗆 Yes 🖾 No

If yes, provide the date(s) of approval for each phase: <u>Click to enter text.</u>

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.

Buffer zone is maintained within the site and within restricted reserves owned by the Developer. See Attachment No. 10

C. Other actions required by the current permit

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

🗆 Yes 🗵 No

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

Click to enter text.		

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

🗆 Yes 🖾 No

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

2. Grit and grease processing

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

Click to enter text.

3. Grit disposal

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

🗆 Yes 🗆 No

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

4. Grease and decanted liquid disposal

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

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

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 <u>Click to enter text.</u> or TXRNE <u>Click to enter text.</u>

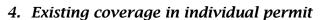
If no, do you intend to seek coverage under TXR050000?

🗆 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



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

🗆 Yes 🗆 No

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

Click to enter text.

5. Zero stormwater discharge

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

🗆 Yes 🗆 No

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

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.

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

🗆 Yes 🖾 No

If yes, attach a Sewage Sludge Solids Management Plan. See Example 5 in the instructions. <u>Click to enter text.</u>

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

1. Acceptance of sludge from other WWTPs

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

🗆 Yes 🖾 No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an

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

N/A

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

🗆 Yes 🖾 No

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

🗆 Yes 🗆 No

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

🗆 Yes 🗆 No

If yes to any of the above, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD_5 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.

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

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

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

🗆 Yes 🖾 No

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

N/A

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

Is the facility in operation?

🗆 Yes 🖾 No

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

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

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

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					
Entercocci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, µmohs/cm, †					
Oil & Grease, mg/l					
Alkalinity (CaCO ₃)*, mg/l					

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

*TPDES permits only

†TLAP permits only

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

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

Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: Michael Williams

Facility Operator's License Classification and Level: A

Facility Operator's License Number: 4558384-2

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

A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

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

B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

C. Biosolids Management

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

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

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Storage	On-Site Owner or Operator	Not Applicable		Class B: PSRP Aerobic Digestion	Option 1: Volatile solids reduced by 38%
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

If "Other" is selected for Management Practice, please explain (e.g. monofill or transport to another WWTP): <u>Click to enter text.</u>

D. Disposal site

Disposal site name: <u>TBD</u>

TCEQ permit or registration number: <u>TBD</u>

County where disposal site is located: <u>TBD</u>

E. Transportation method

Method of transportation (truck, train, pipe, other): <u>Truck</u>

Name of the hauler: <u>TBD</u>

Hauler registration number: <u>TBD</u>

Sludge is transported as a:

Liquid 🗆

semi-liquid 🛛

semi-solid 🗆

solid 🗆

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

A. Beneficial use authorization

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

🗆 Yes 🖂 No

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

🗆 Yes 🗆 No

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

□ Yes □ No

B. Sludge processing authorization

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

Sludge Composting	Yes	\boxtimes	No
Marketing and Distribution of sludge	Yes	\boxtimes	No
Sludge Surface Disposal or Sludge Monofill	Yes	\boxtimes	No
Temporary storage in sludge lagoons	Yes	\boxtimes	No

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

🗆 Yes 🗆 No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

🗆 Yes 🖂 No

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

A. Location information

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

• Original General Highway (County) Map:

Attachment: Click to enter text.

• USDA Natural Resources Conservation Service Soil Map:

Attachment:

• Federal Emergency Management Map:

Attachment: Click to enter text.

• Site map:

Attachment:

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
- \Box None of the above
- Attachment: Click to enter text.

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

Click to enter text.

B. Temporary storage information

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

Nitrate Nitrogen, mg/kg: <u>Click to enter text.</u> Total Kjeldahl Nitrogen, mg/kg: Click to enter text. Total Nitrogen (=nitrate nitrogen + TKN), mg/kg: Click to enter text. Phosphorus, mg/kg: Click to enter text. Potassium, mg/kg: Click to enter text. pH, standard units: Click to enter text. Ammonia Nitrogen mg/kg: <u>Click to enter text.</u> Arsenic: Click to enter text. Cadmium: Click to enter text. Chromium: Click to enter text. Copper: Click to enter text. Lead: Click to enter text. Mercury: Click to enter text. Molybdenum: Click to enter text. Nickel: Click to enter text. Selenium: Click to enter text. Zinc: Click to enter text. Total PCBs: Click to enter text.

Provide the following information:

Volume and frequency of sludge to the lagoon(s): <u>Click to enter text.</u>

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

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

C. Liner information

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

□ Yes □ No

Click to enter text.

D. Site development plan

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

Click	to	enter	text.

Attach the following documents to the application.

- Plan view and cross-section of the sludge lagoon(s)
 Attachment: <u>Click to enter text.</u>
- Copy of the closure plan
 Attachment: <u>Click to enter text.</u>
- Copy of deed recordation for the site Attachment: <u>Click to enter text.</u>
- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons Attachment: <u>Click to enter text.</u>
- Description of the method of controlling infiltration of groundwater and surface water from entering the site

Attachment: Click to enter text.

• Procedures to prevent the occurrence of nuisance conditions

Attachment: Click to enter text.

E. Groundwater monitoring

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

🗆 Yes 🗆 No

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

Attachment: Click to enter text.

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

A. Additional authorizations

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

🗆 Yes 🖂 No

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

N/A	

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

🗆 Yes 🖾 No

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

🗆 Yes 🖂 No

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

N/A

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

A. RCRA hazardous wastes

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

🗆 Yes 🖾 No

B. Remediation activity wastewater

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

🗆 Yes 🖾 No

C. Details about wastes received

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

Attachment: Click to enter text.

Section 14. Laboratory Accreditation (Instructions Page 56)

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

- The laboratory is an in-house laboratory and is:
 - o periodically inspected by the TCEQ; or
 - o located in another state and is accredited or inspected by that state; or
 - o 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: <u>N/A</u>

Title: <u>N/A</u>

Date: _____

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.1

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

Section 1. Justification for Permit (Instructions Page 57)

A. Justification of permit need

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

S<u>ee Attachment No. 11</u>

B. Regionalization of facilities

For additional guidance, please review <u>TCEQ's Regionalization Policy for Wastewater</u> <u>Treatment</u>¹.

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

1. Municipally incorporated areas

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

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

🗆 Yes 🖾 No 🗖 Not Applicable

If yes, within the city limits of: <u>Click to enter text.</u>

If yes, attach correspondence from the city.

Attachment: Click to enter text.

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

Attachment: Click to enter text.

2. Utility CCN areas

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

🗆 Yes 🖾 No

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

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

Attachment: Click to enter text.

3. Nearby WWTPs or collection systems

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

🖾 Yes 🗆 No

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

Attachment: See Attachment No. 18

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

Attachment: See Attachment No. 19

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

Attachment: N/A

Section 2. Proposed Organic Loading (Instructions Page 59)

Is this facility in operation?

🗆 Yes 🖾 No

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

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

A. Current organic loading

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

Average Influent Organic Strength or BOD₅ Concentration in mg/l: Click to enter text.

Average Influent Loading (lbs/day = total average flow X average BOD₅ conc. X 8.34): <u>Click</u> to enter text.

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

Click to enter text.

B. Proposed organic loading

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

Source	Total Average Flow (MGD)	Influent BOD5 Concentration (mg/l)
Municipality	0.24 Ph 1/0.40 Ph 2/ 0.64 Ph 3	250
Subdivision	0.00	
Trailer park – transient	0.00	
Mobile home park	0.00	
School with cafeteria and showers	0.00	
School with cafeteria, no showers	0.00	
Recreational park, overnight use	0.00	
Recreational park, day use	0.00	
Office building or factory	0.00	
Motel	0.00	
Restaurant	0.00	
Hospital	0.00	
Nursing home	0.00	
Other	0.00	
TOTAL FLOW from all sources	0.24 Ph 1/0.40 Ph 2/ 0.64 Ph 3	
AVERAGE BOD ₅ from all sources		250

Table 1.1(1) – Design Organic Loading

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

A. Existing/Interim I Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: <u>15</u>

Ammonia Nitrogen, mg/l: <u>2</u>

Total Phosphorus, mg/l: <u>N/A</u>

Dissolved Oxygen, mg/l: <u>4</u>

Other: Click to enter text.

B. Interim II Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: <u>10</u> Total Suspended Solids, mg/l: <u>15</u> Ammonia Nitrogen, mg/l: <u>2</u> Total Phosphorus, mg/l: <u>N/A</u> Dissolved Oxygen, mg/l: <u>4</u> Other: <u>Click to enter text.</u>

C. Final Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: <u>15</u>

Ammonia Nitrogen, mg/l: <u>2</u>

Total Phosphorus, mg/l: <u>N/A</u>

Dissolved Oxygen, mg/l: 4

Other: Click to enter text.

D. Disinfection Method

Identify the proposed method of disinfection.

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

Dechlorination process: <u>N/A</u>

- □ Ultraviolet Light: <u>Click to enter text.</u> seconds contact time at peak flow
- □ Other: <u>Click to enter text.</u>

Section 4. Design Calculations (Instructions Page 59)

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

Attachment: See Attachment No. 12

Section 5. Facility Site (Instructions Page 60)

A. 100-year floodplain

Will the proposed facilities be located <u>above</u> 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.

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

FEMA Panel No. 48201C0390N; See Attachment No. 15

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

🗆 Yes 🗵 No

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

🗆 Yes 🗆 No

If yes, provide the permit number: Click to enter text.

If no, provide the approximate date you anticipate submitting your application to the Corps: <u>Click to enter text.</u>

B. Wind rose

Attach a wind rose: See Attachment No. 13

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

A. Beneficial use authorization

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

🗆 Yes 🖂 No

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

B. Sludge processing authorization

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

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

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

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

Attach a solids management plan to the application.

Attachment: See Attachment No. 14

The sewage sludge solids management plan must contain the following information:

• Treatment units and processes dimensions and capacities

- Solids generated at 100, 75, 50, and 25 percent of design flow
- Mixed liquor suspended solids operating range at design and projected actual flow
- Quantity of solids to be removed and a schedule for solids removal
- Identification and ownership of the ultimate sludge disposal site
- For facultative lagoons, design life calculations, monitoring well locations and depths, and the ultimate disposal method for the sludge from the facultative lagoon

An example of a sewage sludge solids management plan has been included as Example 5 of the instructions.

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

Section 1. Domestic Drinking Water Supply (Instructions Page 64)

Is there a surface water intake for domestic drinking water supply located within 5 miles downstream from the point or proposed point of discharge?

🗆 Yes 🖾 No

If **no**, proceed it Section 2. **If yes**, provide the following:

Owner of the drinking water supply: <u>Click to enter text</u>.

Distance and direction to the intake: <u>Click to enter text.</u>

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

Attachment: Click to enter text.

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

Does the facility discharge into tidally affected waters?

🗆 Yes 🖾 No

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

A. Receiving water outfall

Width of the receiving water at the outfall, in feet: Click to enter text.

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

🗆 Yes 🗆 No

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

Click to enter text.

C. Sea grasses

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

🗆 Yes 🗆 No

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

Click to enter text.

Section 3. Classified Segments (Instructions Page 64)

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

🗆 Yes 🖂 No

If yes, this Worksheet is complete.

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

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

Name of the immediate receiving waters: Drainage Channel (to be constructed, not yet built)

A. Receiving water type

Identify the appropriate description of the receiving waters.

- □ Stream
- □ Freshwater Swamp or Marsh
- □ Lake or Pond

Surface area, in acres: Click to enter text.

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

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

- Man-made Channel or Ditch
- Open Bay
- 🗆 🛛 Tidal Stream, Bayou, or Marsh
- □ Other, specify: <u>Click to enter text.</u>

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: <u>Drainage ditch not yet built</u>

C. Downstream perennial confluences

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

N/A

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.

The initial discharge of the WWTP will exit the site to the west into the adjacent conveyance channel (approximately 260,000 cy in size with a 10-acre surface area), then flow into an onsite detention pond (approximately 940,000 cy in size with a 40-acre surface area), and finally into an onsite conveyance channel (approximately 335,000 cy in size with a 9 acre surface area) until it exits the site in the southeast corner. From there it will flow south through a proposed offsite drainage channel (approximately 85,000 cy in size with a 7-acre surface area) for 0.4 miles until it discharges into an adjacent development's detention pond system. It will then flow through their detention pond system (approximately 225,000 cy in size with a 16-acre surface area) for 0.7 miles ultimately discharges directly into Bear Creek Segment No. U102-00-00.

E. Normal dry weather characteristics

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

N/A; RCP and drainage channels not yet built.

Date and time of observation: N/A

Was the water body influenced by stormwater runoff during observations?

🗆 Yes 🗆 No

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

A. Upstream influences

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

- □ Oil field activities □ Urban runoff
- □ Upstream discharges □ Agricultural runoff

Other(s), specify: <u>To contain tract outfall</u>

Septic tanks <u>from detention</u>

B. Waterbody uses

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

Livestock watering	Contact recreation
Irrigation withdrawal	Non-contact recreation
Fishing	Navigation
Domestic water supply	Industrial water supply
Park activities	Other(s), specify: <u>Click to enter text.</u>

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.1: STREAM PHYSICAL CHARACTERISTICS

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

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

Section 1. General Information (Instructions Page 66)

Date of study: Click to enter text. Time of study: Click to enter text.

Stream name: <u>Click to enter text.</u>

Location: <u>Click to enter text.</u>

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

□ Perennial □ Intermittent with perennial pools

Section 2. Data Collection (Instructions Page 66)

Number of stream bends that are well defined: Click to enter text.

Number of stream bends that are moderately defined: Click to enter text.

Number of stream bends that are poorly defined: Click to enter text.

Number of riffles: <u>Click to enter text.</u>

Evidence of flow fluctuations (check one):

	Minor		moderate		severe
--	-------	--	----------	--	--------

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

Click to enter text.

Stream transects

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

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

 Table 2.1(1) - Stream Transect Records

Section 3. Summarize Measurements (Instructions Page 66)

Streambed slope of entire reach, from USGS map in feet/feet: Click to enter text.

Approximate drainage area above the most downstream transect (from USGS map or county highway map, in square miles): <u>Click to enter text.</u>

Length of stream evaluated, in feet: Click to enter text.

Number of lateral transects made: Click to enter text.

Average stream width, in feet: <u>Click to enter text.</u>

Average stream depth, in feet: <u>Click to enter text</u>.

Average stream velocity, in feet/second: Click to enter text.

Instantaneous stream flow, in cubic feet/second: Click to enter text.

Indicate flow measurement method (type of meter, floating chip timed over a fixed distance, etc.): <u>Click to enter text.</u>

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

Maximum pool depth, in feet: Click to enter text.

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND DISPOSAL OF EFFLUENT

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

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

Identify the method of land disposal:

Surface application	Subsurface application

- Irrigation
 Subsurface soils absorption
- Drip irrigation system
 Subsurface area drip dispersal system
- □ Evaporation □ Evapotranspiration beds
- Other (describe in detail): <u>Haul sludge to permitted/registered facility</u>

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

For existing authorizations, provide Registration Number: Click to enter text.

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

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

Table 3.0(1) – Land Application Site Crops

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

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

Table 3.0(2) – Storage and Evaporation Ponds

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

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

Attachment: Click to enter text.

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

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

🗆 Yes 🗆 No

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

Click to enter text.

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

Click to enter text.

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

Section 5. Annual Cropping Plan (Instructions Page 68)

Attach an Annual Cropping Plan which includes a discussion of each of the following items. If not applicable, provide a detailed explanation indicating why. **Attachment**: <u>Click to enter text</u>.

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

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

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation indicating why. **Attachment**: <u>Click to enter text</u>.

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

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

Table 3.0(3) – Water Well Data

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

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

Attachment: Click to enter text.

Section 7. Groundwater Quality (Instructions Page 69)

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

Attachment: Click to enter text.

Are groundwater monitoring wells available onsite? \Box Yes \Box No

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

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

Attachment: Click to enter text.

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

A. Soil map

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

Attachment: Click to enter text.

B. Soil analyses

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

Attachment: Click to enter text.

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

Table	3.0(4)	- Soil	Data
-------	--------	--------	------

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number

Section 9. Effluent Monitoring Data (Instructions Page 71)

Is the facility in operation?

🗆 Yes 🗵 No

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

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

Table 3.0(5) – Effluent Monitoring Data

Date	30 Day Avg Flow MGD	BOD5 mg/l	TSS mg/l	рН	Chlorine Residual mg/l	Acres irrigated
ļ						
<u> </u>						
<u> </u>						
<u> </u>						
<u> </u>						

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.1: SURFACE LAND DISPOSAL OF EFFLUENT

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

Section 1. Surface Disposal (Instructions Page 72)

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

A. Irrigation

Area under irrigation, in acres: <u>Click to enter text.</u>

Design application frequency:

hours/day Click to enter text. And days/week Click to enter text.

Land grade (slope):

average percent (%): <u>Click to enter text.</u>

maximum percent (%): Click to enter text.

Design application rate in acre-feet/acre/year: Click to enter text.

Design total nitrogen loading rate, in lbs N/acre/year: Click to enter text.

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

Method of application: Click to enter text.

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

Attachment: Click to enter text.

B. Evaporation ponds

Daily average effluent flow into ponds, in gallons per day: <u>Click to enter text.</u>

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

Attachment: Click to enter text.

C. Evapotranspiration beds

Number of beds: <u>Click to enter text.</u>

Area of bed(s), in acres: <u>Click to enter text.</u>

Depth of bed(s), in feet: <u>Click to enter text.</u>

Void ratio of soil in the beds: <u>Click to enter text.</u>

Storage volume within the beds, in acre-feet: Click to enter text.

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

Attachment: Click to enter text.

D. Overland flow

Area used for application, in acres: <u>Click to enter text.</u> Slopes for application area, percent (%): <u>Click to enter text.</u> Design application rate, in gpm/foot of slope width: <u>Click to enter text.</u> Slope length, in feet: <u>Click to enter text.</u>

Design BOD₅ loading rate, in lbs BOD₅/acre/day: Click to enter text.

Design application frequency:

hours/day: Click to enter text. And days/week: Click to enter text.

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

Attachment: Click to enter text.

Section 2. Edwards Aquifer (Instructions Page 73)

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

🗆 Yes 🖾 No

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

🗆 Yes 🗆 No

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

Attachment: <u>Click to enter text.</u>

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.2: SURFACE LAND DISPOSAL OF EFFLUENT

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

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

Section 1. Subsurface Application (Instructions Page 74)

Identify the type of system:

- Conventional Gravity Drainfield, Beds, or Trenches (new systems must be less than 5,000 GPD)
- □ Low Pressure Dosing
- □ Other, specify: <u>Click to enter text.</u>

Application area, in acres: <u>Click to enter text.</u>

Area of drainfield, in square feet: <u>Click to enter text.</u>

Application rate, in gal/square foot/day: <u>Click to enter text.</u>

Depth to groundwater, in feet: Click to enter text.

Area of trench, in square feet: <u>Click to enter text.</u>

Dosing duration per area, in hours: <u>Click to enter text.</u>

Number of beds: Click to enter text.

Dosing amount per area, in inches/day: <u>Click to enter text.</u>

Infiltration rate, in inches/hour: Click to enter text.

Storage volume, in gallons: <u>Click to enter text.</u>

Area of bed(s), in square feet: <u>Click to enter text.</u>

Soil Classification: Click to enter text.

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

Attachment: Click to enter text.

Section 2. Edwards Aquifer (Instructions Page 74)

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

🗆 Yes 🗆 No

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

🗆 Yes 🗆 No

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.3: SUBSURFACE AREA DRIP DISPERSAL (SADDS) LAND DISPOSAL OF EFFLUENT

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

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

Section 1. Administrative Information (Instructions Page 75)

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

🗆 Yes 🗆 No

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

<u>Click to enter text.</u>

- C. Owner of the subsurface area drip dispersal system: Click to enter text.
- **D.** Is the owner of the subsurface area drip dispersal system the same as the owner of the wastewater treatment facility or the site where the wastewater treatment facility is located?

□ Yes □ No

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

Click to enter text.

- E. Owner of the land where the subsurface area drip dispersal system is located: <u>Click to</u> <u>enter text.</u>
- **F.** Is the owner of the land where the subsurface area drip dispersal system is located the same as owner of the wastewater treatment facility, the site where the wastewater treatment facility is located, or the owner of the subsurface area drip dispersal system?

🗆 Yes 🗆 No

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

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

A. Type of system

- □ Subsurface Drip Irrigation
- □ Surface Drip Irrigation
- □ Other, specify: <u>Click to enter text</u>.

B. Irrigation operations

Application area, in acres: <u>Click to enter text.</u>

Infiltration Rate, in inches/hour: Click to enter text.

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

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

Storage volume, in gallons: <u>Click to enter text.</u>

Major soil series: Click to enter text.

Depth to groundwater, in feet: Click to enter text.

C. Application rate

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

🗆 Yes 🗆 No

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

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

□ Yes □ No

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

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

🗆 Yes 🗆 No

Hydraulic application rate, in gal/square foot/day: <u>Click to enter text.</u> Nitrogen application rate, in lbs/gal/day: <u>Click to enter text.</u>

D. Dosing information

Number of doses per day: <u>Click to enter text.</u>

Dosing duration per area, in hours: <u>Click to enter text.</u>

Rest period between doses, in hours: Click to enter text.

Dosing amount per area, in inches/day: Click to enter text.

Number of zones: Click to enter text.

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

🗆 Yes 🗆 No

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

Attachment: Click to enter text.

Section 3. Required Plans (Instructions Page 75)

A. Recharge feature plan

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

Attachment: <u>Click to enter text.</u>

B. Soil evaluation

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

Attachment: Click to enter text.

C. Site preparation plan

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

Attachment: Click to enter text.

D. Soil sampling/testing

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

Attachment: Click to enter text.

Section 4. Floodway Designation (Instructions Page 76)

A. Site location

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

□ Yes □ No

B. Flood map

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

Attachment: Click to enter text.

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

A. Buffer Map

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

Attachment: Click to enter text.

B. Buffer variance request

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

□ Yes □ No

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

Attachment: <u>Click to enter text</u>.

Section 6. Edwards Aquifer (Instructions Page 76)

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

🗆 Yes 🗆 No

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

🗆 Yes 🗆 No

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 4.0: POLLUTANT ANALYSIS REQUIREMENTS

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

This worksheet is not required minor amendments without renewal.

Section 1. Toxic Pollutants (Instructions Page 78)

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

Grab 🗆 Composite 🗆

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

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

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

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

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

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

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

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

Section 2. Priority Pollutants

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

Grab 🗆 Composite 🗆

Date and time sample(s) collected: <u>Click to enter text.</u>

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

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

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

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

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

Table 4.0(2)B - Volatile Compounds

Table 4.0(2)C – Acid Compounds

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

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

Table 4.0(2)D – Base/Neutral Compounds

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

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

Table 4.0(2)E - Pesticides

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

Section 3. Dioxin/Furan Compounds

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

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

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

Click to enter text.

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

🗆 Yes 🗆 No

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

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

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

Grab □ Composite □

Date and time sample(s) collected: <u>Click to enter text.</u>

Table 4.0(2)F – Dioxin/Furan Compounds

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 5.0: TOXICITY TESTING REQUIREMENTS

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

This worksheet is not required minor amendments without renewal.

Section 1. Required Tests (Instructions Page 88)

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

7-day Chronic: Click to enter text.

48-hour Acute: <u>Click to enter text.</u>

Section 2. Toxicity Reduction Evaluations (TREs)

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

🗆 Yes 🗆 No

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

Section 3. Summary of WET Tests

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

Table 5.0(1) Summary of WET Tests

Test Date	Test Species	NOEC Survival	NOEC Sub-lethal

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

Section 1. All POTWs (Instructions Page 89)

A. Industrial users (IUs)

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

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

Categorical IUs: Number of IUs: <u>o</u> Average Daily Flows, in MGD: <u>o</u> Significant IUs – non-categorical: Number of IUs: <u>o</u>

Average Daily Flows, in MGD: o

Other IUs:

Number of IUs: o

Average Daily Flows, in MGD: o

B. Treatment plant interference

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

🗆 Yes 🖾 No

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

C. Treatment plant pass through

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

🗆 Yes 🖾 No

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

Click to enter text.			

D. Pretreatment program

Does your POTW have an approved pretreatment program?

🗆 Yes 🖾 No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

🗆 Yes 🖾 No

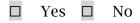
If yes, complete Section 2.c. and 2.d. only, and skip Section 3.

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

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

A. Substantial modifications

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



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

B. Non-substantial modifications

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

🗆 Yes 🗆 No

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

Click to enter text.		

C. Effluent parameters above the MAL

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

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. Industrial user interruptions

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

🗆 Yes 🗆 No

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

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

A. General information

Company Name: N/A SIC Code: N/A Contact name: N/A Address: N/A City, State, and Zip Code: N/A Telephone number: N/A Email address: N/A

B. Process information

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

N/A

C. Product and service information

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

N/A

D. Flow rate information

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

Process Wastewater:

Discharge, in gallon	s/day: <u>N/A</u>		
Discharge Type: 🗆	Continuous	Batch	Intermittent
Non-Process Wastewate	er:		
Discharge, in gallon	s/day: <u>N/A</u>		
Discharge Type: 🗆	Continuous	Batch	Intermittent

E. Pretreatment standards

Is the SIU or CIU subject to technically based local limits as defined in the *i*nstructions?

□ Yes □ No

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

🗆 Yes 🗆 No

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

Category: Subcategories: Click to enter text.

Click or tap here to enter text. Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: <u>Click to enter text.</u>

Subcategories: Click to enter text.

Category: <u>Click to enter text.</u>

Subcategories: <u>Click to enter text.</u>

Category: <u>Click to enter text.</u>

Subcategories: Click to enter text.

F. Industrial user interruptions

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

🗆 Yes 🗆 No

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

N/A

WORKSHEET 7.0

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:

TCEQ IUC Permits Team Radioactive Materials Division MC-233 PO Box 13087 Austin, Texas 78711-3087 512-239-6466 For TCEQ Use Only Reg. No.____ Date Received_____ Date Authorized_____

Section 1. General Information (Instructions Page 92)

1. TCEQ Program Area

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

Program ID: <u>Click to enter text.</u>

Contact Name: Click to enter text.

Phone Number: <u>Click to enter text.</u>

2. Agent/Consultant Contact Information

Contact Name: <u>Click to enter text.</u>

Address: Click to enter text.

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

Phone Number: <u>Click to enter text.</u>

3. Owner/Operator Contact Information

Owner Operator
 Owner/Operator Name: Click to enter text.
 Contact Name: Click to enter text.
 Address: Click to enter text.
 City, State, and Zip Code: Click to enter text.
 Phone Number: Click to enter text.

4. Facility Contact Information

Facility Name: <u>Click to enter text.</u>
Address: <u>Click to enter text.</u>
City, State, and Zip Code: <u>Click to enter text.</u>
Location description (if no address is available): <u>Click to enter text.</u>
Facility Contact Person: <u>Click to enter text.</u>
Phone Number: <u>Click to enter text.</u>

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

Latitude: <u>Click to enter text.</u> Longitude: <u>Click to enter text.</u> Method of determination (GPS, TOPO, etc.): <u>Click to enter text.</u> Attach topographic quadrangle map as attachment A.

6. Well Information

Type of Well Construction, select one:

- □ Vertical Injection
- □ Subsurface Fluid Distribution System
- □ Infiltration Gallery
- □ Temporary Injection Points
- □ Other, Specify: <u>Click to enter text</u>.

Number of Injection Wells: <u>Click to enter text.</u>

7. Purpose

Detailed Description regarding purpose of Injection System:

Click to enter text.

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

8. Water Well Driller/Installer

Water Well Driller/Installer Name: Click to enter text.

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

Phone Number: <u>Click to enter text.</u>

License Number: Click to enter text.

Section 2. Proposed Down Hole Design

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

Table 7.0(1) – Down Hole Design Table

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

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

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

System(s) Dimensions: <u>Click to enter text.</u>

System(s) Construction: Click to enter text.

Section 4. Site Hydrogeological and Injection Zone Data

- 1. Name of Contaminated Aquifer: <u>Click to enter text.</u>
- 2. Receiving Formation Name of Injection Zone: <u>Click to enter text.</u>
- **3.** Well/Trench Total Depth: <u>Click to enter text.</u>
- 4. Surface Elevation: <u>Click to enter text.</u>
- 5. Depth to Ground Water: <u>Click to enter text.</u>
- 6. Injection Zone Depth: <u>Click to enter text.</u>
- **7.** Injection Zone vertically isolated geologically? □ Yes □ No

Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:

Name: <u>Click to enter text.</u>

Thickness: Click to enter text.

- 8. Provide a list of contaminants and the levels (ppm) in contaminated aquifer Attach as Attachment E.
- **9.** Horizontal and Vertical extent of contamination and injection plume Attach as Attachment F.
- **10.** Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc. Attach as Attachment G.
- **11.** Injection Fluid Chemistry in PPM at point of injection Attach as Attachment H.
- 12. Lowest Known Depth of Ground Water with < 10,000 PPM TDS: <u>Click to enter text.</u>
- 13. Maximum injection Rate/Volume/Pressure: <u>Click to enter text.</u>
- 14. Water wells within 1/4 mile radius (attach map as Attachment I): <u>Click to enter text.</u>
- **15.** Injection wells within 1/4 mile radius (attach map as Attachment J): <u>Click to enter</u> <u>text.</u>
- **16.** Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K): <u>Click to enter text.</u>
- 17. Sampling frequency: <u>Click to enter text.</u>
- 18. Known hazardous components in injection fluid: Click to enter text.

Section 5. Site History

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

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

Class V Injection Well Designations

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

Table of Contents

- Attachment 1 TCEQ Core Data Form (Admin. Rpt. 1.0, 3c)
- Attachment 2 Plain Language Summary (Admin. Rpt. 1.0, 8f)
- Attachment 3 Public Involvement Plan Form (Admin. Rpt. 1.0, 8g)
- Attachment 4 Supplemental Permit Information Form (Admin. Rpt. 1.1, 1)
- Attachment 5 USGS Map (Full Size) (Admin. Rpt. 1.0, 13; SPIF, 5)
- Attachment 6 Description of Treatment (Tech. Rpt. 1.0, 2a)
- Attachment 7 Treatment Unit Dimensions (Tech. Rpt. 1.0, 2b)
- Attachment 8 Process Flow Diagrams (Tech. Rpt. 1.0, 2c)
- Attachment 9 Site Drawings (Tech. Rpt. 1.0, 3)
- Attachment 10 Buffer Zone Map (Admin Rpt. 1.1, 3a)
- Attachment 11 Justification for Treatment (Tech. Rpt. 1.1, 1a)
- Attachment 12 Wastewater Plant Design Calculations (Tech. Rpt. 1.1, 4)
- Attachment 13 Wind Rose (Tech. Rpt. 1.1, 5b)
- Attachment 14 Sludge Management Plan (Tech. Rpt. 1.1, 7)
- Attachment 15 FIRM Panel
- Attachment 16 Affected Landowners Map and Cross Reference List (Admin Rpt. 1.1, 1a)
- Attachment 17 Site Image (Admin Rpt. 1.1, 2)
- Attachment 18 Area WWTP Info (Tech. Rpt. 1.1, 1.3)
- Attachment 19 Area WWTP Capacity Request Letters (Tech. Rpt. 1.1, 1.3)
- Attachment 20 Special Warranty Deed (Admin Rpt 1.0, 9d)

Attachment 1 – TCEQ Core Data Form (Admin. Rpt. 1.0, 3c)



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.)									
New Permit, Registration or Authorization (<i>Core Data Form should be submitted with the program application.</i>)									
	Form should be submitted with	the program application.)							
		-							
Renewal (Core Data Form should be submitted with the	e renewal form)	Other							
2. Customer Reference Number (if issued)		3. Regulated Entity Reference Number (if issued)							
	Follow this link to search	or negative entry hererence runner (j) issued							
	for CN or RN numbers in								
CNI C024C2222	CN 602463333 Central Registry** RN								
CN 602463333 RN									

SECTION II: Customer Information

4. General Cu	4. General Customer Information 5. Effective Date for Customer Information Updates (mm/dd/yyyy)												
New Custor	New Customer Update to Customer Information												
Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)													
The Custome	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	6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) If new Customer, enter previous Customer below:												
Woodmere De	velopment	Co., LTD											
7. TX SOS/CP	A Filing N	lumber		8. TX State	Tax ID (11 c	digits)			9. Fe	deral Tax I	D	10. DUNS	Number (if
	-											applicable)	
									(9 dig	gits)			
11. Type of C	ustomer:		🛛 Corpora	tion				🗌 Individ	lual		Partne	ership: 🗌 Gen	eral 🗌 Limited
Government:	City 🗌	County [Federal	Local 🗌 Stat	e 🗌 Other			Sole Pi	roprieto	orship	🗌 Ot	her:	
12. Number o	of Employ	ees					l		13. li	ndepender	ntly Ow	ned and Ope	erated?
⊠ 0-20 □ 2	21-100 [101-25	50 🗌 251-	500 🗌 501	. and higher				□ Ye	es	🗌 No		
14. Customer	r Role (Pro	posed or	Actual) – as i	t relates to th	e Regulated E	ntity lis	ted o	on this form.	Please	check one of	f the follo	owing	
		•			5			-			-	-	
Owner		🗌 Ope	erator	□ o	wner & Opera	ator				🛛 Other:	Develo		
	al Licensee	🗌 Re	esponsible Pa	rty	VCP/BSA App	plicant				⊠ Other:	Develop	Jer	
15. Mailing	15915 Ka	aty Freew	ay										
2011101119	Suite 405	5											
Address:					1							T	r
	City	Housto	on		State	ТХ		ZIP	77094	4		ZIP + 4	
16 Country D	16. Country Mailing Information (if outside USA) 17. E-Mail Address (if applicable)												
16. Country i	vialling in	iormatic	on (if outside	USA)			1/	. E-IVIAII AC	uress	(if applicable	e)		
							aal	lford@Longl	LakeLTE	D.com			
								CB					
18. Telephone Number 19. Extension or Code 20. Fax Number (if applicable)													

SECTION III: Regulated Entity Information

26 Nearest City						State	Nearest 2			
25. Description to Physical Location:	0.6 miles no	rthwest of the interse	ction of West Roa	ad and Katy H	ockley Cuto	ff Road				
If no Street Address is provided, fields 25-28 are required.										
24. County										
<u>(No PO Boxes)</u>	City		State		ZIP		ZIP + 4			
23. Street Address of the Regulated Entity:										
Haris County Municipal District No. 606 Wastewater Treatment Plant										
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)										
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).										
New Regulated Entity	Update to	Regulated Entity Nam	e 🗌 Update t	to Regulated E	ntity Inforr	nation				
21. General Regulated E	ntity Informa	ation (If 'New Regulate	ed Entity" is seled	cted, a new pe	rmit applic	ation is also required.)				

20. Nearest City							State		INEd	Test ZIP Code
Cypress							ТΧ		7743	33
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 Decim	al:	29.906205			28. Lo	ongitude (\	W) In Decim	nal:	95.81771	6
Degrees	Minutes		Seconds		Degree	es	Mi	nutes		Seconds
29		54		22.34		95		49		3.78
29. Primary SIC Code	30.	Secondary SIC	Code		31. Primary	-	ode	32. Secor	ndary NAI	CS Code
(4 digits)	(4 digits)				(5 or 6 digits)			(5 or 6 digits)		
33. What is the Primary E	Business of t	his entity? (Do	o not repe	eat the SIC or	NAICS descri	ption.)				
34. Mailing										
Address:										
	City			State		ZIP			ZIP + 4	
35. E-Mail Address:										
36. Telephone Number			37. Ext	tension or C	Code	38. F	ax Numbei	(if applicab	le)	
() -						() -			

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.

Dam Safety	Districts	Edwards Aquifer	Emissions Inventory Air	Industrial Hazardous Waste
Municipal Solid Waste	New Source Review Air	□ OSSF	Petroleum Storage Tank	D PWS
Sludge	Storm Water	Title V Air	Tires	Used Oil
Voluntary Cleanup	Wastewater	Wastewater Agriculture	Water Rights	Other:

SECTION IV: Preparer Information

40. Name:	: Valeria Gomez				Design Engineer	
42. Telephone	Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(832) 590-7149			() -	VGomez@id	seg.com	

SECTION V: Authorized Signature

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

Company:	Woodmere Development Co., LTD	Job Title:	Executive	Vice President	
Name (In Print):	Aaron Alford		Phone:	(832) 859- 4305	
Signature:	2 heyd			Date:	11/26/2024

Attachment 2 – Plain Language Summary (Admin. Rpt. 1.0, 8f)

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

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

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

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

Woodmere Development Co., LTD (CN 602463333) proposes to operate Harris County MUD No. 606 (RN not yet provided), a wastewater treatment plant to serve HCMUD No. 606. The facility will be located at 0.6 miles northwest of the intersection of West Road and Katy Hockley Cutoff Road, in Cypress, Harris County, Texas 77433. New TPDES permit for a facility flowing at an average 640,000 gallons per day to ultimately discharge in Bear Creek.

Discharges from the facility are expected to contain Biochemical Oxygen Demand, 10 mg/L, Total Suspended Solids, 15 mg/L, Ammonia Nitrogen, 2 mg/L, Dissolved Oxygen, 4 mg/L. Domestic wastewater will be treated by a single stage nitrification process, wastewater will pass through screening, into aeration, then to clarification, after this process effluent will be disinfected with chlorine and discharged ultimately to Bear Creek.

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

AGUAS RESIDUALES DOMESTICAS /AGUAS PLUVIALES

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

Woodmere Development Co., LTD (CN602463333) propone operar Harris County MUD No. 606 (numero de entidad todavia no se ha proporcionado), una planta de tratamiento de aguas residuales. La instalación estará ubicada en 0.6 millas noroeste de la interseccion de West Road y Katy Hockley Cutoff Road, en Cypress, Condado de Harris, Texas 77433. Nuevo permiso de TPDES para una instalación que fluye a un promedio de 640,000 galones por día para descargar finalmente en Bear Creek.

Se espera que las descargas de la instalación contengan Demanda Bioquímica de Oxígeno, 10 mg/L, Sólidos Suspendidos Totales, 15 mg/L, Nitrógeno Amoniacal, 2 mg/L, Oxígeno Disuelto, 4 mg/L. Aguas residuales domésticas. estará tratado por un proceso de nitrificación de una sola etapa, las aguas residuales pasarán a través de la criba, a la aireación, luego a la clarificación, después de este proceso, el efluente se desinfectará con cloro y se descargará finalmente a Bear Creek.

Attachment 3 – Public Involvement Plan Form (Admin. Rpt. 1.0, 8g)



⁷ Texas Commission on Environmental Quality

Public Involvement Plan Form for Permit and Registration Applications

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

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

Section 1. Preliminary Screening

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

If neither of the above boxes are checked, completion of the form is not required and does not

need to be submitted.

Section 2. Secondary Screening

Requires public notice,

Considered to have significant public interest, and

Located within any of the following geographical locations:

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

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

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

Section 3	B. Applicat	tion Inform	nation						
Type of A	pplication	(check all t	hat apply):						
Air	Initial	Federal	Amendment	Standard Permit	Title V				
Waste	ste Municipal Solid Waste Industrial and Hazardous Waste Scrap Tire Radioactive Material Licensing Underground Injection Control								
Water Qua	ality								
Texas	Pollutant D	oischarge Eli	mination System	(TPDES)					
Те	xas Land A	pplication P	ermit (TLAP)						
Sta	ate Only Co	ncentrated A	Animal Feeding O	peration (CAFO)					
Wa	Water Treatment Plant Residuals Disposal Permit								
Class I	B Biosolids	Land Applic	ation Permit						
Domes	stic Septage	e Land Appli	cation Registratio	on					
147 A. D. 1									
0	hts New Pe								
		on of Water							
New o	r existing r	eservoir							
Amendme	ent to an Ex	isting Water	Right						
Add a	Add a New Appropriation of Water								
Add a	Add a New or Existing Reservoir								
Major	Amendmer	nt that could	affect other wat	er rights or the enviro	nment				

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.
inguage notice to necessary) i rease provide the ronoving mornation
(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
(a) referre of Englistically isolated flousenoids by language within the specifica 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 r Administrative Code (30 TAC) Chapter 39?	equirements of Title 30 Texas
Yes No	
(b) If yes, do you intend at this time to provide public out	reach other than what is required by rule?
Yes No	
If Yes, please describe.	
If you answered "yes" that this application is answering the remaining questions in (c) Will you provide notice of this application in alternativ	Section 6 is not required.
Yes No	
Please refer to Section 5. If more than 5% of the populat application is Limited English Proficient, then you are r alternative language.	
If yes, how will you provide notice in alternative language	rs?
Publish in alternative language newspaper	
Posted on Commissioner's Integrated Database W	ebsite
Mailed by TCEQ's Office of the Chief Clerk	
Other (specify)	
(d) Is there an opportunity for some type of public meeting	ng, including after notice?
Yes No	
(e) If a public meeting is held, will a translator be provide	ed 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 Offi	ce
Public Place (specify)	

Section 7. Voluntary Submittal

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

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

Yes No

What types of notice will be provided?

Publish in alternative language newspaper

Posted on Commissioner's Integrated Database Website

Mailed by TCEQ's Office of the Chief Clerk

Other (specify)

Attachment 4 – Supplemental Permit Information Form (Admin. Rpt. 1.1, 1)

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:	
Application type:RenewalMajor AmendmentMino	r AmendmentNew
County: Segment Number:	
Admin Complete Date:	
Agency Receiving SPIF:	
Texas Historical Commission U.S. Fish an	d Wildlife
Texas Parks and Wildlife Department U.S. Army O	Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: <u>Woodmere Development Co., LTD</u>

Permit No. WQ00

EPA ID No. TX

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

0.6 miles northwest of the intersection of West Road and Katy Hockley Cutoff Road

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): <u>Mr.</u>

First and Last Name: <u>Kameron Pugh</u>

Credential (P.E, P.G., Ph.D., etc.): <u>P.E.</u>

Title: <u>Senior Project Manager</u>

Mailing Address: <u>13430 Northwest Freeway, Suite 700</u>

City, State, Zip Code: Houston, TX 77040

Phone No.: <u>832-590-7187</u> Ext.:

Fax No.:

E-mail Address: <u>kpugh@idseg.com</u>

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

<u>Woodmere Development Co., LTD – This property will be transferred to Harris County</u> <u>Municipal Utility District No. 606 upon MUD creation.</u>

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

The initial discharge of the WWTP will exit the site to the west into the adjacent conveyance channel (approximately 260,000 cy in size with a 10-acre surface area), then flow into an onsite detention pond (approximately 940,000 cy in size with a 40-acre surface area), and finally into an onsite conveyance channel (approximately 335,000 cy in size with a 9 acre surface area) until it exits the site in the southeast corner. From there it will flow south through a proposed offsite drainage channel (approximately 85,000 cy in size with a 7-acre surface area) for 0.4 miles until it discharges into an adjacent development's detention pond system. It will then flow through their detention pond system (approximately 225,000 cy in size with a 16-acre surface area) for 0.7 miles ultimately discharges directly into Bear Creek Segment No. U102-00-00.

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

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

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

- Proposed access roads, utility lines, construction easements
- □ Visual effects that could damage or detract from a historic property's integrity
- □ Vibration effects during construction or as a result of project design

- Additional phases of development that are planned for the future
- □ Sealing caves, fractures, sinkholes, other karst features
- Disturbance of vegetation or wetlands
- 1. List proposed construction impact (surface acres to be impacted, depth of excavation, sealing of caves, or other karst features):

Area of construction is a presently cleared area and flat elevation.

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

This location is currently unused, the site is lightly wooded with several small commercial sheds.

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

- List construction dates of all buildings and structures on the property:
 <u>Historically there have been no structures on this site. Confirmed via satellite and airborne imaging going back to 1944.</u>
- 4. Provide a brief history of the property, and name of the architect/builder, if known. <u>The property has been used for a sand mining operation onsite. No previous developments.</u>

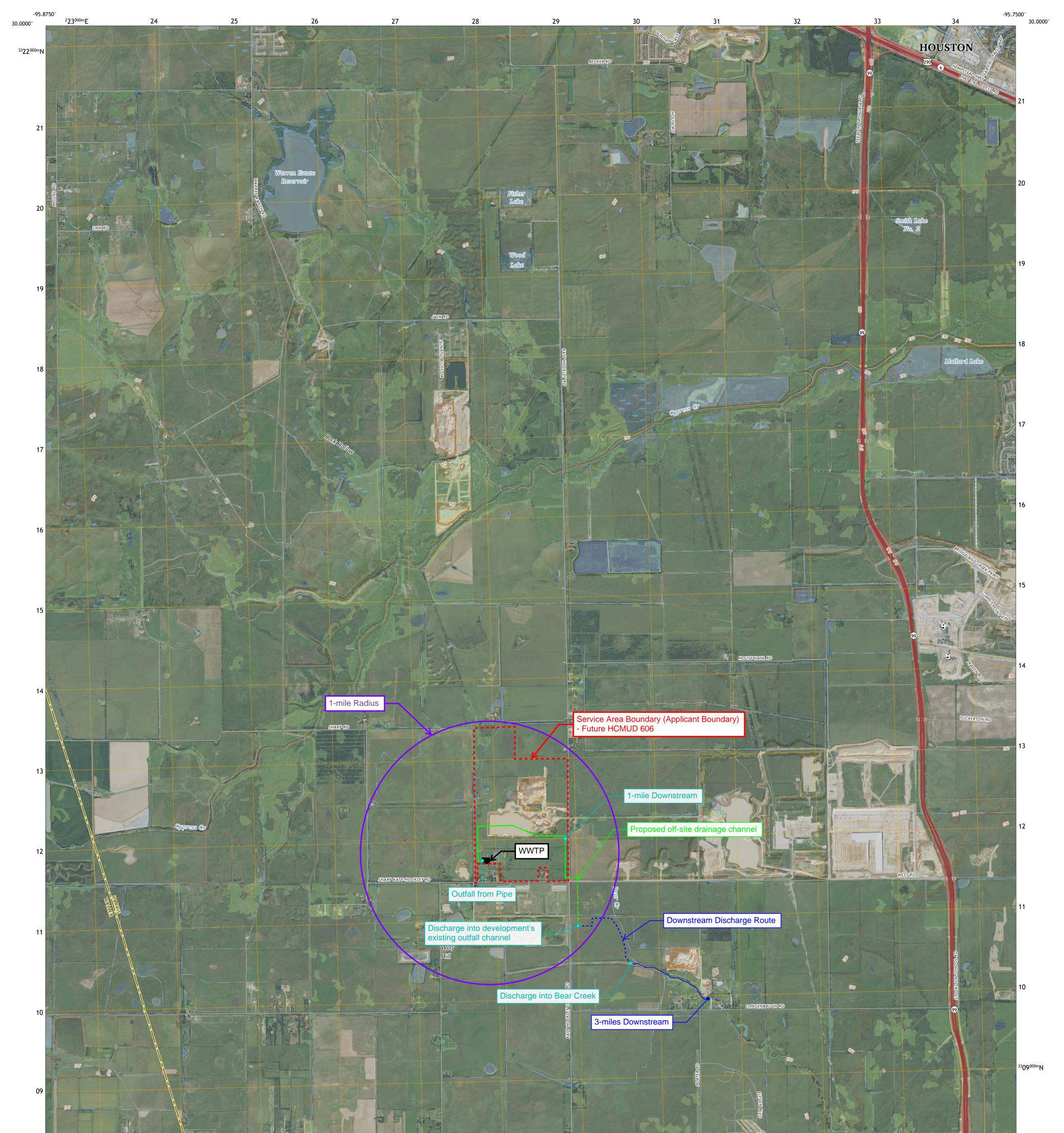
Attachment 5 – USGS Map (Full Size) (Admin. Rpt. 1.0, 13; SPIF, 5)



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



WARREN LAKE QUADRANGLE TEXAS 7.5-MINUTE TOPO

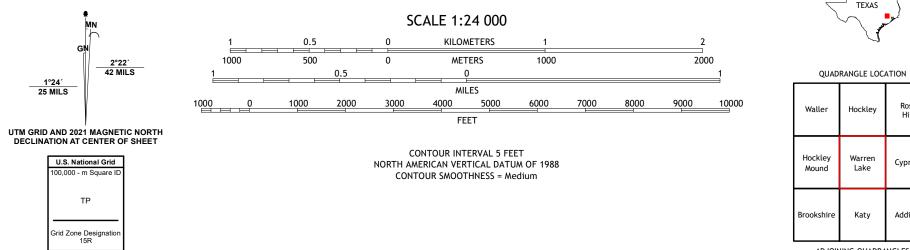




Produced by the United States Geological Survey North American Datum of 1983 (NAD83) World Geodetic System of 1984 (WGS84). Projection and 1 000-meter grid:Universal Transverse Mercator, Zone 15R Data is provided by The National Map (TNM), is the best available at the time of map generation, and includes data content from supporting themes of Elevation, Hydrography, Geographic Names, Boundaries, Transportation, Structures, Land Cover, and Orthoimagery. Refer to associated Federal Geographic Data Committee (FGDC) Metadata for additional source data information.

This map is not a legal document. Boundaries may be generalized for this map scale. Private lands within government reservations may not be shown. Obtain permission before entering private lands. Temporal changes may have occurred since these data were collected and some data may no longer represent actual surface conditions.

Learn About The National Map: https://nationalmap.gov









ADJOINING QUADRANGLES

Rose Hill

Cypress

Addicks

Attachment 6 – Description of Treatment (Tech. Rpt. 1.0, 2a)

Technical Report 1.0 Section 2. Treatment Process A. Current Operating Phase

Proposed Phase I

The proposed phase 1 plant operates as a single stage nitrification activated sludge process. It includes a headworks with manual bar screen, three (3) 60-foot length steel basin package plant split into 38-foot aeration basin and 22-foot digester with a 35-foot diameter clarifier. The total aeration capacity of 14,597 CF is capable of treating 0.245 MGD average daily flow. Chlorine contact basin capacity of 1,998 CF provides over 20 minutes of contact time at peak flow of the plant. 6-inch return sludge airlifts are to be included to provide 75 to 200 percent of average daily flow. Disinfected effluent flows from the plant to the outfall via an 18-inch pipe. Three (3) aerobic digester basins with a volume of 8,451 CF provide adequate capacity for sludge digestion. Sludge is to be disposed by a contract hauler.

Interim Phase

The interim phase 2 plant will be operated as a single stage nitrification activated sludge process. It will include a headworks with manual bar screens, six (6) 60-foot length steel basin package plants split into 38-foot length aeration basins and 22-foot digesters with two (2) 35-foot diameter clarifiers. Total aeration basin capacity of 29,193 CF capable of treating 0.490 MGD average daily flow, chlorine contact basin with 3,996 CF capacity which provides over 20 minutes of contact time at peak flow. 6-inch return sludge airlifts are to be included to provide 75 to 200 percent of average daily flow. Disinfected effluent flows from the plant to the outfall via an 18-inch pipe. Six (6) aerobic digester basins with a volume of 16,901 CF provide adequate capacity for sludge digestion. Sludge is to be disposed by a contract hauler.

<u>Final Phase</u>

The final phase 3 plant will be operated as a single stage nitrification activated sludge process. It will include a headworks with manual bar screens, nine (9) 60-foot length steel basin package plants split into 38-foot aeration basins and 22-foot digesters with three (3) 35-foot diameter clarifier. Total aeration basin capacity of 43,790 CF capable of treating 0.735 MGD average daily flow, three (3) chlorine contact basins with 5,994 CF capacity which provides over 20 minutes of contact time at peak flow. 6-inch return sludge airlifts are to be included to provide 75 to 200 percent of average daily flow. Disinfected effluent flows from the plant to the outfall via an 18-inch pipe. Nine (9) aerobic digester basins with a total volume of 25,352 CF provide adequate capacity for sludge digestion. Sludge is to be disposed of by a contract hauler.

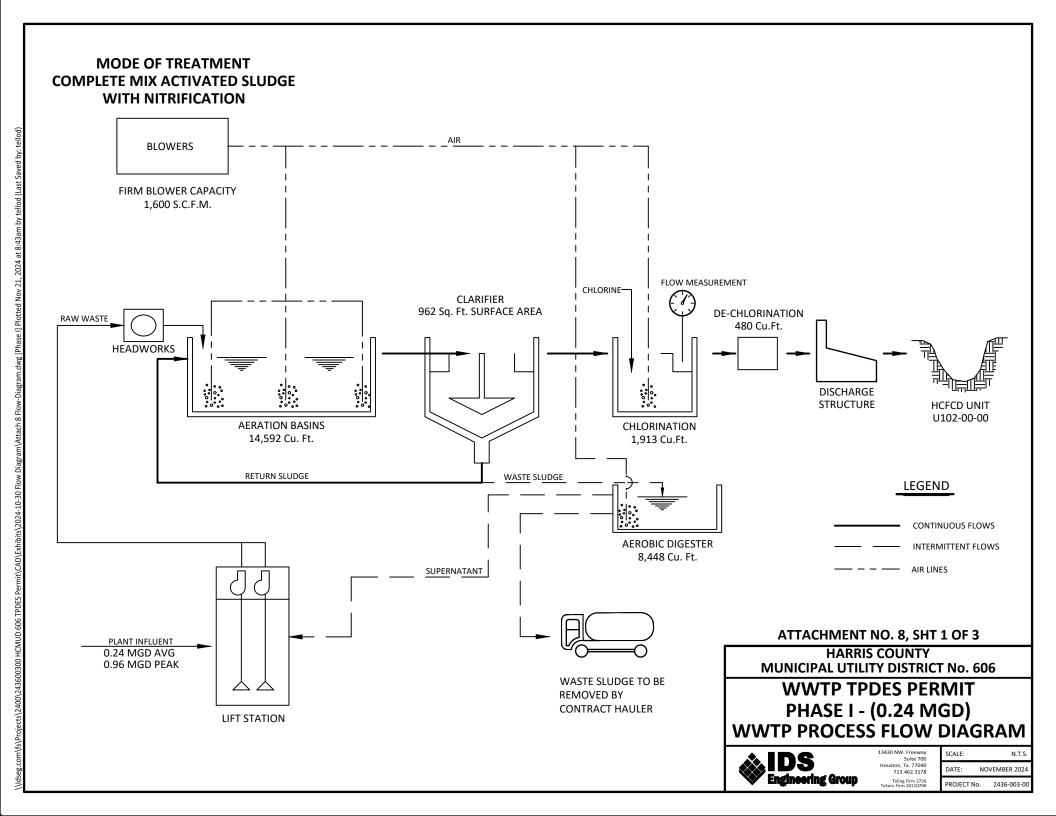
Attachment 7 – Treatment Unit Dimensions (Tech. Rpt. 1.0, 2b)

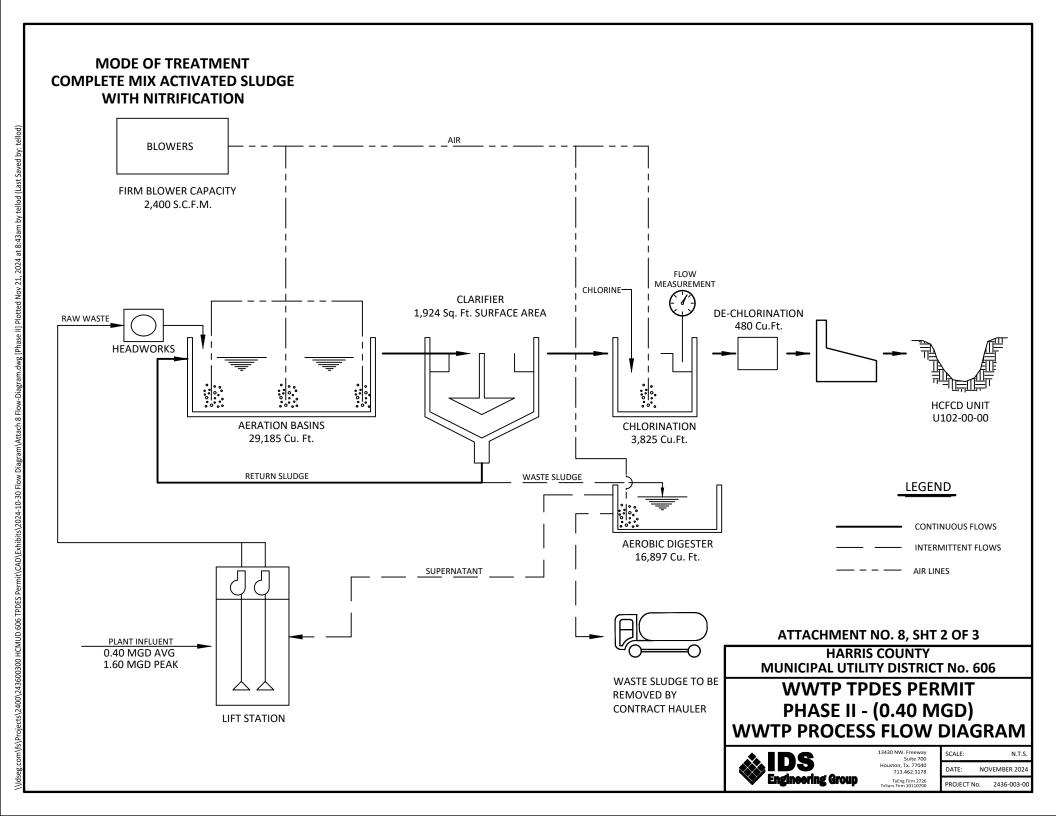
Technical Report 1.0 Section 2. Treatment Process B. Treatment Units

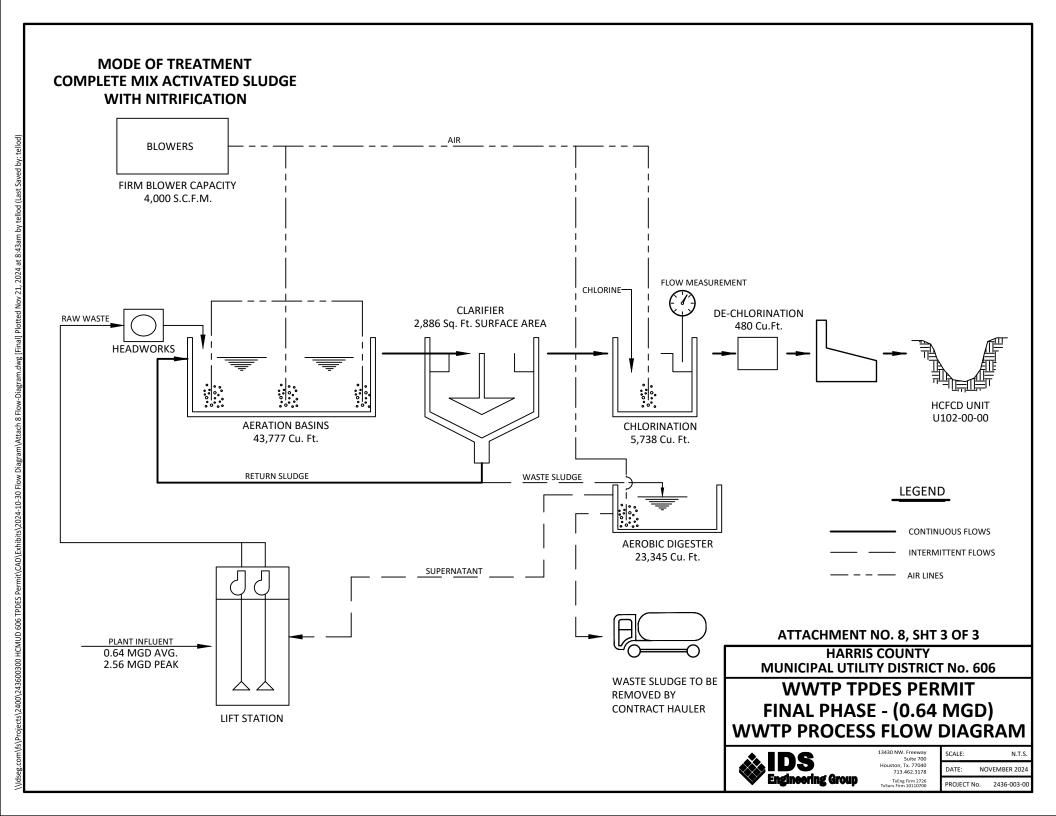
Phase 1 - 0.24 MGD

	No. of Basins	Diameter (ft)	Length (ft)	Width (ft)	Height (ft)	SWD (ft-in)	Volume (Cu. Ft)
Clarifier	1	35	-	-	14.167	10.5	10102.18
Aeration	3	-	38	12	12.167	10.667	14592.46
Chlorine Contact	1		18.75	12	10.167	8.5	1912.50
Digester	3	-	22	12	12.167	10.667	8448.26
Phase 2 - 0.40 MGD							
	No. of Basins	Diameter (ft)	Length (ft)	Width (ft)	Height (ft)	SWD (ft-in)	Volume (Cu. Ft)
Clarifier	2	35	-	-	14.167	10.5	20204.37
Aeration	6	-	38	12	12.167	10.667	29184.91
Chlorine Contact	2		18.75	12	10.167	8.5	3825.00
Digester	6	-	22	12	12.167	10.667	16896.53
Final Phase - 0.60 MGD							
	No. of Basins	Diameter (ft)	Length (ft)	Width (ft)	Height (ft)	SWD (ft-in)	Volume (Cu. Ft)
Clarifier	3	35	-	-	14.167	10.5	30306.55
Aeration	9	-	38	12	12.167	10.667	43777.37
Chlorine Contact	3		18.75	12	10.167	8.5	5737.50
Digester	9	-	22	12	12.167	10.667	25344.79
Dechlorination	1		5	12	10.167	8.5	480.00

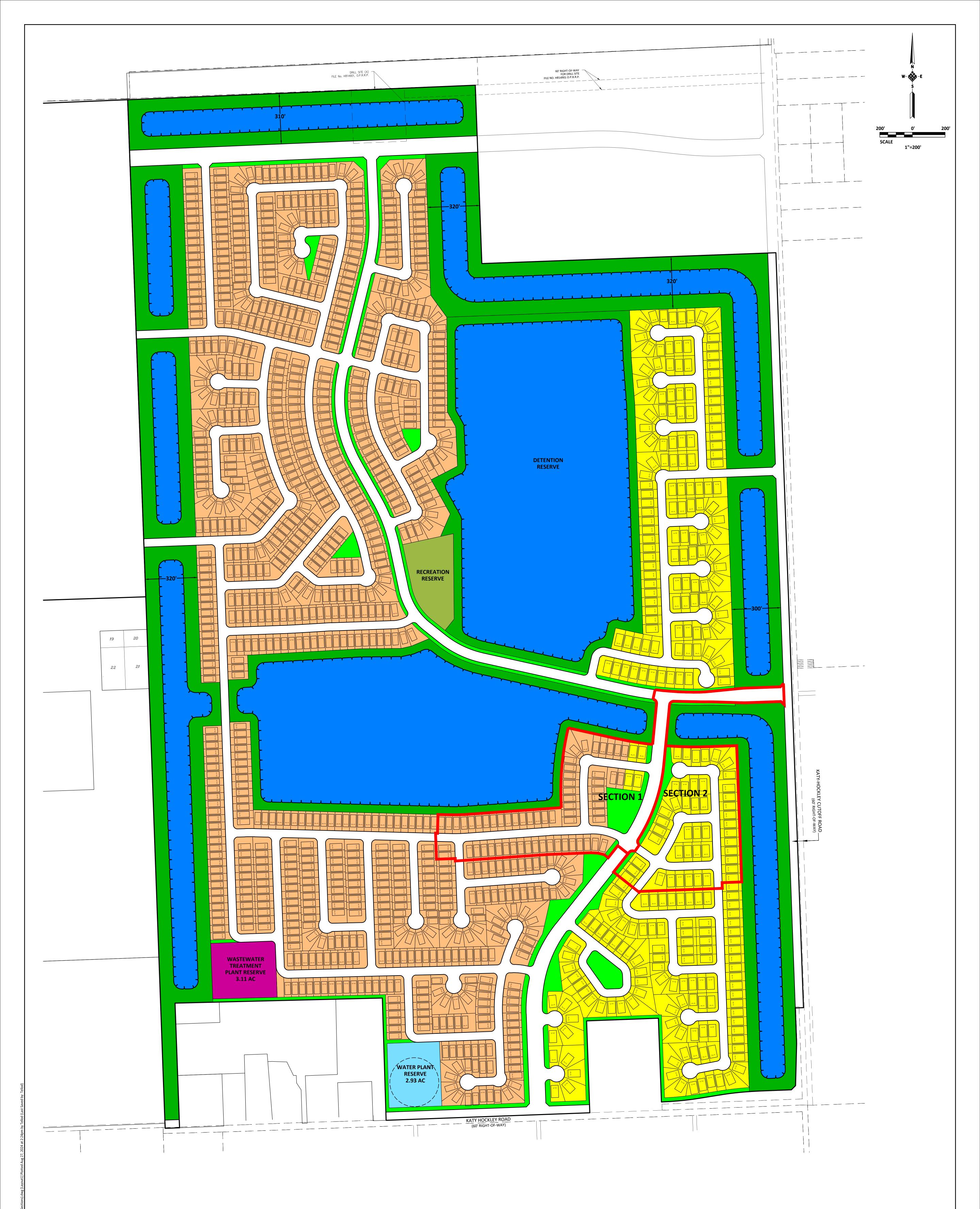
Attachment 8 – Process Flow Diagrams (Tech. Rpt. 1.0, 2c)

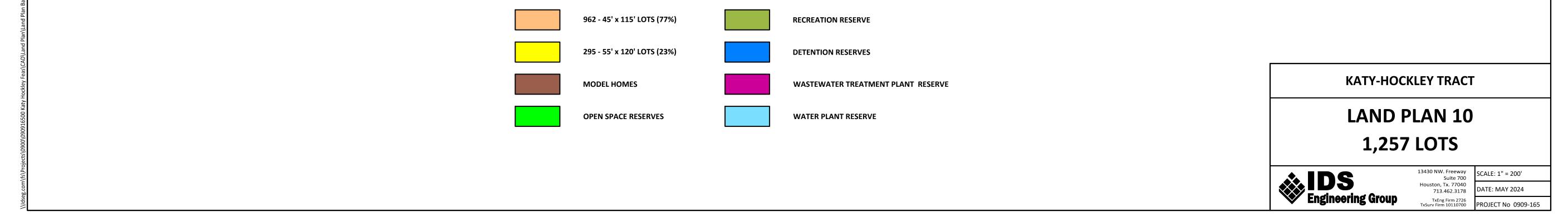




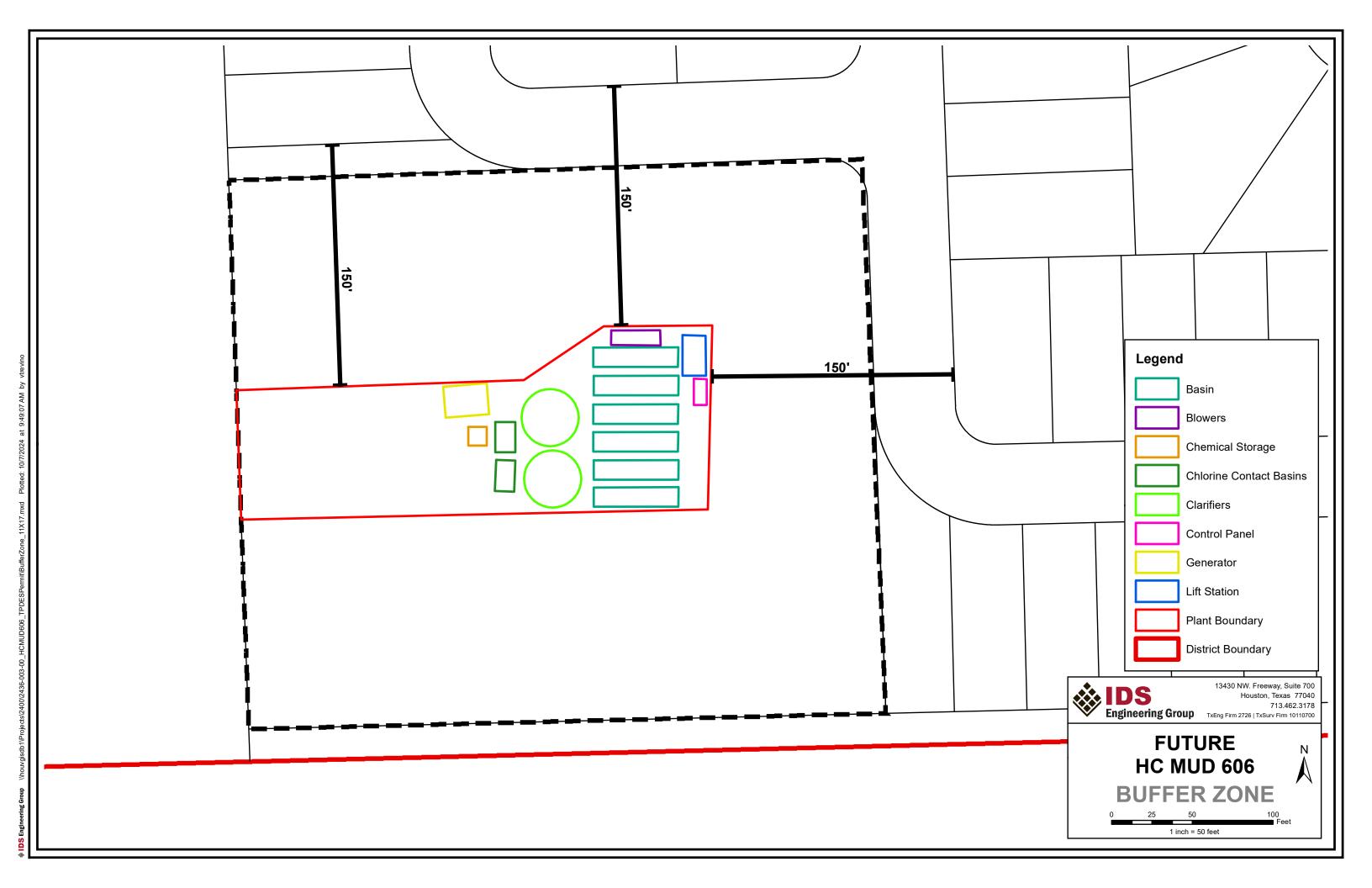


Attachment 9 – Site Drawings (Tech. Rpt. 1.0, 3)





Attachment 10 – Buffer Zone Map (Admin Rpt. 1.1, 3a)



Attachment 11 – Justification for Treatment (Tech. Rpt. 1.1, 1a)

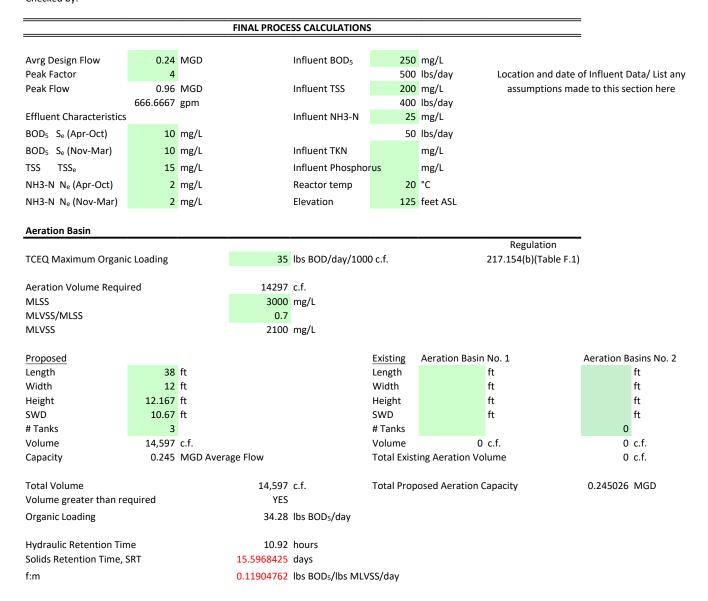
Technical Report 1.1 Section 1. Justification for Permit A. Justification of permit need

Woodmere Development Co., LTD is proposing to develop a 494.4-acre tract of land within Harris County that will include the addition of a single-family residential community. Included in the development will be roads, drainage, wastewater collection system, wastewater treatment facilities, water distribution system, and water treatment facilities to serve the developed areas. Flow projections are based upon information provided by the developer that included the ability to serve approximately the first sections of the 1,200+ lot subdivision with 800 equivalent single family connections (ESFCs) at 300 gallons per day (gpd) with the Interim Phase I Wastewater Treatment Plant (WWTP), approximately 1,300 ESFCs with the Interim Phase II WWTP and ultimately serve 2,100 ESFCs with the Final Phase WWTP.

The Interim Phase I WWTP would be required to treat an average daily flow of 160,000 gpd. Multiplying the 160,000 gpd times a factor of 1.5 for the WWTP's less than 1 MGD in size would require a plant size to treat an average daily flow of 240,000 gpd. The proposed Interim Phase I WWTP is sized to treat an average daily flow of 240,000 gpd with a peak flow of 960,000 gpd. The proposed Interim Phase II WWTP is sized to treat an average daily flow of 1,600,000 gpd. The proposed Final Phase WWTP is sized to add 640,000 gpd of treatment to the Interim Phase II WWTP. The combined phases will have the ability to treat 640,000 gpd with a peak flow of 2,560,000 gpd.

Attachment 12 – Wastewater Plant Design Calculations (Tech. Rpt. 1.1, 4)

HCMUD No. 606 Wastewater Treatment Plant - Steel Package IDS Project No. 2436-004-00 10/29/2024 Completed by: ENW Checked by:



Clarifier Basin

Clarifier Basin							
						Regulation	
TCEQ Maximum Surface Loading (D gal/day/s.f. at peak flow			217.154(c)(Table F.2)		
TCEQ Minimum Detention Time (Qpk)			hours at peak flow			217.154(c)(Table F.2)	
TCEQ Maximum Weir Loading (Qpk)			gal/day/ft			217.152(c)(4)	
TCEQ Minimum Side Water Depth (SWD)		10				217.152(g)(2)(A)/(B)	
TCEQ Maximum Stilling Well Veloc	ity	0.15	ft/sec			217.152(a)(4)	
Surface Area Required		800	s.f.	31.9 ft min di	a for o	ne clarifier	
Volume Required		9625	c.f. 22.6 ft min dia for				
		_	c .				
Stilling Well Diameter		1.49	feet 15-20% of total tank di cfs plus 0.4465836			ameter 87 cfs recycle flow	
Stilling Well Qpk Stilling Well Velocity at Qpk		0.003		Meets req?	55067	YES	
Stilling Weil Velocity at Qpk		0.005	103	weets req:		125	
Clarifiers Provided	1	tanks(s)		Existing Clarifiers			tanks(s)
Diameter	35	ft		Diameter			ft
Height	14.167	ft		Height			ft
Static WL	10.50	ft		Static WL			ft
SWD	10.792	ft		SWD			ft
Surface Area	962	s.f.		Surface Area		0	s.f.
Volume	10383.1	c.f.		Volume		0.0	c.f.
Total Surface Area		962	s.f.	Greater than req?		YES	
Total Volume		10383.1	c.f.	Greater than req?		YES	
		001/2		Only			
Clarifier Surface Loading		Qavg 5/19	gpd/s.f.	<u>Qpk</u>	998	Less than max?	YES
Clarifier Detention Time			Hours		1.94	Greater than req?	YES
claimer Detention nine				erage RAS flowrate to calcu			TLS
		inis currenti,	uses the uv		and to u		
Clarifier Wall to Weir Length	12	in					
Weir Length	103.7						
Weir Loading	9260	gpd/ft		Less than max?		YES	
RAS/WAS Pumping and Piping							
TCEO minimum cludgo nino diamo	tor	4	in			Regulation 217.152(e)(2-3)	
TCEQ minimum sludge pipe diame	ter	4	In			217.152(8)(2-3)	
Clarifier Surface Area		962	s.f.				
TCEQ min RAS pump capacity @20	134	gpm	Qr/Q =	0.80	217.152(j)(3)		
TCEQ max RAS pump capacity @40		gpm	Qr/Q =	1.60	217.152(j)(3)		
RAS/WAS pipe diameter		6	in				
Velocity in RAS/WAS pipe @ min rate		1.82					
Velocity in RAS/WAS pipe @ min rate		3.64	-				
velocity in they was pipe to maxi	ale	5.04	143				

Chlorine Contact Basin

Chlorine Contact Basin					
				Regulation	
Minimum Contact Time at Peak Flow			20	min	217.281(b)(1)
Required Volume for Ch	lorine Contact Basin		13333	gal	
Required Volume for Ch			1783	-	
Proposed			Existing		
Length	18.75 ft		Length		ft
Width	12 ft		Width		ft
Height	10.167 ft		Height		ft
SWD	8.5 ft		SWD		ft
# Tanks	1		# Tanks	-	- (
Volume	1,913 c.f.		Volume	0	c.f.
Total Volume Provided Contact Time Provided	1,913	c.f.	Greater than req	?	Yes
at Peak Flow	21.46	min	Greater than req	?	Yes
Dechlorination Basin					
					Regulation
Minimum Contact Time	at Peak Flow		20	Seconds	217.281(c)(2)
Required Volume for Ch	lorine Contact Basin		222	øal	
Required Volume for Chlorine Contact Basin Required Volume for Chlorine Contact Basin				c.f.	
Proposed			Existing		
Length	5 ft		Length		ft
Width	12 ft		Width		ft
Height	10.167 ft		Height		ft
SWD	8 ft		SWD		ft
# Tanks	1		# Tanks		
Volume	480 c.f.		Volume	0	c.f.
Total Volume Provided Contact Time Provided	480	c.f.	Greater than req	?	Yes
at Peak Flow	323.16	Seconds	Greater than req	?	Yes
Aerobic Digester Basin					
		1			Regulation
Does the Plant Have a Primary Clarifier?		No			
Average Basin Temperature		20	deg C	(about 68 d	degrees farenheit year round in houston)
Volatile Solids Reduction Percentage		45	%	See figure 2	14-31 Metcalf &Eddy
Waste Activated Sludge Suspended Solids					
Concentration, Xw		8500	mg/L		
		-			

Does the Plant Have a Primary Clarifier?	No					
Average Basin Temperature	20	deg C	(about 68 degrees farenheit year round in houston)			
Volatile Solids Reduction Percentage	45	%	See figure 14-31 Metcalf &Eddy			
Waste Activated Sludge Suspended Solids						
Concentration, Xw	8500	mg/L				
Fraction of Influent BOD consisting of Raw		expressed as a				
Primary Solids	0.5	decimal	Only Applicable For Plant's With Primary Clarification			
Influent BOD Concentration	250	mg/L	Only Applicable For Plant's With Primary Clarification			
Digester Suspended Solids Concentration	20000	mg/L	this value is assumed			
Reaction Rate Constant, kd	0.06	d ⁻¹	This value is assumed	needs to be backchecked		
Reaction Rate Constant Nitrification, kd n	0.30	d ⁻¹				
Volatile Fraction of Digester BOD, Y	0.60	lbs VSS /lbs BOD				
Volatile Fraction of Digester Ammonia, Yn	0.15	lbs VSS /lbs NH3-N				
Volatile Fraction of Digester Suspended		expressed as a				
Solids, Pn	0.7	decimal	This value is assumed	needs to be backchecked		

		expressed as a	
Fraction of MLVSS to MLSS	0.7	decimal	
Solids Retention Time (SRT)	40	days	
Density of Water	62.32	lbs/c.f.	
		expressed as a	
Percent Solids of Waste Activated Sludge	0.01	decimal	This value is assumed
-		expressed as a	
Percent Solids of Sludge in Digester	0.02	decimal	
Specific Gravity of Sludge	1.005		This value is assumed
	1.000		
Carbonaceous Yield Coefficient	0.58		Incorporates the reaction rate constant with the yield coefficient
Carbonaceous Sludge Production		lb MLVSS / day	meorporates the reaction rate constant with the yield coemilient
carbonaccous shadge rroduction		lb MLSS / day	
	401	ID IVILSS / Udy	
Nitrogenous Yield Coefficient	0.13		
_		Ih MINES / day	
Nitrogenous Sludge Production		lb MLVSS / day	
	9	lb MLSS / day	
	4.67		
Inert Sludge Production (TSS), Dry Solids	167	lb / day	
Volatile Sludge Production		lbs / day	
Total Sludge Production	576	lbs / day	

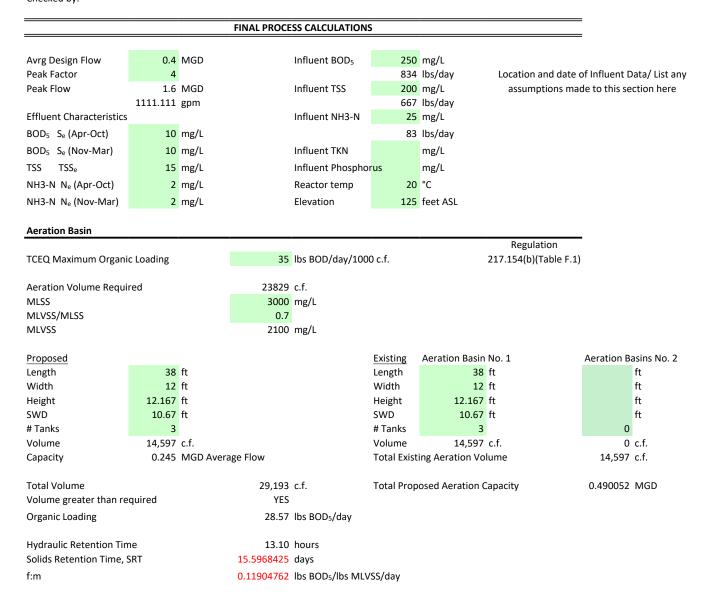
	Rate of Sludge Pe ester Volume Req	-	920 c.f./day 835 c.f.		4.778219037	GPM	
_	ter Volatile Solids ter Volatile Solids	Rate	100 po Ib volatile so 200 po	olids per 1000 cf er day olids per 1000 cf er day		217.249(t)(7)(D) 217.249(t)(7)(D)	
Actual Diges	ter Volatile Solids	Rate		blids per 1000 cf er day			
Maximum Digester Volu Minimum Digester Volu			866 c.f. 433 c.f.				
Proposed Length Width Height SWD # Tanks	22 ft 12 ft 12.167 ft 10 ft 3		Existing Diameter Surface Area Height SWD # Tanks		ft ft ft ft	Existing Diameter Surface Area Height SWD # Tanks	ft ft ft
Volume Total Volume Provided		7,920 c.f.	-	U apacity Capable of Capacity Capable Required Range	e of Handling	Volume Yes Yes	0 c.f.
Sludge Thickening Basi TCEQ Maximum Surface TCEQ Minimum Surface TCEQ Minimum Side W TCEQ Minimum Bottom TCEQ Min. Peripherial V TCEQ Max. Peripherial V Volumetric Flow Rate o	e Loading (Qpk) E Loading (Qpk) ater Depth (SWD) I Slope Yelocity of Scraper Velocity of Scrape	, r	 800 gal/day/s.f. 400 gal/day/s.f. 10 ft 1.5 inches/ft 15 ft/min 20 ft/min 881 gal/day 	-		Regulation 217.248(b)(2)(C) 217.248(b)(2)(C) 217.248(b)(2)(D) 217.248(b)(2)(E) 217.248(b)(2)(F) 217.248(b)(2)(F)	
Minimum Surface Area Maximum Surface Area	-		.60 s.f. .20 s.f.		ft min dia for c ft min dia for t		
Thickeners Provided Diameter Height Static WL SWD Surface Area Volume		tanks(s) ft ft ft 0.0 s.f. 0.0 c.f.	it's the exist	ing small clarifie	r		
Total Surface Area Total Volume			0 s.f.	Within Re	quired Range?	NO	

Aeration Equipment Sizing				
			Regulation	
Oxygen Requirement per Equation F.2	1.63	lbs O ₂ /lb BOD ₅	217.155(a)(2)(Equation	on F.2)
Oxygen Requirement per Table F.3	2.2	lbs O ₂ /lb BOD ₅	217.155(a)(2)(Table F	.3)
Dxygen Requirement for Use in Air Requirements	2.2	lbs O ₂ /lb BOD ₅	217.155(a)(2)	
Aeration System Airflov	v Design Based on .	217.155(b)(1) Table F.4		
Minimum Air Flow Requirement for Diffused Air	3200	SCF/day/lb BOD₅	217.155(b)(1)(Table F	(1)
Design Airflow Rate		SCFM	217.155(b)(1)(Table F	
	1112		217.135(5)(1)(100101)
Aeration System Airflow	-			
Clean Water Oxygen Transfer Efficiency		%	217.155(b)(2)	*Based on Single Drop Di
Standard Diffuser Depth Type of Diffuser	Coarse Bubble	ft	217.155(b)(2)(D)	
Wastewater Oxygen Transfer Efficiency	7.15		217.155(b)(2)(B)(i)	
Required Air Flow Rate	620	SCFM	217.155(B)(2)©	
Actual Diffuser Depth	9.67		217.155(b)(2)(D)	
Is a Correction Factor Require?	Yes 1.6029		217.155(b)(2)(D)	
Diffuser Submergence Correction Factor Used	1.0029		217.155(b)(2)(D)(Tab	le r.5)
Corrected Required Air Flow Rate	994	SCFM	217.155(b)(2)(D)	
Design Airflow Requirements for Aeration Process	994	SCFM	217.155(b)	
Mixing Requirements f	or Diffused Air Bas	ed on 217.155(b)(3)(B)		
Type of Diffuser	Coarse Bubble			
Minimum Airflow Requirement Diffused Air	20	SCFM/1000 c.f.	217.155(b)(3)	
Design Airflow Requirements for Aeration Mixing	291.9312	SCFM	217.155(b)(3)	
Design Airflow Requirements for Aeration Basins	994	SCFM		
_	eration System Airfl	-		
Amount of Oxygen Required		lbs O2/lb VSS reduction		
Density of Air Required Amount of Oxygen for Digestion		lbs Air/c.f. lbs O2/day		
Wastewater Oxygen Transfer Efficiency for Digester	000	100 02/004		
Diffusers	7.15	%		
Required Amount of Air for Digestion	369	SCFM		
Minimum Airflow Requirements for Diffused				
Air Mixing in Digester	30	SCFM/1000 c.f.	217.251(d)(1)(C)	
Required Amount of Air for Digester Mixing	237.6	SCFM		
Design Airflow Requirements for Digester Basins	369	SCFM	217.251(d)(1)(C)	
Minimum Airflow Poquiromonto for Diffuond Air Minima in				
Minimum Airflow Requirements for Diffused Air Mixing in Chlorine Contact Basin	20	SCFM/1000 c.f.		
	20.25	0.0514		
Design Airflow Requirements for Chlorine Contact Mixing	38.25	SCFM		
Design Airflow Requirements for Airlift Pumps		SCFM	per manufacturer recommendation	
Minimum Airflow Requirement for Equalization Basin Mixing	0	SCFM/s.f.	217.128(d)	
-			. ,	
Design Airflow Requirements for Equalization Basin Mixing	0	SCFM		
Design Airflow Requirements for Equalization Basin Mixing Total Airflow Requirements for WWTP Systems		SCFM SCFM	6548	

Process Air Blower Capacity

No. of Existing Blowers Existing Blower Capacity		0 0	SCFM		
No. of Prop. Blowers		3			
Prop. Blower Capacity		800	SCFM		
Prop. Blower Firm Capacity		1600	SCENA	(Blower firm capacity is blower capacity with	
Prop. Blower Total Capacity		1600 SCFM largest blower out of service) 2400 SCFM			
Prop. Blower Firm Capacity Greate	•	S			
Prop. Blower Total Capacity Greate	er Than Required Ye	S			
Pounds Per Day of Chlorine Requi	red for Treatment				
				Regulation	
Chlorine Concentration	8 mg/L			217.272(b) Table K.1	
Lbs of Chlorine / Day	64.0512 lbs/day				
Maximum Withdrawal Rate From	Gas Cylinder				
				Regulation	
Low Ambient Temperature	65 deg Farenheit			217.273(a)(1)	
Threshold Temperature	0 deg Farenheit			217.273(a)(1) Table K.2	
Withdrawal Factor	8 lbs/deg Far/day			217.273(a)(1) Table K.2	
Maximum gas					
withdrawal rate per					
cylinder	520 lbs/day			217.273(a)(1) Equation K	
	520 185/ ddy			217.275(0)(1) Equation R	
Minimum Number of Cylinders Re					
Minimum Number of Cylinders Re				Regulation	
Minimum Number of Cylinders Re					

HCMUD No. 606 Wastewater Treatment Plant - Steel Package IDS Project No. 2436-004-00 10/29/2024 Completed by: ENW Checked by:



Clarifier Basin

Liarifier Basin				1			
		4000	nal (da da f	t and flow		Regulation	
TCEQ Maximum Surface Loading (Q	• •	1200 gal/day/s.f. at peak flow 1.8 hours at peak flow			217.154(c)(Table F.2)		
TCEQ Minimum Detention Time (Qpk)			-	KIIUW		217.154(c)(Table F.2)	
TCEQ Maximum Weir Loading (Qpk TCEQ Minimum Side Water Depth (30000	gal/day/ft ft			217.152(c)(4) 217.152(g)(2)(A)/(B)		
TCEQ Maximum Stilling Well Veloci	,		ft/sec			217.152(g)(2)(A)/(B) 217.152(a)(4)	
	Ly	0.15	IL/SEC			217.152(d)(4)	
Surface Area Required		1333.33333	s.f.	41.2 ft min	dia for o	ne clarifier	
Volume Required		16042	c.f.	29.1 ft min	dia for t	wo clarifiers	
Stilling Well Diameter		7	feet	15-20% of total ta	ank diam	eter	
Stilling Well Qpk		2.48	cfs	plus 0.893	3167374	cfs recycle flow	
Stilling Well Velocity at Qpk		0.005	fps	Meets req?		YES	
Clarifiers Provided	1	tanks(s)		Existing Clarifiers		1 t	
Diameter	35	ft		Diameter		35 f	
Height	14.167	ft		Height		14.167 f	
Static WL	10.50	ft		Static WL		10.50 f	
SWD	10.792	ft		SWD		10.667 f	
Surface Area	962	s.f.		Surface Area		962 s	
Volume	10383.1	c.f.		Volume		10262.9 c	
Total Surface Area		1924		Greater than req		YES	
Total Volume		20646.0	c.t.	Greater than req	?	YES	
		Qavg		Qpk			
Clarifier Surface Loading			gpd/s.f.		832	Less than max?	
Clarifier Detention Time			Hours	DAG (1	2.32	Greater than req?	
		This currently	uses the ave	rage RAS flowrate to ca	ilculate d	letention time	
Clarifier Wall to Weir Length	12	in					
Weir Length	207.3						
Weir Loading	7717	gpd/ft		Less than max?		YES	
RAS/WAS Pumping and Piping						Regulation	
TCEQ minimum sludge pipe diamet	er	4	in			217.152(e)(2-3)	
Clarifier Surface Area		1924	s.f.				
ICEQ min RAS pump capacity @200			gpm	Qr/Q =	0.96	217.152(j)(3)	
ICEQ max RAS pump capacity @40	Ogpd/sf	535	gpm	Qr/Q =	1.92	217.152(j)(3)	
		c					
RAS/WAS pipe diameter		6	in				
RAS/WAS pipe diameter Velocity in RAS/WAS pipe @ min ra Velocity in RAS/WAS pipe @ max ra		6 3.64 7.28	fps				

Chlorine Contact Basin

Chlorine Contact Basin						Dogulation	
Minimum Contact Time	at Peak Flo	w		20	min	Regulation 217.281(b)	
				22222			
Required Volume for Ch				22222	•		
Required Volume for Ch	liorine Con	lact Basin		2971	C.T.		
Proposed				Existing			
Length	18.75	ft		Length	18.75 f	t	
Vidth	12	ft		Width	12 f	t	
leight	10.167	ft		Height	10.167 f	t	
WD	8.5	ft		SWD	8.5 f	t	
^t Tanks	1			# Tanks	1		
/olume	1,913	c.f.		Volume	1912.5 (f.	
otal Volume Provided		3,825	cf	Greater than req?		Yes	
Contact Time Provided		3,023	U.I.	Greater than req!		165	
It Peak Flow		25.75	min	Greater than req?	•	Yes	
Dechlorination Basin							
						Regulation	
Minimum Contact Time	at Peak Flo	w		20	Seconds	217.281(c)	(2)
Required Volume for Ch	lorine Con	tact Basin		370	gal		
Required Volume for Ch	lorine Con	tact Basin		50	c.f.		
Proposed				Existing			
ength	5	ft		Length	f	t	
Vidth	12	ft		Width	f	t	
leight	10.167	ft		Height	f	t	
WD	8	ft		SWD	f	t	
Tanks	1			# Tanks			
olume	480	c.f.		Volume	0 0	f.	
			r.				
		480	c.f.	Greater than req?	,	Yes	
Contact Time Provided							
Contact Time Provided			c.f. Seconds	Greater than req? Greater than req?		Yes Yes	
Total Volume Provided Contact Time Provided at Peak Flow Aerobic Digester Basin						Yes	
Contact Time Provided at Peak Flow							
Contact Time Provided t Peak Flow	ive a Prima	193.89	Seconds	Greater than req?		Yes	1
Contact Time Provided It Peak Flow Aerobic Digester Basin Does the Plant Ha		193.89	Seconds	Greater than req?		Yes	
ontact Time Provided t Peak Flow erobic Digester Basin Does the Plant Ha	ige Basin Te	193.89 ry Clarifier? emperature	Seconds No 20	Greater than req?	, (about 68 d	Yes Regulation	

850

2000

0.0

0.3

0.6

0.1

Solids, Pn

Waste Activated Sludge Suspended Solids Concentration, Xw Fraction of Influent BOD consisting of Raw **Primary Solids** Influent BOD Concentration Digester Suspended Solids Concentration Reaction Rate Constant, kd Reaction Rate Constant Nitrification, kd n Volatile Fraction of Digester BOD, Y Volatile Fraction of Digester Ammonia, Yn Volatile Fraction of Digester Suspended

	0		, ,
45	%	See figure 14-31 Metcalf &	&Eddy
3500	mg/L		
	expressed as a		
0.5	decimal	Only Applicable For Plant'	s With Primary Clarification
250	mg/L	Only Applicable For Plant	s With Primary Clarification
0000	mg/L	this value is assumed	
0.06	d ⁻¹	This value is assumed	needs to be backchecked
0.30	d ⁻¹		
0.60	lbs VSS /lbs BOD		
0.15	lbs VSS /lbs NH3-	N	
	expressed as a		
0.7	decimal	This value is assumed	needs to be backchecked

		expressed as a	
Fraction of MLVSS to MLSS	0.7	decimal	
Solids Retention Time (SRT)	40	days	
Density of Water	62.32	lbs/c.f.	
		expressed as a	
Percent Solids of Waste Activated Sludge	0.01	decimal	This value is assumed
-		expressed as a	
Percent Solids of Sludge in Digester	0.02	decimal	
Specific Gravity of Sludge	1.005		This value is assumed
Carbonaceous Yield Coefficient	0.58		Incorporates the reaction rate constant with the yield coefficient
Carbonaceous Sludge Production	465.15	lb MLVSS / day	
		lb MLSS / day	
Nitrogenous Yield Coefficient	0.13		
Nitrogenous Sludge Production	10	lb MLVSS / day	
		lb MLSS / day	
Inert Sludge Production (TSS), Dry Solids	278	lb / day	
		.,,	
Volatile Sludge Production	475	lbs / day	
Total Sludge Production		lbs / day	

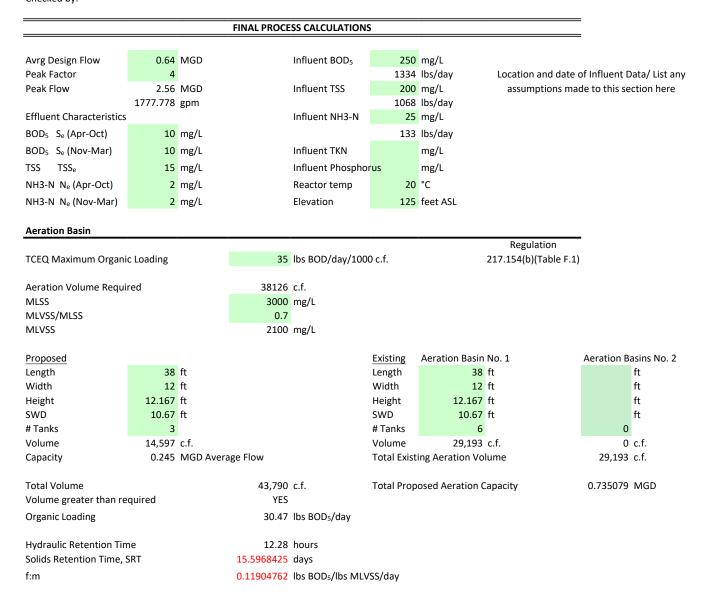
Volumetric Flow Dig	Rate of Sludge ester Volume	-	1527 9686	c.f./day c.f.		7.931595835	GPM	
Minimum Diges Maximum Diges			100 200	lb volatile solids p per day lb volatile solids p per day	er 1000 cf		217.249(t)(7)(D) 217.249(t)(7)(D)	
Actual Diges	ter Volatile So	olids Rate	30	lb volatile solids p per day				
Maximum Digester Volu Minimum Digester Volu			4750 2375					
Proposed Length Width Height SWD # Tanks Volume	22 ft 12 ft 12.167 ft 10 ft 3 7,920 c.	t t		Existing Diameter Surface Area Height SWD # Tanks Volume	22 12 12.167 10 3 7,920	ft ft ft	Existing Diameter Surface Area Height SWD # Tanks Volume	ft ft ft c.f.
Total Volume Provided		15,840	c.f.	Digester Capacity Digester Capaci Requ	Capable of	Meeting SRT? of Handling	Yes Yes	
Sludge Thickening Basi TCEQ Maximum Surface TCEQ Minimum Surface TCEQ Minimum Side W TCEQ Minimum Bottom TCEQ Min. Peripherial V TCEQ Max. Peripherial V Volumetric Flow Rate o	e Loading (Qp) Loading (Qp) ater Depth (S) Slope /elocity of Scr Velocity of Scr	k) WD) raper raper	400 10 1.5 15 20	gal/day/s.f. at pea gal/day/s.f. at pea ft inches/ft ft/min ft/min gal/day			Regulation 217.248(b)(2)(C) 217.248(b)(2)(C) 217.248(b)(2)(D) 217.248(b)(2)(E) 217.248(b)(2)(F) 217.248(b)(2)(F)	
Minimum Surface Area Maximum Surface Area	-		14.28 28.56			ft min dia for o ft min dia for t		
Thickeners Provided Diameter Height Static WL SWD Surface Area Volume		0.0 0.0		it's the existing sm	nall clarifier			
Total Surface Area Total Volume				s.f. c.f.	Within Rec	quired Range?	NO	

			Dec. lette	
		H. O. /H. 202	Regulation	
Oxygen Requirement per Equation F.2		lbs O ₂ /lb BOD ₅	217.155(a)(2)(Equation F.2)	
Oxygen Requirement per Table F.3	2.2	lbs O ₂ /lb BOD ₅	217.155(a)(2)(Table F.3)	
Dxygen Requirement for Use in Air Requirements	2.2	lbs O ₂ /lb BOD ₅	217.155(a)(2)	
Aeration System Airflow	Design Based on .	217.155(b)(1) Table F.4		
Minimum Air Flow Requirement for Diffused Air	3200	SCF/day/lb BOD₅	217.155(b)(1)(Table F.4)	
Design Airflow Rate	1853.333333	SCFM	217.155(b)(1)(Table F.4)	
Apartica Castors Ainflow	naine Decod on 20	17 155(b)(2) 5		
Aeration System Airflow D Clean Water Oxygen Transfer Efficiency	esign Basea on 21 11		217.155(b)(2) *Base	d on Single Drop Di
Standard Diffuser Depth		ft	217.155(b)(2)(D)	a on single brop bi
	Coarse Bubble		217.135(5)(2)(5)	
Wastewater Oxygen Transfer Efficiency	7.15	%	217.155(b)(2)(B)(i)	
Required Air Flow Rate		SCFM	217.155(B)(2)©	
Actual Diffuser Depth	9.67	ft	217.155(b)(2)(D)	
Is a Correction Factor Require?	Yes		217.155(b)(2)(D)	
Diffuser Submergence Correction Factor Used	1.6029		217.155(b)(2)(D)(Table F.5)	
Corrected Required Air Flow Rate	1656	SCFM	217.155(b)(2)(D)	
Design Airflow Requirements for Aeration Process	1656	SCFM	217.155(b)	
Mixing Requirements for	r Diffused Air Bas	ed on 217.155(b)(3)(B)		
	Coarse Bubble			
Minimum Airflow Requirement Diffused Air		SCFM/1000 c.f.	217.155(b)(3)	
Design Airflow Requirements for Aeration Mixing	583.8624	SCFM	217.155(b)(3)	
Design Airflow Requirements for Aeration Basins	1656	SCFM		
	ation System Airfl	-		
Amount of Oxygen Required		lbs O2/lb VSS reduction		
Density of Air		lbs Air/c.f.		
Required Amount of Oxygen for Digestion	1093	lbs O2/day		
Wastewater Oxygen Transfer Efficiency for Digester Diffusers	7.15	%		
Required Amount of Air for Digestion	611	SCFM		
Minimum Airflow Requirements for Diffused				
Air Mixing in Digester	30	SCFM/1000 c.f.	217.251(d)(1)(C)	
Required Amount of Air for Digester Mixing	475.2	SCFM		
Design Airflow Requirements for Digester Basins	611	SCFM	217.251(d)(1)(C)	
Minimum Airflow Requirements for Diffused Air Mixing in	20	SCFM/1000 c.f.		
Minimum Airflow Requirements for Diffused Air Mixing in	20	SCFM/1000 c.f.		
Minimum Airflow Requirements for Diffused Air Mixing in Chlorine Contact Basin		SCFM/1000 c.f. SCFM		
Minimum Airflow Requirements for Diffused Air Mixing in Chlorine Contact Basin Design Airflow Requirements for Chlorine Contact Mixing		SCFM	per manufacturer	
Minimum Airflow Requirements for Diffused Air Mixing in Chlorine Contact Basin			per manufacturer recommendation	
Minimum Airflow Requirements for Diffused Air Mixing in Chlorine Contact Basin Design Airflow Requirements for Chlorine Contact Mixing Design Airflow Requirements for Airlift Pumps Minimum Airflow Requirement for Equalization Basin	76.5	SCFM	recommendation	
Minimum Airflow Requirements for Diffused Air Mixing in Chlorine Contact Basin Design Airflow Requirements for Chlorine Contact Mixing	76.5	SCFM	•	
Minimum Airflow Requirements for Diffused Air Mixing in Chlorine Contact Basin Design Airflow Requirements for Chlorine Contact Mixing Design Airflow Requirements for Airlift Pumps Minimum Airflow Requirement for Equalization Basin	76.5 0	SCFM	recommendation	

Process Air Blower Capacity

No. of Existing Blowers Existing Blower Capacity		0 0 SCFM	
No. of Prop. Blowers Prop. Blower Capacity		4 800 SCFM	
Trop. blower capacity		500 SCI W	
Prop. Blower Firm Capacity		2400 SCFM	(Blower firm capacity is blower capacity with
Prop. Blower Total Capacity		3200 SCFM	largest blower out of service)
Prop. Blower Firm Capacity Greate	r Than Required Yes		
Prop. Blower Total Capacity Greate	er Than Required Yes		
Davida Davida David Chlavina Davi			
Pounds Per Day of Chlorine Requi	red for Treatment		Regulation
Chlorine Concentration	8 mg/L		217.272(b) Table K.1
Lbs of Chlorine / Day	106.752 lbs/day		
Maximum Withdrawal Rate From	Gas Cylinder		
			Regulation
Low Ambient Temperature	65 deg Farenheit		217.273(a)(1)
Threshold Temperature	0 deg Farenheit		217.273(a)(1) Table K.2
Withdrawal Factor	8 Ibs/deg Far/day		217.273(a)(1) Table K.2
Maximum gas			
withdrawal rate per			
cylinder	520 lbs/day		217.273(a)(1) Equation K.
Minimum Number of Cylinders Re	quired per Bank		
, · · · ·	•		Regulation
Minimum number of			
cylinders required per bank	0 No. Cylinders		217.273(b)
Udlik	U NO. Cylinders		217.273(0)

HCMUD No. 606 Wastewater Treatment Plant - Steel Package IDS Project No. 2436-004-00 10/29/2024 Completed by: ENW Checked by:



Clarifier Basin

Clarifier Basin								
						Regulation		
TCEQ Maximum Surface Loading (Qpk)		1200 gal/day/s.f. at peak flow				217.154(c)(Table F.2)		
TCEQ Minimum Detention Time (Qpk)			1.8 hours at peak flow			217.154(c)(Table F.2)		
TCEQ Maximum Weir Loading (Qp			gal/day/ft			217.152(c)(4)		
TCEQ Minimum Side Water Depth (SWD)			ft			217.152(g)(2)(A)/(B)		
TCEQ Maximum Stilling Well Velocity		0.15	ft/sec			217.152(a)(4)		
Surface Area Required		2133.33333	s.f.	52.1 ft min d	ia for o	ne clarifier		
Volume Required		25667	c.f.	36.9 ft min d	ia for tv	vo clarifiers		
Stilling Well Diameter		7	feet	15-20% of total tan	k diame	eter		
Stilling Well Qpk		3.96	cfs			cfs recycle flow		
Stilling Well Velocity at Qpk		0.009	fps	Meets req?		YES		
Clarifiers Provided	1	tanks(s)		Existing Clarifiers		2	tanks(s)	
Diameter	35	.,		Diameter		35	• •	
Height	14.167			Height		14.167		
Static WL	10.50			Static WL		10.50		
SWD	10.792			SWD		10.792		
Surface Area	962	s.f.		Surface Area		1924		
Volume	10383.1	c.f.		Volume		20766.2	c.f.	
Total Surface Area		2886	s.f.	Greater than req?		YES		
Total Volume		31149.4	c.f.	Greater than req?		YES		
		Qavg		Qpk				
Clarifier Surface Loading		522	gpd/s.f.		887	Less than max?	YES	
Clarifier Detention Time		3.71	Hours		2.18	Greater than req?	YES	
		This currently	uses the av	verage RAS flowrate to calc	ulate d	etention time		
Clarifier Wall to Weir Length	12	in						
Weir Length	311.0	ft						
Weir Loading	8231	gpd/ft		Less than max?		YES		
RAS/WAS Pumping and Piping		0				Regulation		
TCEQ minimum sludge pipe diame	ter	4	in			217.152(e)(2-3)		
Clarifier Surface Area		2886	s.f.					
TCEQ min RAS pump capacity @20	0gpd/sf	401	gpm	Qr/Q =	0.90	217.152(j)(3)		
TCEQ max RAS pump capacity @40	00gpd/sf	802	gpm	Qr/Q =	1.80	217.152(j)(3)		
RAS/WAS pipe diameter		6	in					
Velocity in RAS/WAS pipe @ min ra	ate	5.46	fps					
Velocity in RAS/WAS pipe @ max r	ate	10.93	fps					

Chlorine Contact Basin

		20		Regulation
Ainimum Contact Time	e at Peak Flow	20 min		217.281(b)(1)
Required Volume for C	hlorine Contact Basin	35556 gal		
Required Volume for C	hlorine Contact Basin	4754 c.f.		
Proposed		Existing		
ength	18.75 ft	Length 18	8.75 ft	
Vidth	12 ft	Width	12 ft	
leight	10.167 ft	Height 10.	167 ft	
SWD	8.5 ft		8.5 ft	
‡ Tanks	1	# Tanks	2	
/olume	1912.5 c.f.	Volume 3	825 c.f.	
otal Volume Provided	5,738 c.f.	Greater than req?		Yes
Contact Time Provided	-,			
at Peak Flow	24.14 min	Greater than req?		Yes
Ainimum Contact Time	at Roak Flow	20 Socon	46	Regulation
Minimum Contact Time	e at Peak Flow	20 Second	15	217.281(c)(2)
Required Volume for C	hlorine Contact Basin	593 gal		
Required Volume for C Required Volume for C		593 gal 80 c.f.		
•	hlorine Contact Basin			
Required Volume for C Proposed ength	hlorine Contact Basin 5 ft	80 c.f. Existing Length	ft	
Required Volume for C Proposed Length Width	hlorine Contact Basin 5 ft 12 ft	80 c.f. Existing Length Width	ft	
Required Volume for C Proposed Length Width Height	hlorine Contact Basin 5 ft 12 ft 10.167 ft	80 c.f. Existing Length Width Height	ft ft	
Required Volume for C Proposed Length Nidth Height SWD	5 ft 12 ft 10.167 ft 8 ft	80 c.f. Existing Length Width Height SWD	ft	
Required Volume for C Proposed ength Vidth Height WD F Tanks	5 ft 12 ft 10.167 ft 8 ft 1	80 c.f. Existing Length Width Height SWD # Tanks	ft ft ft	
Required Volume for C Proposed Length Width Height	5 ft 12 ft 10.167 ft 8 ft	80 c.f. Existing Length Width Height SWD	ft ft	
Required Volume for C Proposed Length Width Height SWD # Tanks /olume	hlorine Contact Basin 5 ft 12 ft 10.167 ft 8 ft 1 480 c.f. 480 c.f.	80 c.f. Existing Length Width Height SWD # Tanks	ft ft ft	Yes
Required Volume for C Proposed Length Width Height SWD # Tanks /olume Fotal Volume Provided Contact Time Provided	hlorine Contact Basin 5 ft 12 ft 10.167 ft 8 ft 1 480 c.f. 480 c.f.	80 c.f. Existing Length Width Height SWD # Tanks Volume Greater than req?	ft ft ft	
Required Volume for C Proposed Length Width Height SWD # Tanks /olume	hlorine Contact Basin 5 ft 12 ft 10.167 ft 8 ft 1 480 c.f. 480 c.f.	80 c.f. Existing Length Width Height SWD # Tanks Volume	ft ft ft	Yes Yes
Required Volume for C Proposed Length Width Height SWD # Tanks /olume Fotal Volume Provided Contact Time Provided	hlorine Contact Basin 5 ft 12 ft 10.167 ft 8 ft 1 480 c.f. 480 c.f. 121.18 Seconds	80 c.f. Existing Length Width Height SWD # Tanks Volume Greater than req?	ft ft ft	

Does the Plant Have a Primary Clarifier? Average Basin Temperature Volatile Solids Reduction Percentage Waste Activated Sludge Suspended Solids Concentration, Xw Fraction of Influent BOD consisting of Raw Primary Solids Influent BOD Concentration Digester Suspended Solids Concentration Reaction Rate Constant, kd Reaction Rate Constant Nitrification, kd n Volatile Fraction of Digester BOD, Y Volatile Fraction of Digester Ammonia, Yn Volatile Fraction of Digester Suspended Solids, Pn

20 deg C (about 68 degrees farenheit year round in houston) 45 % See figure 14-31 Metcalf & Eddy 8500 mg/L expressed as a 0.5 decimal Only Applicable For Plant's With Primary Clarification 250 mg/L Only Applicable For Plant's With Primary Clarification 20000 mg/L this value is assumed 0.06 d⁻¹ This value is assumed needs to be backchecked $0.30 d^{-1}$ 0.60 lbs VSS /lbs BOD 0.15 lbs VSS /lbs NH3-N expressed as a 0.7 decimal needs to be backchecked This value is assumed

		expressed as a	
Fraction of MLVSS to MLSS	0.7	decimal	
Solids Retention Time (SRT)	40	days	
Density of Water	62.32	lbs/c.f.	
		expressed as a	
Percent Solids of Waste Activated Sludge	0.01	decimal	This value is assumed
		expressed as a	
Percent Solids of Sludge in Digester	0.02	decimal	
Specific Gravity of Sludge	1.005		This value is assumed
Carbonaceous Yield Coefficient	0.58		Incorporates the reaction rate constant with the yield coefficient
Carbonaceous Sludge Production	745.71	lb MLVSS / day	
	1065	lb MLSS / day	
Nitrogenous Yield Coefficient	0.13		
Nitrogenous Sludge Production	16	lb MLVSS / day	
	23	lb MLSS / day	
Inert Sludge Production (TSS), Dry Solids	444	lb / day	
Volatile Sludge Production	762	lbs / day	
Total Sludge Production		lbs / day	
_			

	Volumetric Flow Rate of Sludge Per Da Digester Volume Require			c.f./day c.f.		12.70973172	GPM	
Minimum Diges Maximum Diges			100 200	lb volatile solids per 1000 cf per day lb volatile solids per 1000 cf per day lb volatile solids per 1000 cf			217.249(t)(7)(D) 217.249(t)(7)(D)	
Actual Diges	ter Volatile So	olids Rate	32	per day				
Maximum Digester Volu Minimum Digester Volu			7617 3808					
Proposed Length Width Height SWD # Tanks	22 ft 12 ft 12.167 ft 10 ft 3			Existing Length Width Height SWD # Tanks	22 12 12.167 10 6	ft ft ft	Existing Diameter Surface Area Height SWD # Tanks	ft ft ft
Volume Total Volume Provided	7,920 c.	23,760	c.f.	Volume Digester Capacity Digester Capac Requ	-	Meeting SRT? of Handling	Volume Yes Yes	0 c.f.
Sludge Thickening Basi TCEQ Maximum Surface TCEQ Minimum Surface TCEQ Minimum Side W TCEQ Minimum Bottom TCEQ Min. Peripherial V TCEQ Max. Peripherial V Volumetric Flow Rate o	e Loading (Qpk e Loading (Qpk ater Depth (SV n Slope /elocity of Scra Velocity of Scra	k) WD) aper aper	400 10 1.5 15 20	gal/day/s.f. at pea gal/day/s.f. at pea ft inches/ft ft/min ft/min gal/day			Regulation 217.248(b)(2)(C) 217.248(b)(2)(C) 217.248(b)(2)(D) 217.248(b)(2)(E) 217.248(b)(2)(F) 217.248(b)(2)(F)	
Minimum Surface Area Maximum Surface Area	-		22.88 45.76			ft min dia for o ft min dia for t		
Thickeners Provided Diameter Height Static WL SWD Surface Area Volume				it's the existing sn	nall clarifier			
Total Surface Area Total Volume				s.f. c.f.	Within Req	uired Range?	NO	

Aeration Equipment Sizing				
			Regulation	-
Oxygen Requirement per Equation F.2	1.63	lbs O ₂ /lb BOD ₅	217.155(a)(2)(Equation	on F.2)
Oxygen Requirement per Table F.3	2.2	lbs O ₂ /lb BOD ₅	217.155(a)(2)(Table F	.3)
Dxygen Requirement for Use in Air Requirements	2.2	lbs O ₂ /lb BOD ₅	217.155(a)(2)	
Aeration System Airflow	v Design Based on	217.155(b)(1) Table F.4		
Minimum Air Flow Requirement for Diffused Air	3200	SCF/day/lb BOD₅	217.155(b)(1)(Table F	- 1)
Design Airflow Rate	2965.333333		217.155(b)(1)(Table F	
			2271200(0)(2)(100101	,
Aeration System Airflow I	-			
Clean Water Oxygen Transfer Efficiency		%	217.155(b)(2)	*Based on Single Drop Di
Standard Diffuser Depth Type of Diffuser	12 Coarse Bubble	ft	217.155(b)(2)(D)	
Type of Diffuser	Coarse Bubble			
Wastewater Oxygen Transfer Efficiency	7.15		217.155(b)(2)(B)(i)	
Required Air Flow Rate	1653	SCFM	217.155(B)(2)©	
Actual Diffuser Depth	9.67		217.155(b)(2)(D)	
Is a Correction Factor Require?	Yes		217.155(b)(2)(D)	
Diffuser Submergence Correction Factor Used	1.6029		217.155(b)(2)(D)(Tab	le F.5)
Corrected Required Air Flow Rate	2649	SCFM	217.155(b)(2)(D)	
Design Airflow Requirements for Aeration Process	2649	SCFM	217.155(b)	
Mixing Requirements f	or Diffused Air Bas	ed on 217.155(b)(3)(B)		
Type of Diffuser	Coarse Bubble			
Minimum Airflow Requirement Diffused Air	20	SCFM/1000 c.f.	217.155(b)(3)	
Design Airflow Requirements for Aeration Mixing	875.7936	SCFM	217.155(b)(3)	
Design Airflow Requirements for Aeration Basins	2649	SCFM		
-	ration System Airfi	-		
Amount of Oxygen Required		lbs O2/lb VSS reduction		
Density of Air Required Amount of Oxygen for Digestion		lbs Air/c.f. lbs O2/day		
Wastewater Oxygen Transfer Efficiency for Digester	1752	lbs OZ/day		
Diffusers	7.15	%		
Required Amount of Air for Digestion	979	SCFM		
Minimum Airflow Requirements for Diffused				
Air Mixing in Digester	30	SCFM/1000 c.f.	217.251(d)(1)(C)	
Required Amount of Air for Digester Mixing	712.8	SCFM		
Design Airflow Requirements for Digester Basins	979	SCFM	217.251(d)(1)(C)	
Minimum Airflow Requirements for Diffused Air Mixing in				
Chlorine Contact Basin	20	SCFM/1000 c.f.		
Design Airflow Requirements for Chlorine Contact Mixing	114.75	SCFM		
			per manufacturer	
Design Airflow Requirements for Airlift Pumps		SCFM	recommendation	
Minimum Airflow Requirement for Equalization Basin				
Mixing	0	SCFM/s.f.	217.128(d)	
Design Airflow Requirements for Equalization Basin Mixing	0	SCFM		
Total Airflow Requirements for WWTP Systems	27/12	SCFM	6548	
Total Annow Requirements for WWTP Systems	5743	JULINI	0548	

Process Air Blower Capacity

No. of Existing Blowers Existing Blower Capacity		0 0 SCFM	
		c.	
No. of Prop. Blowers Prop. Blower Capacity		6 800 SCFM	
Prop. Blower Firm Capacity		4000 SCFM	(Blower firm capacity is blower capacity with largest blower out of service)
Prop. Blower Total Capacity		4800 SCFM	
Prop. Blower Firm Capacity Greate	r Than Required Yes		
Prop. Blower Total Capacity Greate	er Than Required Yes		
Pounds Per Day of Chlorine Requi	rad for Traatmant		
Founds Fer Day of Chiorine Requi			Regulation
Chlorine Concentration	8 mg/L		217.272(b) Table K.1
Lbs of Chlorine / Day	170.8032 lbs/day		
Maximum Withdrawal Rate From	Gas Cylinder		
			Regulation
Low Ambient Temperature	65 deg Farenheit		217.273(a)(1)
Threshold Temperature Withdrawal Factor	0 deg Farenheit 8 lbs/deg Far/day		217.273(a)(1) Table K.2 217.273(a)(1) Table K.2
	a ibs/deg Fal/day		217.273(d)(1) Table K.2
Maximum gas			
withdrawal rate per			
cylinder	520 lbs/day		217.273(a)(1) Equation K.
Minimum Number of Cylinders Re	equired per Bank		
			Regulation
Minimum number of			
cylinders required per bank	0 No. Cylinders		217.273(b)
buint	o No. cymaers		217.275(5)

				ŀ	YDRAULIC CALCULATIONS HCMUD 606 WWTP Steel Package Plant					
						Avg Flow	Peak Flow	Ult Flow	Units	
						0.24	0.96	2.56	MGD	
						167	667	1778	gpm	
						0.37	1.49	3.96	cfs]
	Losses	Throug	h Aeration Influent	Pipe Orifi	ce in the second se					
2			Dine Diserter			10	10	10	Inch	
3			Pipe Diameter Headworks Bottom	Flevation		10 178.167	10 178.167	178.167		
5			Downstream WSE	Lievation		175.05	175.09	175.17		
5			C (Weir Coefficient))		0.6	0.6	0.6		Sharp edged opening
6			Flow Factor			1	1	1		
6			Effluent Flowrate			0.19	0.74	1.98	cfs	
6			Diameter			0.8333333	0.8333333	0.8333333		
7			Headloss			0.001	0.008	0.059		Q=19.636*C*d^2*H^0.5
8	Headw	orke M	Upstream Water Su	urtace Elev	vation	175.05	175.10	175.23	Feet	
9 10	neauw	UIKS W	C11							
10			Flow Factor			1	1	1		
12			Flowrate			0.19	0.74	1.98	cfs	
13			Weir Constants							
14			Angle			180	180	180		
15			Weir Elevation			179.667	179.667	179.667	Feet	
16			C (Weir Coefficient)			3.3	3.3	3.3	F t	Constant for rectangular weir
17 18			Weir Length Head on Weir			2.50 0.08	2.50 0.20		Feet Feet	H=[Q/(C*L)]^(2/3)
19			Upstream Water Su	urface Flev	vation	179.75	179.87	180.05		n=[0/(C L)] ^(2/3)
	Loss Th	nrough	1" Bar Screen			1/5//5	175.07	100.05	Teet	
21		U								
22			Screen Width		1" Bar Screen Opening	0.06	0.06	0.06	Feet	
23			Bar Width	(standard	is 0.25")	0.02	0.02		Feet	
24			Headworks Screeni	ng Channe		5.00	5.00		Feet	
25			Screen Angle		(typically between 35-55)	55.00	55.00	55.00	deg	
26 27			Clogging Factor N-Value			0.70 0.01	0.70 0.01	0.70 0.01		
28			Actual Openings			17.86	17.86	17.86		
29			Channel Bottom Ele	evation		178.17	178.17	178.17	Feet	
30			Side Water Depth			1.58	1.70	1.89	Feet	
31			Channel Length			1.11	1.19	1.32	Feet	
32			Cross Sectional Area	a of Water		0.10	0.11		Sq. Ft.	
33			Wetted Perimeter			3.22	3.46		Feet	
34			Flowrate (mgd)			0.01	0.05		MGD	
35 36			Flowrate (Cfs) Velocity through ch	annel (foc		0.02 0.21	0.08 0.78	0.22 1.87		
37			Headloss due to frid)	0.21	0.78	1.07	115	
38			$H = L^{*}((Q^{*}n)/(1.49^{*}))$		3))))^2	0.00	0.01	0.04	Feet	
39										
40	Water	Surface	Elevation Upstream	m of Open	ing	179.75	179.87	180.09	ft	
41										
	Loss Tl	hrough	3/4" Bar Screen							
43			Scroon Width		2/4" Der C	0.00	0.00	0.00	Foot	
44 45			Screen Width Bar Width (standard	d is 0 25"\	3/4" Bar Screen Opening, 4	0.08 0.02	0.08 0.02		Feet Feet	
45 46			Headwork Screeeni	,	el Width	5.00	5.00		Feet	
47			Screen Angle (typic	-		55.00	55.00	55.00		
48			Clogging Factor	,	,	0.70	0.70	0.70		
49			N-Value			0.01	0.01	0.01		
50			Actual Openings			14.42	14.42	14.42		
51			Channel Bottom Ele	evation		178.17	178.17	178.17		
52			Side Water Depth			1.58	1.71		Feet	
53			Channel Length			1.11	1.19	1.35	Feet	I

54	Cross Sectional Area of Water	0.13	0.14	0.16	Sq. Ft.
55	Wetted Perimeter	3.24	3.50	3.93	Feet
56	Flowrate (mgd)	0.02	0.07	0.18	MGD
57	Flowrate (Cfs)	0.03	0.10	0.27	CFS
58	Velocity through channel (fps)	0.20	0.73	1.72	FPS
59	Headloss due to friction				
60	H = L*((Q*n)/(1.49*A*(R^(2/3))))^2	0.00	0.00	0.03	Feet
61					
62	Water Surface Elevation Upstream of Opening	179.75	179.88	180.12	ft
63					
64	Emergency Bypass Weir				
65					
66	Length of Weir	2.00	2.00	2.00	Feet
67	Flow over Weir, MGD	0.24	0.96	2.56	MGD
68	Flow over Weir, Cfs	0.37	1.49	3.96	CFS
69	Water Surface Downstream	175.05	179.88	180.12	Feet
70	Channel Bottom Elevation	178.17	178.17	178.17	Feet
71	Headworks TOW Elevation	181.67	181.67	181.67	Feet
72	Weir Elevation	180.17	180.17	180.17	Feet
73	Cw	3.33	3.33	3.33	
74	Head over Weir, H=(Q/Cw*L)^(2/3)	0.15	0.37	0.71	Feet
75	Head over Weir, Inches	1.75	4.41	8.49	Inches
76	Water Depth in Channel Upstream of Weir, Feet	2.15	2.37	2.71	Feet
77	Headloss over Weir	5.27	0.66	0.76	Feet
78					
79	Water Surface Elevation Upstream of Overflow Weir	180.31	180.53	180.87	ft

HYDRAULIC CALCULATIONS HCMUD 606 WWTP Steel Package Plant

		Avg Flow	Peak Flow	Ult Flow	Units
		0.08	0.32	0.8533333	MGD
		56	222	593	gpm
		0.12	0.50	1.32	cfs
1 Aer	ration Basin Effluent Line to Upstream End of Aeration	Basin			
2					
3	Channel Width	12	12	12	Feet
4	Aeration Basin Bottom Elevation	165	165	165	Feet
5	Top of Wall Elevation	177.127	177.127	177.127	Feet
5	Downstream WSE	175.05	175.08	175.14	Feet
6	Sidewater Depth	10.05	10.08	10.14	Feet
6	Channel Length	38.00	38.00	38.00	Feet
6	Cross Sectional Area	120.56254	121.00742	121.63952	SF
7	Flow Factor	1	1	1	
8	Flowrate	0.72	1.09	1.92	cfs
9	Wetted Perimeter	32.093757	32.167903	32.273254	Feet
10	Hydraulic Radius	3.756573	13.75	13.75	Feet
11	Velocity	0.0059656	0.0090123	0.0157494	fps
12	N-value	0.015	0.015	0.015	Feet
10	Headloss	0.000	0.000	0.000	Feet
11	Upstream Water Surface Elevation	175.05	175.08	175.14	Feet
12 Infl	uent Line from Headworks to Upstream of Aeration B	asin 2			
13					
14	Pipe Diameter	12	12	12	Inch
15	Downstream WSE	175.05	175.08	175.14	Feet
16	Number of Pipes (Parallel)	1	1	1	
17	N-Value	0.012	0.012	0.012	
18	Flow Factor	1	1	1	
19	Flowrate	0.12	0.50	1.32	
20	Diameter	1	1		Feet
21	Reach Length	30			Feet
22	Cross Sectional Area	0.785	0.785	0.785	
23	Velocity	0.158	0.630		•
24	Wetted Perimeter	3.142	3.142	3.142	
25	Hydraulic Radius	0.25	0.25		Feet
26	Friction Slope	0.000	0.000	0.001	Ft/Ft
27					
28	Friction Loss	0.00	0.00	0.03	Feet
29			Vel Head		
30	Minor Losses	Minimum	Avg	Avg	

31	Assume Pipe Flowin	g Full		0.000	0.006	0.044	Feet
32							
33	Minor Losses	Number	Koeff	Minor Loss	Minor Loss	Minor Loss	
34	Exit Loss	1	1	0.000	0.000	0.000	Feet
35	22 Degree Bend	0	0.2	0.000	0.000	0.000	Feet
36	45 Degree Bend	1	0.2	0.000	0.000	0.000	Feet
37	Entrance Loss	1	0.5	0.000	0.000	0.000	Feet
38	Total Minor Losses			0.000	0.000	0.000	Feet
39	Total Losses			0.000	0.005	0.035	Feet
40	Upstream Water Su	rface Elevatio	on	175.05	175.09	175.17	Feet

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		Avg Flow	Peak Flow	Ult Flow	Units
		0.24	0.96	2.56	MGD
		167	667	1778	gpm
		0.37	1.49	3.96	cfs
1 Losses	Through Clarifier Effluent Pipe Orfice				
2					
3	Pipe Diameter	12	12	12	Inch
4	Launder Bottom Elevation	174	174	174	Feet
5	Downstream WSE	174.29	174.51	174.78	Feet
6	C (Weir Coefficient)	0.6	0.6	0.6	
7	Flow Factor	1	1	1	
8	Effluent Flowrate	0.37	1.49	3.96	cfs
9	Diameter	1	1	1	Feet
10	Headloss	0.001	0.016	0.113	Feet
11	Upstream Water Surface Elevation	174.29	174.53	174.89	Feet
12 Clarifie	er V-notch Weir				
13					
14	Flow Factor	1	1	1	
15	Flowrate	0.37	1.49	3.96	cfs
16	Weir Constants				
17	Angle	90	90	90	
18	Weir Elevation	175	175	175	Feet
19	C (Weir Coefficient)	2.5	2.5	2.5	
20	Clarifier Diameter	35.00	35.00	35.00	Feet
21	Spacing b/w Inner Wall and Weir	2.00	2.00	2.00	Feet
22	Weir Length	103.67	103.67	103.67	Feet
23	Spacing b/w V-notches	0.50	0.50	0.50	Feet
24	Number of Weirs	207	207	207	
25	Flow Through Each Weir	0.002	0.007	0.019	cfs
26	Head on Weir	0.05	0.08	0.12	Feet
27	Upstream Water Surface Elevation	175.05	175.08	175.12	Feet
28 Clarifie	er Losses				
29					
30	Basin Diameter	420	420	420	Inch
31	N-Value	0.012	0.012	0.012	
32	Flow Factor	1	1	1	
33	Effluent Flowrate	0.37	1.49	3.96	cfs
34	Diameter	35	35	35	Feet
35	Basin Floor Elevation	165	165	165	Feet
36	Reach Length	10.79	10.79	10.79	Feet

37	Cross Sectional Area			962.113	962.113	962.113	SF
38	Velocity			0.000	0.002	0.004	fps
39	Wetted Perimeter			109.956	109.956		
40	Hydraulic Radius			8.75	8.75	8.75	Feet
41	Friction Slope			0.000	0.000	0.000	Ft/Ft
42	•						
43	Friction Loss			0.00	0.00	0.00	Feet
44					Vel Head		
45	Minor Losses			Minimum	Avg	Avg	
46	Assume Pipe Flowing	g Full		0.000	0.000	-	Feet
47							
48	Minor Losses	Number	Koeff	Minor Loss	Minor Loss	Minor Loss	
49	Exit Loss	1	1	0.000	0.000		Feet
50	22 Degree Bend	0	0.2	0.000	0.000	0.000	Feet
51	45 Degree Bend	0	0.2	0.000	0.000	0.000	Feet
52	Entrance Loss	1	0.5	0.000	0.000	0.000	Feet
53	Total Minor Losses			0.000	0.000	0.000	Feet
54	Total Losses			0.000	0.000	0.000	Feet
55	Upstream Water Su	rface Elevation		175.05	175.08	175.12	Feet
56 Clarifier Cent							
57							
58	Basin Diameter			84	84	84	Inch
59	N-Value			0.012	0.012	0.012	
60	Flow Factor			1	1	1	
61	Flowrate			0.84	1.56	3.16	cfs
62	Diameter			7	7	7	Feet
63	Reach Length			4.25	4.25	4.25	Feet
64	Cross Sectional Area			38.485	38.485	38.485	SF
65	Velocity			0.022	0.040	0.082	fps
66	Wetted Perimeter			21.99	21.99	21.99	Feet
67	Hydraulic Radius			1.750	1.750	1.750	Feet
68	Friction Slope			0.000	0.000	0.000	Ft/Ft
69							
70	Friction Loss			0.00	0.00	0.00	Feet
71					Vel Head		
72	Minor Losses			Minimum	Avg	Avg	
73	Assume Pipe Flowing	g Full		0.000	0.000	0.000	Feet
74							
75	Minor Losses	Number	Koeff	Minor Loss	Minor Loss	Minor Loss	
76	Exit Loss	1	1		0.000		
77	22 Degree Bend	0	0.2	0.000	0.000		
78	45 Degree Bend	0	0.2	0.000	0.000		
79	Entrance Loss	1	0.5		0.000		
80	Total Minor Losses			0.000	0.000		
81	Total Losses			0.000	0.000		
82	Upstream Water Su	rface Elevation		175.05	175.08	175.12	Feet

83	Top of Basin Elevation			179.17	179.17	179.17	Feet
84	Freeboard			4.12	4.09	4.05	Feet
85 Clarifier Feed	Pipe From Aeration to C	larifier					
86							
87	Pipe Diameter			18	18	18	Inch
88	Downstream WSE			175.05	175.08	175.12	Feet
89	Number of Pipes (Parall	el)		1	1	1	
90	N-Value			0.012	0.012	0.012	
91	Flow Factor			1	1	1	
92	Flowrate			0.8354449	1.5554449	3.1554449	cfs
93	Diameter			1.5	1.5	1.5	Feet
94	Reach Length			25	25	25	Feet
95	Cross Sectional Area			1.767	1.767	1.767	SF
96	Velocity			0.473	0.880	1.786	fps
97	Wetted Perimeter			4.712	4.712	4.712	
98	Hydraulic Radius	0.375	0.375	0.375	Feet		
99	Friction Slope			0.000	0.000	0.001	Ft/Ft
100							
101	Friction Loss			0.00	0.00	0.02	Feet
102					Vel Head		
103	Minor Losses			Minimum	Avg	Avg	
104	Assume Pipe Flowing Fu	III		0.003	0.012	0.050	Feet
105							
106	Minor Losses Nu	mber	Koeff	Minor Loss	Minor Loss	Minor Loss	
107	Exit Loss	1	1	0.000	0.000		
108	22 Degree Bend	0	0.2	0.000	0.000	0.000	Feet
109	90 Degree Bend	1	0.39	0.000	0.000	0.000	Feet
110	Entrance Loss	1	0.5	0.000	0.000	0.000	Feet
111	Total Minor Losses			0.000	0.000		
112	Total Losses			0.001	0.005	0.019	Feet
113	Upstream Water Surfac	e Elevation		175.05	175.08	175.14	Feet

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				Avg Flow	Peak Flow	Ult Flow	Units
				0.24	0.96	2.56	MGD
				167	667	1778	gpm
				0.37	1.49	3.96	cfs
1 Outfall at Sto	orm Sewer Manhole						
2 100-Yr W.S.E	. of Receiving Stream			160.54	160.54	160.54	Feet
3 Pipe from M	ost Downstream MH t	o Outfall					
4							
5	Pipe Diameter			24	24	24	Inch
6	Downstream WSE (W	Vorst Case)		160.54	160.54	160.54	Feet
7	Number of Pipes (Pa	rallel)		1	1	1	
8	N-Value			0.024	0.024	0.024	
9	Flow Factor			1	1	1	
10	Effluent Flowrate			0.24	0.96	2.56	MGD
11	Onsite Storm Flowra	te (Q100)		16.090	16.090	16.090	cfs
12	Total Flowrate			16.461	17.575	20.051	cfs
13	Diameter			2	2	2	Feet
14	Reach Length			30	30	30	Feet
15	Cross Sectional Area			3.142	3.142	3.142	SF
16	Velocity			5.240	5.594	6.382	fps
17	Wetted Perimeter			6.283	6.283	6.283	Feet
18	Hydraulic Radius			0.5	0.5	0.5	Feet
19	Friction Slope			0.018	0.020	0.027	Ft/Ft
20							
21	Friction Loss			0.54	0.61	0.80	Feet
22					Vel Head		
23	Minor Losses			Minimum	Avg	Avg	
24	Assume Pipe Flowing	g Full		0.426	0.486	0.633	Feet
25							
26	Minor Losses	Number	Koeff	Minor Loss	Minor Loss		
27	Exit Loss	1	1	0.426	0.486	0.633	
28	22 Degree Bend	0	0.2	0.000	0.000	0.000	
29	45 Degree Bend	0	0.2	0.000	0.000	0.000	
30	Entrance Loss	1	0.5	0.213	0.243	0.316	
31	Total Minor Losses			0.639	0.729	0.949	
32	Total Losses			1.178	1.343	1.748	
33	Upstream Water Su			161.72	161.88	162.29	Feet
	nhole to outfall manh	ole					
35							
36	Pipe Diameter			12	12	12	Inch

37	Downstream WSE (Worst Case)		161.72	161.88	162.29	Feet
38	Number of Pipes (Parallel)		1	1	1	
39	N-Value		0.013	0.013	0.013	
40	Flow Factor		1	1	1	
41	Effluent Flowrate		0.24	0.96		MGD
42	Onsite Storm Flowrate (Q100)		0.000			
43	Total Flowrate		0.371	1.485		
44	Diameter		1	1		Feet
45	Reach Length		38	38		Feet
46	Cross Sectional Area		0.785	0.785		
47	Velocity		0.473	1.891	1.891	fps
48	Wetted Perimeter		3.142	3.142	3.142	Feet
49	Hydraulic Radius		0.25	0.25	0.25	Feet
50	Friction Slope		0.000	0.002	0.002	Ft/Ft
51						
52	Friction Loss		0.00	0.07	0.07	Feet
53				Vel Head		
54	Minor Losses		Minimum	Avg	Avg	
55	Assume Pipe Flowing Full		0.003	0.056	0.056	Feet
56						
57	Minor Losses Number	Koeff	Minor Loss	Minor Loss	Minor Loss	
58	Exit Loss 1	1	0.003	0.056	0.056	Feet
59	22 Degree Bend 0	0.2	0.000	0.000	0.000	Feet
60	45 Degree Bend 0	0.2	0.000	0.000	0.000	Feet
61	Entrance Loss 1	0.5	0.002	0.028	0.028	Feet
62	Total Minor Losses		0.005	0.083	0.083	Feet
63	Total Losses		0.009	0.149	0.149	Feet
64	Upstream Water Surface Elevation		161.73	162.03	162.44	Feet
65 CCB 1 to Sam	pling Manhole (Pipe Only)					
66						
67	Pipe Diameter		12	12	12	Inch
68	Downstream WSE (Worst Case)		161.73	162.03	162.44	Feet
69	Number of Pipes (Parallel)		1	1	1	
70	N-Value		0.013	0.013	0.013	
71	Flow Factor		1	1	1	
72	Effluent Flowrate		0.24	0.96	2.56	MGD
73	Onsite Storm Flowrate (Q100)		0.000	0.000	0.000	cfs
74	Total Flowrate		0.371	1.485	1.485	cfs
75	Diameter		1	1	1	Feet
76	Reach Length		70	70		Feet
77	Cross Sectional Area		0.785	0.785	0.785	SF
78	Velocity		0.473	1.891	1.891	
79	Wetted Perimeter		3.142	3.142		•
80	Hydraulic Radius		0.25	0.25		Feet
81	Friction Slope		0.000	0.002		
82	• -					, -
I			I	I	I	I I

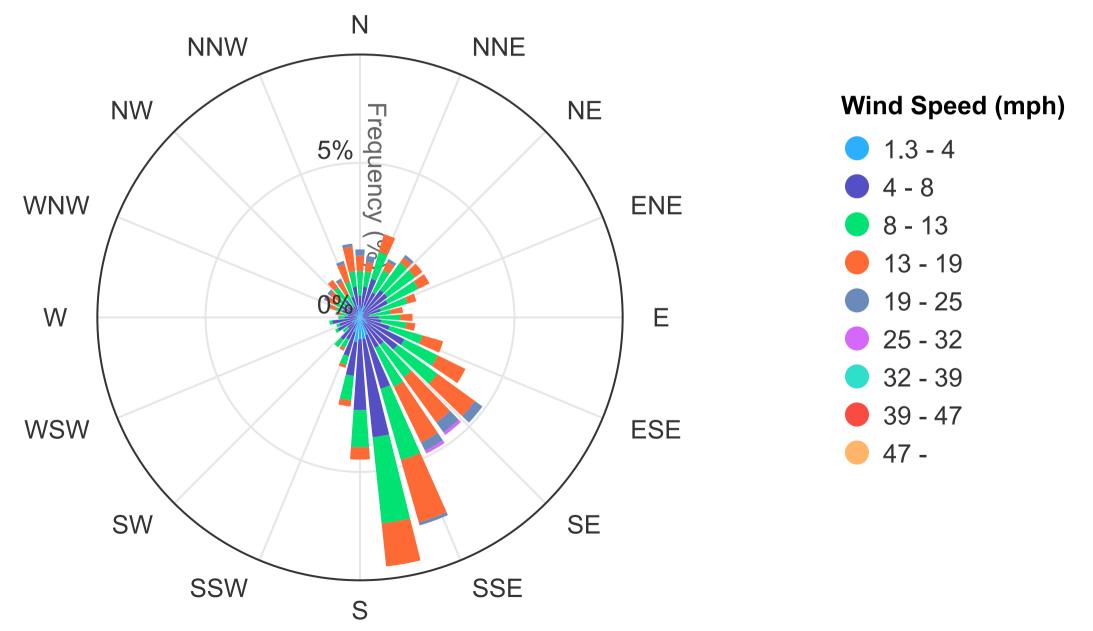
83	Friction Loss			0.01	0.12	0.12	Feet
84					Vel Head		
85	Minor Losses			Minimum	Avg	Avg	
86	Assume Pipe Flowing	g Full		0.003	0.056	0.056	Feet
87							
88	Minor Losses	Number	Koeff	Minor Loss	Minor Loss	Minor Loss	
89	Exit Loss	1	1	0.003	0.056	0.056	Feet
90	Tee - thru flow	1	0.24	0.001	0.013	0.013	Feet
91	Gate Valve	1	0.1	0.000	0.006	0.006	Feet
92	22 Degree Bend	0	0.2	0.000	0.000	0.000	Feet
93	45 Degree Bend	0	0.2	0.000	0.000	0.000	Feet
94	90 Degree Bend	3	0.39	0.004	0.065	0.065	Feet
95	Entrance Loss	1	0.5	0.002	0.028	0.028	Feet
96	Total Minor Losses			0.010	0.167	0.167	Feet
97	Total Losses			0.018	0.288	0.288	Feet
98	Upstream Water Su	rface Elevation		161.75	162.32	162.72	Feet
99 V-Notch Weir	in CCB 1						
100							
101	Number of Weirs			1	1	1	
102	Flow Factor			1	1	1	
103	Max Flow Rate Thro	ugh Weir		0.19	0.74	1.98	cfs
104	Weir Constants	-					
105	Angle			90	90	90	
106	Weir Elevation			174	174	174	Feet
107	C (Weir Coefficient)			2.5	2.5	2.5	
108	Downstream WSE			161.72	161.88	162.29	Feet
109	Headloss Through W	/eir		0.29	0.51	0.75	Feet
110	Upstream Water Su	rface Elevation		174.29	174.51	174.75	Feet
111 CCB 1 Channe	l to Effluent Weir						
112							
113	Channel Width			12	12	12	Feet
114	Channel Bottom Elev	vation		165	165	165	Feet
115	Channel Length			18	18	18	Feet
116	Flowrate			0.37	1.49	3.96	cfs
117	Sidewater Depth			9.29	9.51	9.75	Feet
118	Cross Sectional Area	of Water		111.50	114.09	117.01	SF
119	Wetted Perimater			30.58	31.01	31.50	Feet
120	Hydraulic Radius			3.65	3.68	3.71	Feet
121	Velocity Through Ch	annel		0.00	0.01	0.03	fps
122	Roughness Coefficient (n)			0.015	0.015	0.015	-
123	Headloss			3.61E-09	5.45E-08	3.63E-07	Feet
124	Upstream Water Surface Elevation			174.29	174.51	174.75	Feet
125	Top of CCB 1			175.17	175.17	175.17	Feet
126	Freeboard			0.88	0.66	0.42	Feet
127 Settled Efflue	nt Pipe to CCB 1						
128							
•				•		•	

129	Pipe Diameter			18	18	18	Inch
130	Downstream WSE			174.29	174.51	174.75	Feet
131	Number of Pipes (Pa	arallel)		1	1	1	
132	N-Value			0	0	0	
133	Flow Factor			1	1	1	
134	Effluent Flowrate			0.1856679	0.7426717	1.9804578	cfs
135	Diameter			1.5	1.5	1.5	Feet
136	Reach Length			12	12	12	Feet
137	Cross Sectional Area			1.767	1.767	1.767	SF
138	Velocity			0.105	0.420	1.121	fps
139	Wetted Perimeter			4.712	4.712	4.712	Feet
140	Hydraulic Radius			0.375	0.375	0.375	Feet
141	Friction Slope			0.000	0.000	0.000	Ft/Ft
142							
143	Friction Loss			0.00	0.00	0.00	Feet
144					Vel Head		
145	Minor Losses			Minimum	Avg	Avg	
146	Assume Pipe Flowin	g Full		0.000	0.003	0.020	Feet
147							
148	Minor Losses	Number	Koeff	Minor Loss	Minor Loss	Minor Loss	
149	Exit Loss	1	1	0.000	0.003	0.020	Feet
150	22 Degree Bend	0	0.2	0.000	0.000	0.000	Feet
151	45 Degree Bend	0	0.2	0.000	0.000	0.000	Feet
152	Entrance Loss	1	0.5	0.000	0.001	0.010	Feet
153	Total Minor Losses			0.000	0.004	0.029	Feet
154	Total Losses			0.000	0.004	0.029	Feet
155	Upstream Water Su	rface Elevation		174.29	174.51	174.78	Feet

Attachment 13 – Wind Rose (Tech. Rpt. 1.1, 5b)

HOUSTON INTERCONTINENTAL AP (TX) Wind Rose

January 01, 2024 - September 19, 2024 Sub-Interval: January 1 - December 31, 0 - 24



Click and drag to zoom

Attachment 14 – Sludge Management Plan (Tech. Rpt. 1.1, 7)

Technical Report 1.1

12. Sewage Sludge Solids Management Plan

Interim I Phase - Capacity of Digester

Design Flow	0.24 MGD Influent Flow			
Minimum Retention Time	15 days			
Digester Volume	5,378 ft ³			
Digester Dimensions	3 @ 22'-0" L x 12'-0" W x 12'-2"SWD			
Side Water Depth	11 ft.			
Digester Sludge Retention Time	15 days			
CBOD5 Removal	Influent concentration Effluent concentration Net removal			250.0 mg/l 10.0 mg/l 240.0 mg/l
Solids Generated	100% Flow	75% Flow	50% Flow	25% Flow
Pounds BOD5/day removed	480	360	240	120
Pounds of dry sludge produced*	151	113	76	38
Pounds of wet sludge produced**	10088	7566	5044	2522
Volume of wet sludge produced in gals.	1213	909	606	303
Volume of wet sludge produced in ft ³	162	122	81	41

*Assuming 0.315 pounds of dry sludge produced per pound of BOD5 removed. **Assuming 1.5% solids.

MLSS operating range = 3000 mg/l

The sludge is wasted from the clarifier to the aerobic digester. At the digester the sludge is further processed to achieve sludge stabilization.

Removal Schedule (days)	100% Flow	75% Flow	50% Flow	25% Flow
Days between sludge removal	33	44	66	133

Following stabilization the sludge is periodically removed from the digester and hauled offsite by a registered hauler to a registered site.

Technical Report 1.1

12. Sewage Sludge Solids Management Plan

Interim II Phase - Capacity of Digester

Design Flow	0.40 MGD Influent Flow			
Minimum Retention Time	15 days			
Digester Volume	16,901 ft ³			
Digester Dimensions	6 @ 22'-0" L x 12'-0" W x 12'-2"SWD			
Side Water Depth	10.67 ft.			
Digester Sludge Retention Time	15 days			
CBOD5 Removal	Influent concentration Effluent concentration Net removal			250.0 mg/l 10.0 mg/l 240.0 mg/l
Solids Generated	100% Flow	75% Flow	50% Flow	25% Flow
Pounds BOD5/day removed	801	600	400	200
Pounds of dry sludge produced*	252	189	126	63
Pounds of wet sludge produced**	16813	12610	8407	4203
Volume of wet sludge produced in gals.	2021	1516	1010	505
Volume of wet sludge produced in ft ³	270	203	135	68

*Assuming 0.315 pounds of dry sludge produced per pound of BOD5 removed. **Assuming 1.5% solids.

MLSS operating range = 3000 mg/l

The sludge is wasted from the clarifier to the aerobic digester. At the digester the sludge is further processed to achieve sludge stabilization.

Removal Schedule (days)	100% Flow	75% Flow	50% Flow	25% Flow
Days between sludge removal	63	83	125	250

Following stabilization the sludge is periodically removed from the digester and hauled offsite by a registered hauler to a registered site.

Technical Report 1.1

12. Sewage Sludge Solids Management Plan

Final Phase - Capacity of Digester

Design Flow	0.64 MGD Influent Flow			
Minimum Retention Time	15 days			
Digester Volume	25,352 ft ³			
Digester Dimensions	9 @ 22'-0" L x 12'-0" W x 12'-2"SWD			
Side Water Depth	11 ft.			
Digester Sludge Retention Time	15 days			
CBOD5 Removal	Influent concentration Effluent concentration Net removal			250.0 mg/l 10.0 mg/l 240.0 mg/l
Solids Generated	100% Flow	75% Flow	50% Flow	25% Flow
Pounds BOD5/day removed	1281	961	641	320
Pounds of dry sludge produced*	404	303	202	101
Pounds of wet sludge produced**	26902	20176	13451	6725
Volume of wet sludge produced in gals.	3233	2425	1617	808
Volume of wet sludge produced in ft ³	432	324	216	108

*Assuming 0.315 pounds of dry sludge produced per pound of BOD5 removed. **Assuming 1.5% solids.

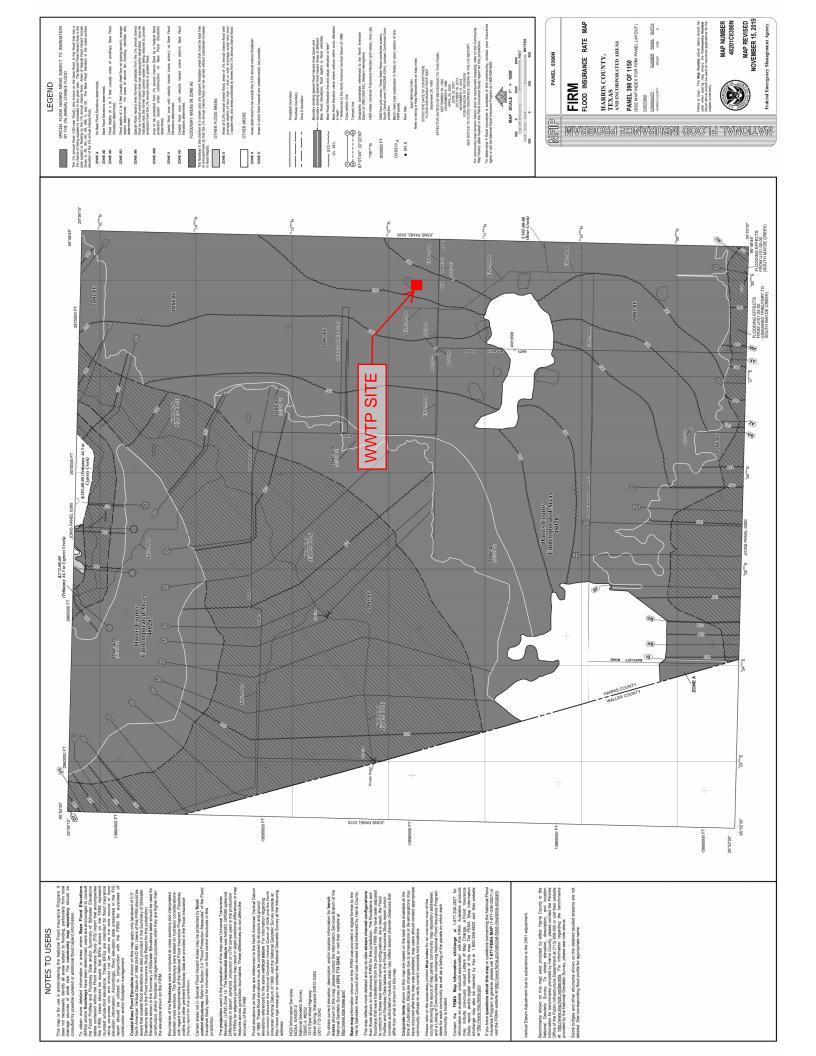
MLSS operating range = 3000 mg/l

The sludge is wasted from the clarifier to the aerobic digester. At the digester the sludge is further processed to achieve sludge stabilization.

Removal Schedule (days)	100% Flow	75% Flow	50% Flow	25% Flow
Days between sludge removal	59	78	117	235

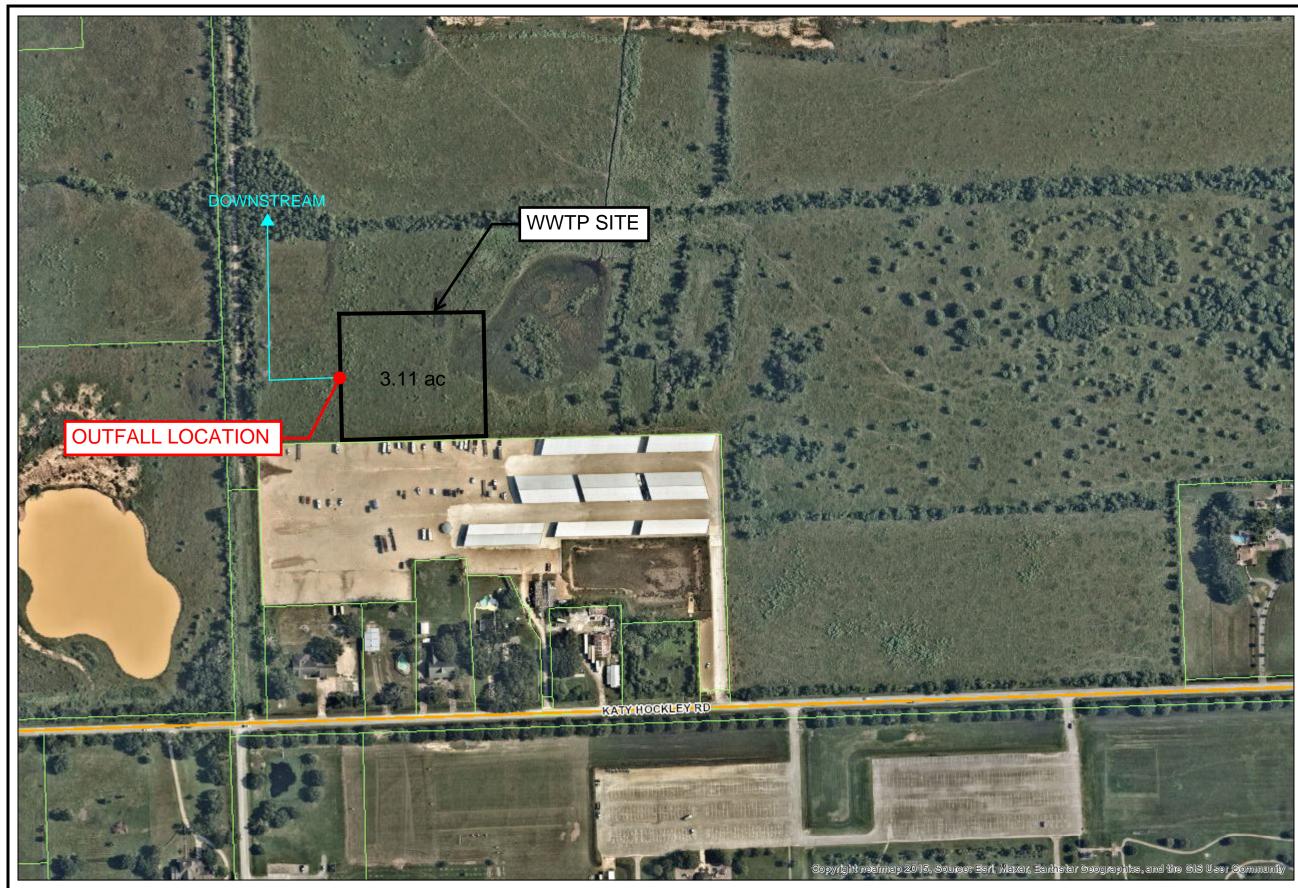
Following stabilization the sludge is periodically removed from the digester and hauled offsite by a registered hauler to a registered site.

Attachment 15 – FIRM Panel



Attachment 16 –

Affected Landowners Map and Cross Reference List (Admin Rpt. 1.1, 1a) Attachment 17 – Site Image (Admin Rpt. 1.1, 2)



WASTEWATER TREATMENT PLANT SITE

IDS Engineering Group Print Date: 9/19/2024 3:55:37 PM

1 inch = 263 feet

Disclaimer: This web site represents the information that has been made available for the use of this system and does not necessarily include the most complete and/or accurate data. IDS Engineering Group does not warrant its accuracy or completeness. Verification should be done as necessary.

This GIS Exhibit may include copyrighted material (aerial photos) by either NearMap or H-GAC. All Rights Reserved.



Houston 713.462.3178

<u>Legend</u>

Harris Co Parcels (2023-04)

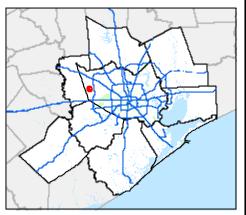
> Low Resolution 15m Imagery

High Resolution 60cm Imagery

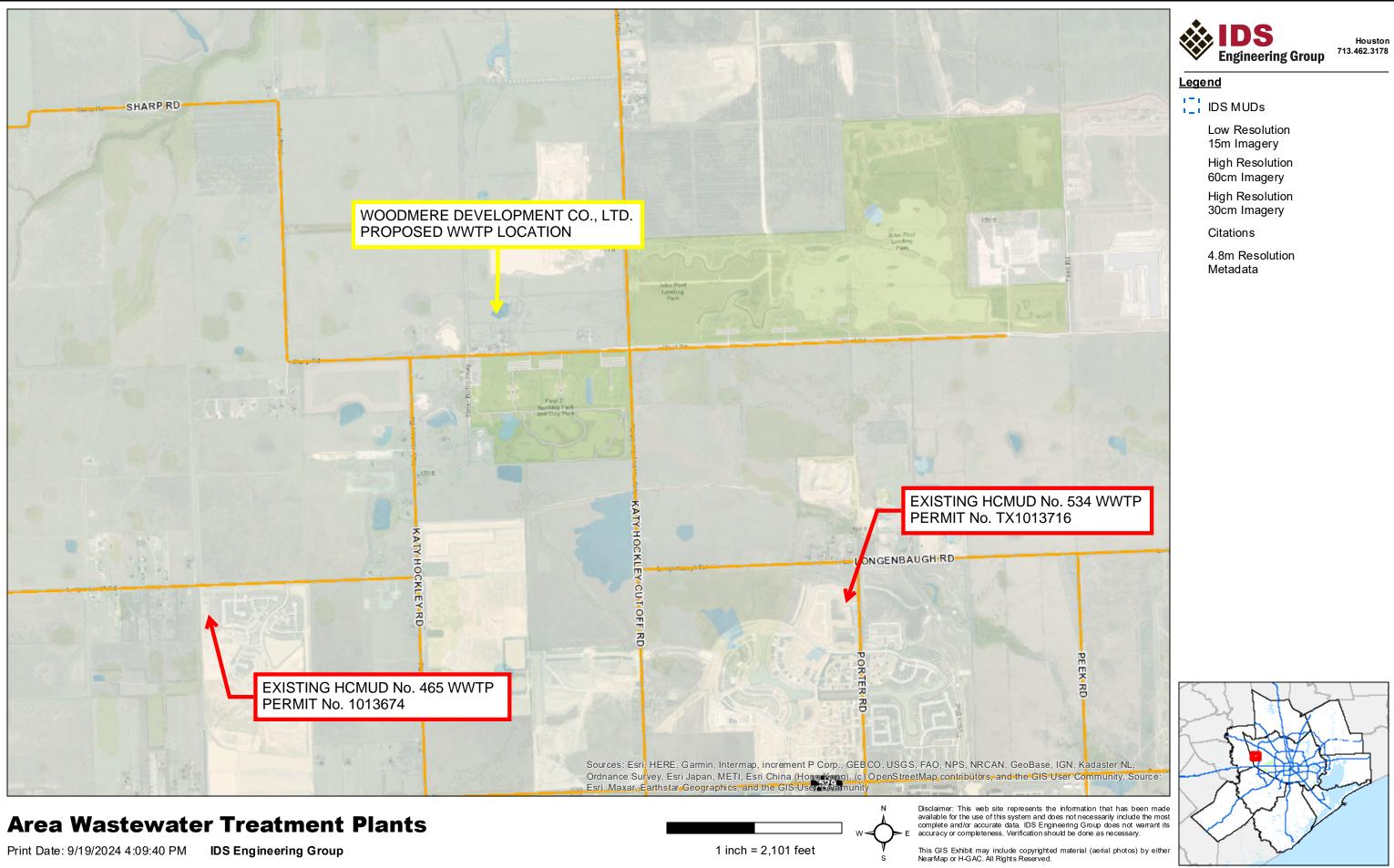
High Resolution 30cm Imagery

Citations

60cm Resolution Metadata



Attachment 18 – Area WWTP Info (Tech. Rpt. 1.1, 1.3)



Permitee Name: Harris County Municipal Utility District No. 465

Permit No.: 1013674 Address: 27018 Winward Creek Trail, Katy, TX 77493

Permitee Name: Harris County Municipal Utility District No. 534

Permit No.: TX1013716 Address: 7614 Swooping Swallow Lane, Katy, TX 77493 Attachment 19 – Area WWTP Capacity Request Letters (Tech. Rpt. 1.1, 1.3)



September 23, 2024

Harris County Municipal Utility District No. 465 c/o Elevation Land Solutions Attn: Mr. Travis Harrison 2445 Technology Forest Blvd, Suite 200 The Woodlands, TX 77381

Mr. Harrison,

We are writing to you on behalf of Woodmere Development Co., LTD, which is seeking a TPDES discharge permit for a proposed wastewater treatment plant. We are in the process of preparing the permit application for this operation. The projected ultimate flow is 0.480 MGD and Woodmere Development Co., LTD currently owns a site sufficient in size for the facility.

As part of the TPDES discharge permit process, the TCEQ requires that we contact each wastewater discharge permit holder within a three-mile radius of the proposed facility to solicit information about available treatment capacity. The wastewater plant located within your district is within the three-mile radius and we are therefore inquiring about the availability of capacity.

Please complete the short questionnaire below and return within 5 days to our office. You may also email your response to <u>vgomez@idseg.com</u>. Please call me at (832) 590-7149 if you have any questions or need additional information. Thank you for your timely response to this matter.

Sincerely,

Valeria Gomez, E.I.T Design Engineer

\\IDSEG\FS\PROJECTS\2400\243600300 HCMUD 606 TPDES PERMIT\ENG-PM\FORMS\ATTACHMENTS\CAPACITY LETTERS.DOCX

13430 Northwest Freeway, Suite 700, Houston, Texas 77040 TxEng Firm 2726 | TxSurv Firm 10110700 t 713.462.3178 idseg.com

infrastructure design solutions



September 23, 2024

Harris County Municipal Utility District No. 534 c/o BGE, Inc. Attn: Miss Melinda Salazar 10777 Westheimer Road, Suite 400 Houston, TX 77042

Miss Salazar,

We are writing to you on behalf of Woodmere Development Co., LTD, which is seeking a TPDES discharge permit for a proposed wastewater treatment plant. We are in the process of preparing the permit application for this operation. The projected ultimate flow is 0.480 MGD and Woodmere Development Co., LTD currently owns a site sufficient in size for the facility.

As part of the TPDES discharge permit process, the TCEQ requires that we contact each wastewater discharge permit holder within a three-mile radius of the proposed facility to solicit information about available treatment capacity. The wastewater plant located within your district is within the three-mile radius and we are therefore inquiring about the availability of capacity.

Please complete the short questionnaire below and return within 5 days to our office. You may also email your response to <u>vgomez@idseg.com</u>. Please call me at (832) 590-7149 if you have any questions or need additional information. Thank you for your timely response to this matter.

Sincerely,

Val gomes

Valeria Gomez, E.I.T Design Engineer

Reply			
Date: 9 36134	Terms (if capacity available):		
Name of Permitee: HCmuo 533			
Address: Clo ABHR 3000 Southwest Frieway Suite 2600 Houston, TX	Name of Person Responding: Meliode Salozor		
Capacity Available Now (Yes/No)?	Title:		
Willing to Expand Plant (Yes/No)?	Telephone:		
Date Available:いれ	Fax:		

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Attachment 20 – Special Warranty Deed (Admin Rpt 1.0, 9d)

NOTICE OF CONFIDENTIALITY RIGHTS: IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY OR ALL 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.

SPECIAL WARRANTY DEED

THE STATE OF TEXAS§§KNOW ALL MEN BY THESE PRESENTS:COUNTY OF HARRIS§

That **BGM LAND INVESTMENTS**, **LTD**., a Texas limited partnership, herein called "*Grantor*", for and in consideration of the sum of Ten and No/100 Dollars (\$10.00) and other valuable consideration to the undersigned paid by the Grantee herein named, the receipt of which is hereby acknowledged, has GRANTED, BARGAINED, SOLD AND CONVEYED, and by these presents does GRANT, BARGAIN, SELL AND CONVEY, unto **WOODMERE DEVELOPMENT CO., LTD**., a Texas limited partnership, herein called "*Grantee*", subject to the reservations hereinafter made, that certain tract of real property located in Harris County, Texas, containing 3.105 acres, more or less, as more particularly described in **Exhibit "A"** attached hereto, together with all rights, titles, and interests appurtenant thereto and incorporated herein (the "*Property*").

TO HAVE AND TO HOLD the Property, together with all and singular the rights and appurtenances thereto in anywise belonging unto the said Grantee, and unto Grantee's successors and assigns forever; and Grantor does hereby bind itself, its successors and assigns, to WARRANT AND FOREVER DEFEND all and singular the Property unto the said Grantee, Grantee's successors and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, by through or under Grantor, but not

otherwise.

This conveyance is made and accepted subject to the following matters, to the

extent same are in effect at this time:

Any and all restrictions, covenants, conditions and easements, mineral reservations and leases, if any, relating to the Property, but only to the extent that they are still in effect, shown of record in the hereinabove mentioned county and state, and to all zoning laws, regulations and ordinances of municipal and/or governmental authorities, if any, but only to the extent that they are still in effect, relating to the Property.

Taxes for the current year have been prorated as of the date hereof, and Grantee

agrees to assume and pay same.

EXECUTED this <u>2411</u> day of <u>January</u>, 2025.

GRANTOR:

BGM LAND INVESTMENTS, LTD., a Texas limited partnership

By: GP LandVest, LLC, a Texas limited liability company, its General Partner

By: Name: Title:

Acknowledgment

THE STATE OF TEXAS § COUNTY OF HARRIS § Before me, <u>levelta Fulc</u>, on this <u>1446</u> day of <u>Jauna</u>, 2025, personally appeared <u>Jacon EW10</u>, <u>CFO</u> of GP LANDVEST, LLC, a Texas limited liability company, the General Partner of BGM LAND INVESTMENTS, LTD., a Texas limited partnership, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed, on behalf of said limited liability company and limited partnership.

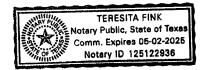
Sucito Int

Printed Name of Notary: My Commission Expires:

Notary Public in and for the State of Texas

Tereste Fink

[SEAL]



GRANTEE'S ADDRESS:

WOODMERE DEVELOPMENT CO., LTD. 15915 Katy Freeway, Suite 405 Houston, Texas 77094 Attn: Andrew Rue

EXHIBIT "A"

LEGAL DESCRIPTION

METES AND BOUNDS DESCRIPTION OF A 3.105 ACRE TRACT (135,245 SQUARE FEET) OF LAND IN SECTION 71, BLOCK 2 OF THE H. & T. C. R.R. CO. SURVEY, ABSTRACT NUMBER 457 IN HARRIS COUNTY, TEXAS

BEING 3.105 acres (135,245 square feet) of land in Section 71, Block 2 of the H. & T. C. R.R. CO. Survey, Abstract Number 457 in Harris County, Texas and being out of a 494.4 acre tract described in the deed from Katy Investments, L.L.C. to BGM Land Investments, Ltd, recorded under File Number RP-2022-475325 in the Official Public Records of Real Property of Harris County, Texas and being more particularly described by metes and bounds as follows with bearings based on the Texas Coordinate System of 1983, South Central Zone:

COMMENCING at a 1/2 inch iron rod with cap stamped "RPLS 2085" found for the northeast corner of a called 0.7858 acre tract described in the deed from Katy Investments, L.L.C. to Memorial Capital Investments, L.L.C. recorded under File No. RP-2021-656661 of the Official Public Records of Real Property of Harris County, Texas, from which a 1/2 inch iron rod with cap stamped "RPLS 2085" bears South 02° 07' 23" East – 124.99 feet;

THENCE North 64° 13' 08" West – 43.76 feet, to a 5/8-inch iron rod with cap stamped "IDS" set for the southwest corner and **POINT OF BEGINNING** of the herein described tract;

THENCE over and across said 494.4 acre tract, the following courses, and distances:

North 02° 05' 08" West - 340.42 feet, to a 5/8-inch iron rod with cap stamped "IDS" set for the northwest corner of the herein described tract;

North 87° 54' 52" East - 370.00 feet to a 5/8-inch iron rod with cap stamped "IDS" set for an angle corner of the herein described tract, and the beginning of a curve to the right;

In a southeasterly direction, with said curve to the right, having a radius of 25.00 feet, a central angle of 90° 00' 00", a chord bearing and distance of South 47° 05' 08" East -35.36 feet, and an arc distance of 39.27 feet, to a 5/8-inch iron rod with cap stamped "IDS" set for the end of said curve;

South $02^{\circ} 05' 08''$ East – 320.04 feet, to a 5/8-inch iron rod with cap stamped "IDS" set for the southeast corner of the herein described tract;

South 88° 35' 02" West - 395.03 feet to the **POINT OF BEGINNING** of the herein described tract and containing 3.105 acres (135,245 square feet) of land.

RP-2025-35272 # Pages 6 01/31/2025 01:58 PM e-Filed & e-Recorded in the Official Public Records of HARRIS COUNTY TENESHIA HUDSPETH COUNTY CLERK Fees \$41.00

RECORDERS MEMORANDUM This instrument was received and recorded electronically and any blackouts, additions or changes were present at the time the instrument was filed and recorded.

Any provision herein which restricts the sale, rental, or use of the described real property because of color or race is invalid and unenforceable under federal law. THE STATE OF TEXAS COUNTY OF HARRIS I hereby certify that this instrument was FILED in File Number Sequence on the date and at the time stamped hereon by me; and was duly RECORDED in the Official Public Records of Real Property of Harris County, Texas.



l eneshin Hudselth

COUNTY CLERK HARRIS COUNTY, TEXAS



DOMESTIC WASTEWATER PERMIT APPLICATION

Texas Commission on Environmental Quality

Harris County Municipal Utility District No. 606

IDS Project No. 2436-003-00

December 2024

TxEng Firm 2726 | TxSurv Firm 10110700



December 3, 2024

Matthew Udenenwu, Manager of Wastewater Permitting Section Applications Review and Processing Team (MC-148) Texas Commission on Environmental Quality 12100 Park 35 Circle Austin, Texas 78753

Reference: Woodmere Development Co., LTD. Domestic Wastewater Permit Application IDS Project No. 2436-003-00

Dear Mr. Matthew Udenenwu,

Transmitted herewith please find one (1) original copy of the Domestic Wastewater Permit Application submitted on behalf of Woodmere Development Co., LTD. One (1) check for the application fee in the amount of \$850.00 has been sent to the Texas Commission on Environmental Quality Financial Administration Division (MC-214). A copy of the check has been included with the attached package. An electronic copy of the Domestic Wastewater Permit Application has also been submitted via TCEQ's file transfer protocol server (FTP).

If you have any questions, do not hesitate to contact me at <u>VGomez@idseg.com</u> or (832)-590-7149.

Sincerely,

Val gonz

Valeria Gomez, E.I.T. Design Engineer

Enclosures

\\IDSEG\FS\PROJECTS\2400\243600300 HCMUD 606 TPDES PERMIT\ENG-PM\FORMS\COVER LETTER.DOCX

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TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: <u>Woodmere Development Co., LTD</u> PERMIT NUMBER (If new, leave blank): WQ00 Click to enter text. **Indicate if each of the following items is included in your application.**

Y N

Administrative Report 1.0 \boxtimes Administrative Report 1.1 \boxtimes SPIF \boxtimes \boxtimes Core Data Form \boxtimes Public Involvement Plan Form \boxtimes **Technical Report 1.0** \boxtimes **Technical Report 1.1** Worksheet 2.0 \boxtimes \boxtimes Worksheet 2.1 \boxtimes Worksheet 3.0 Worksheet 3.1 \boxtimes Worksheet 3.2 \boxtimes Worksheet 3.3 \boxtimes \boxtimes Worksheet 4.0 \boxtimes Worksheet 5.0 Worksheet 6.0 \boxtimes Worksheet 7.0 \boxtimes

Original USGS Map	\boxtimes	
Affected Landowners Map	\boxtimes	
Landowner Disk or Labels	\boxtimes	
Buffer Zone Map	\boxtimes	
Flow Diagram	\boxtimes	
Site Drawing	\boxtimes	
Original Photographs	\boxtimes	
Design Calculations	\boxtimes	
Solids Management Plan	\boxtimes	
Water Balance		\boxtimes

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For TCEQ Use Only

Segment Number	County	
Expiration Date	•	
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).

New/Major Amendment	Renewal
\$350.00 🗆	\$315.00 🗆
\$550.00	\$515.00 🗆
\$850.00 🖂	\$815.00
\$1,250.00	\$1,215.00 🗆
\$1,650.00	\$1,615.00 🗆
\$2,050.00 □	\$2,015.00 🗆
	\$350.00 □ \$550.00 □ \$850.00 ⊠ \$1,250.00 □ \$1,650.00 □

Minor Amendment (for any flow) \$150.00 □

Payment Information:

Mailed	Check/Money Order Number: <u>220</u>	0223
	Check/Money Order Amount: <u>\$85</u>	<u>;0.00</u>
	Name Printed on Check: <u>IDS Engi</u>	neering Group
EPAY Voucher Number: Click to enter text.		
Copy of Payment Voucher enclosed? Yes 🖂		

Section 2. Type of Application (Instructions Page 26)

- **a.** Check the box next to the appropriate authorization type.
 - □ Publicly-Owned Domestic Wastewater
 - □ Privately-Owned Domestic Wastewater
 - Conventional Wastewater Treatment
- **b.** Check the box next to the appropriate facility status.
 - \Box Active \boxtimes 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 <u>with</u> Renewal
 Minor Amendment <u>with</u> Renewal

- □ Major Amendment <u>without</u> Renewal
- Minor Amendment without Renewal
- □ Renewal without changes □ Minor Modification of permit
- e. For amendments or modifications, describe the proposed changes: N/A

f. For existing permits:

Permit Number: WQ00 <u>N/A</u> EPA I.D. (TPDES only): TX <u>N/A</u> Expiration Date: <u>N/A</u>

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

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

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

Woodmere Development Co., Ltd

(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 <u>http://www15.tceq.texas.gov/crpub/</u>

CN: <u>602463333</u>

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: <u>Mr.</u> Last Name, First Name: <u>Alford, Aaron</u>

Title: <u>Executive Vice President</u> Credential: <u>N/A</u>

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?

<u>N/A</u>

(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: <u>http://www15.tceq.texas.gov/crpub/</u>

CN: <u>N/A</u>

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: <u>N/A</u>	Last Name, First Name: <u>N/A</u>
Title: <u>N/A</u>	Credential: <u>N/A</u>

Provide a brief description of the need for a co-permittee: N/A

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. <u>See Attachment No. 1</u>.

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.	refix: <u>Mr.</u> Last Name, First Name: <u>Hajduk, Jason</u>		
	Title: Senior Vice President	Credential: <u>P.E.</u>	
	Organization Name: IDS Engineer	ing Group	
	Mailing Address: 13430 Northwest	Freeway, Suite 700	
	City, State, Zip Code: <u>Houston, TX</u>	77040	
	Phone No.: <u>832-590-7148</u>	E-mail Address: <u>jhajduk@idseg.co</u>	<u>m</u>
	Check one or both: 🛛 Administrative Contact 🖾 Technical Contact		Technical Contact
B.	Prefix: <u>Mr.</u>	Last Name, First Name: <u>Pugh, Kam</u>	<u>ieron</u>
	Title: Senior Project Manager Credential: P.E.		
	Organization Name: IDS Engineering Group		
	Mailing Address: <u>13430 Northwest Freeway, Suite 700</u>		
	City, State, Zip Code: <u>Houston, TX 77040</u>		
	Phone No.: <u>832-590-7187</u>	E-mail Address: <u>kpugh@idseg.com</u>	1
	Check one or both:	ninistrative 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. Prefi	x: <u>Mr.</u>	La	st Name	e, First	Name:	Alford	<u>, Aaron</u>

Title: Executive Vice PresidentCredential: N/A

Organization Name: Woodmere Development Co., Ltd

Mailing Address: 15615 Katy Freeway Suite 405City, State, Zip Code: Houston, TX 77094Phone No.: 832-859-4305E-mail Address: aalford@LongLakeLTD.comB.Prefix: Mr.Last Name, First Name: Hajduk, JasonTitle: P.E.Credential: Senior Vice PresidentOrganization Name: IDS Engineering GroupMailing Address: 13430 Northwest Freeway, Suite 700City, State, Zip Code: Houston, TX 77040

Phone No.: <u>832-590-7148</u> E-mail Address: <u>jhajduk@idseg.com</u>

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: <u>Mr.</u>	Last Name, First	Name: <u>Alford, Aaron</u>
Title: <u>Executive Vice President</u>	Credential: <u>N/A</u>	
Organization Name: <u>Woodmere D</u>	<u>evelopment Co., Lt</u>	<u>d</u>
Mailing Address: <u>15915 Katy Freew</u>	<u>vay, Suite 405</u>	City, State, Zip Code: <u>Houston, TX 77094</u>
Phone No.: <u>832-859-4305</u>	E-mail Address	: <u>aalford@LongLakeLTD.com</u>

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: <u>Mr.</u>	Last Name, First Name: <u>Williams, Michael</u>
Title: <u>N/A</u>	Credential: <u>N/A</u>
Organization Name: Municipal Op	erations & Consulting, Inc.
Mailing Address: 27316 Spectrum V	Way City, State, Zip Code: <u>Oak Ridge, TX 77385</u>
Phone No.: <u>832-642-7384</u>	E-mail Address: <u>mwilliams@municipalops.com</u>

Section 8. Public Notice Information (Instructions Page 27)

A.	Individual	Publishing	the Notices
----	------------	------------	-------------

Prefix: <u>Ms.</u>

Last Name, First Name: <u>Riley, Vonda</u>

Title: <u>Contract Administrator</u> Credential: <u>N/A</u>

Organization Name: IDS Engineering Group

Mailing Address: 13430 Northwest Freeway, Suite 700

City, State, Zip Code: Houston, TX 77040

Last Name, First Name: Hajduk, Jason

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: <u>Mr.</u>

Credential: P.E.

Organization Name: IDS Engineering Group

Mailing Address: 13430 Northwest Freeway, Suite 700

City, State, Zip Code: Houston, TX 77040

Phone No.: <u>832-590-7148</u> E-mail Address: <u>jhajduk@idseg.com</u>

D. Public Viewing Information

Title: Senior Vice President

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: Lone Star College – Tomball Community Library

Location within the building: Community Board

Physical Address of Building: <u>30555 Tomball Parkway</u>

City: Tomball

County: <u>Harris</u>

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

Phone No.: 832-559-4200 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? <u>Spanish</u>

F. Plain Language Summary Template

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

Attachment: See Attachment No. 2

G. Public Involvement Plan Form

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

Attachment: See Attachment No. 3

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

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

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

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

HCMUD No. 606 Wastewater Treatment Plant

C. Owner of treatment facility: <u>Woodmere Development Co., LTD (to be transferred to HCMUD No.</u> 606 upon MUD creation approval)

Ownership of Facility: \square Public \square Private \square Both \square Federal

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

Prefix: <u>Mr.</u> Last Name, First Name: <u>Alford, Aaron</u>

Title: Executive Vice PresidentCredential: N/A

Organization Name: Woodmere Development Co., LTD

Mailing Address: <u>15915 Katy Freeway, Suite 405</u> City, State, Zip Code: <u>Houston, TX 77094</u>

Phone No.: <u>832-859-4305</u> E-mail Address: <u>aalford@LongLakeLTD.com</u>

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: <u>N/A</u>

E. Owner of effluent disposal site:

Prefix: <u>N/A</u>	Last Name, First Name: <u>N/A</u>
Title: <u>N/A</u>	Credential: <u>N/A</u>
Organization Name: <u>N/A</u>	
Mailing Address: <u>N/A</u>	City, State, Zip Code: <u>N/A</u>
Phone No.: <u>N/A</u>	E-mail Address: <u>N/A</u>

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: <u>N/A</u>

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

Prefix: <u>N/A</u>	Last Name, First Name: <u>N/A</u>
Title: <u>N/A</u>	Credential: <u>N/A</u>
Organization Name: <u>N/A</u>	
Mailing Address: <u>N/A</u>	City, State, Zip Code: <u>N/A</u>
Phone No.: <u>N/A</u>	E-mail Address: <u>N/A</u>

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: <u>N/A</u>

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:

0.6 miles northwest of the intersection at West Road and Katy Hockley Cutoff Road

- **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:

<u>The discharge of the WWTP will exit the site to the west into the adjacent conveyance pond until it</u> exits the site in the southeast corner. From there it will enter the proposed offsite drainage channel which outfalls into an adjacent development's existing outfall channel and ultimately discharges into Bear Creek Segment No. U102-00-00.

City nearest the outfall(s): <u>Katy</u>

County in which the outfalls(s) is/are located: <u>Harris</u>

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?



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

□ Authorization granted

□ Authorization pending

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

Attachment: Click to enter text.

D. For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: Click to enter text.

Section 11. TLAP Disposal Information (Instructions Page 32)

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

🗆 Yes 🖾 No

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

N/A

- **B.** City nearest the disposal site: <u>N/A</u>
- C. County in which the disposal site is located: <u>N/A</u>
- **D.** For **TLAPs**, describe the routing of effluent from the treatment facility to the disposal site:

N/A

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

🗆 Yes 🛛 No

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

 \Box Yes \Box No \boxtimes 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.

N/A

- **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: N/A

D. Do you owe any fees to the TCEQ?

🗆 Yes 🖾 No

If **yes**, provide the following information:

Account number: <u>N/A</u>

Amount past due: <u>N/A</u>

E. Do you owe any penalties to the TCEQ?

🗆 Yes 🖾 No

If **yes**, please provide the following information:

Enforcement order number: <u>N/A</u>

Amount past due: <u>N/A</u>

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: <u>Attachment 1 – Core Data Form, Attachment 2 – Plain</u> Language Summary, Attachment 3 – Public Involvement Plan Form, Attachment 5 – USGS Map

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: Click to enter text.

Applicant: Woodmere Development Co., LTD

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): <u>Aaron Alford</u>

Signatory title: <u>Executive Vice President</u>

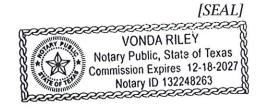
Signature: D. D. Del	Date: Nov 26 2024
(Use blue ink)	

Subscribed	d and Sworn to before r	ne by the s	aid AARON P	D. ALGORD
on this	ZUTH	_day of	JOVEM BER	, 20 <u>24</u> .
My commi	ssion expires on the $\underline{\ \ }$	8TH	day of <u>Secon</u>	<u>ee</u> , 20 <u>24</u> .

ONDA RILEY

Notary Public

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:
 - $\Box \quad \text{USB Drive} \qquad \boxtimes \quad \text{Four sets of labels}$
- **D.** Provide the source of the landowners' names and mailing addresses: <u>Harris County Appraisal</u> <u>District</u>
- **E.** As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?
 - 🗆 Yes 🖾 No

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

N/A

Section 2. Original Photographs (Instructions Page 38)

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

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

Section 3. Buffer Zone Map (Instructions Page 38)

- **A.** Buffer zone map. Provide a buffer zone map on 8.5 x 11-inch paper with all of the following information. The applicant's property line and the buffer zone line may be distinguished by using dashes or symbols and appropriate labels.
 - The applicant's property boundary;
 - The required buffer zone; and
 - Each treatment unit; and
 - The distance from each treatment unit to the property boundaries.
- **B.** Buffer zone compliance method. Indicate how the buffer zone requirements will be met. Check all that apply.
 - ⊠ Ownership
 - ☑ Restrictive easement
 - □ Nuisance odor control
 - □ Variance
- **C.** Unsuitable site characteristics. Does the facility comply with the requirements regarding unsuitable site characteristic found in 30 TAC § 309.13(a) through (d)?



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: See Attachment No. 4

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.

BY OVERNIGHT/EXPRESS MAIL

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

Texas Commission on Environmental Quality	Texas Commission on Environmental Quality
Financial Administration Division	Financial Administration Division
Cashier's Office, MC-214	Cashier's Office, MC-214
P.O. Box 13088	12100 Park 35 Circle
Austin, Texas 78711-3088	Austin, Texas 78753

Fee Code: WQP Waste Permit No: Click to enter text.

- 1. Check or Money Order Number: 220223
- 2. Check or Money Order Amount: <u>\$850.00</u>
- 3. Date of Check or Money Order: <u>12/2/2024</u>
- 4. Name on Check or Money Order: <u>IDS Engineering Group</u>
- 5. APPLICATION INFORMATION

Name of Project or Site: <u>Harris County MUD No. 606 WWTP</u>

Physical Address of Project or Site: TBD

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): <u>N/A</u>

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

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

Date of Birth: <u>N/A</u>

Mailing Address: <u>N/A</u>

City, State, and Zip Code: <u>N/A</u>

Phone Number: <u>N/A</u>

Fax Number: <u>N/A</u>

E-mail Address: <u>N/A</u>

CN: <u>N/A</u>

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) (<i>Required for all application types. Must be completed in its entirety and signed.</i> <i>Note: Form may be signed by applicant representative.</i>)			\boxtimes	Yes
Correct and Current Industrial Wastewater Permit Application Forms (TCEQ Form Nos. 10053 and 10054. Version dated 6/25/2018 or later.)			\boxtimes	Yes
Water Quality Permit Payment Submittal Form (Page 19) (Original payment sent to TCEQ Revenue Section. See instructions for mailing ad			⊠ Idress	Yes s.)
7.5 Minute USGS Quadrangle Topographic Map Attached (Full-size map if seeking "New" permit. 8 ½ x 11 acceptable for Renewals and Amendments)			\boxtimes	Yes
Current/Non-Expired, Executed Lease Agreement or Easement	\boxtimes	N/A		Yes
Landowners Map (See instructions for landowner requirements)		N/A	\boxtimes	Yes

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 (See instructions for landowner requirements)		N/A	\boxtimes	Yes
Landowners Labels or USB Drive attached (See instructions for landowner requirements)		N/A	\boxtimes	Yes
Original signature per 30 TAC § 305.44 – Blue Ink Preferred (If signature page is not signed by an elected official or principle exect a copy of signature authority/delegation letter must be attached)	tive	officer	⊠	Yes
Plain Language Summary			\boxtimes	Yes
	_		_	

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): <u>0.24</u> 2-Hr Peak Flow (MGD): <u>0.96</u> Estimated construction start date: <u>10/01/2025</u> Estimated waste disposal start date: <u>10/01/2026</u>

B. Interim II Phase

Design Flow (MGD): <u>0.40</u> 2-Hr Peak Flow (MGD): <u>1.60</u> Estimated construction start date: <u>10/01/2027</u> Estimated waste disposal start date: <u>04/01/2028</u>

C. Final Phase

Design Flow (MGD): <u>0.64</u> 2-Hr Peak Flow (MGD): <u>2.56</u> Estimated construction start date: <u>10/01/2029</u> Estimated waste disposal start date: <u>10/01/2030</u>

D. Current Operating Phase

Provide the startup date of the facility: <u>N/A</u>

Section 2. Treatment Process (Instructions Page 43)

A. Current Operating Phase

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

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

See Attachment No. 6

B. Treatment Units

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

Table 1.0(1) - Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
See Attachment No. 7		

C. Process Flow Diagram

Provide flow diagrams for the existing facilities and **each** proposed phase of construction. Attachment: <u>See Attachment No. 8</u>

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

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

- Latitude: <u>29°53'58.07"N</u>
- Longitude: <u>95°48'24.72"W</u>

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

- Latitude: <u>Click to enter text.</u>
- Longitude: <u>Click to enter text.</u>

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

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

Attachment: See Attachment No. 9

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

Harris County Municipal Utility District No. 606

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

Collection System Information

Collection System Name	Owner Name	Owner Type	Population Served
		Choose an item.	

Section 4. Unbuilt Phases (Instructions Page 45)

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

🗆 Yes 🖾 No

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

□ Yes □ No

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

Click to enter text.			

Section 5. Closure Plans (Instructions Page 45)

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



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

🗆 Yes 🗆 No

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

Click to enter text.

Section 6. Permit Specific Requirements (Instructions Page 45)

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

A. Summary transmittal

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

🗆 Yes 🖾 No

If yes, provide the date(s) of approval for each phase: <u>Click to enter text.</u>

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.

Buffer zone is maintained within the site and within restricted reserves owned by the Developer. See Attachment No. 10

C. Other actions required by the current permit

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

🗆 Yes 🗵 No

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

Click to enter text.		

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

🗆 Yes 🖾 No

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

2. Grit and grease processing

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

Click to enter text.

3. Grit disposal

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

🗆 Yes 🗆 No

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

4. Grease and decanted liquid disposal

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

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

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 <u>Click to enter text.</u> or TXRNE <u>Click to enter text.</u>

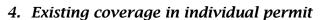
If no, do you intend to seek coverage under TXR050000?

🗆 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



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

🗆 Yes 🗆 No

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

Click to enter text.

5. Zero stormwater discharge

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

🗆 Yes 🗆 No

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

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.

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

🗆 Yes 🖾 No

If yes, attach a Sewage Sludge Solids Management Plan. See Example 5 in the instructions. <u>Click to enter text.</u>

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

1. Acceptance of sludge from other WWTPs

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

🗆 Yes 🖾 No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an

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

N/A

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

🗆 Yes 🖾 No

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

🗆 Yes 🗆 No

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

🗆 Yes 🗆 No

If yes to any of the above, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD_5 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.

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

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

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

🗆 Yes 🖾 No

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

N/A

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

Is the facility in operation?

🗆 Yes 🖾 No

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

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

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

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					
Entercocci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, µmohs/cm, †					
Oil & Grease, mg/l					
Alkalinity (CaCO ₃)*, mg/l					

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

*TPDES permits only

†TLAP permits only

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

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

Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: Michael Williams

Facility Operator's License Classification and Level: A

Facility Operator's License Number: 4558384-2

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

A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

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

B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

C. Biosolids Management

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

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

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Storage	On-Site Owner or Operator	Not Applicable		Class B: PSRP Aerobic Digestion	Option 1: Volatile solids reduced by 38%
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

If "Other" is selected for Management Practice, please explain (e.g. monofill or transport to another WWTP): <u>Click to enter text.</u>

D. Disposal site

Disposal site name: <u>TBD</u>

TCEQ permit or registration number: <u>TBD</u>

County where disposal site is located: <u>TBD</u>

E. Transportation method

Method of transportation (truck, train, pipe, other): <u>Truck</u>

Name of the hauler: <u>TBD</u>

Hauler registration number: <u>TBD</u>

Sludge is transported as a:

Liquid 🗆

semi-liquid 🛛

semi-solid 🗆

solid 🗆

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

A. Beneficial use authorization

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

🗆 Yes 🖂 No

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

🗆 Yes 🗆 No

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

□ Yes □ No

B. Sludge processing authorization

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

Sludge Composting	Yes	\boxtimes	No
Marketing and Distribution of sludge	Yes	\boxtimes	No
Sludge Surface Disposal or Sludge Monofill	Yes	\boxtimes	No
Temporary storage in sludge lagoons	Yes	\boxtimes	No

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

🗆 Yes 🗆 No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

🗆 Yes 🖂 No

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

A. Location information

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

• Original General Highway (County) Map:

Attachment: Click to enter text.

• USDA Natural Resources Conservation Service Soil Map:

Attachment:

• Federal Emergency Management Map:

Attachment: Click to enter text.

• Site map:

Attachment:

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
- \Box None of the above
- Attachment: Click to enter text.

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

Click to enter text.

B. Temporary storage information

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

Nitrate Nitrogen, mg/kg: <u>Click to enter text.</u> Total Kjeldahl Nitrogen, mg/kg: Click to enter text. Total Nitrogen (=nitrate nitrogen + TKN), mg/kg: Click to enter text. Phosphorus, mg/kg: Click to enter text. Potassium, mg/kg: Click to enter text. pH, standard units: Click to enter text. Ammonia Nitrogen mg/kg: <u>Click to enter text.</u> Arsenic: Click to enter text. Cadmium: Click to enter text. Chromium: Click to enter text. Copper: Click to enter text. Lead: Click to enter text. Mercury: Click to enter text. Molybdenum: Click to enter text. Nickel: Click to enter text. Selenium: Click to enter text. Zinc: Click to enter text. Total PCBs: Click to enter text.

Provide the following information:

Volume and frequency of sludge to the lagoon(s): <u>Click to enter text.</u>

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

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

C. Liner information

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

□ Yes □ No

Click to enter text.

D. Site development plan

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

Click	to	enter	text.

Attach the following documents to the application.

- Plan view and cross-section of the sludge lagoon(s)
 Attachment: <u>Click to enter text.</u>
- Copy of the closure plan
 Attachment: <u>Click to enter text.</u>
- Copy of deed recordation for the site Attachment: <u>Click to enter text.</u>
- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons Attachment: <u>Click to enter text.</u>
- Description of the method of controlling infiltration of groundwater and surface water from entering the site

Attachment: Click to enter text.

• Procedures to prevent the occurrence of nuisance conditions

Attachment: Click to enter text.

E. Groundwater monitoring

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

🗆 Yes 🗆 No

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

Attachment: Click to enter text.

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

A. Additional authorizations

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

🗆 Yes 🖂 No

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

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

🗆 Yes 🖾 No

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

🗆 Yes 🖂 No

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

N/A

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

A. RCRA hazardous wastes

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

🗆 Yes 🖾 No

B. Remediation activity wastewater

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

🗆 Yes 🖾 No

C. Details about wastes received

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

Attachment: Click to enter text.

Section 14. Laboratory Accreditation (Instructions Page 56)

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

- The laboratory is an in-house laboratory and is:
 - o periodically inspected by the TCEQ; or
 - o located in another state and is accredited or inspected by that state; or
 - o 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: <u>N/A</u>

Title: <u>N/A</u>

Signature:

Date: _____

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.1

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

Section 1. Justification for Permit (Instructions Page 57)

A. Justification of permit need

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

S<u>ee Attachment No. 11</u>

B. Regionalization of facilities

For additional guidance, please review <u>TCEQ's Regionalization Policy for Wastewater</u> <u>Treatment</u>¹.

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

1. Municipally incorporated areas

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

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

🗆 Yes 🖾 No 🗖 Not Applicable

If yes, within the city limits of: <u>Click to enter text.</u>

If yes, attach correspondence from the city.

Attachment: Click to enter text.

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

Attachment: Click to enter text.

2. Utility CCN areas

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

🗆 Yes 🖾 No

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

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

Attachment: Click to enter text.

3. Nearby WWTPs or collection systems

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

🖾 Yes 🗆 No

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

Attachment: See Attachment No. 18

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

Attachment: See Attachment No. 19

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

Attachment: N/A

Section 2. Proposed Organic Loading (Instructions Page 59)

Is this facility in operation?

🗆 Yes 🖾 No

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

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

A. Current organic loading

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

Average Influent Organic Strength or BOD₅ Concentration in mg/l: Click to enter text.

Average Influent Loading (lbs/day = total average flow X average BOD₅ conc. X 8.34): <u>Click</u> to enter text.

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

Click to enter text.

B. Proposed organic loading

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

Source	Total Average Flow (MGD)	Influent BOD5 Concentration (mg/l)
Municipality	0.24 Ph 1/0.40 Ph 2/ 0.64 Ph 3	250
Subdivision	0.00	
Trailer park – transient	0.00	
Mobile home park	0.00	
School with cafeteria and showers	0.00	
School with cafeteria, no showers	0.00	
Recreational park, overnight use	0.00	
Recreational park, day use	0.00	
Office building or factory	0.00	
Motel	0.00	
Restaurant	0.00	
Hospital	0.00	
Nursing home	0.00	
Other	0.00	
TOTAL FLOW from all sources	0.24 Ph 1/0.40 Ph 2/ 0.64 Ph 3	
AVERAGE BOD ₅ from all sources		250

Table 1.1(1) – Design Organic Loading

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

A. Existing/Interim I Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: <u>15</u>

Ammonia Nitrogen, mg/l: <u>2</u>

Total Phosphorus, mg/l: <u>N/A</u>

Dissolved Oxygen, mg/l: <u>4</u>

Other: Click to enter text.

B. Interim II Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: <u>10</u> Total Suspended Solids, mg/l: <u>15</u> Ammonia Nitrogen, mg/l: <u>2</u> Total Phosphorus, mg/l: <u>N/A</u> Dissolved Oxygen, mg/l: <u>4</u> Other: <u>Click to enter text.</u>

C. Final Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: <u>15</u>

Ammonia Nitrogen, mg/l: <u>2</u>

Total Phosphorus, mg/l: <u>N/A</u>

Dissolved Oxygen, mg/l: 4

Other: Click to enter text.

D. Disinfection Method

Identify the proposed method of disinfection.

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

Dechlorination process: <u>N/A</u>

- □ Ultraviolet Light: <u>Click to enter text.</u> seconds contact time at peak flow
- □ Other: <u>Click to enter text.</u>

Section 4. Design Calculations (Instructions Page 59)

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

Attachment: See Attachment No. 12

Section 5. Facility Site (Instructions Page 60)

A. 100-year floodplain

Will the proposed facilities be located <u>above</u> 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.

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

FEMA Panel No. 48201C0390N; See Attachment No. 15

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

🗆 Yes 🗵 No

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

🗆 Yes 🗆 No

If yes, provide the permit number: Click to enter text.

If no, provide the approximate date you anticipate submitting your application to the Corps: <u>Click to enter text.</u>

B. Wind rose

Attach a wind rose: See Attachment No. 13

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

A. Beneficial use authorization

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

🗆 Yes 🖂 No

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

B. Sludge processing authorization

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

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

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

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

Attach a solids management plan to the application.

Attachment: See Attachment No. 14

The sewage sludge solids management plan must contain the following information:

• Treatment units and processes dimensions and capacities

- Solids generated at 100, 75, 50, and 25 percent of design flow
- Mixed liquor suspended solids operating range at design and projected actual flow
- Quantity of solids to be removed and a schedule for solids removal
- Identification and ownership of the ultimate sludge disposal site
- For facultative lagoons, design life calculations, monitoring well locations and depths, and the ultimate disposal method for the sludge from the facultative lagoon

An example of a sewage sludge solids management plan has been included as Example 5 of the instructions.

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

Section 1. Domestic Drinking Water Supply (Instructions Page 64)

Is there a surface water intake for domestic drinking water supply located within 5 miles downstream from the point or proposed point of discharge?

🗆 Yes 🖾 No

If **no**, proceed it Section 2. **If yes**, provide the following:

Owner of the drinking water supply: <u>Click to enter text</u>.

Distance and direction to the intake: <u>Click to enter text.</u>

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

Attachment: Click to enter text.

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

Does the facility discharge into tidally affected waters?

🗆 Yes 🖾 No

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

A. Receiving water outfall

Width of the receiving water at the outfall, in feet: Click to enter text.

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

🗆 Yes 🗆 No

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

Click to enter text.

C. Sea grasses

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

🗆 Yes 🗆 No

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

Click to enter text.

Section 3. Classified Segments (Instructions Page 64)

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

🗆 Yes 🖂 No

If yes, this Worksheet is complete.

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

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

Name of the immediate receiving waters: Drainage Channel (to be constructed, not yet built)

A. Receiving water type

Identify the appropriate description of the receiving waters.

- □ Stream
- □ Freshwater Swamp or Marsh
- □ Lake or Pond

Surface area, in acres: Click to enter text.

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

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

- Man-made Channel or Ditch
- Open Bay
- 🗆 🛛 Tidal Stream, Bayou, or Marsh
- □ Other, specify: <u>Click to enter text.</u>

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: <u>Drainage ditch not yet built</u>

C. Downstream perennial confluences

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

N/A

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.

The initial discharge flows 1.30 miles through on-site conveyance ponds, then discharges into an unbuilt drainage channel for 0.40 miles until it discharges into a development's existing outfall channel for 0.70 miles until it ultimately discharges into Bear Creek Segment No. U1<u>02-00-00</u>.

E. Normal dry weather characteristics

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

N/A; RCP and drainage channels not yet built.

Date and time of observation: N/A

Was the water body influenced by stormwater runoff during observations?

🗆 Yes 🗆 No

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

A. Upstream influences

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

Oil field activities		Urban runoff
Upstream discharges		Agricultural runoff
Septic tanks <u>n detention</u>	\boxtimes	Other(s), specify: <u>To contain tract outfall</u>

B. Waterbody uses

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

- □ Livestock watering
- □ Irrigation withdrawal
- □ Fishing
- □ Domestic water supply

- Contact recreation
- Non-contact recreation
- □ Navigation
- Industrial water supply

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.1: STREAM PHYSICAL CHARACTERISTICS

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

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

Section 1. General Information (Instructions Page 66)

Date of study: Click to enter text. Time of study: Click to enter text.

Stream name: <u>Click to enter text.</u>

Location: <u>Click to enter text.</u>

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

□ Perennial □ Intermittent with perennial pools

Section 2. Data Collection (Instructions Page 66)

Number of stream bends that are well defined: Click to enter text.

Number of stream bends that are moderately defined: Click to enter text.

Number of stream bends that are poorly defined: Click to enter text.

Number of riffles: <u>Click to enter text.</u>

Evidence of flow fluctuations (check one):

	Minor		moderate		severe
--	-------	--	----------	--	--------

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

Click to enter text.

Stream transects

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

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

 Table 2.1(1) - Stream Transect Records

Section 3. Summarize Measurements (Instructions Page 66)

Streambed slope of entire reach, from USGS map in feet/feet: Click to enter text.

Approximate drainage area above the most downstream transect (from USGS map or county highway map, in square miles): <u>Click to enter text.</u>

Length of stream evaluated, in feet: Click to enter text.

Number of lateral transects made: Click to enter text.

Average stream width, in feet: <u>Click to enter text.</u>

Average stream depth, in feet: <u>Click to enter text</u>.

Average stream velocity, in feet/second: Click to enter text.

Instantaneous stream flow, in cubic feet/second: Click to enter text.

Indicate flow measurement method (type of meter, floating chip timed over a fixed distance, etc.): <u>Click to enter text.</u>

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

Maximum pool depth, in feet: Click to enter text.

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND DISPOSAL OF EFFLUENT

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

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

Identify the method of land disposal:

Surface application	Subsurface application

- Irrigation
 Subsurface soils absorption
- Drip irrigation system
 Subsurface area drip dispersal system
- □ Evaporation □ Evapotranspiration beds
- Other (describe in detail): <u>Haul sludge to permitted/registered facility</u>

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

For existing authorizations, provide Registration Number: Click to enter text.

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

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

Table 3.0(1) – Land Application Site Crops

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

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

Table 3.0(2) – Storage and Evaporation Ponds

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

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

Attachment: Click to enter text.

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

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

🗆 Yes 🗆 No

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

Click to enter text.

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

Click to enter text.

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

Click to enter text.

Section 5. Annual Cropping Plan (Instructions Page 68)

Attach an Annual Cropping Plan which includes a discussion of each of the following items. If not applicable, provide a detailed explanation indicating why. **Attachment**: <u>Click to enter text</u>.

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

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

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation indicating why. **Attachment**: <u>Click to enter text</u>.

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

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

Table 3.0(3) – Water Well Data

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

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

Attachment: Click to enter text.

Section 7. Groundwater Quality (Instructions Page 69)

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

Attachment: Click to enter text.

Are groundwater monitoring wells available onsite? \Box Yes \Box No

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

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

Attachment: Click to enter text.

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

A. Soil map

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

Attachment: Click to enter text.

B. Soil analyses

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

Attachment: Click to enter text.

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

Table	3.0(4)	- Soil	Data
-------	--------	--------	------

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number

Section 9. Effluent Monitoring Data (Instructions Page 71)

Is the facility in operation?

🗆 Yes 🗵 No

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

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

Table 3.0(5) – Effluent Monitoring Data

Date	30 Day Avg Flow MGD	BOD5 mg/l	TSS mg/l	рН	Chlorine Residual mg/l	Acres irrigated

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

Click to enter text.

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.1: SURFACE LAND DISPOSAL OF EFFLUENT

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

Section 1. Surface Disposal (Instructions Page 72)

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

A. Irrigation

Area under irrigation, in acres: <u>Click to enter text.</u>

Design application frequency:

hours/day Click to enter text. And days/week Click to enter text.

Land grade (slope):

average percent (%): <u>Click to enter text.</u>

maximum percent (%): Click to enter text.

Design application rate in acre-feet/acre/year: Click to enter text.

Design total nitrogen loading rate, in lbs N/acre/year: Click to enter text.

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

Method of application: Click to enter text.

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

Attachment: Click to enter text.

B. Evaporation ponds

Daily average effluent flow into ponds, in gallons per day: <u>Click to enter text.</u>

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

Attachment: Click to enter text.

C. Evapotranspiration beds

Number of beds: <u>Click to enter text.</u>

Area of bed(s), in acres: <u>Click to enter text.</u>

Depth of bed(s), in feet: <u>Click to enter text.</u>

Void ratio of soil in the beds: <u>Click to enter text.</u>

Storage volume within the beds, in acre-feet: Click to enter text.

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

Attachment: Click to enter text.

D. Overland flow

Area used for application, in acres: <u>Click to enter text.</u> Slopes for application area, percent (%): <u>Click to enter text.</u> Design application rate, in gpm/foot of slope width: <u>Click to enter text.</u> Slope length, in feet: <u>Click to enter text.</u>

Design BOD₅ loading rate, in lbs BOD₅/acre/day: Click to enter text.

Design application frequency:

hours/day: Click to enter text. And days/week: Click to enter text.

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

Attachment: Click to enter text.

Section 2. Edwards Aquifer (Instructions Page 73)

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

🗆 Yes 🖾 No

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

🗆 Yes 🗆 No

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

Attachment: <u>Click to enter text.</u>

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.2: SURFACE LAND DISPOSAL OF EFFLUENT

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

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

Section 1. Subsurface Application (Instructions Page 74)

Identify the type of system:

- Conventional Gravity Drainfield, Beds, or Trenches (new systems must be less than 5,000 GPD)
- □ Low Pressure Dosing
- □ Other, specify: <u>Click to enter text.</u>

Application area, in acres: <u>Click to enter text.</u>

Area of drainfield, in square feet: <u>Click to enter text.</u>

Application rate, in gal/square foot/day: Click to enter text.

Depth to groundwater, in feet: Click to enter text.

Area of trench, in square feet: <u>Click to enter text.</u>

Dosing duration per area, in hours: <u>Click to enter text.</u>

Number of beds: Click to enter text.

Dosing amount per area, in inches/day: <u>Click to enter text.</u>

Infiltration rate, in inches/hour: Click to enter text.

Storage volume, in gallons: <u>Click to enter text.</u>

Area of bed(s), in square feet: <u>Click to enter text.</u>

Soil Classification: Click to enter text.

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

Attachment: Click to enter text.

Section 2. Edwards Aquifer (Instructions Page 74)

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

🗆 Yes 🗆 No

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

🗆 Yes 🗆 No

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.3: SUBSURFACE AREA DRIP DISPERSAL (SADDS) LAND DISPOSAL OF EFFLUENT

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

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

Section 1. Administrative Information (Instructions Page 75)

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

🗆 Yes 🗆 No

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

<u>Click to enter text.</u>

- C. Owner of the subsurface area drip dispersal system: Click to enter text.
- **D.** Is the owner of the subsurface area drip dispersal system the same as the owner of the wastewater treatment facility or the site where the wastewater treatment facility is located?

□ Yes □ No

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

Click to enter text.

- E. Owner of the land where the subsurface area drip dispersal system is located: <u>Click to</u> <u>enter text.</u>
- **F.** Is the owner of the land where the subsurface area drip dispersal system is located the same as owner of the wastewater treatment facility, the site where the wastewater treatment facility is located, or the owner of the subsurface area drip dispersal system?

🗆 Yes 🗆 No

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

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

A. Type of system

- □ Subsurface Drip Irrigation
- □ Surface Drip Irrigation
- □ Other, specify: <u>Click to enter text</u>.

B. Irrigation operations

Application area, in acres: <u>Click to enter text.</u>

Infiltration Rate, in inches/hour: Click to enter text.

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

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

Storage volume, in gallons: <u>Click to enter text.</u>

Major soil series: Click to enter text.

Depth to groundwater, in feet: Click to enter text.

C. Application rate

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

🗆 Yes 🗆 No

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

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

□ Yes □ No

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

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

🗆 Yes 🗆 No

Hydraulic application rate, in gal/square foot/day: <u>Click to enter text.</u> Nitrogen application rate, in lbs/gal/day: <u>Click to enter text.</u>

D. Dosing information

Number of doses per day: <u>Click to enter text.</u>

Dosing duration per area, in hours: <u>Click to enter text.</u>

Rest period between doses, in hours: Click to enter text.

Dosing amount per area, in inches/day: Click to enter text.

Number of zones: Click to enter text.

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

🗆 Yes 🗆 No

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

Attachment: Click to enter text.

Section 3. Required Plans (Instructions Page 75)

A. Recharge feature plan

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

Attachment: <u>Click to enter text.</u>

B. Soil evaluation

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

Attachment: Click to enter text.

C. Site preparation plan

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

Attachment: Click to enter text.

D. Soil sampling/testing

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

Attachment: Click to enter text.

Section 4. Floodway Designation (Instructions Page 76)

A. Site location

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

□ Yes □ No

B. Flood map

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

Attachment: Click to enter text.

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

A. Buffer Map

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

Attachment: Click to enter text.

B. Buffer variance request

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

□ Yes □ No

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

Attachment: <u>Click to enter text</u>.

Section 6. Edwards Aquifer (Instructions Page 76)

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

🗆 Yes 🗆 No

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

🗆 Yes 🗆 No

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 4.0: POLLUTANT ANALYSIS REQUIREMENTS

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

This worksheet is not required minor amendments without renewal.

Section 1. Toxic Pollutants (Instructions Page 78)

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

Grab 🗆 Composite 🗆

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

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

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

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

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

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

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

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

Section 2. Priority Pollutants

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

Grab 🗆 Composite 🗆

Date and time sample(s) collected: <u>Click to enter text.</u>

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

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

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

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

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

Table 4.0(2)B - Volatile Compounds

Table 4.0(2)C – Acid Compounds

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

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

Table 4.0(2)D – Base/Neutral Compounds

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

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

Table 4.0(2)E - Pesticides

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

Section 3. Dioxin/Furan Compounds

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

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

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

Click to enter text.

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

🗆 Yes 🗆 No

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

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

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

Grab □ Composite □

Date and time sample(s) collected: <u>Click to enter text.</u>

Table 4.0(2)F – Dioxin/Furan Compounds

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 5.0: TOXICITY TESTING REQUIREMENTS

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

This worksheet is not required minor amendments without renewal.

Section 1. Required Tests (Instructions Page 88)

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

7-day Chronic: Click to enter text.

48-hour Acute: <u>Click to enter text.</u>

Section 2. Toxicity Reduction Evaluations (TREs)

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

🗆 Yes 🗆 No

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

Section 3. Summary of WET Tests

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

Table 5.0(1) Summary of WET Tests

Test Date	Test Species	NOEC Survival	NOEC Sub-lethal

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

Section 1. All POTWs (Instructions Page 89)

A. Industrial users (IUs)

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

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

Categorical IUs: Number of IUs: <u>o</u> Average Daily Flows, in MGD: <u>o</u> Significant IUs – non-categorical: Number of IUs: <u>o</u>

Average Daily Flows, in MGD: o

Other IUs:

Number of IUs: o

Average Daily Flows, in MGD: o

B. Treatment plant interference

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

🗆 Yes 🖾 No

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

C. Treatment plant pass through

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

🗆 Yes 🖾 No

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

Click to enter text.			

D. Pretreatment program

Does your POTW have an approved pretreatment program?

🗆 Yes 🖾 No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

🗆 Yes 🖾 No

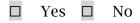
If yes, complete Section 2.c. and 2.d. only, and skip Section 3.

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

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

A. Substantial modifications

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



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

B. Non-substantial modifications

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

🗆 Yes 🗆 No

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

Click to enter text.		

C. Effluent parameters above the MAL

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

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. Industrial user interruptions

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

🗆 Yes 🗆 No

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

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

A. General information

Company Name: N/A SIC Code: N/A Contact name: N/A Address: N/A City, State, and Zip Code: N/A Telephone number: N/A Email address: N/A

B. Process information

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

N/A

C. Product and service information

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

N/A

D. Flow rate information

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

Process Wastewater:

Discharge, in gallon	s/day: <u>N/A</u>		
Discharge Type: 🗆	Continuous	Batch	Intermittent
Non-Process Wastewate	er:		
Discharge, in gallon	s/day: <u>N/A</u>		
Discharge Type: 🗆	Continuous	Batch	Intermittent

E. Pretreatment standards

Is the SIU or CIU subject to technically based local limits as defined in the *i*nstructions?

□ Yes □ No

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

🗆 Yes 🗆 No

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

Category: Subcategories: Click to enter text.

Click or tap here to enter text. Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: <u>Click to enter text.</u>

Subcategories: Click to enter text.

Category: <u>Click to enter text.</u>

Subcategories: <u>Click to enter text.</u>

Category: <u>Click to enter text.</u>

Subcategories: Click to enter text.

F. Industrial user interruptions

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

🗆 Yes 🗆 No

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

N/A

WORKSHEET 7.0

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:

TCEQ IUC Permits Team Radioactive Materials Division MC-233 PO Box 13087 Austin, Texas 78711-3087 512-239-6466 For TCEQ Use Only Reg. No.____ Date Received_____ Date Authorized_____

Section 1. General Information (Instructions Page 92)

1. TCEQ Program Area

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

Program ID: <u>Click to enter text.</u>

Contact Name: Click to enter text.

Phone Number: <u>Click to enter text.</u>

2. Agent/Consultant Contact Information

Contact Name: <u>Click to enter text.</u>

Address: Click to enter text.

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

Phone Number: <u>Click to enter text.</u>

3. Owner/Operator Contact Information

Owner Operator
 Owner/Operator Name: Click to enter text.
 Contact Name: Click to enter text.
 Address: Click to enter text.
 City, State, and Zip Code: Click to enter text.
 Phone Number: Click to enter text.

4. Facility Contact Information

Facility Name: <u>Click to enter text.</u>
Address: <u>Click to enter text.</u>
City, State, and Zip Code: <u>Click to enter text.</u>
Location description (if no address is available): <u>Click to enter text.</u>
Facility Contact Person: <u>Click to enter text.</u>
Phone Number: <u>Click to enter text.</u>

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

Latitude: <u>Click to enter text.</u> Longitude: <u>Click to enter text.</u> Method of determination (GPS, TOPO, etc.): <u>Click to enter text.</u> Attach topographic quadrangle map as attachment A.

6. Well Information

Type of Well Construction, select one:

- □ Vertical Injection
- □ Subsurface Fluid Distribution System
- □ Infiltration Gallery
- □ Temporary Injection Points
- □ Other, Specify: <u>Click to enter text</u>.

Number of Injection Wells: <u>Click to enter text.</u>

7. Purpose

Detailed Description regarding purpose of Injection System:

Click to enter text.

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

8. Water Well Driller/Installer

Water Well Driller/Installer Name: Click to enter text.

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

Phone Number: <u>Click to enter text.</u>

License Number: Click to enter text.

Section 2. Proposed Down Hole Design

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

Table 7.0(1) – Down Hole Design Table

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

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

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

System(s) Dimensions: <u>Click to enter text.</u>

System(s) Construction: Click to enter text.

Section 4. Site Hydrogeological and Injection Zone Data

- 1. Name of Contaminated Aquifer: <u>Click to enter text.</u>
- 2. Receiving Formation Name of Injection Zone: <u>Click to enter text.</u>
- **3.** Well/Trench Total Depth: <u>Click to enter text.</u>
- 4. Surface Elevation: <u>Click to enter text.</u>
- 5. Depth to Ground Water: <u>Click to enter text.</u>
- 6. Injection Zone Depth: <u>Click to enter text.</u>
- **7.** Injection Zone vertically isolated geologically? □ Yes □ No

Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:

Name: <u>Click to enter text.</u>

Thickness: Click to enter text.

- 8. Provide a list of contaminants and the levels (ppm) in contaminated aquifer Attach as Attachment E.
- **9.** Horizontal and Vertical extent of contamination and injection plume Attach as Attachment F.
- **10.** Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc. Attach as Attachment G.
- **11.** Injection Fluid Chemistry in PPM at point of injection Attach as Attachment H.
- 12. Lowest Known Depth of Ground Water with < 10,000 PPM TDS: <u>Click to enter text.</u>
- 13. Maximum injection Rate/Volume/Pressure: <u>Click to enter text.</u>
- 14. Water wells within 1/4 mile radius (attach map as Attachment I): <u>Click to enter text.</u>
- **15.** Injection wells within 1/4 mile radius (attach map as Attachment J): <u>Click to enter</u> <u>text.</u>
- **16.** Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K): <u>Click to enter text.</u>
- 17. Sampling frequency: <u>Click to enter text.</u>
- 18. Known hazardous components in injection fluid: Click to enter text.

Section 5. Site History

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

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

Class V Injection Well Designations

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

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- Attachment 13 Wind Rose (Tech. Rpt. 1.1, 5b)
- Attachment 14 Sludge Management Plan (Tech. Rpt. 1.1, 7)
- Attachment 15 FIRM Panel
- Attachment 16 Affected Landowners Map and Cross Reference List (Admin Rpt. 1.1, 1a)
- Attachment 17 Site Image (Admin Rpt. 1.1, 2)
- Attachment 18 Area WWTP Info (Tech. Rpt. 1.1, 1.3)
- Attachment 19 Area WWTP Capacity Request Letters (Tech. Rpt. 1.1, 1.3)

Attachment 1 – TCEQ Core Data Form (Admin. Rpt. 1.0, 3c)



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.)										
New Permit, Registration or Authorization (<i>Core Data Form should be submitted with the program application.</i>)										
	Form should be submitted with	the program application.)								
		-								
Renewal (Core Data Form should be submitted with the	e renewal form)	Other								
2. Customer Reference Number (if issued)		3. Regulated Entity Reference Number (if issued)								
	Follow this link to search	or negative entry hererence runner (j) issued								
	for CN or RN numbers in									
CNI C024C2222	Central Registry**	DN								
CN 602463333	central negistry	RN								

SECTION II: Customer Information

4. General Cu	istomer li	nformat	ion	5. Effective	e Date for C	ustome	er In	formation	Updat	es (mm/dd/	′уууу)		
New Custor	mer		Πυ	pdate to Cust	omer Informa	ation		Char	nge in R	egulated Ent	tity Own	ership	•
Change in Le	egal Name	(Verifiabl	e with the Te	xas Secretary	of State or Te	xas Con	notro	oller of Publi		unts)	•	·	
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:													
Woodmere Development Co., LTD													
7. TX SOS/CP	A Filing N	lumber		8. TX State	Tax ID (11 c	digits)			9. Fe	deral Tax I	D	10. DUNS	Number (if
	-											applicable)	
									(9 dig	gits)			
											1		
11. Type of C	ustomer:		🛛 Corpora	tion				🗌 Individ	lual		Partne	ership: 🗌 Gen	eral 🗌 Limited
Government:	City 🗌	County [Federal	Local 🗌 Stat	e 🗌 Other			Sole Pi	roprieto	orship	🗌 Ot	her:	
12. Number o	of Employ	vees					l		13. li	ndepender	ntly Ow	ned and Ope	erated?
⊠ 0-20 □ 2	21-100 [101-25	50 🗌 251-	500 🗌 501	. and higher				□ Ye	es	🗌 No		
14. Customer	r Role (Pro	posed or	Actual) – as i	t relates to th	e Regulated E	ntity lis	ted o	on this form.	Please	check one of	f the follo	owing	
		•			5			-			-	-	
Owner		🗌 Ope	erator	□ o	wner & Opera	ator				Other:	Develo		
	al Licensee	🗌 Re	esponsible Pa	rty 🗌	VCP/BSA App	plicant				⊠ Other:	Develop	Jer	
15. Mailing	15915 Ka	aty Freew	ay										
2011101119	Suite 405	5											
Address:					1							T	r
	City	Housto	on		State	ТХ		ZIP	77094	4		ZIP + 4	
16 Country D	Aniling In	formatio	an lif autoida			1	17		ldrace	lif menlionhl	-		
16. Country N	vialling in	iormatio	on (if outside	USA)			1/	. E-Mail Ac	uress	(if applicable	e)		
							aal	lford@Longl	LakeLTE	D.com			
								CB					
18. Telephone Number 19. Extension or Code 20. Fax Number (if applicable)													

SECTION III: Regulated Entity Information

26 Nearest City						State	Nearest 2	IP Code	
25. Description to Physical Location:	0.6 miles no	rthwest of the interse	ction of West Roa	ad and Katy H	ockley Cuto	ff Road			
		If no Street Ad	ldress is provid	led, fields 25	-28 are re	equired.			
24. County									
<u>(No PO Boxes)</u>	City		State		ZIP		ZIP + 4		
23. Street Address of the Regulated Entity:									
Haris County Municipal District No. 606 Wastewater Treatment Plant									
22. Regulated Entity Na	22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)								
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).									
New Regulated Entity	Update to	Regulated Entity Nam	e 🗌 Update t	to Regulated E	ntity Inforr	nation			
21. General Regulated E	ntity Informa	ation (If 'New Regulate	ed Entity" is seled	cted, a new pe	rmit applic	ation is also required.)			

20. Nearest City							State		INEd	Test ZIP Code		
Cypress							ТΧ		7743	33		
Latitude/Longitude are r	equired and	may be added,	/updated	d to meet T	CEQ Core D	ata Stando	ards. (Geoc	oding of th	e Physical	Address may be		
used to supply coordinates where none have been provided or to gain accuracy).												
27. Latitude (N) In Decimal: 29.906205					28. Lo	ongitude (\	W) In Decim	nal:	95.81771	6		
Degrees	Minutes		Seconds		Degree	es	Mi	nutes		Seconds		
29		54		22.34		95		49		3.78		
29. Primary SIC Code	30.	Secondary SIC	Code		31. Primary	-	ode	32. Secor	ndary NAI	CS Code		
(4 digits)	(4 digits)				(5 or 6 digits	or 6 digits) (5 or 6				ligits)		
33. What is the Primary E	Business of t	his entity? (Do	o not repe	eat the SIC or	NAICS descri	ption.)						
34. Mailing												
Address:												
	City			State		ZIP			ZIP + 4			
35. E-Mail Address:												
36. Telephone Number			37. Ext	tension or C	Code	38. F	ax Numbei	(if applicab	le)			
() -						() -					

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.

Dam Safety	Districts	Edwards Aquifer	Emissions Inventory Air	Industrial Hazardous Waste
Municipal Solid Waste	New Source Review Air	□ OSSF	Petroleum Storage Tank	D PWS
Sludge	Storm Water	Title V Air	Tires	Used Oil
Voluntary Cleanup	Wastewater	Wastewater Agriculture	Water Rights	Other:

SECTION IV: Preparer Information

40. Name:	Valeria Gomez			41. Title:	Design Engineer
42. Telephone Number		43. Ext./Code	44. Fax Number	45. E-Mail Address	
(832) 590-7149			() -	VGomez@id	seg.com

SECTION V: Authorized Signature

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

Company:	Woodmere Development Co., LTD	Job Title:	Executive Vice President		
Name (In Print):	Aaron Alford	Phone:	(832) 859- 4305		
Signature:	2 heyd			Date:	11/26/2024

Attachment 2 – Plain Language Summary (Admin. Rpt. 1.0, 8f)

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

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

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

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

Woodmere Development Co., LTD (CN 602463333) proposes to operate Harris County MUD No. 606 (RN not yet provided), a wastewater treatment plant to serve HCMUD No. 606. The facility will be located at 0.6 miles northwest of the intersection of West Road and Katy Hockley Cutoff Road, in Cypress, Harris County, Texas 77433. New TPDES permit for a facility flowing at an average 240,000 gallons per day to ultimately discharge in Bear Creek.

Discharges from the facility are expected to contain Biochemical Oxygen Demand, 10 mg/L, Total Suspended Solids, 15 mg/L, Ammonia Nitrogen, 2 mg/L, Dissolved Oxygen, 4 mg/L. Domestic wastewater will be treated by a single stage nitrification process, wastewater will pass through screening, into aeration, then to clarification, after this process effluent will be disinfected with chlorine and discharged ultimately to Bear Creek.

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

AGUAS RESIDUALES DOMESTICAS /AGUAS PLUVIALES

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

Woodmere Development Co., LTD (CN602463333) propone operar Harris County MUD No. 606 (numero de entidad todavia no se ha proporcionado), una planta de tratamiento de aguas residuales. La instalación estará ubicada en 0.6 millas noroeste de la interseccion de West Road y Katy Hockley Cutoff Road, en Cypress, Condado de Harris, Texas 77433. Nuevo permiso de TPDES para una instalación que fluye a un promedio de 240,000 galones por día para descargar finalmente en Bear Creek.

Se espera que las descargas de la instalación contengan Demanda Bioquímica de Oxígeno, 10 mg/L, Sólidos Suspendidos Totales, 15 mg/L, Nitrógeno Amoniacal, 2 mg/L, Oxígeno Disuelto, 4 mg/L. Aguas residuales domésticas. estará tratado por un proceso de nitrificación de una sola etapa, las aguas residuales pasarán a través de la criba, a la aireación, luego a la clarificación, después de este proceso, el efluente se desinfectará con cloro y se descargará finalmente a Bear Creek.

Attachment 3 – Public Involvement Plan Form (Admin. Rpt. 1.0, 8g)



⁷ Texas Commission on Environmental Quality

Public Involvement Plan Form for Permit and Registration Applications

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

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

Section 1. Preliminary Screening

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

If neither of the above boxes are checked, completion of the form is not required and does not

need to be submitted.

Section 2. Secondary Screening

Requires public notice,

Considered to have significant public interest, and

Located within any of the following geographical locations:

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

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

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

Section 3	B. Applicat	tion Inform	nation				
Type of A	pplication	(check all t	hat apply):				
Air	Initial	Federal	Amendment	Standard Permit	Title V		
Waste	Waste Municipal Solid Waste Industrial and Hazardous Waste Scrap Tire Radioactive Material Licensing Underground Injection Control						
Water Qua	ality						
Texas	Pollutant D	oischarge Eli	mination System	(TPDES)			
Те	xas Land A	pplication P	ermit (TLAP)				
Sta	ate Only Co	ncentrated A	Animal Feeding O	peration (CAFO)			
Wa	ater Treatm	ient Plant Re	siduals Disposal	Permit			
Class I	B Biosolids	Land Applic	ation Permit				
Domes	stic Septage	e Land Appli	cation Registratio	on			
147 A. D. 1							
0	hts New Pe						
		on of Water					
New o	r existing r	eservoir					
Amendme	ent to an Ex	isting Water	Right				
Add a	New Appro	priation of	Water				
Add a	New or Exi	sting Reserv	oir				
Major	Amendmer	nt that could	affect other wat	er rights or the enviro	nment		

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.
inguage notice to necessary) i rease provide the ronoving mornation
(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
(a) referre of Englistically isolated flousenoids by language within the specifica 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 r Administrative Code (30 TAC) Chapter 39?	equirements of Title 30 Texas
Yes No	
(b) If yes, do you intend at this time to provide public out	reach other than what is required by rule?
Yes No	
If Yes, please describe.	
If you answered "yes" that this application is answering the remaining questions in (c) Will you provide notice of this application in alternativ	Section 6 is not required.
Yes No	
Please refer to Section 5. If more than 5% of the populat application is Limited English Proficient, then you are r alternative language.	
If yes, how will you provide notice in alternative language	rs?
Publish in alternative language newspaper	
Posted on Commissioner's Integrated Database W	ebsite
Mailed by TCEQ's Office of the Chief Clerk	
Other (specify)	
(d) Is there an opportunity for some type of public meeting	ng, including after notice?
Yes No	
(e) If a public meeting is held, will a translator be provide	ed 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 Offi	ce
Public Place (specify)	

Section 7. Voluntary Submittal

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

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

Yes No

What types of notice will be provided?

Publish in alternative language newspaper

Posted on Commissioner's Integrated Database Website

Mailed by TCEQ's Office of the Chief Clerk

Other (specify)

Attachment 4 – Supplemental Permit Information Form (Admin. Rpt. 1.1, 1)

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:	
Application type:RenewalMajor Am	nendmentNinor AmendmentNew
County:	_ Segment Number:
Admin Complete Date:	_
Agency Receiving SPIF:	
Texas Historical Commission	U.S. Fish and Wildlife
Texas Parks and Wildlife Department	U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: <u>Woodmere Development Co., LTD</u>

Permit No. WQ00

EPA ID No. TX

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

0.6 miles northwest of the intersection of West Road and Katy Hockley Cutoff Road

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): <u>Mr.</u>

First and Last Name: <u>Kameron Pugh</u>

Credential (P.E, P.G., Ph.D., etc.): <u>P.E.</u>

Title: <u>Senior Project Manager</u>

Mailing Address: <u>13430 Northwest Freeway, Suite 700</u>

City, State, Zip Code: Houston, TX 77040

Phone No.: <u>832-590-7187</u> Ext.:

Fax No.:

E-mail Address: <u>kpugh@idseg.com</u>

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

<u>Woodmere Development Co., LTD – This property will be transferred to Harris County</u> <u>Municipal Utility District No. 606 upon MUD creation.</u>

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

The discharge of the WWTP will exit the site to west into the adjacent conveyance pond until it exists the site in the southeast corner. From there it will enter the proposed offsite drainage channel which outfalls into an adjacent development's existing outfall channel and ultimately discharge into Bear Creek Segment No. U102-00-00.

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

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

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

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

- Disturbance of vegetation or wetlands
- 1. List proposed construction impact (surface acres to be impacted, depth of excavation, sealing <u>of caves</u>, or other karst features):

Area of construction is a presently cleared area and flat elevation.

Describe existing disturbances, vegetation, and land use:
 <u>This location is currently unused, the site is lightly wooded with several small commercial sheds.</u>

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

- List construction dates of all buildings and structures on the property: <u>Historically there have been no structures on this site. Confirmed via satellite and airborne</u> <u>imaging going back to 1944.</u>
- 4. Provide a brief history of the property, and name of the architect/builder, if known. <u>The property has been used for a sand mining operation onsite. No previous developments.</u>

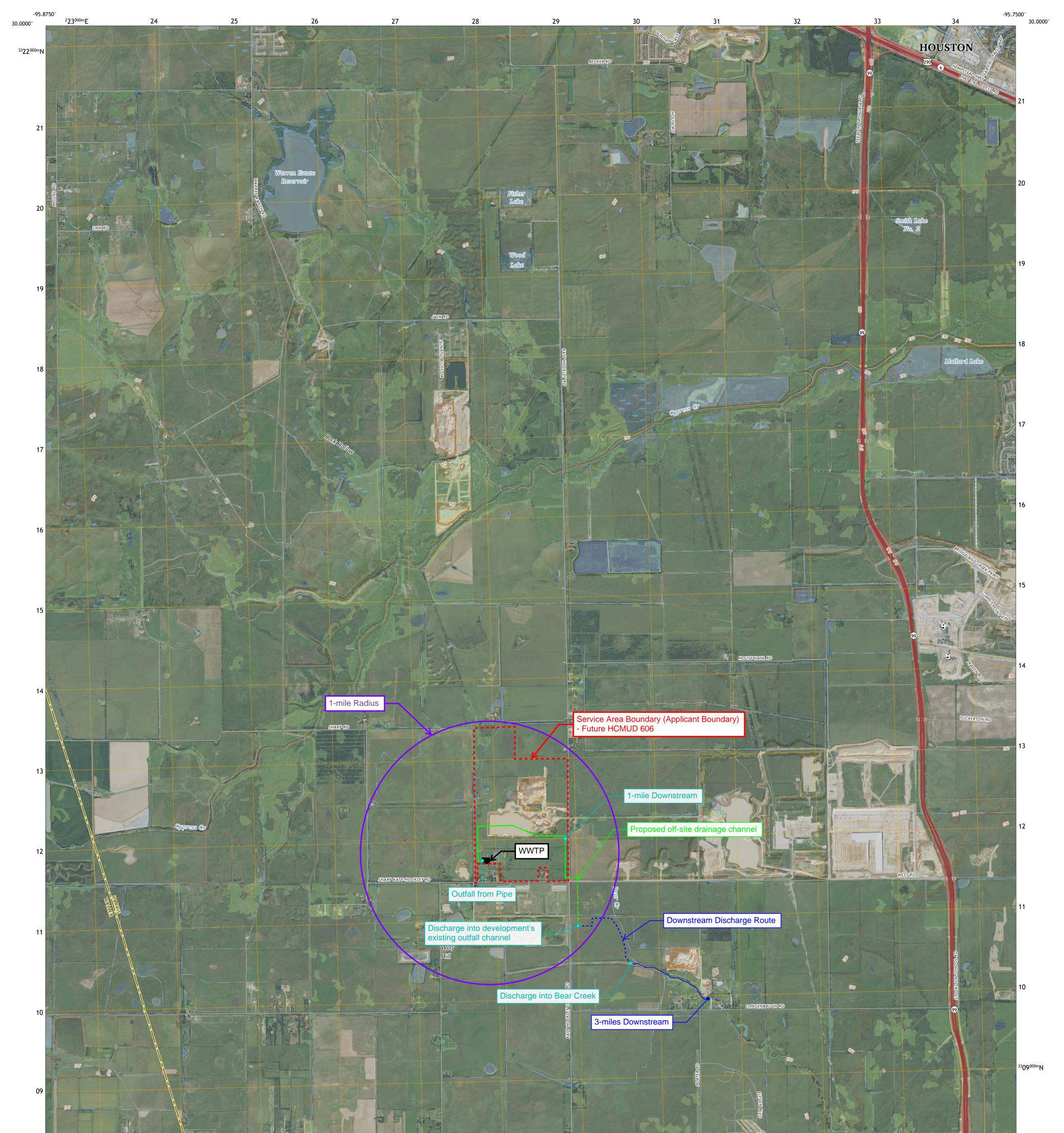
Attachment 5 – USGS Map (Full Size) (Admin. Rpt. 1.0, 13; SPIF, 5)



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



WARREN LAKE QUADRANGLE TEXAS 7.5-MINUTE TOPO

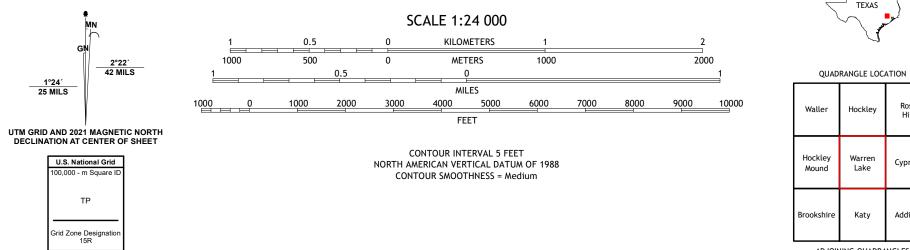




Produced by the United States Geological Survey North American Datum of 1983 (NAD83) World Geodetic System of 1984 (WGS84). Projection and 1 000-meter grid:Universal Transverse Mercator, Zone 15R Data is provided by The National Map (TNM), is the best available at the time of map generation, and includes data content from supporting themes of Elevation, Hydrography, Geographic Names, Boundaries, Transportation, Structures, Land Cover, and Orthoimagery. Refer to associated Federal Geographic Data Committee (FGDC) Metadata for additional source data information.

This map is not a legal document. Boundaries may be generalized for this map scale. Private lands within government reservations may not be shown. Obtain permission before entering private lands. Temporal changes may have occurred since these data were collected and some data may no longer represent actual surface conditions.

Learn About The National Map: https://nationalmap.gov









ADJOINING QUADRANGLES

Rose Hill

Cypress

Addicks

Attachment 6 – Description of Treatment (Tech. Rpt. 1.0, 2a)

Technical Report 1.0 Section 2. Treatment Process A. Current Operating Phase

Proposed Phase I

The proposed phase 1 plant operates as a single stage nitrification activated sludge process. It includes a headworks with manual bar screen, three (3) 60-foot length steel basin package plant split into 38-foot aeration basin and 22-foot digester with a 35-foot diameter clarifier. The total aeration capacity of 14,597 CF is capable of treating 0.245 MGD average daily flow. Chlorine contact basin capacity of 1,998 CF provides over 20 minutes of contact time at peak flow of the plant. 6-inch return sludge airlifts are to be included to provide 75 to 200 percent of average daily flow. Disinfected effluent flows from the plant to the outfall via an 18-inch pipe. Three (3) aerobic digester basins with a volume of 8,451 CF provide adequate capacity for sludge digestion. Sludge is to be disposed by a contract hauler.

Interim Phase

The interim phase 2 plant will be operated as a single stage nitrification activated sludge process. It will include a headworks with manual bar screens, six (6) 60-foot length steel basin package plants split into 38-foot length aeration basins and 22-foot digesters with two (2) 35-foot diameter clarifiers. Total aeration basin capacity of 29,193 CF capable of treating 0.490 MGD average daily flow, chlorine contact basin with 3,996 CF capacity which provides over 20 minutes of contact time at peak flow. 6-inch return sludge airlifts are to be included to provide 75 to 200 percent of average daily flow. Disinfected effluent flows from the plant to the outfall via an 18-inch pipe. Six (6) aerobic digester basins with a volume of 16,901 CF provide adequate capacity for sludge digestion. Sludge is to be disposed by a contract hauler.

<u>Final Phase</u>

The final phase 3 plant will be operated as a single stage nitrification activated sludge process. It will include a headworks with manual bar screens, nine (9) 60-foot length steel basin package plants split into 38-foot aeration basins and 22-foot digesters with three (3) 35-foot diameter clarifier. Total aeration basin capacity of 43,790 CF capable of treating 0.735 MGD average daily flow, three (3) chlorine contact basins with 5,994 CF capacity which provides over 20 minutes of contact time at peak flow. 6-inch return sludge airlifts are to be included to provide 75 to 200 percent of average daily flow. Disinfected effluent flows from the plant to the outfall via an 18-inch pipe. Nine (9) aerobic digester basins with a total volume of 25,352 CF provide adequate capacity for sludge digestion. Sludge is to be disposed of by a contract hauler.

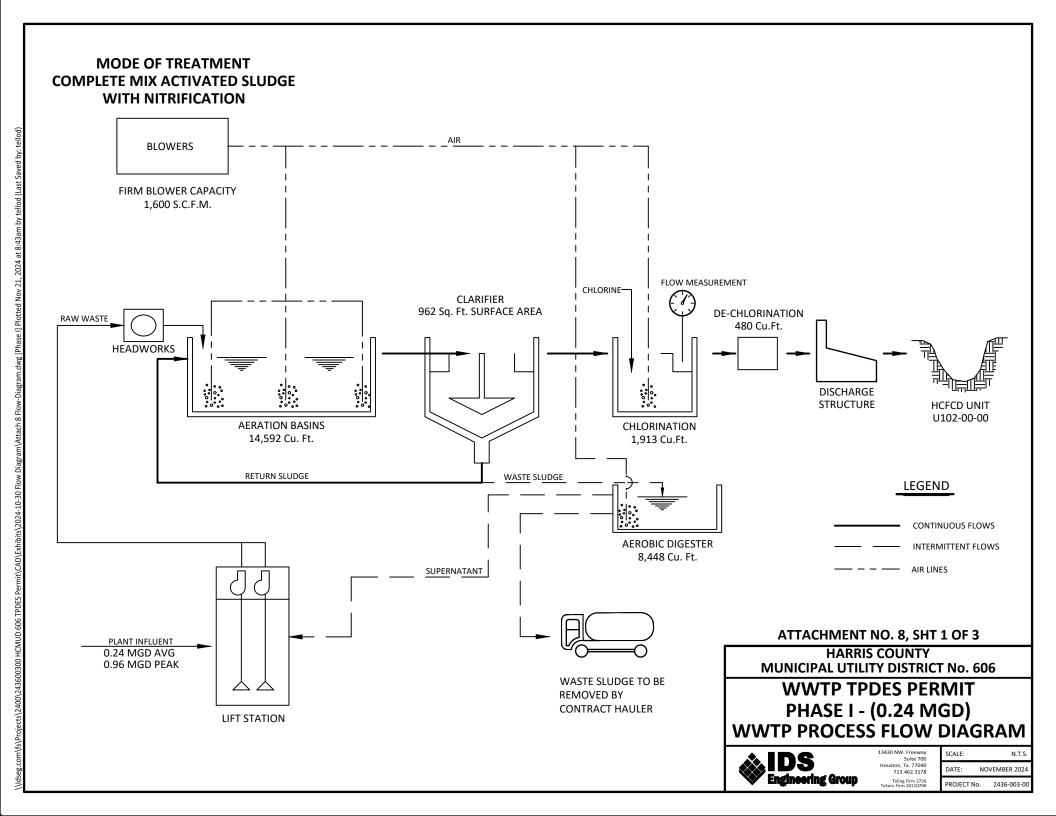
Attachment 7 – Treatment Unit Dimensions (Tech. Rpt. 1.0, 2b)

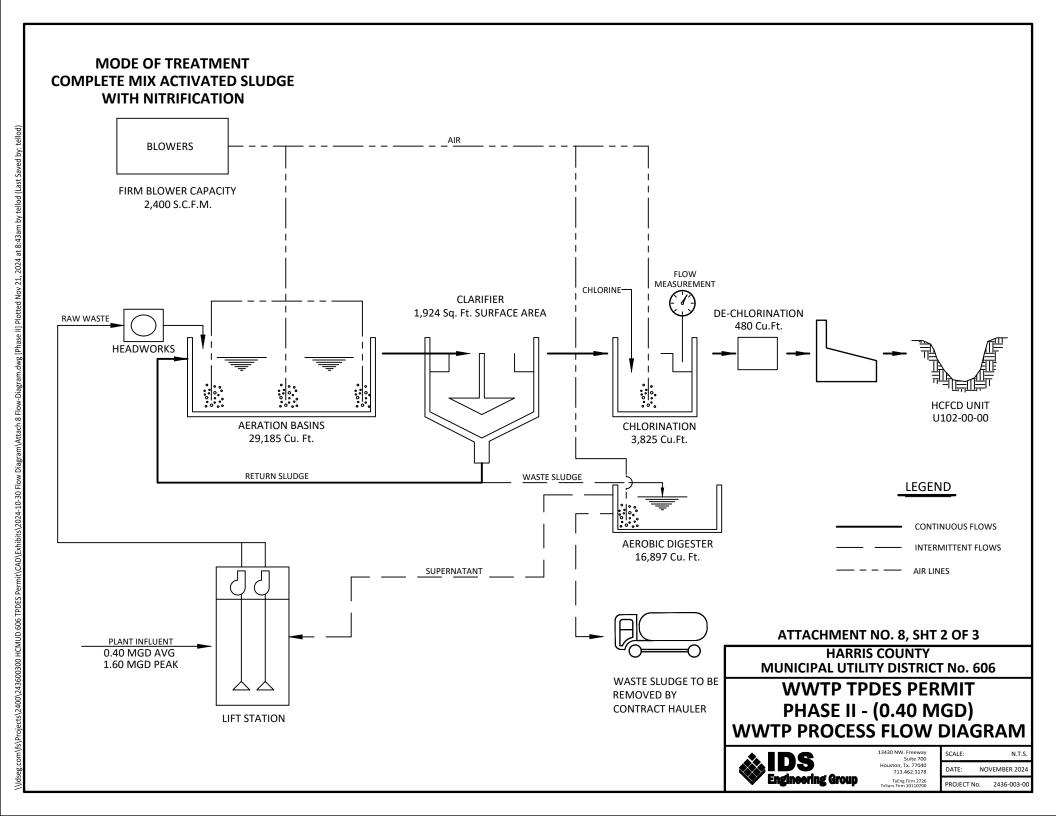
Technical Report 1.0 Section 2. Treatment Process B. Treatment Units

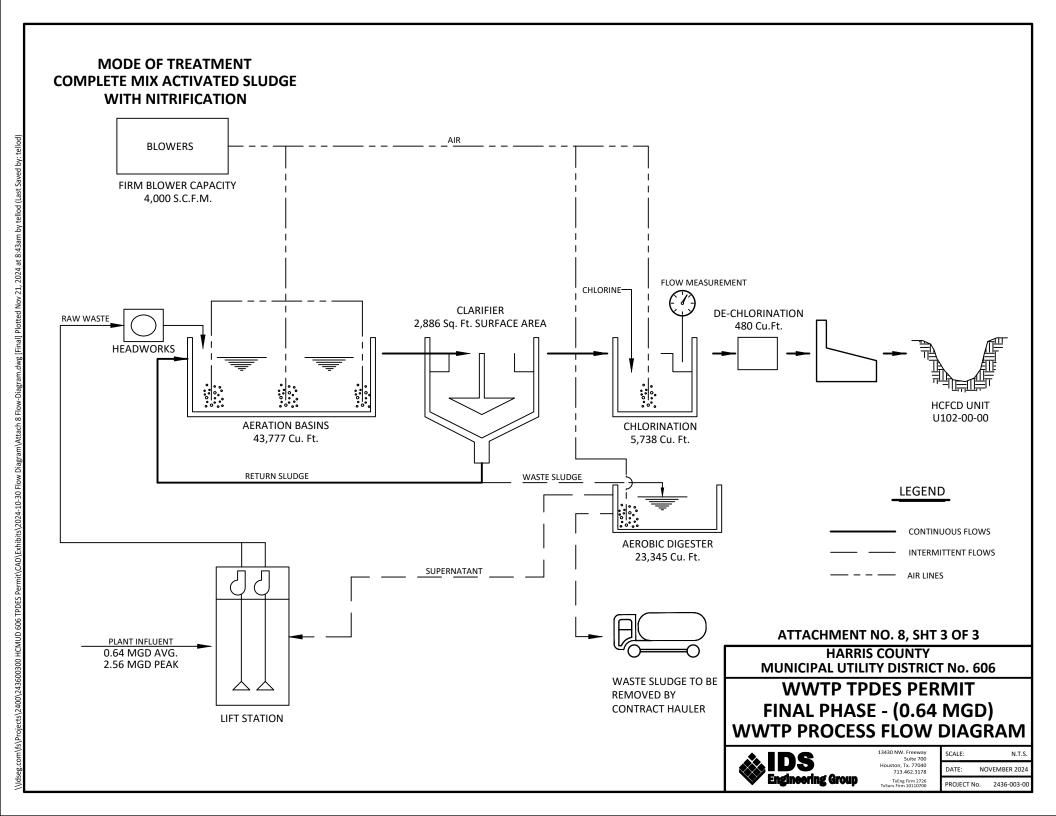
Phase 1 - 0.24 MGD

	No. of Basins	Diameter (ft)	Length (ft)	Width (ft)	Height (ft)	SWD (ft-in)	Volume (Cu. Ft)
Clarifier	1	35	-	-	14.167	10.5	10102.18
Aeration	3	-	38	12	12.167	10.667	14592.46
Chlorine Contact	1		18.75	12	10.167	8.5	1912.50
Digester	3	-	22	12	12.167	10.667	8448.26
Phase 2 - 0.40 MGD							
	No. of Basins	Diameter (ft)	Length (ft)	Width (ft)	Height (ft)	SWD (ft-in)	Volume (Cu. Ft)
Clarifier	2	35	-	-	14.167	10.5	20204.37
Aeration	6	-	38	12	12.167	10.667	29184.91
Chlorine Contact	2		18.75	12	10.167	8.5	3825.00
Digester	6	-	22	12	12.167	10.667	16896.53
Final Phase - 0.60 MGD							
	No. of Basins	Diameter (ft)	Length (ft)	Width (ft)	Height (ft)	SWD (ft-in)	Volume (Cu. Ft)
Clarifier	3	35	-	-	14.167	10.5	30306.55
Aeration	9	-	38	12	12.167	10.667	43777.37
Chlorine Contact	3		18.75	12	10.167	8.5	5737.50
Digester	9	-	22	12	12.167	10.667	25344.79
Dechlorination	1		5	12	10.167	8.5	480.00

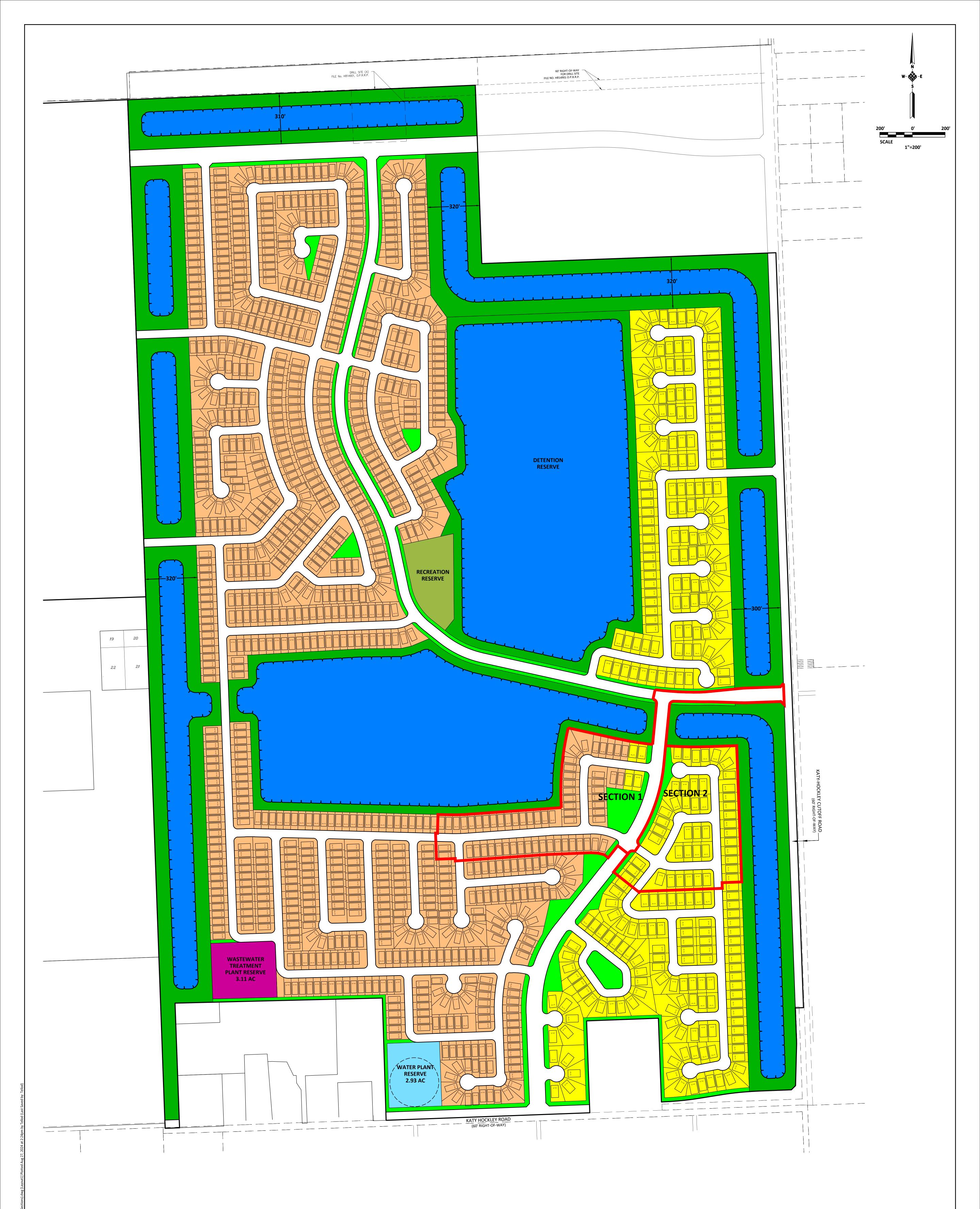
Attachment 8 – Process Flow Diagrams (Tech. Rpt. 1.0, 2c)

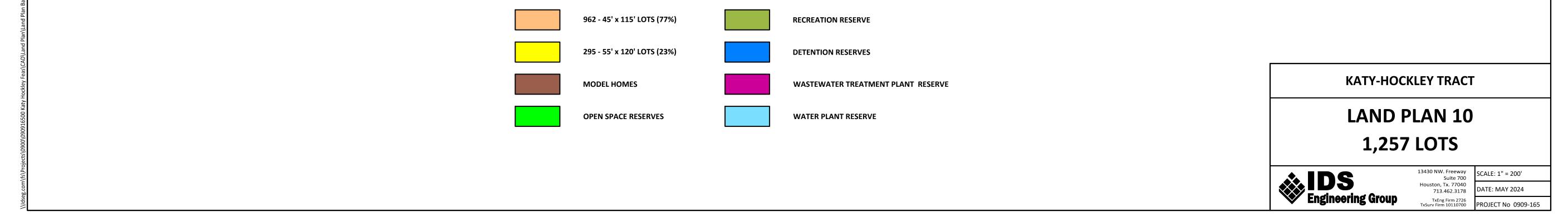




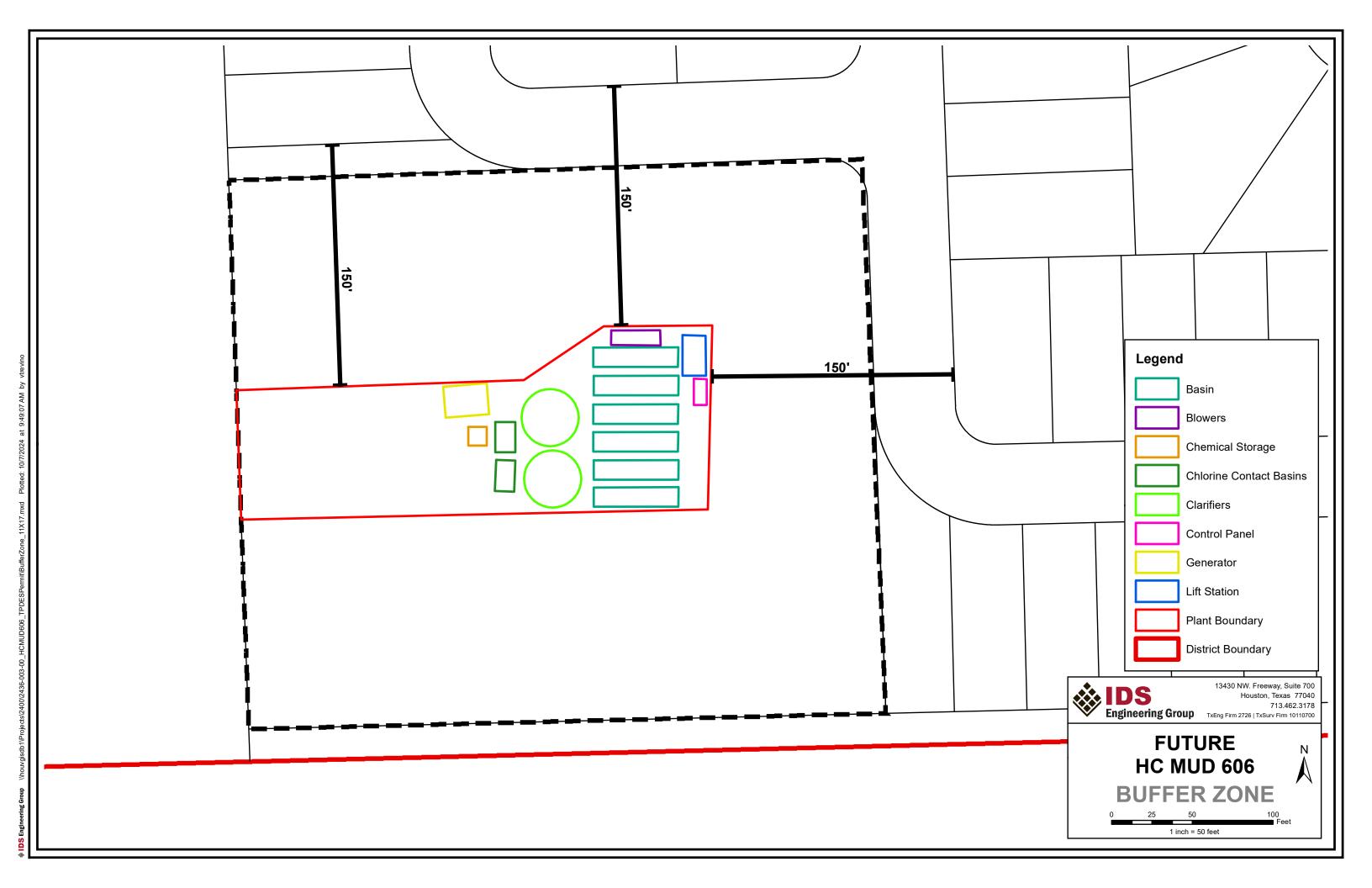


Attachment 9 – Site Drawings (Tech. Rpt. 1.0, 3)





Attachment 10 – Buffer Zone Map (Admin Rpt. 1.1, 3a)



Attachment 11 – Justification for Treatment (Tech. Rpt. 1.1, 1a)

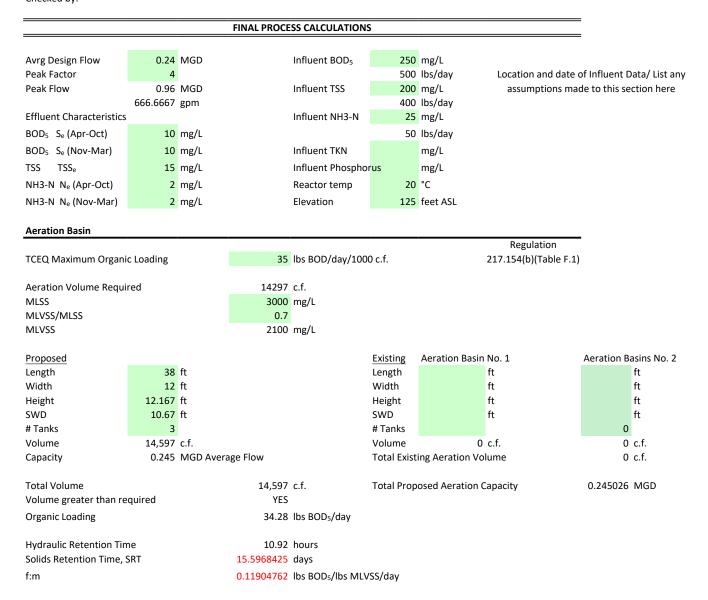
Technical Report 1.1 Section 1. Justification for Permit A. Justification of permit need

Woodmere Development Co., LTD is proposing to develop a 494.4-acre tract of land within Harris County that will include the addition of a single-family residential community. Included in the development will be roads, drainage, wastewater collection system, wastewater treatment facilities, water distribution system, and water treatment facilities to serve the developed areas. Flow projections are based upon information provided by the developer that included the ability to serve approximately the first sections of the 1,200+ lot subdivision with 800 equivalent single family connections (ESFCs) at 300 gallons per day (gpd) with the Interim Phase I Wastewater Treatment Plant (WWTP), approximately 1,300 ESFCs with the Interim Phase II WWTP and ultimately serve 2,100 ESFCs with the Final Phase WWTP.

The Interim Phase I WWTP would be required to treat an average daily flow of 160,000 gpd. Multiplying the 160,000 gpd times a factor of 1.5 for the WWTP's less than 1 MGD in size would require a plant size to treat an average daily flow of 240,000 gpd. The proposed Interim Phase I WWTP is sized to treat an average daily flow of 240,000 gpd with a peak flow of 960,000 gpd. The proposed Interim Phase II WWTP is sized to treat an average daily flow of 1,600,000 gpd with a peak flow of 1,600,000 gpd. The proposed Final Phase WWTP is sized to add 640,000 gpd of treatment to the Interim Phase II WWTP. The combined phases will have the ability to treat 640,000 gpd with a peak flow of 2,560,000 gpd.

Attachment 12 – Wastewater Plant Design Calculations (Tech. Rpt. 1.1, 4)

HCMUD No. 606 Wastewater Treatment Plant - Steel Package IDS Project No. 2436-004-00 10/29/2024 Completed by: ENW Checked by:



Clarifier Basin

Clarifier Basin								
						Regulation		
TCEQ Maximum Surface Loading (Qpk)			00 gal/day/s.f. at peak flow			217.154(c)(Table F.2)		
TCEQ Minimum Detention Time (Qpk)			hours at pe	eak flow		217.154(c)(Table F.2)		
TCEQ Maximum Weir Loading (Qpk)			gal/day/ft			217.152(c)(4)		
TCEQ Minimum Side Water Depth (SWD)		10				217.152(g)(2)(A)/(B)		
TCEQ Maximum Stilling Well Velocity		0.15	ft/sec			217.152(a)(4)		
Surface Area Required		800	s.f.	31.9 ft min di	a for o	ne clarifier		
Volume Required		9625	c.f.	22.6 ft min di	a for tv	vo clarifiers		
Stilling Wall Diameter		7	feet	15-20% of total tan	diama	ataz		
Stilling Well Diameter Stilling Well Qpk		1.49				cfs recycle flow		
Stilling Well Velocity at Qpk		0.003		Meets req?	55007	YES		
		0.005	103	wieces req.		125		
Clarifiers Provided	1	tanks(s)		Existing Clarifiers			tanks(s)	
Diameter	35	ft		Diameter			ft	
Height	14.167	ft		Height			ft	
Static WL	10.50	ft		Static WL			ft	
SWD	10.792	ft		SWD			ft	
Surface Area	962	s.f.		Surface Area		0	s.f.	
Volume	10383.1	c.f.		Volume		0.0	c.f.	
Total Surface Area		962	s.f.	Greater than reg?		YES		
Total Volume		10383.1		Greater than req?		YES		
		Qavg		Qpk				
Clarifier Surface Loading			gpd/s.f.		998	Less than max?	YES	
Clarifier Detention Time			Hours		1.94	Greater than req?	YES	
		This currently	uses the av	erage RAS flowrate to calcu	ulate d	etention time		
Clarifier Wall to Weir Length	12	in						
Weir Length	103.7							
Weir Loading		gpd/ft		Less than max?		YES		
		01,						
RAS/WAS Pumping and Piping						Regulation		
TCEQ minimum sludge pipe diame	ter	4	in			217.152(e)(2-3)		
Clarifier Surface Area		962	s.f.					
TCEQ min RAS pump capacity @20	0gpd/sf	134	gpm	Qr/Q =	0.80	217.152(j)(3)		
TCEQ max RAS pump capacity @40	.		gpm	Qr/Q =	1.60	217.152(j)(3)		
DAC/MAC size discussion			in					
RAS/WAS pipe diameter	**		in fac					
Velocity in RAS/WAS pipe @ min ra Velocity in RAS/WAS pipe @ max r		1.82 3.64	-					
velocity in KAS/ WAS pipe @ max r	αισ	5.04	iha					

Chlorine Contact Basin

Chlorine Contact Basin						
						Regulation
Minimum Contact Time at Peak Flow			20	min		217.281(b)(1)
Required Volume for Ch	lorine Contact Basin		13333	gal		
Required Volume for Chlorine Contact Basin			1783	-		
Proposed			Existing			
Length	18.75 ft		Length		ft	
Width	12 ft		Width		ft	
Height	10.167 ft		Height		ft G	
SWD # Tanks	8.5 ft		SWD # Tanks		ft	
# Taliks Volume	1 1,913 c.f.		Volume	0	c.f.	
volume	1,913 C.I.		volume	0	C.I.	
Total Volume Provided Contact Time Provided	1,913	c.t.	Greater than req?	?		Yes
at Peak Flow	21.46	min	Greater than req	?		Yes
Dechlorination Basin						
						Regulation
Minimum Contact Time	at Peak Flow		20 Seconds			217.281(c)(2)
Required Volume for Ch	lorine Contact Basin		222	gal		
Required Volume for Ch				c.f.		
Proposed			Existing			
Length	5 ft		Length		ft	
Width	12 ft		Width		ft	
Height	10.167 ft		Height		ft	
SWD	8 ft		SWD		ft	
# Tanks	1		# Tanks			
Volume	480 c.f.		Volume	0	c.f.	
Total Volume Provided	480	c.f.	Greater than req	?		Yes
Contact Time Provided at Peak Flow	2 1 2 1 <i>6</i>	Seconds	Graatar than rag	0		Voc
al FEdK FIUW	525.16	Seconds	Greater than req	1		Yes
Aerobic Digester Basin					1	
						Regulation
Does the Plant Ha	ve a Primary Clarifier?	No				
	ge Basin Temperature	20	deg C	(about 68	degrees farenl	neit year round in houston)
	Reduction Percentage	45	%		14-31 Metcalf	
	Idge Suspended Solids			5		
	Concentration, Xw	8500	mg/L			
		0000				

Does the Plant Have a Primary Clarifier?	No			
Average Basin Temperature	20	deg C	deg C (about 68 degrees farenheit year round in housto	
Volatile Solids Reduction Percentage	45	% See figure 14-31 Metcalf &Eddy		&Eddy
Waste Activated Sludge Suspended Solids				
Concentration, Xw	8500	mg/L		
Fraction of Influent BOD consisting of Raw		expressed as a		
Primary Solids	0.5	decimal	Only Applicable For Plant	t's With Primary Clarification
Influent BOD Concentration	250	mg/L	Only Applicable For Plant	t's With Primary Clarification
Digester Suspended Solids Concentration	20000	mg/L	this value is assumed	
Reaction Rate Constant, kd	0.06	d ⁻¹	This value is assumed	needs to be backchecked
Reaction Rate Constant Nitrification, kd n	0.30	d ⁻¹		
Volatile Fraction of Digester BOD, Y	0.60	lbs VSS /lbs BOD		
Volatile Fraction of Digester Ammonia, Yn	0.15	lbs VSS /lbs NH3-	N	
Volatile Fraction of Digester Suspended		expressed as a		
Solids, Pn	0.7	decimal	This value is assumed	needs to be backchecked

		expressed as a	
Fraction of MLVSS to MLSS	0.7	decimal	
Solids Retention Time (SRT)	40	days	
Density of Water	62.32	lbs/c.f.	
		expressed as a	
Percent Solids of Waste Activated Sludge	0.01	decimal	This value is assumed
-		expressed as a	
Percent Solids of Sludge in Digester	0.02	decimal	
Specific Gravity of Sludge	1.005		This value is assumed
	1.000		
Carbonaceous Yield Coefficient	0.58		Incorporates the reaction rate constant with the yield coefficient
Carbonaceous Sludge Production		lb MLVSS / day	meorporates the reaction rate constant with the yield coemilient
carbonaccous shadge rroduction		lb MLSS / day	
	401	ID IVILSS / Udy	
Nitrogenous Yield Coefficient	0.13		
_		Ih MINES / day	
Nitrogenous Sludge Production		lb MLVSS / day	
	9	lb MLSS / day	
	4.67		
Inert Sludge Production (TSS), Dry Solids	167	lb / day	
Volatile Sludge Production		lbs / day	
Total Sludge Production	576	lbs / day	

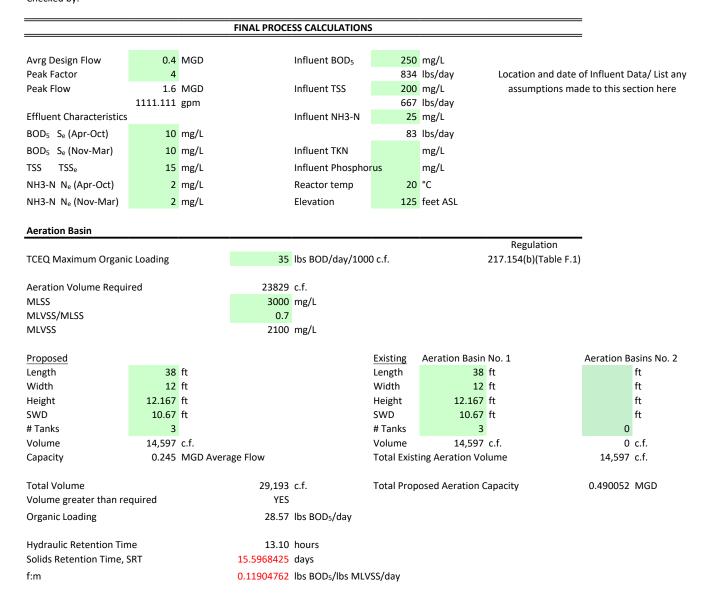
	Rate of Sludge Pe ester Volume Req	-	920 c.f./day 835 c.f.		4.778219037	GPM	
_	ter Volatile Solids ter Volatile Solids	Rate	100 po Ib volatile so 200 po	olids per 1000 cf er day olids per 1000 cf er day		217.249(t)(7)(D) 217.249(t)(7)(D)	
Actual Diges	ter Volatile Solids	Rate		blids per 1000 cf er day			
Maximum Digester Volu Minimum Digester Volu			866 c.f. 433 c.f.				
Proposed Length Width Height SWD # Tanks	22 ft 12 ft 12.167 ft 10 ft 3		Existing Diameter Surface Area Height SWD # Tanks		ft ft ft ft	Existing Diameter Surface Area Height SWD # Tanks	ft ft ft
Volume Total Volume Provided		7,920 c.f.	-	U apacity Capable of Capacity Capable Required Range	e of Handling	Volume Yes Yes	0 c.f.
Sludge Thickening Basi TCEQ Maximum Surface TCEQ Minimum Surface TCEQ Minimum Side W TCEQ Minimum Bottom TCEQ Min. Peripherial V TCEQ Max. Peripherial V Volumetric Flow Rate o	e Loading (Qpk) E Loading (Qpk) ater Depth (SWD) I Slope Yelocity of Scraper Velocity of Scrape	, r	 800 gal/day/s.f. 400 gal/day/s.f. 10 ft 1.5 inches/ft 15 ft/min 20 ft/min 881 gal/day 	-		Regulation 217.248(b)(2)(C) 217.248(b)(2)(C) 217.248(b)(2)(D) 217.248(b)(2)(E) 217.248(b)(2)(F) 217.248(b)(2)(F)	
Minimum Surface Area Maximum Surface Area	-		.60 s.f. .20 s.f.		ft min dia for c ft min dia for t		
Thickeners Provided Diameter Height Static WL SWD Surface Area Volume		tanks(s) ft ft ft 0.0 s.f. 0.0 c.f.	it's the exist	ing small clarifie	r		
Total Surface Area Total Volume			0 s.f.	Within Re	quired Range?	NO	

Dxygen Requirement per Equation F.2 Dxygen Requirement per Table F.3			De su la tita	
	1.62		Regulation	- 5 2)
ixvgen Requirement per Table F.3		lbs O ₂ /lb BOD ₅	217.155(a)(2)(Equatio	-
, <u>, , , , , , , , , , , , , , , , , , </u>	2.2	lbs O ₂ /lb BOD ₅	217.155(a)(2)(Table F	.3)
Dxygen Requirement for Use in Air Requirements	2.2	lbs O ₂ /lb BOD ₅	217.155(a)(2)	
Aeration System Airfl	ow Design Based on	217.155(b)(1) Table F.4		
Ainimum Air Flow Requirement for Diffused Air	3200	SCF/day/lb BOD₅	217.155(b)(1)(Table F	4)
Design Airflow Rate		SCFM	217.155(b)(1)(Table F	
Acretics System Airfle	u Docian Bacad an 2	17 155/b)/2) Faultion 5 2		
lean Water Oxygen Transfer Efficiency	-	17.155(b)(2) Equation F.3 %	217.155(b)(2)	*Based on Single Drop Di
tandard Diffuser Depth		ft	217.155(b)(2)(D)	bused on single brop b
ype of Diffuser	Coarse Bubble		21/1200(2)(2)(2)	
Vastewater Oxygen Transfer Efficiency	7.15	%	217.155(b)(2)(B)(i)	
Required Air Flow Rate		SCFM	217.155(B)(2)©	
ctual Diffuser Depth	9.67	ft	217.155(b)(2)(D)	
a Correction Factor Require?	Yes		217.155(b)(2)(D)	
Diffuser Submergence Correction Factor Used	1.6029		217.155(b)(2)(D)(Tabl	e F.5)
corrected Required Air Flow Rate	994	SCFM	217.155(b)(2)(D)	
Design Airflow Requirements for Aeration Process	994	SCFM	217.155(b)	
Mixina Reauirement:	s for Diffused Air Bas	ed on 217.155(b)(3)(B)		
ype of Diffuser	Coarse Bubble			
/inimum Airflow Requirement Diffused Air	20	SCFM/1000 c.f.	217.155(b)(3)	
esign Airflow Requirements for Aeration Mixing	291.9312	SCFM	217.155(b)(3)	
Design Airflow Requirements for Aeration Basins	994	SCFM		
Digester /	Aeration System Airfi	-		
mount of Oxygen Required		lbs O2/lb VSS reduction		
Density of Air equired Amount of Oxygen for Digestion		Ibs Air/c.f.		
Vastewater Oxygen Transfer Efficiency for Digester	629	lbs O2/day		
Diffusers	7.15	%		
equired Amount of Air for Digestion	369	SCFM		
/inimum Airflow Requirements for Diffused				
ir Mixing in Digester	30	SCFM/1000 c.f.	217.251(d)(1)(C)	
equired Amount of Air for Digester Mixing	237.6	SCFM		
Design Airflow Requirements for Digester Basins	369	SCFM	217.251(d)(1)(C)	
Ainimum Airflow Requirements for Diffused Air Mixing in				
initiation All now Requirements for Diffused All Mixing in	20	SCFM/1000 c.f.		
hlorine Contact Basin				
		SCFM		
blorine Contact Basin Design Airflow Requirements for Chlorine Contact Mixing	5 58.25			
	; 38.25	SCFM	per manufacturer recommendation	
Design Airflow Requirements for Chlorine Contact Mixing Design Airflow Requirements for Airlift Pumps	38.25	SCFM	•	
Design Airflow Requirements for Chlorine Contact Mixing		SCFM SCFM/s.f.	•	
Design Airflow Requirements for Chlorine Contact Mixing Design Airflow Requirements for Airlift Pumps Ainimum Airflow Requirement for Equalization Basin Aixing	0	SCFM/s.f.	recommendation	
Design Airflow Requirements for Chlorine Contact Mixing Design Airflow Requirements for Airlift Pumps Ainimum Airflow Requirement for Equalization Basin	0		recommendation	

Process Air Blower Capacity

No. of Existing Blowers Existing Blower Capacity		0 0	SCFM	
No. of Prop. Blowers		3		
Prop. Blower Capacity		800	SCFM	
Prop. Blower Firm Capacity		1600	SCENA	(Blower firm capacity is blower capacity with
Prop. Blower Total Capacity		2400		largest blower out of service)
Prop. Blower Firm Capacity Greate	•	S		
Prop. Blower Total Capacity Greate	er Than Required Ye	S		
Pounds Per Day of Chlorine Requi	red for Treatment			
				Regulation
Chlorine Concentration	8 mg/L			217.272(b) Table K.1
Lbs of Chlorine / Day	64.0512 lbs/day			
Maximum Withdrawal Rate From	Gas Cylinder			
				Regulation
Low Ambient Temperature	65 deg Farenheit			217.273(a)(1)
Threshold Temperature	0 deg Farenheit			217.273(a)(1) Table K.2
Withdrawal Factor	8 lbs/deg Far/day			217.273(a)(1) Table K.2
Maximum gas				
withdrawal rate per				
cylinder	520 lbs/day			217.273(a)(1) Equation K
	520 185/ ddy			217.275(0)(1) Equation R
Minimum Number of Cylinders Re				
Minimum Number of Cylinders Re				Regulation
Minimum Number of Cylinders Re				

HCMUD No. 606 Wastewater Treatment Plant - Steel Package IDS Project No. 2436-004-00 10/29/2024 Completed by: ENW Checked by:



Clarifier Basin

Liarifier Basin				1				
		4000	nal (da da f	t and flow		Regulation		
TCEQ Maximum Surface Loading (Qpk) TCEQ Minimum Detention Time (Qpk) TCEQ Maximum Weir Loading (Qpk) TCEQ Minimum Side Water Depth (SWD) TCEQ Maximum Stilling Well Velocity			gal/day/s.f. a	-		217.154(c)(Table F.2)		
			hours at peak flow			217.154(c)(Table F.2)		
		30000	gal/day/ft ft			217.152(c)(4) 217.152(g)(2)(A)/(B)		
			ft/sec			217.152(g)(2)(A)/(B) 217.152(a)(4)		
	Ly	0.15	IL/SEC			217.152(d)(4)		
Surface Area Required		1333.33333	s.f.	41.2 ft min	dia for o	ne clarifier		
Volume Required		16042	c.f.	29.1 ft min	dia for t	wo clarifiers		
Stilling Well Diameter		7	feet	15-20% of total ta	ank diam	eter		
Stilling Well Qpk		2.48	cfs	plus 0.893	3167374	cfs recycle flow		
Stilling Well Velocity at Qpk		0.005	fps	Meets req?		YES		
Clarifiers Provided	1	tanks(s)		Existing Clarifiers		1 t		
Diameter	35	ft		Diameter		35 f		
Height	14.167	ft		Height		14.167 f		
Static WL	10.50	ft		Static WL		10.50 f		
SWD	10.792	ft		SWD		10.667 f		
Surface Area	962	s.f.		Surface Area		962 s		
Volume	10383.1	c.f.		Volume		10262.9 c		
Total Surface Area		1924		Greater than req		YES		
Total Volume		20646.0	c.t.	Greater than req	?	YES		
		Qavg		Qpk				
Clarifier Surface Loading			gpd/s.f.		832	Less than max?		
Clarifier Detention Time			Hours	DAG (1	2.32	Greater than req?		
		This currently	uses the ave	rage RAS flowrate to ca	ilculate d	letention time		
Clarifier Wall to Weir Length	12	in						
Weir Length	207.3							
Weir Loading	7717	gpd/ft		Less than max?		YES		
RAS/WAS Pumping and Piping						Regulation		
TCEQ minimum sludge pipe diamet	er	4	in			217.152(e)(2-3)		
Clarifier Surface Area		1924	s.f.					
ICEQ min RAS pump capacity @200			gpm	Qr/Q =	0.96	217.152(j)(3)		
ICEQ max RAS pump capacity @40	Ogpd/sf	535	gpm	Qr/Q =	1.92	217.152(j)(3)		
		c						
RAS/WAS pipe diameter		6	in					
RAS/WAS pipe diameter Velocity in RAS/WAS pipe @ min ra Velocity in RAS/WAS pipe @ max ra		6 3.64 7.28	fps					

Chlorine Contact Basin

Chlorine Contact Basin						Dogulation	
Minimum Contact Time	at Peak Flo	w		20	min	Regulation 217.281(b)	
				22222			
Required Volume for Chlorine Contact Basin			22222	•			
Required Volume for Ch	liorine Con	lact Basin		2971	C.T.		
Proposed				Existing			
Length	18.75	ft		Length	18.75 f	t	
Vidth	12	ft		Width	12 f	t	
leight	10.167	ft		Height	10.167 f	t	
WD	8.5	ft		SWD	8.5 f	t	
^t Tanks	1			# Tanks	1		
/olume	1,913	c.f.		Volume	1912.5 (f.	
otal Volume Provided		3,825	cf	Greater than req?		Yes	
Contact Time Provided		3,023	U.I.	Greater than req!		165	
It Peak Flow		25.75	min	Greater than req?	•	Yes	
Dechlorination Basin							
						Regulation	
Minimum Contact Time	at Peak Flo	w		20	Seconds	217.281(c)	(2)
Required Volume for Ch	lorine Con	tact Basin		370	gal		
Required Volume for Ch	lorine Con	tact Basin		50	c.f.		
Proposed				Existing			
ength	5	ft		Length	f	t	
Vidth	12	ft		Width	f	t	
leight	10.167	ft		Height	f	t	
WD	8	ft		SWD	f	t	
Tanks	1			# Tanks			
olume	480	c.f.		Volume	0 0	f.	
			r.				
		480	c.f.	Greater than req?	,	Yes	
Contact Time Provided							
Contact Time Provided			c.f. Seconds	Greater than req? Greater than req?		Yes Yes	
Total Volume Provided Contact Time Provided at Peak Flow Aerobic Digester Basin						Yes	
Contact Time Provided at Peak Flow							
Contact Time Provided t Peak Flow	ive a Prima	193.89	Seconds	Greater than req?		Yes	1
Contact Time Provided It Peak Flow Aerobic Digester Basin Does the Plant Ha		193.89	Seconds	Greater than req?		Yes	
ontact Time Provided t Peak Flow erobic Digester Basin Does the Plant Ha	ige Basin Te	193.89 ry Clarifier? emperature	Seconds No 20	Greater than req?	, (about 68 d	Yes Regulation	

850

2000

0.0

0.3

0.6

0.1

Solids, Pn

Waste Activated Sludge Suspended Solids Concentration, Xw Fraction of Influent BOD consisting of Raw **Primary Solids** Influent BOD Concentration Digester Suspended Solids Concentration Reaction Rate Constant, kd Reaction Rate Constant Nitrification, kd n Volatile Fraction of Digester BOD, Y Volatile Fraction of Digester Ammonia, Yn Volatile Fraction of Digester Suspended

	0		, ,
45	%	See figure 14-31 Metcalf &	&Eddy
3500	mg/L		
	expressed as a		
0.5	decimal	Only Applicable For Plant'	s With Primary Clarification
250	mg/L	Only Applicable For Plant	s With Primary Clarification
0000	mg/L	this value is assumed	
0.06	d ⁻¹	This value is assumed	needs to be backchecked
0.30	d ⁻¹		
0.60	lbs VSS /lbs BOD		
0.15	lbs VSS /lbs NH3-	N	
	expressed as a		
0.7	decimal	This value is assumed	needs to be backchecked

		expressed as a	
Fraction of MLVSS to MLSS	0.7	decimal	
Solids Retention Time (SRT)	40	days	
Density of Water	62.32	lbs/c.f.	
		expressed as a	
Percent Solids of Waste Activated Sludge	0.01	decimal	This value is assumed
-		expressed as a	
Percent Solids of Sludge in Digester	0.02	decimal	
Specific Gravity of Sludge	1.005		This value is assumed
Carbonaceous Yield Coefficient	0.58		Incorporates the reaction rate constant with the yield coefficient
Carbonaceous Sludge Production	465.15	lb MLVSS / day	
		lb MLSS / day	
Nitrogenous Yield Coefficient	0.13		
Nitrogenous Sludge Production	10	lb MLVSS / day	
		lb MLSS / day	
Inert Sludge Production (TSS), Dry Solids	278	lb / day	
Volatile Sludge Production	475	lbs / day	
Total Sludge Production		lbs / day	

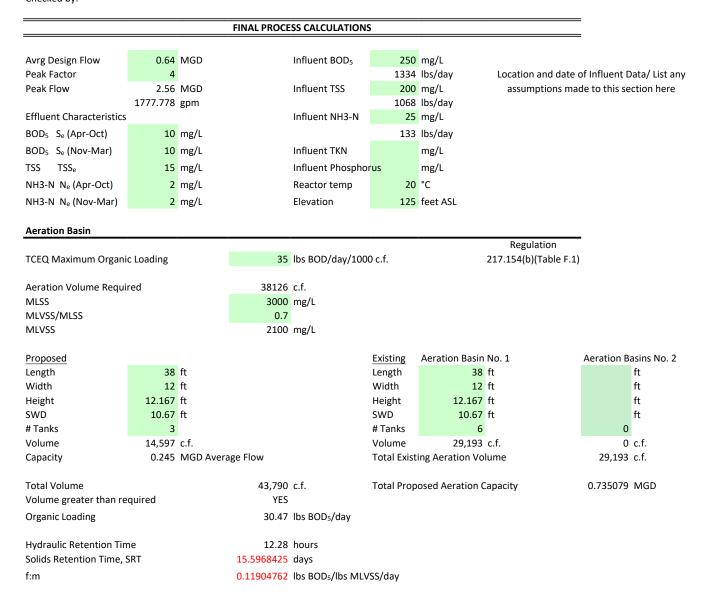
Volumetric Flow Dig	Rate of Sludge ester Volume	-	1527 9686	c.f./day c.f.		7.931595835	GPM	
Minimum Diges Maximum Diges			100 200	lb volatile solids p per day lb volatile solids p per day	er 1000 cf		217.249(t)(7)(D) 217.249(t)(7)(D)	
Actual Diges	ter Volatile So	olids Rate	30	lb volatile solids p per day				
Maximum Digester Volu Minimum Digester Volu			4750 2375					
Proposed Length Width Height SWD # Tanks Volume	22 ft 12 ft 12.167 ft 10 ft 3 7,920 c.	t t		Existing Diameter Surface Area Height SWD # Tanks Volume	22 12 12.167 10 3 7,920	ft ft ft	Existing Diameter Surface Area Height SWD # Tanks Volume	ft ft ft c.f.
Total Volume Provided		15,840	c.f.	Digester Capacity Digester Capaci Requ	Capable of	Meeting SRT? of Handling	Yes Yes	
Sludge Thickening Basi TCEQ Maximum Surface TCEQ Minimum Surface TCEQ Minimum Side W TCEQ Minimum Bottom TCEQ Min. Peripherial V TCEQ Max. Peripherial V Volumetric Flow Rate o	e Loading (Qp) Loading (Qp) ater Depth (S) Slope /elocity of Scr Velocity of Scr	k) WD) aper raper	400 10 1.5 15 20	gal/day/s.f. at pea gal/day/s.f. at pea ft inches/ft ft/min ft/min gal/day			Regulation 217.248(b)(2)(C) 217.248(b)(2)(C) 217.248(b)(2)(D) 217.248(b)(2)(E) 217.248(b)(2)(F) 217.248(b)(2)(F)	
Minimum Surface Area Maximum Surface Area	-		14.28 28.56			ft min dia for o ft min dia for t		
Thickeners Provided Diameter Height Static WL SWD Surface Area Volume		0.0 0.0		it's the existing sm	nall clarifier			
Total Surface Area Total Volume				s.f. c.f.	Within Rec	quired Range?	NO	

			Dec. lette	
		H. O. /H. 202	Regulation	
Oxygen Requirement per Equation F.2		lbs O ₂ /lb BOD ₅	217.155(a)(2)(Equation F.2)	
Oxygen Requirement per Table F.3	2.2	lbs O ₂ /lb BOD ₅	217.155(a)(2)(Table F.3)	
Dxygen Requirement for Use in Air Requirements	2.2	lbs O ₂ /lb BOD ₅	217.155(a)(2)	
Aeration System Airflow	Design Based on .	217.155(b)(1) Table F.4		
Minimum Air Flow Requirement for Diffused Air	3200	SCF/day/lb BOD₅	217.155(b)(1)(Table F.4)	
Design Airflow Rate	1853.333333	SCFM	217.155(b)(1)(Table F.4)	
Apartica Castors Ainflow	naine Decod on 20	17 155(b)(2) 5		
Aeration System Airflow D Clean Water Oxygen Transfer Efficiency	esign Basea on 21 11		217.155(b)(2) *Base	d on Single Drop Di
Standard Diffuser Depth		ft	217.155(b)(2)(D)	a on single brop bi
	Coarse Bubble		217.135(5)(2)(5)	
Wastewater Oxygen Transfer Efficiency	7.15	%	217.155(b)(2)(B)(i)	
Required Air Flow Rate		SCFM	217.155(B)(2)©	
Actual Diffuser Depth	9.67	ft	217.155(b)(2)(D)	
Is a Correction Factor Require?	Yes		217.155(b)(2)(D)	
Diffuser Submergence Correction Factor Used	1.6029		217.155(b)(2)(D)(Table F.5)	
Corrected Required Air Flow Rate	1656	SCFM	217.155(b)(2)(D)	
Design Airflow Requirements for Aeration Process	1656	SCFM	217.155(b)	
Mixing Requirements for	r Diffused Air Bas	ed on 217.155(b)(3)(B)		
	Coarse Bubble			
Minimum Airflow Requirement Diffused Air		SCFM/1000 c.f.	217.155(b)(3)	
Design Airflow Requirements for Aeration Mixing	583.8624	SCFM	217.155(b)(3)	
Design Airflow Requirements for Aeration Basins	1656	SCFM		
	ation System Airfl	-		
Amount of Oxygen Required		lbs O2/lb VSS reduction		
Density of Air		lbs Air/c.f.		
Required Amount of Oxygen for Digestion	1093	lbs O2/day		
Wastewater Oxygen Transfer Efficiency for Digester Diffusers	7.15	%		
Required Amount of Air for Digestion	611	SCFM		
Minimum Airflow Requirements for Diffused				
Air Mixing in Digester	30	SCFM/1000 c.f.	217.251(d)(1)(C)	
Required Amount of Air for Digester Mixing	475.2	SCFM		
Design Airflow Requirements for Digester Basins	611	SCFM	217.251(d)(1)(C)	
Minimum Airflow Requirements for Diffused Air Mixing in	20	SCFM/1000 c.f.		
Minimum Airflow Requirements for Diffused Air Mixing in	20	SCFM/1000 c.f.		
Minimum Airflow Requirements for Diffused Air Mixing in Chlorine Contact Basin		SCFM/1000 c.f. SCFM		
Minimum Airflow Requirements for Diffused Air Mixing in Chlorine Contact Basin Design Airflow Requirements for Chlorine Contact Mixing		SCFM	per manufacturer	
Minimum Airflow Requirements for Diffused Air Mixing in Chlorine Contact Basin			per manufacturer recommendation	
Minimum Airflow Requirements for Diffused Air Mixing in Chlorine Contact Basin Design Airflow Requirements for Chlorine Contact Mixing Design Airflow Requirements for Airlift Pumps Minimum Airflow Requirement for Equalization Basin	76.5	SCFM	recommendation	
Minimum Airflow Requirements for Diffused Air Mixing in Chlorine Contact Basin Design Airflow Requirements for Chlorine Contact Mixing	76.5	SCFM	•	
Minimum Airflow Requirements for Diffused Air Mixing in Chlorine Contact Basin Design Airflow Requirements for Chlorine Contact Mixing Design Airflow Requirements for Airlift Pumps Minimum Airflow Requirement for Equalization Basin	76.5 0	SCFM	recommendation	

Process Air Blower Capacity

No. of Existing Blowers Existing Blower Capacity		0 0 SCFM	
No. of Prop. Blowers Prop. Blower Capacity		4 800 SCFM	
Trop. blower capacity		500 SCI W	
Prop. Blower Firm Capacity		2400 SCFM	(Blower firm capacity is blower capacity with
Prop. Blower Total Capacity		3200 SCFM	largest blower out of service)
Prop. Blower Firm Capacity Greate	r Than Required Yes		
Prop. Blower Total Capacity Greate	er Than Required Yes		
Davida Davida David Chlavina Davi			
Pounds Per Day of Chlorine Requi	red for Treatment		Regulation
Chlorine Concentration	8 mg/L		217.272(b) Table K.1
Lbs of Chlorine / Day	106.752 lbs/day		
Maximum Withdrawal Rate From	Gas Cylinder		
			Regulation
Low Ambient Temperature	65 deg Farenheit		217.273(a)(1)
Threshold Temperature	0 deg Farenheit		217.273(a)(1) Table K.2
Withdrawal Factor	8 Ibs/deg Far/day		217.273(a)(1) Table K.2
Maximum gas			
withdrawal rate per			
cylinder	520 lbs/day		217.273(a)(1) Equation K.
Minimum Number of Cylinders Re	quired per Bank		
, · · · ·	•		Regulation
Minimum number of			
cylinders required per bank	0 No. Cylinders		217.273(b)
Udlik	U NO. Cylinders		217.273(0)

HCMUD No. 606 Wastewater Treatment Plant - Steel Package IDS Project No. 2436-004-00 10/29/2024 Completed by: ENW Checked by:



Clarifier Basin

Clarifier Basin							
						Regulation	
TCEQ Maximum Surface Loading (Qpk)				f. at peak flow		217.154(c)(Table F.2)	
TCEQ Minimum Detention Time (C	- /		hours at p			217.154(c)(Table F.2)	
TCEQ Maximum Weir Loading (Qpk)			gal/day/ft			217.152(c)(4)	
TCEQ Minimum Side Water Depth (SWD)			ft			217.152(g)(2)(A)/(B)	
TCEQ Maximum Stilling Well Velocity		0.15	ft/sec			217.152(a)(4)	
Surface Area Required		2133.33333	s.f.	52.1 ft min d	ia for o	ne clarifier	
Volume Required		25667	c.f.	36.9 ft min d	ia for tv	vo clarifiers	
Stilling Well Diameter		7	feet	15-20% of total tan	k diame	eter	
Stilling Well Qpk		3.96	cfs			cfs recycle flow	
Stilling Well Velocity at Qpk		0.009	fps	Meets req?		YES	
Clarifiers Provided	1	tanks(s)		Existing Clarifiers		2	tanks(s)
Diameter	35	.,		Diameter		35	• •
Height	14.167			Height		14.167	
Static WL	10.50			Static WL		10.50	
SWD	10.792			SWD		10.792	
Surface Area	962	s.f.		Surface Area		1924	
Volume	10383.1	c.f.		Volume		20766.2	c.f.
Total Surface Area		2886	s.f.	Greater than req?		YES	
Total Volume		31149.4	c.f.	Greater than req?		YES	
		Qavg		Qpk			
Clarifier Surface Loading		522	gpd/s.f.		887	Less than max?	YES
Clarifier Detention Time		3.71	Hours		2.18	Greater than req?	YES
		This currently	uses the av	verage RAS flowrate to calc	ulate d	etention time	
Clarifier Wall to Weir Length	12	in					
Weir Length	311.0	ft					
Weir Loading	8231	gpd/ft		Less than max?		YES	
RAS/WAS Pumping and Piping		0				Regulation	
TCEQ minimum sludge pipe diame	ter	4	in			217.152(e)(2-3)	
Clarifier Surface Area		2886	s.f.				
TCEQ min RAS pump capacity @20	0gpd/sf	401	gpm	Qr/Q =	0.90	217.152(j)(3)	
TCEQ max RAS pump capacity @40	00gpd/sf	802	gpm	Qr/Q =	1.80	217.152(j)(3)	
RAS/WAS pipe diameter		6	in				
Velocity in RAS/WAS pipe @ min ra	ate	5.46	fps				
Velocity in RAS/WAS pipe @ max r	ate	10.93	fps				

Chlorine Contact Basin

		20		Regulation
Ainimum Contact Time	e at Peak Flow	20 min		217.281(b)(1)
Required Volume for C	hlorine Contact Basin	35556 gal		
Required Volume for C	hlorine Contact Basin	4754 c.f.		
Proposed		Existing		
ength	18.75 ft	Length 18	8.75 ft	
Vidth	12 ft	Width	12 ft	
leight	10.167 ft	Height 10.	167 ft	
SWD	8.5 ft		8.5 ft	
‡ Tanks	1	# Tanks	2	
/olume	1912.5 c.f.	Volume 3	825 c.f.	
otal Volume Provided	5,738 c.f.	Greater than req?		Yes
Contact Time Provided	-,			
at Peak Flow	24.14 min	Greater than req?		Yes
Ainimum Contact Time	at Roak Flow	20 Socon	46	Regulation
Minimum Contact Time	e at Peak Flow	20 Second	15	217.281(c)(2)
Required Volume for C	hlorine Contact Basin	593 gal		
Required Volume for C Required Volume for C		593 gal 80 c.f.		
•	hlorine Contact Basin			
Required Volume for C Proposed ength	hlorine Contact Basin 5 ft	80 c.f. Existing Length	ft	
Required Volume for C Proposed Length Width	hlorine Contact Basin 5 ft 12 ft	80 c.f. Existing Length Width	ft	
Required Volume for C Proposed Length Width Height	hlorine Contact Basin 5 ft 12 ft 10.167 ft	80 c.f. Existing Length Width Height	ft ft	
Required Volume for C Proposed Length Nidth Height SWD	5 ft 12 ft 10.167 ft 8 ft	80 c.f. Existing Length Width Height SWD	ft	
Required Volume for C Proposed ength Vidth Height WD F Tanks	5 ft 12 ft 10.167 ft 8 ft 1	80 c.f. Existing Length Width Height SWD # Tanks	ft ft ft	
Required Volume for C Proposed Length Width Height	5 ft 12 ft 10.167 ft 8 ft	80 c.f. Existing Length Width Height SWD	ft ft	
Required Volume for C Proposed Length Width Height SWD # Tanks /olume	hlorine Contact Basin 5 ft 12 ft 10.167 ft 8 ft 1 480 c.f. 480 c.f.	80 c.f. Existing Length Width Height SWD # Tanks	ft ft ft	Yes
Required Volume for C Proposed Length Width Height SWD # Tanks /olume Fotal Volume Provided Contact Time Provided	hlorine Contact Basin 5 ft 12 ft 10.167 ft 8 ft 1 480 c.f. 480 c.f.	80 c.f. Existing Length Width Height SWD # Tanks Volume Greater than req?	ft ft ft	
Required Volume for C Proposed Length Width Height SWD # Tanks /olume	hlorine Contact Basin 5 ft 12 ft 10.167 ft 8 ft 1 480 c.f. 480 c.f.	80 c.f. Existing Length Width Height SWD # Tanks Volume	ft ft ft	Yes Yes
Required Volume for C Proposed Length Width Height SWD # Tanks /olume Fotal Volume Provided Contact Time Provided	hlorine Contact Basin 5 ft 12 ft 10.167 ft 8 ft 1 480 c.f. 480 c.f. 121.18 Seconds	80 c.f. Existing Length Width Height SWD # Tanks Volume Greater than req?	ft ft ft	

Does the Plant Have a Primary Clarifier? Average Basin Temperature Volatile Solids Reduction Percentage Waste Activated Sludge Suspended Solids Concentration, Xw Fraction of Influent BOD consisting of Raw Primary Solids Influent BOD Concentration Digester Suspended Solids Concentration Reaction Rate Constant, kd Reaction Rate Constant Nitrification, kd n Volatile Fraction of Digester BOD, Y Volatile Fraction of Digester Ammonia, Yn Volatile Fraction of Digester Suspended Solids, Pn

20 deg C (about 68 degrees farenheit year round in houston) 45 % See figure 14-31 Metcalf & Eddy 8500 mg/L expressed as a 0.5 decimal Only Applicable For Plant's With Primary Clarification 250 mg/L Only Applicable For Plant's With Primary Clarification 20000 mg/L this value is assumed 0.06 d⁻¹ This value is assumed needs to be backchecked $0.30 d^{-1}$ 0.60 lbs VSS /lbs BOD 0.15 lbs VSS /lbs NH3-N expressed as a 0.7 decimal needs to be backchecked This value is assumed

		expressed as a	
Fraction of MLVSS to MLSS	0.7	decimal	
Solids Retention Time (SRT)	40	days	
Density of Water	62.32	lbs/c.f.	
		expressed as a	
Percent Solids of Waste Activated Sludge	0.01	decimal	This value is assumed
		expressed as a	
Percent Solids of Sludge in Digester	0.02	decimal	
Specific Gravity of Sludge	1.005		This value is assumed
Carbonaceous Yield Coefficient	0.58		Incorporates the reaction rate constant with the yield coefficient
Carbonaceous Sludge Production	745.71	lb MLVSS / day	
	1065	lb MLSS / day	
Nitrogenous Yield Coefficient	0.13		
Nitrogenous Sludge Production	16	lb MLVSS / day	
	23	lb MLSS / day	
Inert Sludge Production (TSS), Dry Solids	444	lb / day	
		-	
Volatile Sludge Production	762	lbs / day	
Total Sludge Production		lbs / day	
_			

Volumetric Flow Dig	Rate of Sludge ester Volume I	-	2447 15521	c.f./day c.f.		12.70973172	GPM	
Minimum Diges Maximum Diges			100 200	lb volatile solids p per day lb volatile solids p per day	er 1000 cf		217.249(t)(7)(D) 217.249(t)(7)(D)	
Actual Diges	ter Volatile So	olids Rate	32	lb volatile solids p per day				
Maximum Digester Volu Minimum Digester Volu			7617 3808					
Proposed Length Width Height SWD # Tanks	22 ft 12 ft 12.167 ft 10 ft 3			Existing Length Width Height SWD # Tanks	22 12 12.167 10 6	ft ft ft	Existing Diameter Surface Area Height SWD # Tanks	ft ft ft
Volume Total Volume Provided	7,920 c.	23,760	c.f.	Volume Digester Capacity Digester Capac Requ	-	Meeting SRT? of Handling	Volume Yes Yes	0 c.f.
Sludge Thickening Basi TCEQ Maximum Surface TCEQ Minimum Surface TCEQ Minimum Side W TCEQ Minimum Bottom TCEQ Min. Peripherial V TCEQ Max. Peripherial V Volumetric Flow Rate o	e Loading (Qpk e Loading (Qpk ater Depth (SV n Slope /elocity of Scra Velocity of Scra	k) WD) aper aper	400 10 1.5 15 20	gal/day/s.f. at pea gal/day/s.f. at pea ft inches/ft ft/min ft/min gal/day			Regulation 217.248(b)(2)(C) 217.248(b)(2)(C) 217.248(b)(2)(D) 217.248(b)(2)(E) 217.248(b)(2)(F) 217.248(b)(2)(F)	
Minimum Surface Area Maximum Surface Area	-		22.88 45.76			ft min dia for o ft min dia for t		
Thickeners Provided Diameter Height Static WL SWD Surface Area Volume				it's the existing sn	nall clarifier			
Total Surface Area Total Volume				s.f. c.f.	Within Req	uired Range?	NO	

Aeration Equipment Sizing				
			Regulation	-
Oxygen Requirement per Equation F.2	1.63	lbs O ₂ /lb BOD ₅	217.155(a)(2)(Equation	on F.2)
Oxygen Requirement per Table F.3	2.2	lbs O ₂ /lb BOD ₅	217.155(a)(2)(Table F	.3)
Dxygen Requirement for Use in Air Requirements	2.2	lbs O ₂ /lb BOD ₅	217.155(a)(2)	
Aeration System Airflow	v Design Based on	217.155(b)(1) Table F.4		
Minimum Air Flow Requirement for Diffused Air	3200	SCF/day/lb BOD₅	217.155(b)(1)(Table F	- 1)
Design Airflow Rate	2965.333333		217.155(b)(1)(Table F	
			2271200(0)(2)(100101	,
Aeration System Airflow I	-			
Clean Water Oxygen Transfer Efficiency		%	217.155(b)(2)	*Based on Single Drop Di
Standard Diffuser Depth Type of Diffuser	12 Coarse Bubble	ft	217.155(b)(2)(D)	
Type of Diffuser	Coarse Bubble			
Wastewater Oxygen Transfer Efficiency	7.15		217.155(b)(2)(B)(i)	
Required Air Flow Rate	1653	SCFM	217.155(B)(2)©	
Actual Diffuser Depth	9.67		217.155(b)(2)(D)	
Is a Correction Factor Require?	Yes		217.155(b)(2)(D)	
Diffuser Submergence Correction Factor Used	1.6029		217.155(b)(2)(D)(Tab	le F.5)
Corrected Required Air Flow Rate	2649	SCFM	217.155(b)(2)(D)	
Design Airflow Requirements for Aeration Process	2649	SCFM	217.155(b)	
Mixing Requirements f	or Diffused Air Bas	ed on 217.155(b)(3)(B)		
Type of Diffuser	Coarse Bubble			
Minimum Airflow Requirement Diffused Air	20	SCFM/1000 c.f.	217.155(b)(3)	
Design Airflow Requirements for Aeration Mixing	875.7936	SCFM	217.155(b)(3)	
Design Airflow Requirements for Aeration Basins	2649	SCFM		
-	ration System Airfi	-		
Amount of Oxygen Required		lbs O2/lb VSS reduction		
Density of Air Required Amount of Oxygen for Digestion		lbs Air/c.f. lbs O2/day		
Wastewater Oxygen Transfer Efficiency for Digester	1752	lbs OZ/day		
Diffusers	7.15	%		
Required Amount of Air for Digestion	979	SCFM		
Minimum Airflow Requirements for Diffused				
Air Mixing in Digester	30	SCFM/1000 c.f.	217.251(d)(1)(C)	
Required Amount of Air for Digester Mixing	712.8	SCFM		
Design Airflow Requirements for Digester Basins	979	SCFM	217.251(d)(1)(C)	
Minimum Airflow Requirements for Diffused Air Mixing in				
Chlorine Contact Basin	20	SCFM/1000 c.f.		
Design Airflow Requirements for Chlorine Contact Mixing	114.75	SCFM		
			per manufacturer	
Design Airflow Requirements for Airlift Pumps		SCFM	recommendation	
Minimum Airflow Requirement for Equalization Basin				
Mixing	0	SCFM/s.f.	217.128(d)	
Design Airflow Requirements for Equalization Basin Mixing	0	SCFM		
Total Airflow Requirements for WWTP Systems	27/12	SCFM	6548	
Total Annow Requirements for WWTP Systems	5743	JULINI	0548	

Process Air Blower Capacity

No. of Existing Blowers Existing Blower Capacity		0 0 SCFM	
		c.	
No. of Prop. Blowers Prop. Blower Capacity		6 800 SCFM	
Prop. Blower Firm Capacity		4000 SCFM	(Blower firm capacity is blower capacity with largest blower out of service)
Prop. Blower Total Capacity		4800 SCFM	
Prop. Blower Firm Capacity Greate	r Than Required Yes		
Prop. Blower Total Capacity Greate			
Pounds Per Day of Chlorine Requi	rad for Traatmant		
Founds Fer Day of Chiorine Requi			Regulation
Chlorine Concentration	8 mg/L		217.272(b) Table K.1
Lbs of Chlorine / Day	170.8032 lbs/day		
Maximum Withdrawal Rate From	Gas Cylinder		
			Regulation
Low Ambient Temperature	65 deg Farenheit		217.273(a)(1)
Threshold Temperature Withdrawal Factor	0 deg Farenheit 8 lbs/deg Far/day		217.273(a)(1) Table K.2 217.273(a)(1) Table K.2
	a ibs/deg Fal/day		217.273(d)(1) Table K.2
Maximum gas			
withdrawal rate per			
cylinder	520 lbs/day		217.273(a)(1) Equation K.
Minimum Number of Cylinders Re	equired per Bank		
			Regulation
Minimum number of			
cylinders required per bank	0 No. Cylinders		217.273(b)
buint	o No. cymaers		217.275(5)

	HYDRAULIC CALCULATIONS HCMUD 606 WWTP Steel Package Plant									
						Avg Flow	Peak Flow	Ult Flow	Units	
						0.24	0.96	2.56	MGD	
						167	667	1778	gpm	
						0.37	1.49	3.96	cfs]
	Losses	Throug	h Aeration Influent	Pipe Orifi	ce in the second se					
2			Dine Diserter			10	10	10	Inch	
3			Pipe Diameter Headworks Bottom	Flevation		10 178.167	10 178.167	178.167		
5			Downstream WSE	Lievation		175.05	175.09	175.17		
5			C (Weir Coefficient))		0.6	0.6	0.6		Sharp edged opening
6			Flow Factor			1	1	1		
6			Effluent Flowrate			0.19	0.74	1.98	cfs	
6			Diameter			0.8333333	0.8333333	0.8333333		
7			Headloss			0.001	0.008	0.059		Q=19.636*C*d^2*H^0.5
8	Headw	orke M	Upstream Water Su	urtace Elev	vation	175.05	175.10	175.23	Feet	
9 10	neauw	UIKS W	C11							
10			Flow Factor			1	1	1		
12			Flowrate			0.19	0.74	1.98	cfs	
13			Weir Constants							
14			Angle			180	180	180		
15			Weir Elevation		179.667	179.667	179.667	Feet		
16			C (Weir Coefficient)			3.3	3.3	3.3	F	Constant for rectangular weir
17 18		Weir Length Head on Weir			2.50 0.08	2.50 0.20		Feet Feet	H=[Q/(C*L)]^(2/3)	
	19 Upstream Water Surface Elevation				vation	179.75	179.87	180.05		n=[0/(C L)] ^(2/3)
	Loss Th	nrough	1" Bar Screen			1/5//5	175.07	100.05	Teet	
21		U								
22			Screen Width		1" Bar Screen Opening	0.06	0.06	0.06	Feet	
23			Bar Width	(standard	is 0.25")	0.02	0.02		Feet	
24			Headworks Screeni	ng Channe		5.00	5.00		Feet	
25			Screen Angle		(typically between 35-55)	55.00	55.00	55.00	deg	
26 27			Clogging Factor N-Value			0.70 0.01	0.70 0.01	0.70 0.01		
28			Actual Openings			17.86	17.86	17.86		
29			Channel Bottom Ele	evation		178.17	178.17	178.17	Feet	
30			Side Water Depth			1.58	1.70	1.89	Feet	
31			Channel Length			1.11	1.19	1.32	Feet	
32			Cross Sectional Area	a of Water		0.10	0.11		Sq. Ft.	
33			Wetted Perimeter			3.22	3.46		Feet	
34			Flowrate (mgd)			0.01	0.05		MGD	
35 36			Flowrate (Cfs) Velocity through ch	annel (foc)	0.02 0.21	0.08 0.78	0.22 1.87		
37			Headloss due to frid)	0.21	0.78	1.07	115	
38			$H = L^{*}((Q^{*}n)/(1.49^{*}))$		3))))^2	0.00	0.01	0.04	Feet	
39										
40	Water	Surface	Elevation Upstream	m of Open	ing	179.75	179.87	180.09	ft	
41										
	Loss Tl	hrough	3/4" Bar Screen							
43			Scroon Width		2/4" Der C	0.00	0.00	0.00	Foot	
44 45			Screen Width Bar Width (standard	d is 0 25"\	3/4" Bar Screen Opening, 4	0.08 0.02	0.08 0.02		Feet Feet	
45 46			Headwork Screeeni	,	el Width	5.00	5.00		Feet	
47			Screen Angle (typic	-		55.00	55.00	55.00		
48			Clogging Factor	,	,	0.70	0.70	0.70		
49			N-Value			0.01	0.01	0.01		
50			Actual Openings			14.42	14.42	14.42		
51			Channel Bottom Ele	evation		178.17	178.17	178.17		
52			Side Water Depth			1.58	1.71		Feet	
53			Channel Length			1.11	1.19	1.35	Feet	I

54	Cross Sectional Area of Water	0.13	0.14	0.16	Sq. Ft.			
55	Wetted Perimeter	3.24	3.50	3.93	Feet			
56	Flowrate (mgd)	0.02	0.07	0.18	MGD			
57	Flowrate (Cfs)	0.03	0.10	0.27	CFS			
58	Velocity through channel (fps)	0.20	0.73	1.72	FPS			
59	Headloss due to friction							
60	H = L*((Q*n)/(1.49*A*(R^(2/3))))^2	0.00	0.00	0.03	Feet			
61								
62	Water Surface Elevation Upstream of Opening	179.75	179.88	180.12	ft			
63	3							
64	Emergency Bypass Weir							
65								
66	Length of Weir	2.00	2.00	2.00	Feet			
67	Flow over Weir, MGD	0.24	0.96	2.56	MGD			
68	Flow over Weir, Cfs	0.37	1.49	3.96	CFS			
69	Water Surface Downstream	175.05	179.88	180.12	Feet			
70	Channel Bottom Elevation	178.17	178.17	178.17	Feet			
71	Headworks TOW Elevation	181.67	181.67	181.67	Feet			
72	Weir Elevation	180.17	180.17	180.17	Feet			
73	Cw	3.33	3.33	3.33				
74	Head over Weir, H=(Q/Cw*L)^(2/3)	0.15	0.37	0.71	Feet			
75	Head over Weir, Inches	1.75	4.41	8.49	Inches			
76	Water Depth in Channel Upstream of Weir, Feet	2.15	2.37	2.71	Feet			
77	Headloss over Weir	5.27	0.66	0.76	Feet			
78								
79	Water Surface Elevation Upstream of Overflow Weir	180.31	180.53	180.87	ft			

HYDRAULIC CALCULATIONS HCMUD 606 WWTP Steel Package Plant

		Avg Flow	Peak Flow	Ult Flow	Units
		0.08	0.32	0.8533333	MGD
		56	222	593	gpm
		0.12	0.50	1.32	cfs
1 Aer	ration Basin Effluent Line to Upstream End of Aeration	Basin			
2					
3	Channel Width	12	12	12	Feet
4	Aeration Basin Bottom Elevation	165	165	165	Feet
5	Top of Wall Elevation	177.127	177.127	177.127	Feet
5	Downstream WSE	175.05	175.08	175.14	Feet
6	Sidewater Depth	10.05	10.08	10.14	Feet
6	Channel Length	38.00	38.00	38.00	Feet
6	Cross Sectional Area	120.56254	121.00742	121.63952	SF
7	Flow Factor	1	1	1	
8	Flowrate	0.72	1.09	1.92	cfs
9	Wetted Perimeter	32.093757	32.167903	32.273254	Feet
10	Hydraulic Radius	3.756573	13.75	13.75	Feet
11	Velocity	0.0059656	0.0090123	0.0157494	fps
12	N-value	0.015	0.015	0.015	Feet
10	Headloss	0.000	0.000	0.000	Feet
11	Upstream Water Surface Elevation	175.05	175.08	175.14	Feet
12 Infl	uent Line from Headworks to Upstream of Aeration B	asin 2			
13					
14	Pipe Diameter	12	12	12	Inch
15	Downstream WSE	175.05	175.08	175.14	Feet
16	Number of Pipes (Parallel)	1	1	1	
17	N-Value	0.012	0.012	0.012	
18	Flow Factor	1	1	1	
19	Flowrate	0.12	0.50	1.32	
20	Diameter	1	1		Feet
21	Reach Length	30			Feet
22	Cross Sectional Area	0.785	0.785	0.785	
23	Velocity	0.158	0.630		•
24	Wetted Perimeter	3.142	3.142	3.142	
25	Hydraulic Radius	0.25	0.25		Feet
26	Friction Slope	0.000	0.000	0.001	Ft/Ft
27					
28	Friction Loss	0.00	0.00	0.03	Feet
29			Vel Head		
30	Minor Losses	Minimum	Avg	Avg	

31	Assume Pipe Flowin	g Full		0.000	0.006	0.044	Feet
32							
33	Minor Losses	Number	Koeff	Minor Loss	Minor Loss	Minor Loss	
34	Exit Loss	1	1	0.000	0.000	0.000	Feet
35	22 Degree Bend	0	0.2	0.000	0.000	0.000	Feet
36	45 Degree Bend	1	0.2	0.000	0.000	0.000	Feet
37	Entrance Loss	1	0.5	0.000	0.000	0.000	Feet
38	Total Minor Losses			0.000	0.000	0.000	Feet
39	Total Losses			0.000	0.005	0.035	Feet
40	Upstream Water Su	rface Elevatio	on	175.05	175.09	175.17	Feet

HYDRAULIC CALCULATIONS HCMUD 606 WWTP Steel Package Plant

		Avg Flow	Peak Flow	Ult Flow	Units
		0.24	0.96	2.56	MGD
		167	667	1778	gpm
		0.37	1.49	3.96	cfs
1 Losses	Through Clarifier Effluent Pipe Orfice				
2					
3	Pipe Diameter	12	12	12	Inch
4	Launder Bottom Elevation	174	174	174	Feet
5	Downstream WSE	174.29	174.51	174.78	Feet
6	C (Weir Coefficient)	0.6	0.6	0.6	
7	Flow Factor	1	1	1	
8	Effluent Flowrate	0.37	1.49	3.96	cfs
9	Diameter	1	1	1	Feet
10	Headloss	0.001	0.016	0.113	Feet
11	Upstream Water Surface Elevation	174.29	174.53	174.89	Feet
12 Clarifie	er V-notch Weir				
13					
14	Flow Factor	1	1	1	
15	Flowrate	0.37	1.49	3.96	cfs
16	Weir Constants				
17	Angle	90	90	90	
18	Weir Elevation	175	175	175	Feet
19	C (Weir Coefficient)	2.5	2.5	2.5	
20	Clarifier Diameter	35.00	35.00	35.00	Feet
21	Spacing b/w Inner Wall and Weir	2.00	2.00	2.00	Feet
22	Weir Length	103.67	103.67	103.67	Feet
23	Spacing b/w V-notches	0.50	0.50	0.50	Feet
24	Number of Weirs	207	207	207	
25	Flow Through Each Weir	0.002	0.007	0.019	cfs
26	Head on Weir	0.05	0.08	0.12	Feet
27	Upstream Water Surface Elevation	175.05	175.08	175.12	Feet
28 Clarifie	er Losses				
29					
30	Basin Diameter	420	420	420	Inch
31	N-Value	0.012	0.012	0.012	
32	Flow Factor	1	1	1	
33	Effluent Flowrate	0.37	1.49	3.96	cfs
34	Diameter	35	35	35	Feet
35	Basin Floor Elevation	165	165	165	Feet
36	Reach Length	10.79	10.79	10.79	Feet

37	Cross Sectional Area			962.113	962.113	962.113	SF
38	Velocity			0.000	0.002	0.004	fps
39	Wetted Perimeter			109.956	109.956		
40	Hydraulic Radius			8.75	8.75	8.75	Feet
41	Friction Slope			0.000	0.000	0.000	Ft/Ft
42	•						
43	Friction Loss			0.00	0.00	0.00	Feet
44					Vel Head		
45	Minor Losses			Minimum	Avg	Avg	
46	Assume Pipe Flowing	g Full		0.000	0.000	-	Feet
47							
48	Minor Losses	Number	Koeff	Minor Loss	Minor Loss	Minor Loss	
49	Exit Loss	1	1	0.000	0.000		Feet
50	22 Degree Bend	0	0.2	0.000	0.000	0.000	Feet
51	45 Degree Bend	0	0.2	0.000	0.000	0.000	Feet
52	Entrance Loss	1	0.5	0.000	0.000	0.000	Feet
53	Total Minor Losses			0.000	0.000	0.000	Feet
54	Total Losses			0.000	0.000	0.000	Feet
55	Upstream Water Su	rface Elevation		175.05	175.08	175.12	Feet
56 Clarifier Cent							
57							
58	Basin Diameter			84	84	84	Inch
59	N-Value			0.012	0.012	0.012	
60	Flow Factor			1	1	1	
61	Flowrate			0.84	1.56	3.16	cfs
62	Diameter			7	7	7	Feet
63	Reach Length			4.25	4.25	4.25	Feet
64	Cross Sectional Area			38.485	38.485	38.485	SF
65	Velocity			0.022	0.040	0.082	fps
66	Wetted Perimeter			21.99	21.99	21.99	Feet
67	Hydraulic Radius			1.750	1.750	1.750	Feet
68	Friction Slope			0.000	0.000	0.000	Ft/Ft
69							
70	Friction Loss			0.00	0.00	0.00	Feet
71					Vel Head		
72	Minor Losses			Minimum	Avg	Avg	
73	Assume Pipe Flowing	g Full		0.000	0.000	0.000	Feet
74							
75	Minor Losses	Number	Koeff	Minor Loss	Minor Loss	Minor Loss	
76	Exit Loss	1	1		0.000		
77	22 Degree Bend	0	0.2	0.000	0.000		
78	45 Degree Bend	0	0.2	0.000	0.000		
79	Entrance Loss	1	0.5		0.000		
80	Total Minor Losses			0.000	0.000		
81	Total Losses			0.000	0.000		
82	Upstream Water Su	rface Elevation		175.05	175.08	175.12	Feet

83	Top of Basin Elevation			179.17	179.17	179.17	Feet
84	Freeboard			4.12	4.09	4.05	Feet
85 Clarifier Feed	Pipe From Aeration to C	larifier					
86							
87	Pipe Diameter			18	18	18	Inch
88	Downstream WSE			175.05	175.08	175.12	Feet
89	Number of Pipes (Parall	1	1	1			
90	N-Value	0.012	0.012	0.012			
91	Flow Factor	1	1	1			
92	Flowrate			0.8354449	1.5554449	3.1554449	cfs
93	Diameter			1.5	1.5	1.5	Feet
94	Reach Length	25	25	25	Feet		
95	Cross Sectional Area	1.767	1.767	1.767	SF		
96	Velocity	0.473	0.880	1.786	fps		
97	Wetted Perimeter			4.712	4.712	4.712	
98	Hydraulic Radius			0.375	0.375	0.375	Feet
99	Friction Slope			0.000	0.000	0.001	Ft/Ft
100							
101	Friction Loss			0.00	0.00	0.02	Feet
102					Vel Head		
103	Minor Losses			Minimum	Avg	Avg	
104	Assume Pipe Flowing Fu	III		0.003	0.012	0.050	Feet
105							
106	Minor Losses Nu	mber	Koeff	Minor Loss	Minor Loss	Minor Loss	
107	Exit Loss	1	1	0.000	0.000		
108	22 Degree Bend	0	0.2	0.000	0.000	0.000	Feet
109	90 Degree Bend	1	0.39	0.000	0.000	0.000	Feet
110	Entrance Loss	1	0.5	0.000	0.000	0.000	Feet
111	Total Minor Losses			0.000	0.000		
112	Total Losses			0.001	0.005	0.019	Feet
113	Upstream Water Surfac	e Elevation		175.05	175.08	175.14	Feet

HYDRAULIC CALCULATIONS HCMUD 606 WWTP Steel Package Plant

			Avg Flow	Peak Flow	Ult Flow	Units
			0.24	0.96	2.56	MGD
			167	667	1778	gpm
			0.37	1.49	3.96	cfs
1 Outfall at Storm Sewer Manhole						
2 100-Yr W.S.E. of Receiving Stream			160.54	160.54	160.54	Feet
3 Pipe from Most Downstream MH to Ou	tfall					
4						
5 Pipe Diameter			24	24	24	Inch
6 Downstream WSE (Worst	: Case)		160.54	160.54	160.54	Feet
7 Number of Pipes (Parallel)		1	1	1	
8 N-Value			0.024	0.024	0.024	
9 Flow Factor				1	1	
10 Effluent Flowrate			0.24	0.96	2.56	MGD
11 Onsite Storm Flowrate (Q	(100)		16.090	16.090	16.090	cfs
12 Total Flowrate			16.461	17.575	20.051	cfs
13 Diameter			2	2	2	Feet
14 Reach Length			30	30	30	Feet
15 Cross Sectional Area			3.142	3.142	3.142	SF
16 Velocity	16 Velocity			5.594	6.382	fps
17 Wetted Perimeter			6.283	6.283	6.283	Feet
18 Hydraulic Radius			0.5	0.5	0.5	Feet
19 Friction Slope			0.018	0.020	0.027	Ft/Ft
20						
21 Friction Loss			0.54	0.61	0.80	Feet
22			Vel Head			
23 Minor Losses			Minimum	Avg	Avg	
24 Assume Pipe Flowing Full			0.426	0.486	0.633	Feet
25						
26 <u>Minor Losses</u> Num	nber	<u>Koeff</u>	Minor Loss	Minor Loss		
27 Exit Loss	1	1	0.426	0.486	0.633	
28 22 Degree Bend	0	0.2	0.000	0.000	0.000	
29 45 Degree Bend	0	0.2	0.000	0.000	0.000	
30 Entrance Loss	1	0.5	0.213	0.243	0.316	
31 Total Minor Losses			0.639	0.729	0.949	
32 Total Losses			1.178	1.343	1.748	Feet
	33 Upstream Water Surface Elevation			161.88	162.29	Feet
34 Sampling Manhole to outfall manhole						
35						
36 Pipe Diameter			12	12	12	Inch

37	Downstream WSE (Worst Case	e)	161.72	161.88	162.29	Feet
38	Number of Pipes (Parallel)		1	1	1	
39	N-Value		0.013	0.013	0.013	
40	Flow Factor		1	1	1	
41	Effluent Flowrate		0.24			MGD
42	Onsite Storm Flowrate (Q100)		0.000			
43	Total Flowrate		0.371	1.485		
44	Diameter					Feet
45	Reach Length	38			Feet	
46	Cross Sectional Area		0.785	0.785		
47	Velocity		0.473	1.891	1.891	fps
48	Wetted Perimeter		3.142	3.142	3.142	Feet
49	Hydraulic Radius		0.25	0.25	0.25	Feet
50	Friction Slope		0.000	0.002	0.002	Ft/Ft
51						
52	Friction Loss		0.00	0.07	0.07	Feet
53			Vel Head			
54	Minor Losses		Minimum	Avg	Avg	
55	Assume Pipe Flowing Full		0.003	0.056	0.056	Feet
56						
57	Minor Losses Number	Koe	ff Minor Loss	Minor Loss	Minor Loss	
58	Exit Loss 1		1 0.003	0.056	0.056	Feet
59	22 Degree Bend 0	0.	2 0.000	0.000	0.000	Feet
60	45 Degree Bend 0	0.	2 0.000	0.000	0.000	Feet
61	Entrance Loss 1	0.	5 0.002	0.028	0.028	Feet
62	Total Minor Losses		0.005	0.083	0.083	Feet
63	Total Losses		0.009	0.149	0.149	Feet
64	Upstream Water Surface Eleva	ation	161.73	162.03	162.44	Feet
65 CCB 1 to Sam	pling Manhole (Pipe Only)					
66						
67	Pipe Diameter		12	12	12	Inch
68	Downstream WSE (Worst Case	e)	161.73	162.03	162.44	Feet
69	Number of Pipes (Parallel)		1	1	1	
70	N-Value		0.013	0.013	0.013	
71	Flow Factor		1	1	1	
72	Effluent Flowrate		0.24	0.96	2.56	MGD
73	Onsite Storm Flowrate (Q100)		0.000	0.000	0.000	cfs
74	Total Flowrate		0.371	1.485	1.485	cfs
75	Diameter		1	1	1	Feet
76	Reach Length		70	70	70	Feet
77	Cross Sectional Area		0.785	0.785	0.785	SF
78	Velocity		0.473	1.891	1.891	fps
79	Wetted Perimeter	3.142	3.142		•	
80	Hydraulic Radius		0.25			Feet
81	Friction Slope		0.000	0.002		
82	·					
			1	1	1	

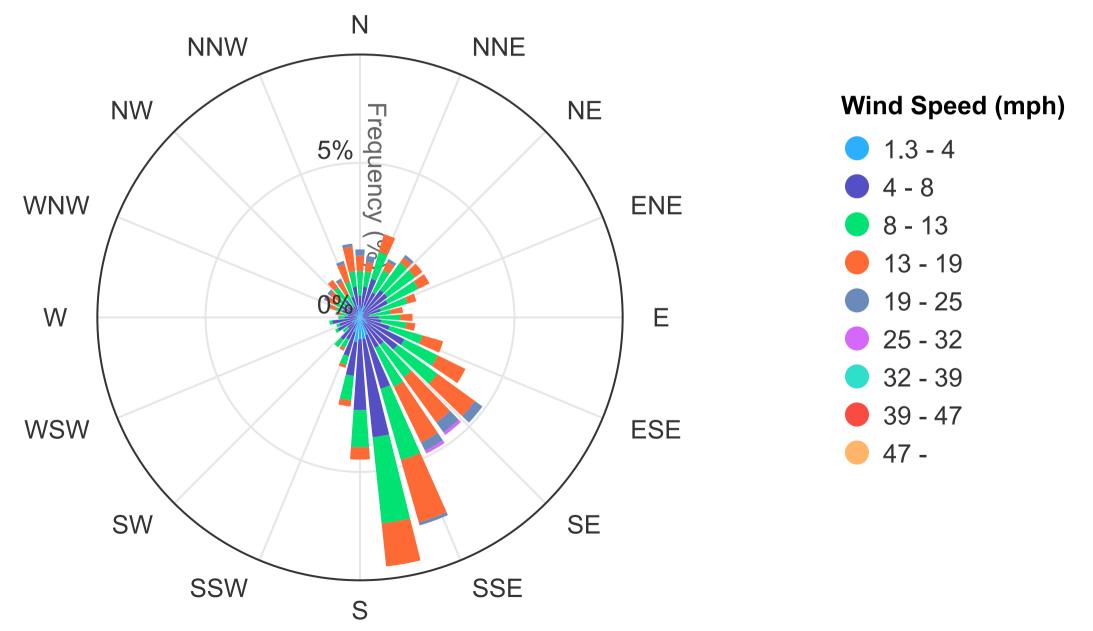
83	Friction Loss			0.01	0.12	0.12	Feet
84					Vel Head		
85	Minor Losses			Minimum	Avg	Avg	
86	Assume Pipe Flowing	g Full		0.003	0.056	0.056	Feet
87							
88	Minor Losses	Number	Koeff	Minor Loss	Minor Loss	Minor Loss	
89	Exit Loss	1	1	0.003	0.056	0.056	Feet
90	Tee - thru flow	1	0.24	0.001	0.013	0.013	Feet
91	Gate Valve	1	0.1	0.000	0.006	0.006	Feet
92	22 Degree Bend	0	0.2	0.000	0.000	0.000	Feet
93	45 Degree Bend	0	0.2	0.000	0.000	0.000	Feet
94	90 Degree Bend	3	0.39	0.004	0.065	0.065	Feet
95	Entrance Loss	1	0.5	0.002	0.028	0.028	Feet
96	Total Minor Losses			0.010	0.167	0.167	Feet
97	Total Losses			0.018	0.288	0.288	Feet
98	Upstream Water Su	rface Elevation		161.75	162.32	162.72	Feet
99 V-Notch Weir	in CCB 1						
100							
101	Number of Weirs			1	1	1	
102	Flow Factor			1	1	1	
103	Max Flow Rate Through Weir			0.19	0.74	1.98	cfs
104	Weir Constants						
105	Angle			90	90	90	
106	Weir Elevation			174	174	174	Feet
107	C (Weir Coefficient)			2.5	2.5	2.5	
108	Downstream WSE			161.72	161.88	162.29	Feet
109	Headloss Through W	/eir		0.29	0.51	0.75	Feet
110	Upstream Water Su	rface Elevation		174.29	174.51	174.75	Feet
111 CCB 1 Channe	l to Effluent Weir						
112							
113	Channel Width			12	12	12	Feet
114	Channel Bottom Elev	vation		165	165	165	Feet
115	Channel Length			18	18	18	Feet
116	Flowrate			0.37	1.49	3.96	cfs
117	Sidewater Depth			9.29	9.51	9.75	Feet
118	Cross Sectional Area	of Water		111.50	114.09	117.01	SF
119	Wetted Perimater			30.58	31.01	31.50	Feet
120	Hydraulic Radius			3.65	3.68	3.71	Feet
121	Velocity Through Ch	annel		0.00	0.01	0.03	fps
122	Roughness Coefficie			0.015	0.015	0.015	
123	Headloss			3.61E-09	5.45E-08	3.63E-07	Feet
124	Upstream Water Surface Elevation			174.29	174.51	174.75	Feet
125	Top of CCB 1			175.17	175.17	175.17	Feet
126	Freeboard			0.88	0.66	0.42	Feet
127 Settled Efflue	nt Pipe to CCB 1						
128							
-				-		•	

129	Pipe Diameter			18	18	18	Inch
130	Downstream WSE			174.29	174.51	174.75	Feet
131	Number of Pipes (Pa	arallel)		1	1	1	
132	N-Value			0	0	0	
133	Flow Factor			1	1	1	
134	Effluent Flowrate			0.1856679	0.7426717	1.9804578	cfs
135	Diameter			1.5	1.5	1.5	Feet
136	Reach Length			12	12	12	Feet
137	Cross Sectional Area			1.767	1.767	1.767	SF
138	Velocity			0.105	0.420	1.121	fps
139	Wetted Perimeter			4.712	4.712	4.712	Feet
140	Hydraulic Radius			0.375	0.375	0.375	Feet
141	Friction Slope			0.000	0.000	0.000	Ft/Ft
142							
143	Friction Loss			0.00	0.00	0.00	Feet
144					Vel Head		
145	Minor Losses			Minimum	Avg	Avg	
146	Assume Pipe Flowin	g Full		0.000	0.003	0.020	Feet
147							
148	Minor Losses	Number	Koeff	Minor Loss	Minor Loss	Minor Loss	
149	Exit Loss	1	1	0.000	0.003	0.020	Feet
150	22 Degree Bend	0	0.2	0.000	0.000	0.000	Feet
151	45 Degree Bend	0	0.2	0.000	0.000	0.000	Feet
152	Entrance Loss	1	0.5	0.000	0.001	0.010	Feet
153	Total Minor Losses			0.000	0.004	0.029	Feet
154	Total Losses			0.000	0.004	0.029	Feet
155	Upstream Water Su	rface Elevation		174.29	174.51	174.78	Feet

Attachment 13 – Wind Rose (Tech. Rpt. 1.1, 5b)

HOUSTON INTERCONTINENTAL AP (TX) Wind Rose

January 01, 2024 - September 19, 2024 Sub-Interval: January 1 - December 31, 0 - 24



Click and drag to zoom

Attachment 14 – Sludge Management Plan (Tech. Rpt. 1.1, 7)

Technical Report 1.1

12. Sewage Sludge Solids Management Plan

Interim I Phase - Capacity of Digester

Design Flow Minimum Retention Time Digester Volume Digester Dimensions Side Water Depth Digester Sludge Retention Time	3	15 c 5,378 f	ا ^{ع`} 2'-0" W x 12'-2	
CBOD5 Removal	Effluent concentration 1		250.0 mg/l 10.0 mg/l 240.0 mg/l	
Solids Generated	100% Flow	75% Flow	50% Flow	25% Flow
Pounds BOD5/day removed Pounds of dry sludge produced* Pounds of wet sludge produced** Volume of wet sludge produced in gals. Volume of wet sludge produced in ft ³	480 151 10088 1213 162	360 113 7566 909 122	240 76 5044 606 81	120 38 2522 303 41

*Assuming 0.315 pounds of dry sludge produced per pound of BOD5 removed. **Assuming 1.5% solids.

MLSS operating range = 3000 mg/l

The sludge is wasted from the clarifier to the aerobic digester. At the digester the sludge is further processed to achieve sludge stabilization.

Removal Schedule (days)	100% Flow	75% Flow	50% Flow	25% Flow
Days between sludge removal	33	44	66	133

Following stabilization the sludge is periodically removed from the digester and hauled offsite by a registered hauler to a registered site.

Technical Report 1.1

12. Sewage Sludge Solids Management Plan

Interim II Phase - Capacity of Digester

Design Flow Minimum Retention Time Digester Volume Digester Dimensions Side Water Depth Digester Sludge Retention Time	6	15 c 16,901 f	t ^{3`} 2'-0" W x 12'-2	
CBOD5 Removal	Influent concentration Effluent concentration Net removal		250.0 mg/l 10.0 mg/l 240.0 mg/l	
Solids Generated	100% Flow	75% Flow	50% Flow	25% Flow
Pounds BOD5/day removed Pounds of dry sludge produced* Pounds of wet sludge produced** Volume of wet sludge produced in gals. Volume of wet sludge produced in ft ³	801 252 16813 2021 270	600 189 12610 1516 203	400 126 8407 1010 135	200 63 4203 505 68

*Assuming 0.315 pounds of dry sludge produced per pound of BOD5 removed. **Assuming 1.5% solids.

MLSS operating range = 3000 mg/l

The sludge is wasted from the clarifier to the aerobic digester. At the digester the sludge is further processed to achieve sludge stabilization.

Removal Schedule (days)	100% Flow	75% Flow	50% Flow	25% Flow
Days between sludge removal	63	83	125	250

Following stabilization the sludge is periodically removed from the digester and hauled offsite by a registered hauler to a registered site.

Technical Report 1.1

12. Sewage Sludge Solids Management Plan

Final Phase - Capacity of Digester

Design Flow Minimum Retention Time Digester Volume Digester Dimensions Side Water Depth Digester Sludge Retention Time	9	15 c 25,352 f	ب ^{3°} 2'-0" W x 12'-2	
CBOD5 Removal	Influent concentrat Effluent concentra Net removal			250.0 mg/l 10.0 mg/l 240.0 mg/l
Solids Generated	100% Flow	75% Flow	50% Flow	25% Flow
Pounds BOD5/day removed Pounds of dry sludge produced* Pounds of wet sludge produced** Volume of wet sludge produced in gals. Volume of wet sludge produced in ft ³	1281 404 26902 3233 432	961 303 20176 2425 324	641 202 13451 1617 216	320 101 6725 808 108

*Assuming 0.315 pounds of dry sludge produced per pound of BOD5 removed. **Assuming 1.5% solids.

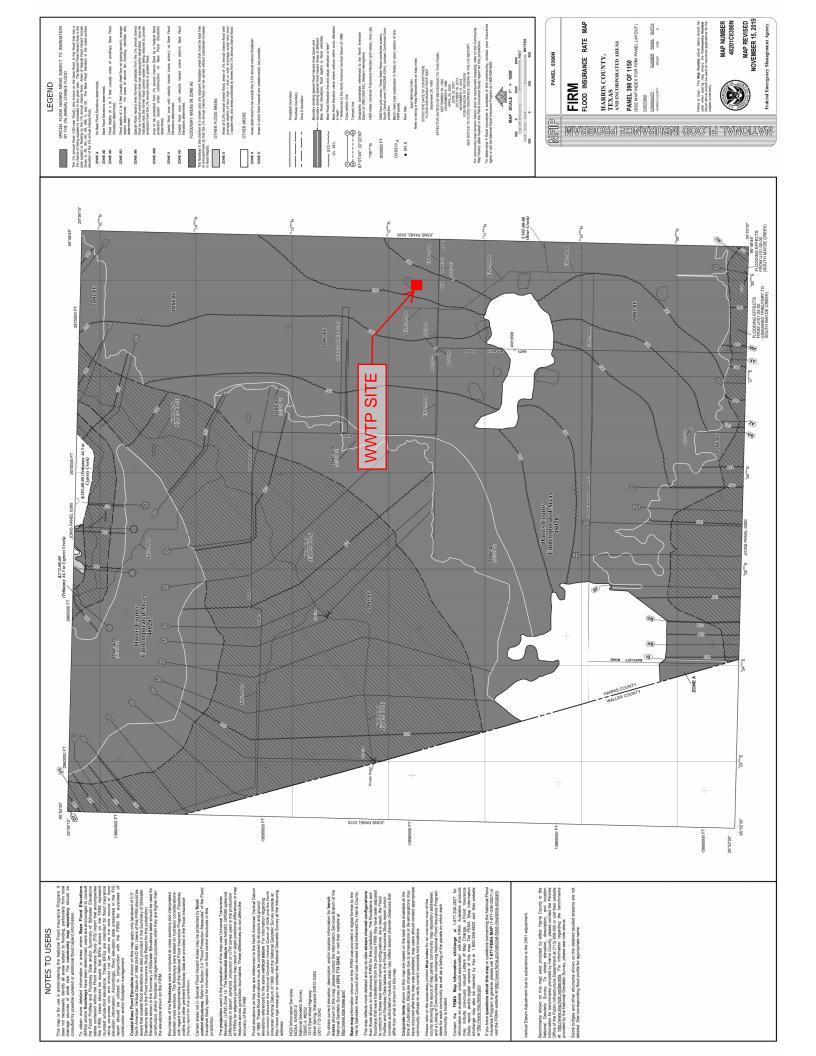
MLSS operating range = 3000 mg/l

The sludge is wasted from the clarifier to the aerobic digester. At the digester the sludge is further processed to achieve sludge stabilization.

Removal Schedule (days)	100% Flow	75% Flow	50% Flow	25% Flow
Days between sludge removal	59	78	117	235

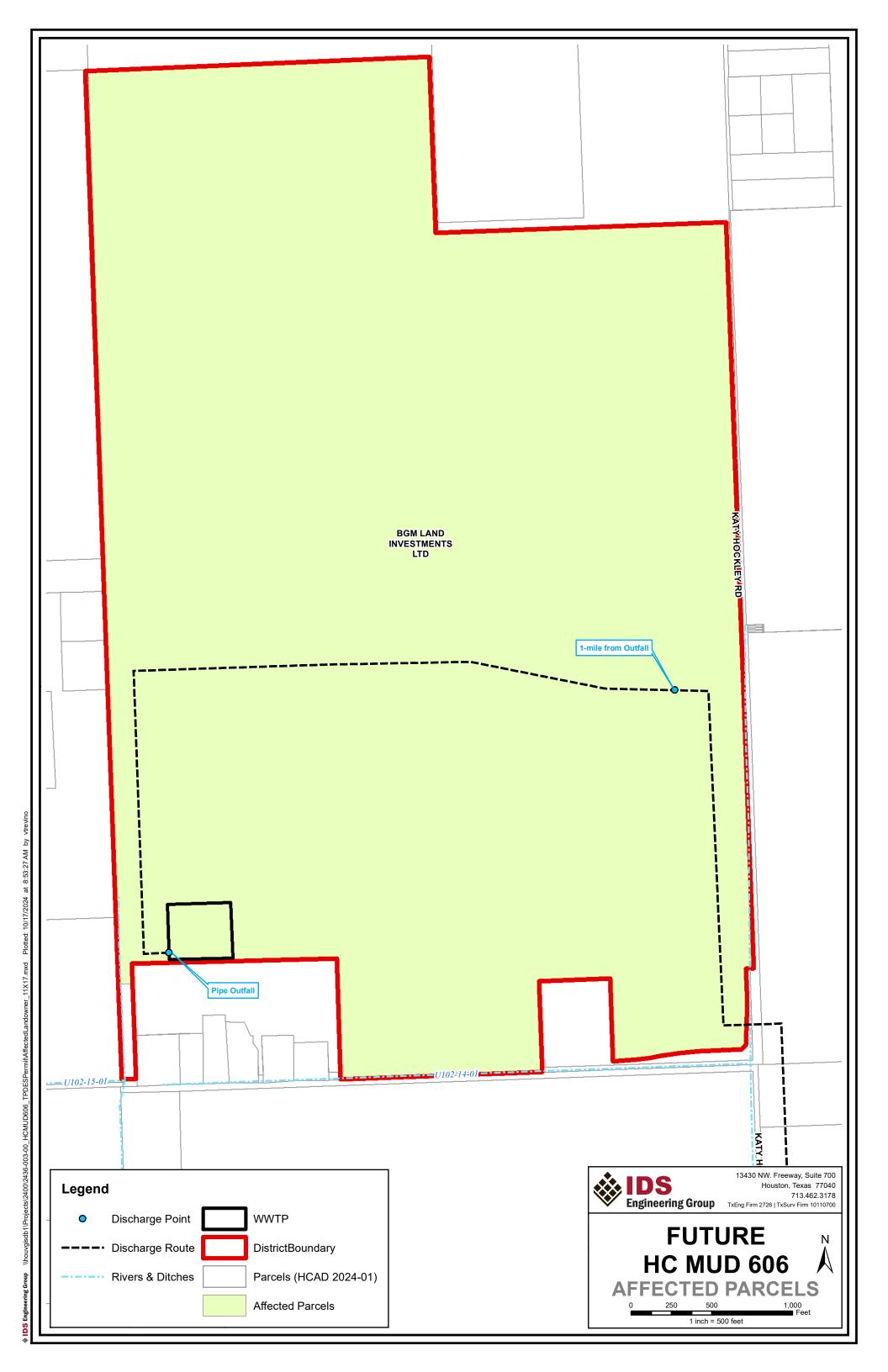
Following stabilization the sludge is periodically removed from the digester and hauled offsite by a registered hauler to a registered site.

Attachment 15 – FIRM Panel



Attachment 16 –

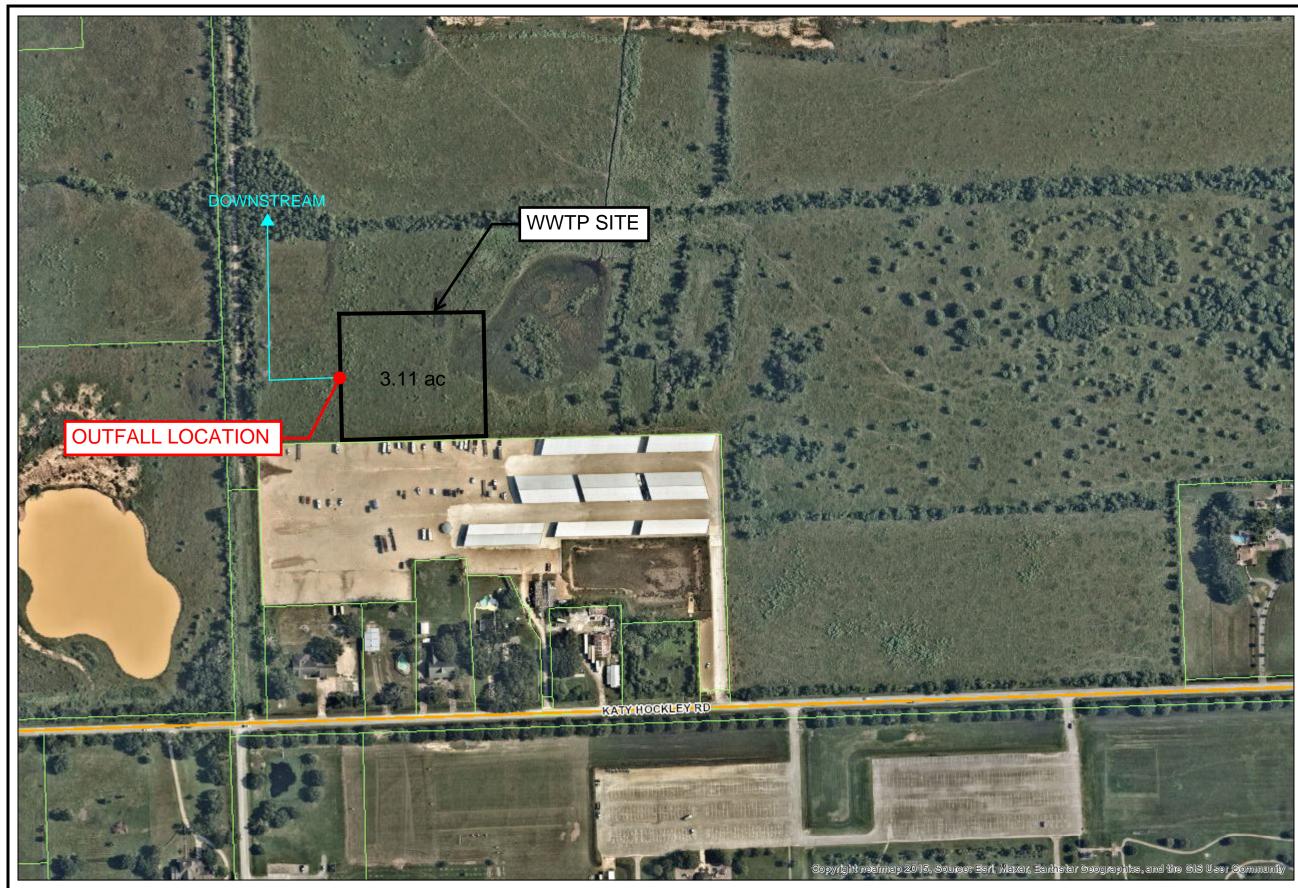
Affected Landowners Map and Cross Reference List (Admin Rpt. 1.1, 1a)



Cross-Reference List

Landowner	Mailing Address	City	State	Zip Code
BGM LAND INVESTMENTS LTD	15915 KATY FWY	HOUSTON	ТΧ	77094-1708

Attachment 17 – Site Image (Admin Rpt. 1.1, 2)



WASTEWATER TREATMENT PLANT SITE

IDS Engineering Group Print Date: 9/19/2024 3:55:37 PM

1 inch = 263 feet

Disclaimer: This web site represents the information that has been made available for the use of this system and does not necessarily include the most complete and/or accurate data. IDS Engineering Group does not warrant its accuracy or completeness. Verification should be done as necessary.

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Houston 713.462.3178

<u>Legend</u>

Harris Co Parcels (2023-04)

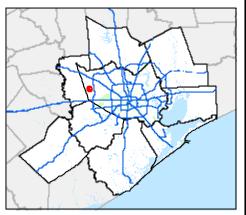
> Low Resolution 15m Imagery

High Resolution 60cm Imagery

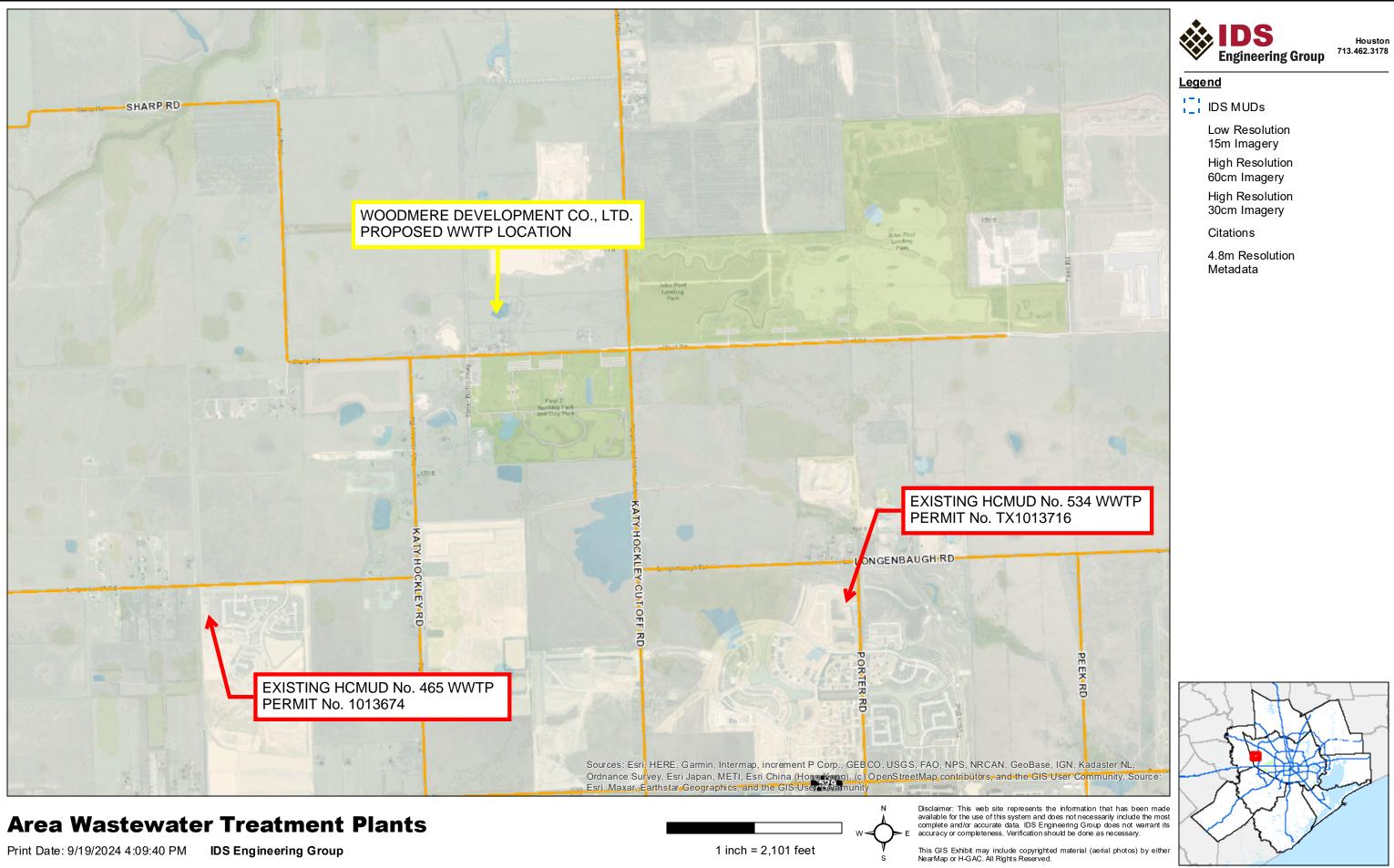
High Resolution 30cm Imagery

Citations

60cm Resolution Metadata



Attachment 18 – Area WWTP Info (Tech. Rpt. 1.1, 1.3)



Permitee Name: Harris County Municipal Utility District No. 465

Permit No.: 1013674 Address: 27018 Winward Creek Trail, Katy, TX 77493

Permitee Name: Harris County Municipal Utility District No. 534

Permit No.: TX1013716 Address: 7614 Swooping Swallow Lane, Katy, TX 77493 Attachment 19 – Area WWTP Capacity Request Letters (Tech. Rpt. 1.1, 1.3)



September 23, 2024

Harris County Municipal Utility District No. 465 c/o Elevation Land Solutions Attn: Mr. Travis Harrison 2445 Technology Forest Blvd, Suite 200 The Woodlands, TX 77381

Mr. Harrison,

We are writing to you on behalf of Woodmere Development Co., LTD, which is seeking a TPDES discharge permit for a proposed wastewater treatment plant. We are in the process of preparing the permit application for this operation. The projected ultimate flow is 0.480 MGD and Woodmere Development Co., LTD currently owns a site sufficient in size for the facility.

As part of the TPDES discharge permit process, the TCEQ requires that we contact each wastewater discharge permit holder within a three-mile radius of the proposed facility to solicit information about available treatment capacity. The wastewater plant located within your district is within the three-mile radius and we are therefore inquiring about the availability of capacity.

Please complete the short questionnaire below and return within 5 days to our office. You may also email your response to <u>vgomez@idseg.com</u>. Please call me at (832) 590-7149 if you have any questions or need additional information. Thank you for your timely response to this matter.

Sincerely,

Valeria Gomez, E.I.T Design Engineer

\\IDSEG\FS\PROJECTS\2400\243600300 HCMUD 606 TPDES PERMIT\ENG-PM\FORMS\ATTACHMENTS\CAPACITY LETTERS.DOCX

13430 Northwest Freeway, Suite 700, Houston, Texas 77040 TxEng Firm 2726 | TxSurv Firm 10110700 t 713.462.3178 idseg.com

infrastructure design solutions



September 23, 2024

Harris County Municipal Utility District No. 534 c/o BGE, Inc. Attn: Miss Melinda Salazar 10777 Westheimer Road, Suite 400 Houston, TX 77042

Miss Salazar,

We are writing to you on behalf of Woodmere Development Co., LTD, which is seeking a TPDES discharge permit for a proposed wastewater treatment plant. We are in the process of preparing the permit application for this operation. The projected ultimate flow is 0.480 MGD and Woodmere Development Co., LTD currently owns a site sufficient in size for the facility.

As part of the TPDES discharge permit process, the TCEQ requires that we contact each wastewater discharge permit holder within a three-mile radius of the proposed facility to solicit information about available treatment capacity. The wastewater plant located within your district is within the three-mile radius and we are therefore inquiring about the availability of capacity.

Please complete the short questionnaire below and return within 5 days to our office. You may also email your response to <u>vgomez@idseg.com</u>. Please call me at (832) 590-7149 if you have any questions or need additional information. Thank you for your timely response to this matter.

Sincerely,

Val gomes

Valeria Gomez, E.I.T Design Engineer

Reply	
Date: 9 36134	Terms (if capacity available):
Name of Permitee: HCmuo 533	
Address: Clo ABHR 3000 Southwest Frieway Suite 2600 Houston, TX	Name of Person Responding: Meliode Salozor
Capacity Available Now (Yes/No)?	Title:
Willing to Expand Plant (Yes/No)?	Telephone:
Date Available:いれ	Fax:

\\IDSEG\FS\PROJECTS\2400\243600300 HCMUD 606 TPDES PERMIT\ENG-PM\FORMS\ATTACHMENTS\CAPACITY LETTERS.DOCX