



# Administrative Package Cover Page

**This file contains the following documents:**

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

## EXHIBIT 10



### TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## **SUMMARY OF APPLICATION IN PLAIN LANGUAGE FOR TPDES OR TLAP PERMIT APPLICATIONS**

### **Summary of Application (in plain language) Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications**

City of Paradise (CN600633911) proposes to operate a new Clean Water Plant (RN Pending), an activated sludge process plant operated in the complete mix mode. The facility will be located at East side of Leone Park on east side of Hwy 114 Road at 0.39 miles south of intersection of Hwy 114 Road and East School House Road., in Paradise, Wise County, Texas 76073. This application is for a new plant discharge permit for a Phase 1 average daily flow of 0.15 MGD, a Phase 2 Average daily flow of 0.30 MGD, and a Phase 3 average daily flow of 0.45 MGD.

Discharges from the facility are expected to contain five-day biochemical oxygen demand (CBOD<sub>5</sub>), total suspended solids (TSS), and *Escherichia coli*. Domestic wastewater will be treated by an activated sludge process plant and the treatment units include a mechanical bar screen, aeration basins, final clarifiers, sludge digesters, a sludge dewatering rotary press, sludge dewatering beds, and chlorine contact chambers.

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

**PROPOSED PERMIT NO. WQ0016694001**

**APPLICATION.** City of Paradise, 218 Main Street, Paradise, Texas 76073, has applied to the Texas Commission on Environmental Quality (TCEQ) for proposed Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0016694001 (EPA I.D. No. TX0147168) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 450,000 gallons per day. The domestic wastewater treatment facility will be located approximately 0.39 miles south of the intersection of East School House and State Highway 114, in the city of Paradise, Wise County, Texas 76073. The discharge route will be from the plant site to an unnamed tributary, thence to West Fork Trinity River Below Bridgeport Reservoir. TCEQ received this application on December 16, 2024. The permit application will be available for viewing and copying at Paradise City Hall, 218 Main Street, Paradise, in Wise 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/tpdes-applications>.

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

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.68221,33.142477&level=18>

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

**PUBLIC COMMENT / PUBLIC MEETING.** You may submit public comments or request a public meeting on this application. The purpose of a public meeting is to provide the opportunity to submit comments or to ask questions about the application. TCEQ will hold a public meeting if the Executive Director determines that there is a significant degree of public interest in the application or if requested by a local legislator. A public meeting is not a contested case hearing.

**OPPORTUNITY FOR A CONTESTED CASE HEARING.** After the deadline for submitting public comments, the Executive Director will consider all timely comments and prepare a response to all relevant and material, or significant public comments. **Unless the application**

is directly referred for a contested case hearing, the response to comments, and the Executive Director's decision on the application, will be mailed to everyone who submitted public comments and to those persons who are on the mailing list for this application. If comments are received, the mailing will also provide instructions for requesting reconsideration of the Executive Director's decision and for requesting a contested case hearing. A contested case hearing is a legal proceeding similar to a civil trial in state district court.

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

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

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

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

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

**AGENCY CONTACTS AND INFORMATION.** All public comments and requests must be submitted either electronically at <https://www14.tceq.texas.gov/epic/eComment/>, or in writing to the Texas Commission on Environmental Quality, Office of the Chief Clerk, MC-105, P.O. Box 13087, Austin, Texas 78711-3087. Please be aware that any contact information you provide, including your name, phone number, email address and physical address will become part of the agency's public record. For more information about this permit



application or the permitting process, please call the TCEQ Public Education Program, Toll Free, at 1-800-687-4040 or visit their website at [www.tceq.texas.gov/goto/pep](http://www.tceq.texas.gov/goto/pep). Si desea información en Español, puede llamar al 1-800-687-4040.

Further information may also be obtained from City of Paradise at the address stated above or by calling Mr. Harrison Willeford, City Administrator, at 940-969-2114.

Issuance Date: January 13, 2025

# **2024-25 CLEAN WATER PLANT**

## **Texas Pollutant Discharge Elimination System (TPDES) Permit Application**



**November 2024**

**Belcheff & Assoc., Inc.  
3575 Lone Star Circle, Ste. 124  
Fort Worth, Texas 76177  
Ph. 817.431.1800  
TBPE Reg. No. F-368**

**CITY OF PARADISE  
CLEAN WATER PLANT  
TPDES PERMIT APPLICATION**

**PERMIT NO. (*PENDING*)**

11/27/2024

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**CITY OF PARADISE  
WASTEWATER TREATMENT PLANT  
NEW PERMIT APPLICATION**

**TPDES PERMIT NO. (PENDING)**

**Exhibit 1.  
Payment Submittal Form (copy) and Application Checklist**



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of Paradise, Texas

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

Indicate if each of the following items is included in your application.

	Y	N		Y	N
Administrative Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original USGS Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Administrative Report 1.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Affected Landowners Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SPIF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landowner Disk or Labels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Core Data Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Buffer Zone Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Involvement Plan Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flow Diagram	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Technical Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Site Drawing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Technical Report 1.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original Photographs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Design Calculations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 2.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Solids Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.0	<input type="checkbox"/>	<input type="checkbox"/>	Water Balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.1	<input type="checkbox"/>	<input type="checkbox"/>			
Worksheet 3.2	<input type="checkbox"/>	<input type="checkbox"/>			
Worksheet 3.3	<input type="checkbox"/>	<input type="checkbox"/>			
Worksheet 4.0	<input type="checkbox"/>	<input type="checkbox"/>			
Worksheet 5.0	<input type="checkbox"/>	<input type="checkbox"/>			
Worksheet 6.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Worksheet 7.0	<input type="checkbox"/>	<input type="checkbox"/>			

For TCEQ Use Only

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

**CITY OF PARADISE  
WASTEWATER TREATMENT PLANT  
NEW PERMIT APPLICATION**

**TPDES PERMIT NO. (PENDING)**

**Exhibit 2.  
Administrative Report 1.0**



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of Paradise, Texas

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

Indicate if each of the following items is included in your application.

	Y	N		Y	N
Administrative Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original USGS Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Administrative Report 1.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Affected Landowners Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SPIF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landowner Disk or Labels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Core Data Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Buffer Zone Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Involvement Plan Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flow Diagram	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Technical Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Site Drawing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Technical Report 1.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original Photographs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Design Calculations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 2.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Solids Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.0	<input type="checkbox"/>	<input type="checkbox"/>	Water Balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.1	<input type="checkbox"/>	<input type="checkbox"/>			
Worksheet 3.2	<input type="checkbox"/>	<input type="checkbox"/>			
Worksheet 3.3	<input type="checkbox"/>	<input type="checkbox"/>			
Worksheet 4.0	<input type="checkbox"/>	<input type="checkbox"/>			
Worksheet 5.0	<input type="checkbox"/>	<input type="checkbox"/>			
Worksheet 6.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Worksheet 7.0	<input type="checkbox"/>	<input type="checkbox"/>			

For TCEQ Use Only

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





TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION  
ADMINISTRATIVE REPORT 1.0**

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

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

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

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

Minor Amendment (for any flow) \$150.00 ☐

**Payment Information:**

Mailed Check/Money Order Number:

Check/Money Order Amount:

Name Printed on Check:

EPAY Voucher Number:

Copy of Payment Voucher enclosed? Yes ☐

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

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

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

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

- ☒ Active ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

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

f. For existing permits:

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

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

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

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

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

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

City of Paradise

*(The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal documents forming the entity.)*

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

CN: CN600633911

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

Prefix: Mr.

Last Name, First Name: Willeford, Harrison

Title: City Administrator

Credential: N/A

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

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

[Click to enter text.](#)

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

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

CN: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

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

### C. Core Data Form

Complete the Core Data Form for each customer and include as an attachment. If the customer type selected on the Core Data Form is **Individual**, complete **Attachment 1** of Administrative Report 1.0. See Exhibit 4.

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

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

A. Prefix: Mr.

Last Name, First Name: Willeford, Harrison

Title: City Administrator

Credential: N/A

Organization Name: City of Paradise

Mailing Address: 218 Main Street

City, State, Zip Code: Paradise, TX 76073

Phone No.: 940.969.2114

E-mail Address: cityadministrator@cityofparadisetexas.org

Check one or both: ☒ Administrative Contact ☐ Technical Contact

B. Prefix: Mr.

Last Name, First Name: Burton, Gary

Title: City Engineer

Credential: P.E.

Organization Name: Belcheff & Associates, Inc.

Mailing Address: 3575 Lone Star Circle, Ste 124

City, State, Zip Code: Fort Worth, TX 76177

Phone No.: 817-431-1800

E-mail Address: gburton@belcheff.com

Check one or both: ☐ Administrative Contact ☒ Technical Contact

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

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

A. Prefix: Click to enter text.

Last Name, First Name: Willeford, Harrison

Title: City Administrator

Credential: N/A

Organization Name: City of Paradise

Mailing Address: 218 Main St

City, State, Zip Code: Paradise, TX 76073

Phone No.: 940.969.2114

E-mail Address: cityadministrator@cityofparadisetexas.org

B. Prefix: N/A Last Name, First Name: Whitten, Alisha  
Title: City Secretary Credential: N/A  
Organization Name: City of Paradise  
Mailing Address: 218 Main St City, State, Zip Code: 76073  
Phone No.: 940.969.2114 E-mail Address: cityhall@cityofparadisetexas.org

## Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mr. Last Name, First Name: Willeford, Harrison  
Title: City Administrator Credential: N/A  
Organization Name: City of Paradise  
Mailing Address: 218 Main St City, State, Zip Code: Paradise, TX 76073  
Phone No.: 940.969.2114 E-mail Address: cityadministrator@cityofparadisetexas.org

## 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: N/A Last Name, First Name: Fluharty, John  
Title: Wastewater Operator Credential: N/A  
Organization Name: Bar FS Water Specialists  
Mailing Address: 1034 Thurman Rd City, State, Zip Code: Forestburg, TX 76239  
Phone No.: 940.781.5270 E-mail Address: johnconniepws@gmail.com

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

### A. Individual Publishing the Notices

Prefix: N/A Last Name, First Name: Willeford, Harrison  
Title: City Administrator Credential: N/A  
Organization Name: City of Paradise  
Mailing Address: 218 Main St City, State, Zip Code: Paradise, TX 76073  
Phone No.: 940.969.2114 E-mail Address: cityadministrator@cityofparadisetexas.org

**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: N/A

Last Name, First Name: Willeford, Harrison

Title: City Administrator

Credential: N/A

Organization Name: City of Paradise

Mailing Address: 218 Main Street

City, State, Zip Code: Paradise, TX 76073

Phone No.: 940.969.2114

E-mail Address: cityadministrator@cityofparadisetexas.org

**D. Public Viewing Information**

*If the facility or outfall is located in more than one county, a public viewing place for each county must be provided.*

Public building name: City Hall

Location within the building: Front Door

Physical Address of Building: 218 Main Street

City: Paradise

County: Wise

Contact (Last Name, First Name): Whitten, Alisha

Phone No.: 940.969.2114 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? [Click to enter text.](#)

#### F. Plain Language Summary Template

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

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

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

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

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

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

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

Leone Park

C. Owner of treatment facility: City of Paradise

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

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

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: City of Paradise

Mailing Address: 218 Main Street

City, State, Zip Code: Paradise, TX 76073

Phone No.: 940.969.2114

E-mail Address: cityhall@cityofparadisetexas.org

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

**Attachment:** N/A

E. Owner of effluent disposal site:

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: Click to enter text.

Organization Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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

**Attachment:** N/A

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

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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

**Attachment:** N/A

## Section 10. TPDES Discharge Information (Instructions Page 31)

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

☐ Yes ☐ No

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

East side of Leone Park on east side of Hwy 114 Road at 0.39 miles south of intersection of Hwy 114 Road and East School House 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:

To an unnamed tributary of the West Fork Trinity River, through a private stock tank, to the same unnamed tributary, under the RR tracks through a culvert, then in the same unnamed tributary to the West Fork Trinity River below Lake Bridgeport in Segment 0810.

City nearest the outfall(s): Paradise

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

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:

[Click to enter text.](#)

- B. City nearest the disposal site: [Click to enter text.](#)

- C. County in which the disposal site is located: [Click to enter text.](#)

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

[Click to enter text.](#)

- E. For **TLAPs**, please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: [Click to enter text.](#)

## Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

[Click to enter text.](#)

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

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

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

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

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

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

## Section 13. Attachments (Instructions Page 33)

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

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

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

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

☐ Attachment 1 for Individuals as co-applicants

☐ Other Attachments. Please specify: [See Table of Contents](#)

## Section 14. Signature Page (Instructions Page 34)

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

Permit Number: **PENDING** or text.

Applicant: City of Paradise

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.

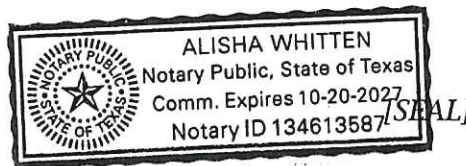
Signatory name (typed or printed): Harrison Willeford

Signatory title: City Administrator

Signature: Harrison Willeford Date: 26 Nov 2024  
(Use blue ink)

Subscribed and Sworn to before me by the said Harrison Willeford  
on this 26th day of November, 20 24.  
My commission expires on the 20th day of October, 20 27.

[Signature]  
Notary Public



Wise  
County, Texas

# DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

## Section 1. Affected Landowner Information (Instructions Page 36)

- A. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:
- ☐ The applicant's property boundaries
  - ☐ The facility site boundaries within the applicant's property boundaries
  - ☐ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
  - ☐ The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
  - ☐ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream
  - ☐ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
  - ☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides
  - ☐ The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property
  - ☐ The property boundaries of all landowners surrounding the effluent disposal site
  - ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
  - ☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located
- B. ☐ Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.
- C. Indicate by a check mark in which format the landowners list is submitted:
- ☐ USB Drive
  - ☐ Four sets of labels
- D. Provide the source of the landowners' names and mailing addresses: [Click to enter text.](#)
- E. As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?
- ☐ Yes
  - ☐ No

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

Click to enter text.

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

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

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

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

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

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

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

- ☐ Ownership
- ☐ Restrictive easement
- ☐ Nuisance odor control
- ☐ Variance

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

- ☐ Yes      ☐ No

# **DOMESTIC WASTEWATER PERMIT APPLICATION**

## **SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)**

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

**Attachment:** Exhibit 3

# WATER QUALITY PERMIT

## PAYMENT SUBMITTAL FORM

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

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

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

*BY REGULAR U.S. MAIL*

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

*BY OVERNIGHT/EXPRESS MAIL*

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

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

1. Check or Money Order Number: [Click to enter text.](#)
2. Check or Money Order Amount: \$1,250.00
3. Date of Check or Money Order: [Click to enter text.](#)
4. Name on Check or Money Order: [Click to enter text.](#)
5. APPLICATION INFORMATION

Name of Project or Site: City of Paradise Clean Water Plant

Physical Address of Project or Site: East side of Leone Park on east side of Hwy 114 Road at 0.39 miles south of intersection of Hwy 114 Road and East School House Road.

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): N/A

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

Driver's License or State Identification Number: Click to enter text.

Date of Birth: Click to enter text.

Mailing Address: Click to enter text.

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

Phone Number: Click to enter text. Fax Number: Click to enter text.

E-mail Address: Click to enter text.

CN: Click to enter text.

#### **For Commission Use Only:**

Customer Number:

Regulated Entity Number:

Permit Number:

# DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

## **Things to Know:**

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

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

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

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

Plain Language Summary ☒ Yes

**CITY OF PARADISE  
WASTEWATER TREATMENT PLANT  
NEW PERMIT APPLICATION**

**TPDES PERMIT NO. (PENDING)**

**Exhibit 3.  
Supplemental Permit Information Form (SPIF)**

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

**TCEQ USE ONLY:**

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

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

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

Agency Receiving SPIF:

\_\_\_\_ Texas Historical Commission

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

\_\_\_\_ Texas Parks and Wildlife Department

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

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

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

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

The following applies to all applications:

1. Permittee: City of Paradise

Permit No. WQ00 PENDINGEPA ID No. TX PENDING

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

East side of Leone Park on east side of Hwy 114 Road at 0.39 miles south of intersection of Hwy 114 Road and East School House 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): Mr.

First and Last Name: Harrison Willeford

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

Title: City Administrator

Mailing Address: 218 Main Street

City, State, Zip Code: Paradise, Texas 76073

Phone No.: 940.969.2114 Ext.: N/A Fax No.: N/A

E-mail Address: cityadministrator@cityofparadisetexas.org

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

N/A

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

To an unnamed tributary of the West Fork Trinity River, through a private stock tank, to the same unnamed tributary, under the RR tracks through a culvert, then in the same unnamed tributary to the West Fork Trinity River below Lake Bridgeport in Segment 0810.

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

N/A

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

No existing disturbances. Existing vegetation includes native grasses and trees (bluestem, Texas wintergrass, buffalo grass, cedar, elms, post oaks, and mesquites).

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

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

Two baseball fields and dugouts constructed in 2000.

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

The property was given to the City of Paradise by the Paradise Community Park Association, Inc. non-profit corporation. When the park association acquired it could not be determined. It has always been used for a baseball field as long as anyone living can remember. Prior to then, it was most likely pastureland.

**CITY OF PARADISE  
WASTEWATER TREATMENT PLANT  
NEW PERMIT APPLICATION**

**TPDES PERMIT NO. (PENDING)**

**Exhibit 4.  
Core Data Form**





# TCEQ Core Data Form

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

## SECTION I: General Information

<b>1. Reason for Submission</b> (If other is checked please describe in space provided.)		
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 600633911		RN

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)							
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership									
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)									
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>									
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)			<i>If new Customer, enter previous Customer below:</i>						
City of Paradise									
<b>7. TX SOS/CPA Filing Number</b>	<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b> (9 digits)  74-2291435	<b>10. DUNS Number</b> (if applicable)					
<b>11. Type of Customer:</b>		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited							
<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual							
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:							
<b>12. Number of Employees</b>			<b>13. Independently Owned and Operated?</b>						
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following									
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:									
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant									
<b>15. Mailing Address:</b>	218 Main Street								
	City	Paradise	State	TX	ZIP	76073	ZIP + 4		
<b>16. Country Mailing Information</b> (if outside USA)					<b>17. E-Mail Address</b> (if applicable)				
					cityhall@cityofparadisetexas.org				
<b>18. Telephone Number</b>			<b>19. Extension or Code</b>			<b>20. Fax Number</b> (if applicable)			

**SECTION III: Regulated Entity Information****21. General Regulated Entity Information** (If "New Regulated Entity" is selected, a new permit application is also required.)
☒ New Regulated Entity    ☐ Update to Regulated Entity Name    ☐ Update to Regulated Entity Information

*The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).*

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

Paradise Clean Water Plant

**23. Street Address of the Regulated Entity:**

(No PO Boxes)

City

State

ZIP

ZIP + 4

**24. County**

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

**25. Description to Physical Location:****26. Nearest City**

State

Nearest ZIP Code

Paradise

TX

76073

*Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).*

**27. Latitude (N) In Decimal:****28. Longitude (W) In Decimal:**

Degrees

Minutes

Seconds

Degrees

Minutes

Seconds

**29. Primary SIC Code****30. Secondary SIC Code****31. Primary NAICS Code****32. Secondary NAICS Code**

(4 digits)

(4 digits)

(5 or 6 digits)

(5 or 6 digits)

4952

221320

**33. What is the Primary Business of this entity?** (Do not repeat the SIC or NAICS description.)

Public Domestic Wastewater Treatment

**34. Mailing Address:**

218 Main Street

City

Paradise

State

TX

ZIP

76073

ZIP + 4

**35. E-Mail Address:****36. Telephone Number****37. Extension or Code****38. Fax Number** (if applicable)

( 940 ) 969-2114

( ) -

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

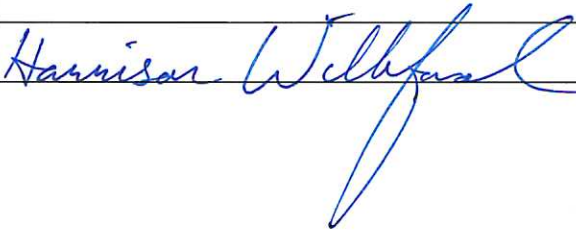
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input checked="" type="checkbox"/> PWS
				TX2490010
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

## **SECTION IV: Preparer Information**

<b>40. Name:</b>	Gary L. Burton, III, PE			<b>41. Title:</b>	City Engineer
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>		
( 817 ) 431-1800		( 817 ) 431-1850	gburton@belcheff.com		

## **SECTION V: Authorized Signature**

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

<b>Company:</b>	City of Boyd	<b>Job Title:</b>	Interim City Administrator	
<b>Name (In Print):</b>	Harrison Willeford	<b>Phone:</b>	( 940 ) 969- 2114	
<b>Signature:</b>			<b>Date:</b>	11/25/2024

**CITY OF PARADISE  
WASTEWATER TREATMENT PLANT  
NEW PERMIT APPLICATION**

**TPDES PERMIT NO. (PENDING)**

**Exhibit 5.  
Public Involvement Plan Form**



Texas Commission on Environmental Quality

## Public Involvement Plan Form for Permit and Registration Applications

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

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

### Section 1. Preliminary Screening

New Permit or Registration Application

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

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

### Section 2. Secondary Screening

Requires public notice,

Considered to have significant public interest, and

Located within any of the following geographical locations:

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

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

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

### Section 3. Application Information

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

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

#### Water Quality

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

#### Water Rights New Permit

New Appropriation of Water  
New or existing reservoir

#### Amendment to an Existing Water Right

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

### Section 4. Plain Language Summary

Provide a brief description of planned activities.

## Section 5. Community and Demographic Information

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

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

(City)

(County)

(Census Tract)

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

City

County

Census Tract

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

## Section 6. Planned Public Outreach Activities

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

Yes      No

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

Yes      No

If Yes, please describe.

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

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

Yes      No

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

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

Publish in alternative language newspaper

Posted on Commissioner's Integrated Database Website

Mailed by TCEQ's Office of the Chief Clerk

Other (specify)

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

Yes      No

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

Yes      No

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

TCEQ Regional Office

TCEQ Central Office

Public Place (specify)

## Section 7. Voluntary Submittal

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

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

Yes      No

What types of notice will be provided?

Publish in alternative language newspaper

Posted on Commissioner's Integrated Database Website

Mailed by TCEQ's Office of the Chief Clerk

Other (specify)



**CITY OF PARADISE  
WASTEWATER TREATMENT PLANT  
NEW PERMIT APPLICATION**

**TPDES PERMIT NO. (PENDING)**

**Exhibit 6.  
Technical Report 1.0**



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

#### A. Existing/Interim I Phase

Design Flow (MGD): 0.15

2-Hr Peak Flow (MGD): 0.6

Estimated construction start date: March 1, 2026

Estimated waste disposal start date: January 1, 2027

#### B. Interim II Phase

Design Flow (MGD): 0.3

2-Hr Peak Flow (MGD): 1.2

Estimated construction start date: March 1, 2027

Estimated waste disposal start date: January 1, 2028

#### C. Final Phase

Design Flow (MGD): 0.45

2-Hr Peak Flow (MGD): 1.8

Estimated construction start date: March 1, 2028

Estimated waste disposal start date: January 1, 2029

#### D. Current Operating Phase

Provide the startup date of the facility: N/A

### 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.**

Initial/Interim I Phase. Activated sludge operated in conventional mode. Influent mechanical screen, then influent pump station, to two (2) aeration basins, then one (1) final clarifier, then one (1) chlorine contact chamber, then effluent metering station. Waste sludge, stabilized in one (1) aerobic digester, then dewatered in two (2) wedge beds for landfill disposal.

Interim II Phase. Activated sludge operated in conventional mode. Influent mechanical screen, then influent pump station, to four (4) parallel aeration basins, then two (2) parallel final clarifiers, then two (2) chlorine contact chambers, then effluent metering station. Waste sludge, stabilized in two (2) aerobic digesters, then dewatered in four (4) wedge beds and a rotary press for landfill disposal.

Final Phase. Activated sludge operated in conventional mode. Influent mechanical screen, then influent pump station, to six (6) parallel aeration basins, then three (3) parallel final clarifiers, then three (3) chlorine contact chambers, then effluent metering station. Waste sludge stabilized in three (3) aerobic digesters, then dewatered in four (4) wedge beds and a rotary press for landfill disposal.

## 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)
Initial/Interim I Phase		
Mechanical Screen	1	14.5'x1.5'x3'
Digester, Aerobic	1	56'x12'x11.67'
Aeration Basin	2	56'x12'x11.3'
Clarifier	1	28' I.D.x10' (SWD)
Chlorine Contact	1	11'x16'x8'
Interim II Phase - Additional		
Digester, Aerobic	1	56'x12'x11.67'
Aeration Basin	2	56'x12'x11.3'
Clarifier	1	28' I.D.x10' (SWD)
Chlorine Contact	1	11'x16'x8'
Final Phase - Additional		
Digester, Aerobic	1	56'x12'x11.67'
Aeration Basin	2	56'x12'x11.3'
Clarifier	1	28' I.D.x10' (SWD)
Chlorine Contact	1	11'x16'x8'

C. Process Flow Diagram

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

Attachment: [Attachment 4](#)

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

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

- Latitude: 33 degrees 8' 31.90"
- Longitude: 97 degrees 40' 54.27"

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

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

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

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

Attachment: [Attachment 5](#)

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

The City of Paradise (current population 800) is planning to construct its first treatment plant and collection system. The proposed collection system will serve the 800 current citizens and the school. The ultimate collection system will serve an additional 3,200 residents.

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
Paradise Clean Water Plant Collection System	City of Paradise	Publicly Owned	4,000
		Choose an item.	
		Choose an item.	
		Choose an item.	

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

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

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

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

N/A

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

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

### A. Summary transmittal

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

☐ Yes ☒ No

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

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

N/A

## B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

New units will be 150' inside property boundaries.

## C. Other actions required by the current permit

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

☐ Yes ☐ No

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

N/A

## D. Grit and grease treatment

### 1. Acceptance of grit and grease waste

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

☐ Yes ☐ No

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

## 2. *Grit and grease processing*

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

Click to enter text.

## 3. *Grit disposal*

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

☐ Yes ☐ No

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

Describe the method of grit disposal.

Click to enter text.

## 4. *Grease and decanted liquid disposal*

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

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

Click to enter text.

## E. Stormwater management

### 1. *Applicability*

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

## 2. MSGP coverage

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

## 3. Conditional exclusion

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

☐ Yes ☐ No

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

[Click to enter text.](#)

## 4. Existing coverage in individual permit

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

☐ Yes ☐ No

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

[Click to enter text.](#)

## 5. Zero stormwater discharge

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

☐ Yes ☐ No

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



[Click to enter text.](#)

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

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

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

☐ Yes ☐ No

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

[Click to enter text.](#)

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

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

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☐ No

If yes, attach a Sewage Sludge Solids Management Plan. See Example 5 in the instructions.

[Click to enter text.](#)

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

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

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

☐ Yes ☐ No

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

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

Click to enter text.

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

## **2. Acceptance of septic waste**

Is the facility accepting or will it accept septic waste?

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

☐ Yes ☐ No

**If yes**, provide the date that the plant started accepting the waste, an estimate how much waste is accepted on a monthly basis (gallons or millions of gallons), a description of the entities generating the waste, and any distinguishing chemical or

other physical characteristic of the waste. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

Is the facility in operation?

☐ Yes ☒ No

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

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

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

**Table 1.0(2) – Pollutant Analysis for Wastewater Treatment Facilities**

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

Oil & Grease, mg/l					
Alkalinity (CaCO <sub>3</sub> )*, mg/l					

\*TPDES permits only

†TLAP permits only

**Table 1.0(3) – Pollutant Analysis for Water Treatment Facilities**

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

## Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: John Fluharty

Facility Operator's License Classification and Level: Wastewater Treatment Operator B

Facility Operator's License Number: #WW0048770

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

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

Check all that apply. See instructions for guidance

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

### B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

- ☐ Aerobic Digestion
- ☐ Air Drying (or sludge drying beds)
- ☐ Lower Temperature Composting
- ☐ Lime Stabilization
- ☐ Higher Temperature Composting

- ☐ Heat Drying
- ☐ Thermophilic Aerobic Digestion
- ☐ Beta Ray Irradiation
- ☐ Gamma Ray Irradiation
- ☐ Pasteurization
- ☐ Preliminary Operation (e.g. grinding, de-gritting, blending)
- ☐ Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)
- ☐ Sludge Lagoon
- ☐ Temporary Storage (< 2 years)
- ☐ Long Term Storage (>= 2 years)
- ☐ Methane or Biogas Recovery
- ☐ Other Treatment Process: [Click to enter text.](#)

### C. Biosolids Management

Provide information on the *intended* biosolids management practice. Do not enter every management practice that you want authorized in the permit, as the permit will authorize all biosolids management practices listed in the instructions. Rather indicate the management practice the facility plans to use.

#### Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>		<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>
<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>		<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>
<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>		<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>

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

### D. Disposal site

Disposal site name: [Click to enter text.](#)

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

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

### E. Transportation method

Method of transportation (truck, train, pipe, other): [Click to enter text.](#)

Name of the hauler: [Click to enter text.](#)

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

Sludge is transported as a:

Liquid ☐

semi-liquid ☐

semi-solid ☐

solid ☐

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

### A. Beneficial use authorization

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

### B. Sludge processing authorization

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

Sludge Composting ☐ Yes ☐ No

Marketing and Distribution of sludge ☐ Yes ☐ No

Sludge Surface Disposal or Sludge Monofill ☐ Yes ☐ No

Temporary storage in sludge lagoons ☐ Yes ☐ No

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

☐ Yes ☐ No

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

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

### A. Location information

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

- Original General Highway (County) Map:

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

- USDA Natural Resources Conservation Service Soil Map:

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

- Federal Emergency Management Map:

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

- Site map:

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

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

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

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

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

[Click to enter text.](#)

## B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

### C. Liner information

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

☐ Yes ☐ No

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

[Click to enter text.](#)

### D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

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

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

- Copy of the closure plan

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

- Copy of deed recordation for the site

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

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

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



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

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

- Procedures to prevent the occurrence of nuisance conditions

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

#### E. Groundwater monitoring

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

☐ Yes ☐ No

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

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

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

#### A. Additional authorizations

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

☐ Yes ☒ No

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

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:

Click to enter text.

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

### A. RCRA hazardous wastes

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

☐ Yes ☐ No

### B. Remediation activity wastewater

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

☐ Yes ☐ No

### C. Details about wastes received

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

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

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

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

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

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

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

### CERTIFICATION:

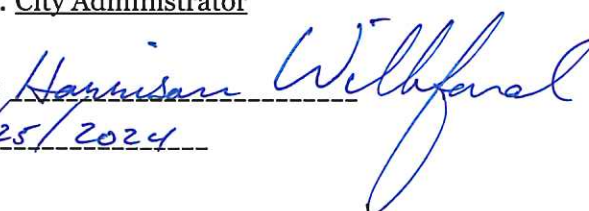
I certify that all laboratory tests submitted with this application meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*.

Printed Name: Harrison Willeford

Title: City Administrator

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

Date: 11/25/2024



**CITY OF PARADISE  
WASTEWATER TREATMENT PLANT  
NEW PERMIT APPLICATION**

**TPDES PERMIT NO. (PENDING)**

**Exhibit 7.  
Technical Report 1.1**

# DOMESTIC WASTEWATER PERMIT APPLICATION

## TECHNICAL REPORT 1.1

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

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

#### A. Justification of permit need

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

The City of Paradise had an engineering feasibility study performed in 2021-22. The study considered and compared alternatives which included constructing its own plant and pumping to a neighboring system. The report concluded that a new plant owned and operated by Paradise was the most cost-effective alternative. Since then, new subdivisions in and around Paradise have accentuated the need for a new plant in Paradise. The TCEQ has issued mandates to the city in the past because of failed septic tanks in the city. The city has determined that installation of a public sanitary sewer collection and treatment system is a top priority for the health, safety, and welfare of its citizens.

#### B. Regionalization of facilities

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

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

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

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

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

☐ Yes ☐ No ☒ Not Applicable

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

If yes, attach correspondence from the city.

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

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

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

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

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

☐ Yes ☒ No

---

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

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

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

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

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

☐ Yes ☒ No

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

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

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

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

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

## Section 2. Proposed Organic Loading (Instructions Page 59)

Is this facility in operation?

☐ Yes ☒ No

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

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

### A. Current organic loading

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

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

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

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

[Click to enter text.](#)

## B. Proposed organic loading

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

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

Source	Total Average Flow (MGD)	Influent BOD5 Concentration (mg/l)
Municipality	0.42	300
Subdivision		
Trailer park – transient		
Mobile home park		
School with cafeteria and showers	0.03	300
School with cafeteria, no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources	0.45	
AVERAGE BOD <sub>5</sub> from all sources		300

## 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: 20

Total Suspended Solids, mg/l: 20

Ammonia Nitrogen, mg/l: N/A

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: 2.0

Other: Click to enter text.

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

Biochemical Oxygen Demand (5-day), mg/l: 20

Total Suspended Solids, mg/l: 20

Ammonia Nitrogen, mg/l: N/A

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: 2.0

Other: Click to enter text.

**C. Final Phase Design Effluent Quality**

Biochemical Oxygen Demand (5-day), mg/l: 20

Total Suspended Solids, mg/l: 20

Ammonia Nitrogen, mg/l: N/A

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: 2.0

Other: Click to enter text.

**D. Disinfection Method**

Identify the proposed method of disinfection.

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

Dechlorination process: Click to enter text.

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

☐ Other: Click to enter text.

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

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

**Attachment:** Attachment 7

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

**A. 100-year floodplain**

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

☒ Yes ☐ No

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

Click to enter text.



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

FEMA FHB Map

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

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

## B. Wind rose

Attach a wind rose: [Attachment 9](#)

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

## A. Beneficial use authorization

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

☐ Yes ☐ No

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

## B. Sludge processing authorization

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

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

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

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

Attach a solids management plan to the application.

**Attachment:** [Attachment 8](#)

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.

**CITY OF PARADISE  
WASTEWATER TREATMENT PLANT  
NEW PERMIT APPLICATION**

**TPDES PERMIT NO. (PENDING)**

**Exhibit 8.  
Worksheet 2.0**

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

Owner of the drinking water supply: [Click to enter text.](#)

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

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

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

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

#### A. Receiving water outfall

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

#### B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

[Click to enter text.](#)

#### C. Sea grasses

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

☐ Yes ☐ No

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

[Click to enter text.](#)

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

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

☐ Yes ☒ No

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

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

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

Name of the immediate receiving waters: Unnamed Tributary of West Fork Trinity River

#### A. Receiving water type

Identify the appropriate description of the receiving waters.

- ☒ Stream
- ☐ Freshwater Swamp or Marsh
- ☐ Lake or Pond

Surface area, in acres: Click to enter text.

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

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

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

#### B. Flow characteristics

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

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

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

- ☐ USGS flow records
- ☐ Historical observation by adjacent landowners
- ☐ Personal observation
- ☒ Other, specify: Observation by City staff

### C. Downstream perennial confluences

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

West Fork Trinity River Segment 0810

### 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.

There is a stock tank immediately downstream, then intermittent stream to Segment 0810.

### E. Normal dry weather characteristics

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

Dry

Date and time of observation: 11/12/2024, 9 AM

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

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

### A. Upstream influences

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

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

## B. Waterbody uses

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

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

## C. Waterbody aesthetics

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

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

**CITY OF PARADISE  
WASTEWATER TREATMENT PLANT  
NEW PERMIT APPLICATION**

**TPDES PERMIT NO. (PENDING)**

**Exhibit 9.  
Worksheet 6.0**



# 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: None

Average Daily Flows, in MGD: N/A

Significant IUs - non-categorical:

Number of IUs: None

Average Daily Flows, in MGD: N/A

Other IUs:

Number of IUs: None

Average Daily Flows, in MGD: N/A

#### B. Treatment plant interference

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

☐ Yes ☐ No

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

N/A

### 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.

N/A

### D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☐ No

If **yes**, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☐ No

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

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

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

### A. Substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

## B. Non-substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

## C. Effluent parameters above the MAL

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

**Table 3.0(1) – Parameters Above the MAL**

Pollutant	Concentration	MAL	Units	Date

## D. Industrial user interruptions

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

☐ Yes ☐ No

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

Click to enter text.

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

#### A. General information

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

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

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

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

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

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

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

#### B. Process information

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

[Click to enter text.](#)

#### C. Product and service information

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

[Click to enter text.](#)

#### D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: [Click to enter text.](#)

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: [Click to enter text.](#)

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

#### E. Pretreatment standards

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

#### F. Industrial user interruptions

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

☐ Yes ☐ No

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

[Click to enter text.](#)

**CITY OF PARADISE  
WASTEWATER TREATMENT PLANT  
NEW PERMIT APPLICATION**

**TPDES PERMIT NO. (PENDING)**

**Exhibit 10.  
Plain Language Summary Form 20972**

## EXHIBIT 10



### TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## **SUMMARY OF APPLICATION IN PLAIN LANGUAGE FOR TPDES OR TLAP PERMIT APPLICATIONS**

### **Summary of Application (in plain language) Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications**

City of Paradise (CN600633911) proposes to operate a new Clean Water Plant (RN Pending), an activated sludge process plant operated in the complete mix mode. The facility will be located at East side of Leone Park on east side of Hwy 114 Road at 0.39 miles south of intersection of Hwy 114 Road and East School House Road., in Paradise, Wise County, Texas 76073. This application is for a new plant discharge permit for a Phase 1 average daily flow of 0.15 MGD, a Phase 2 Average daily flow of 0.30 MGD, and a Phase 3 average daily flow of 0.45 MGD.

Discharges from the facility are expected to contain five-day biochemical oxygen demand (CBOD<sub>5</sub>), total suspended solids (TSS), and *Escherichia coli*. Domestic wastewater will be treated by an activated sludge process plant and the treatment units include a mechanical bar screen, aeration basins, final clarifiers, sludge digesters, a sludge dewatering rotary press, sludge dewatering beds, and chlorine contact chambers.

**CITY OF PARADISE  
WASTEWATER TREATMENT PLANT  
PERMIT APPLICATION**

**TPDES PERMIT NO. (PENDING)**

**Attachment 1.  
Original USGS Map(s)**

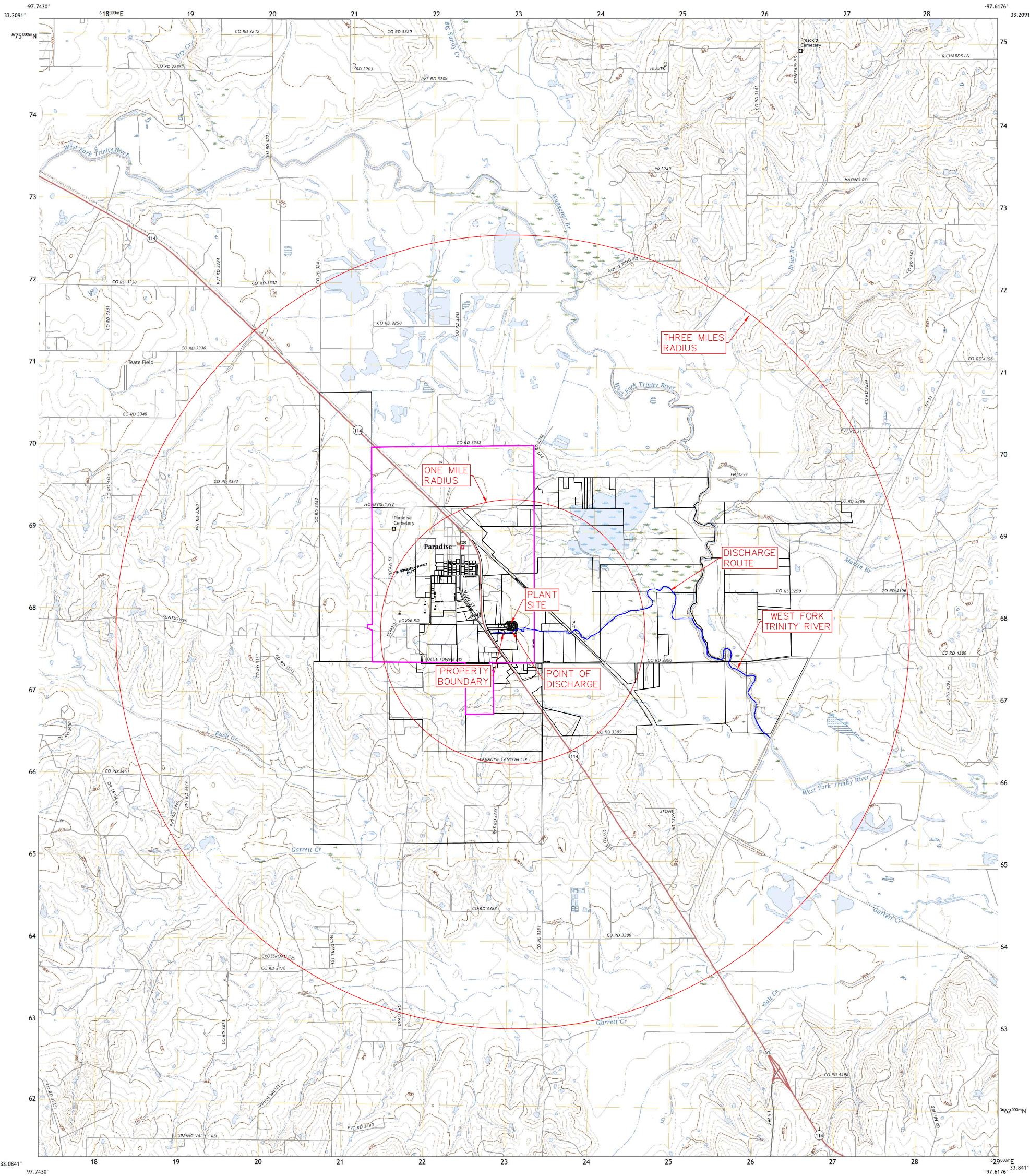




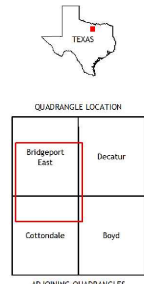
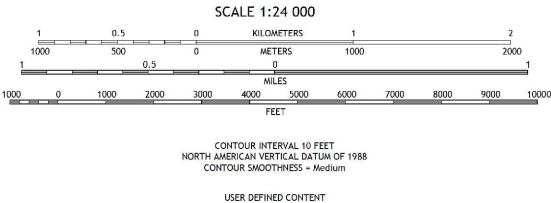
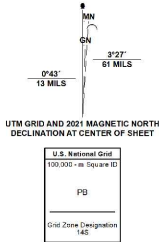
U.S. DEPARTMENT OF THE INTERIOR  
U.S. GEOLOGICAL SURVEY



7.5-MINUTE TOPO QUADRANGLE  
Custom Extent  
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 14S.  
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 Orthorectification. 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>



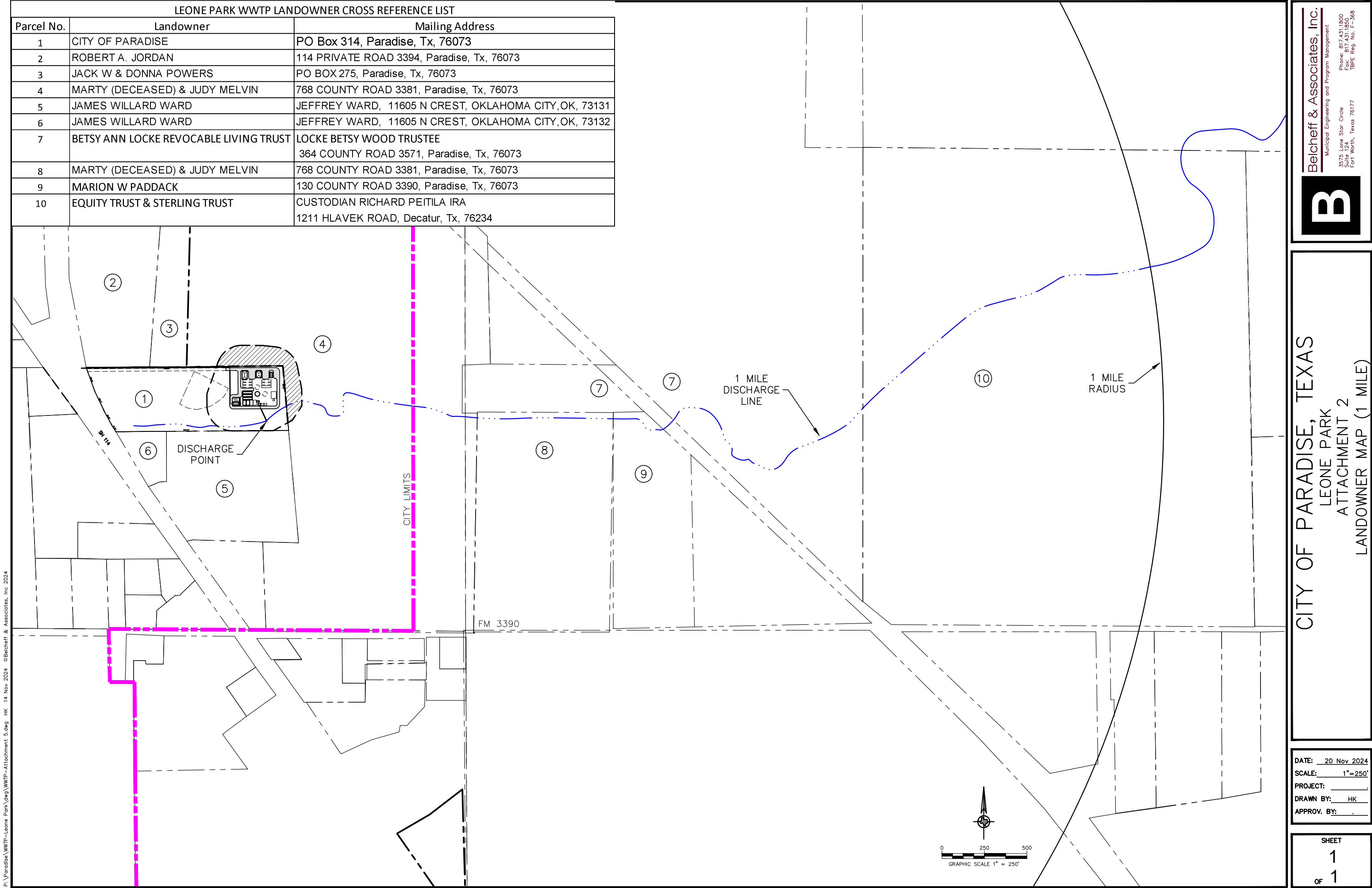
7.5-MINUTE TOPO, TX  
2024



**CITY OF PARADISE  
WASTEWATER TREATMENT PLANT  
PERMIT APPLICATION**

**TPDES PERMIT NO. (PENDING)**

**Attachment 2.  
Landowner Map(s)**



ROBERT A JORDAN  
114 PRIVATE ROAD 3394  
PARADISE TX 76073

JACK W AND DONNA POWERS  
PO BOX 275  
PARADISE, TX 76073

MARTY (DECEASED) AND JUDY MELVIN  
768 COUNTY ROAD 3381  
PARADISE TX 76073

JAMES WILLARD WARD  
JEFFREY WARD 11605 N CREST  
OKLAHOMA CITY OK 73132

BETSY ANN LOCKE REVOCABLE LIVING  
TRUST  
364 COUNTY ROAD 3571  
PARADISE TX 76073

MARION W PADDACK  
130 COUNTY ROAD 3390  
PARADISE TX 76073

CITY OF PARADISE  
PO BOX 314  
PARADISE TX 76073

EQUITY TRUST AND STERLING TRUST  
CUSTODIAN RICHARD PEITILA IRA  
1211 HLAVEK ROAD  
DECATUR TX 76234

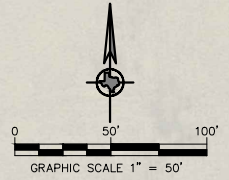
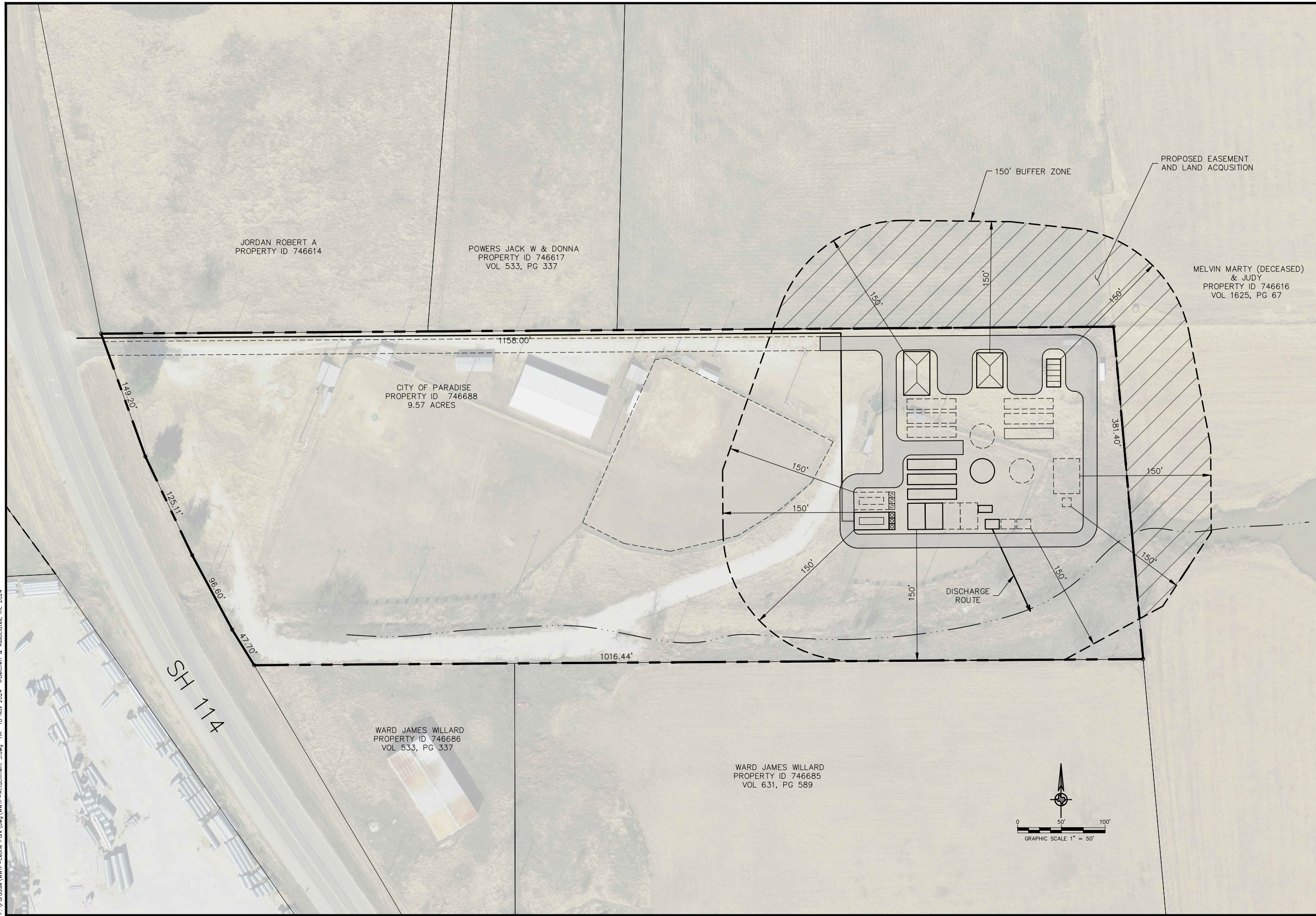
**CITY OF PARADISE  
WASTEWATER TREATMENT PLANT  
PERMIT APPLICATION**

**TPDES PERMIT NO. (PENDING)**

**Attachment 3.  
Buffer Zone Map**



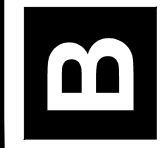
P:\Paradise\WWTP-Leone Park.dwg\WWTP-Attachment 5.dwg HK 18 Nov 2024 ©Belcheff & Associates, Inc. 2024



CITY OF PARADISE, TEXAS  
LEONE PARK  
BUFFER ZONE MAP

DATE: 18 Nov 2024  
SCALE: 1"=50'  
PROJECT:  
DRAWN BY: HK  
APPROV. BY:

SHEET  
1  
OF 1



**Belcheff & Associates, Inc.**  
Municipal Engineering and Program Management  
3575 Lone Star Circle  
Suite 110  
Fort Worth, Texas 76177  
Phone: 817.431.1800  
Fax: 817.431.1800  
TSP# Reg. No. F-368

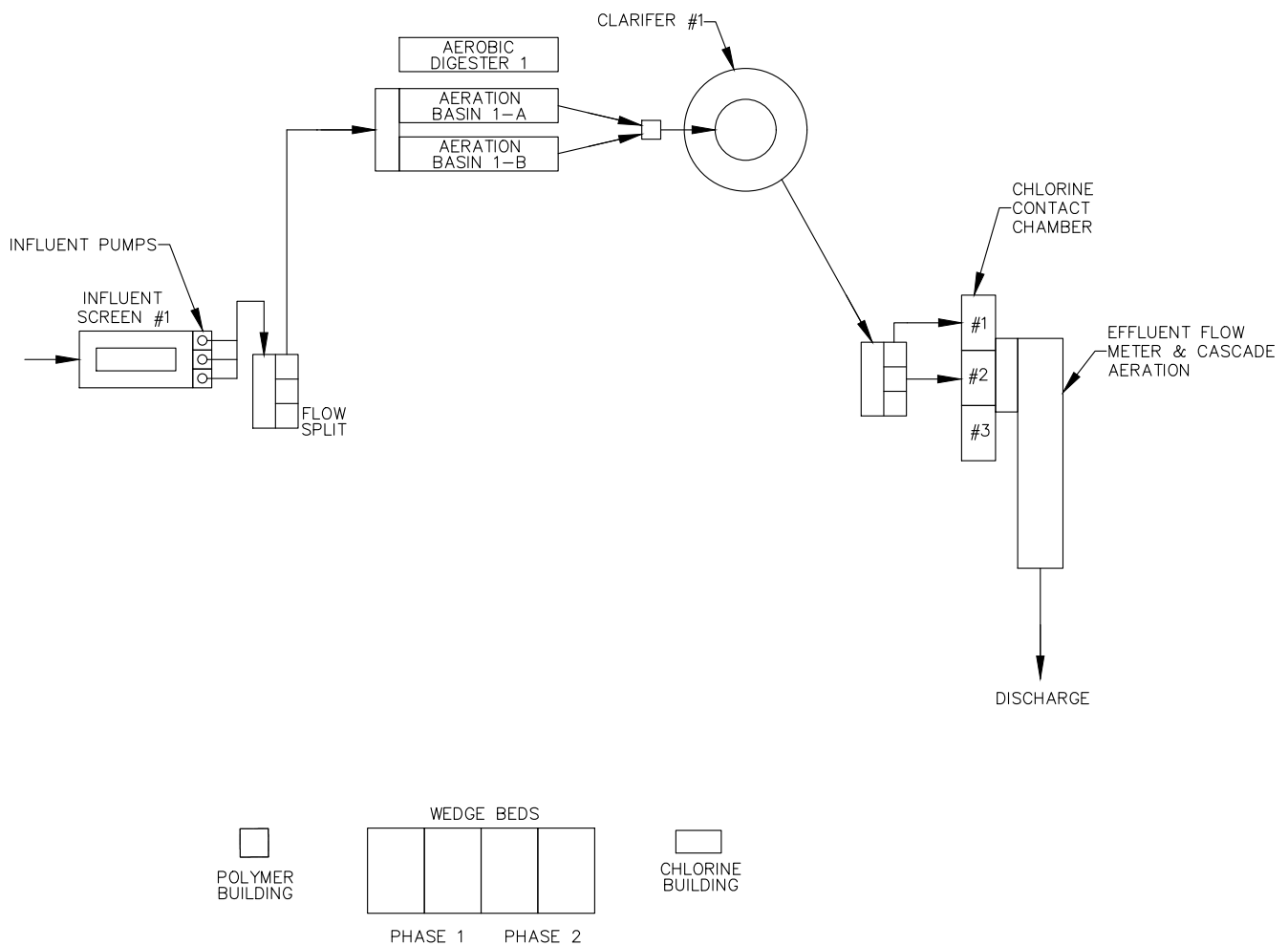


**CITY OF PARADISE  
WASTEWATER TREATMENT PLANT  
PERMIT APPLICATION**

**TPDES PERMIT NO. (PENDING)**

**Attachment 4.  
Flow Diagram(s)**

# FLOW DIAGRAM #1



ATTACHMENT #4  
FLOW DIAGRAM 1  
INITIAL/INTERIM PHASE – 0.15 MGD

CITY OF PARADISE



**Belcheff & Associates, Inc.**  
Municipal Engineering and Program Management

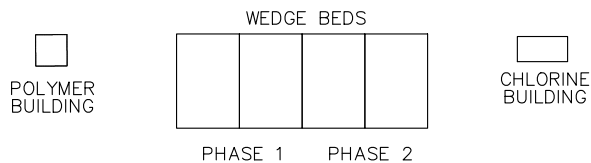
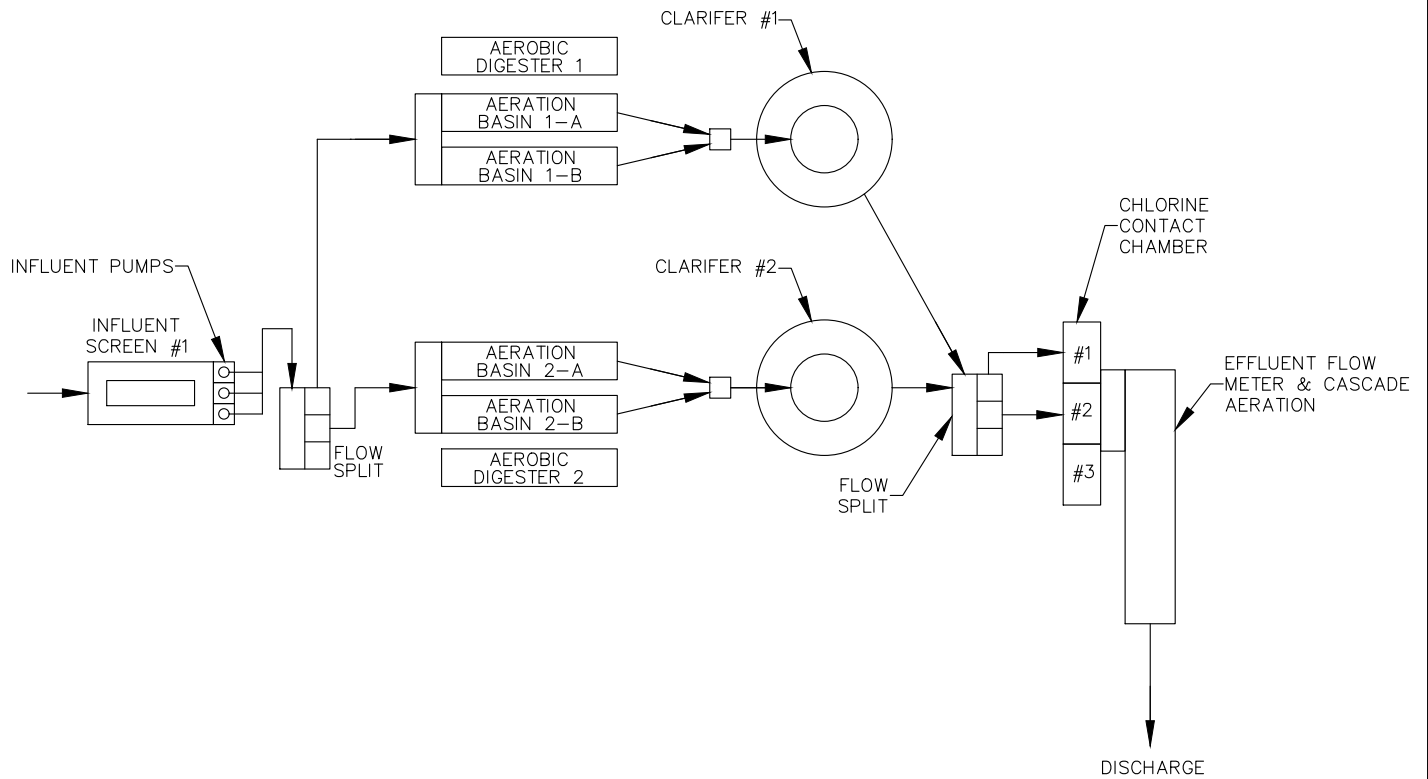
3575 Lone Star Circle  
Suite 124  
Fort Worth, Texas 76177

Phone: 817.431.1800  
Fax: 817.431.1850  
TBPE Reg. No. F-368

13 Nov 2024



# FLOW DIAGRAM #2



ATTACHMENT #4  
FLOW DIAGRAM 2  
INTERIM 2 PHASE – 0.30 MGD

CITY OF PARADISE



**Belcheff & Associates, Inc.**

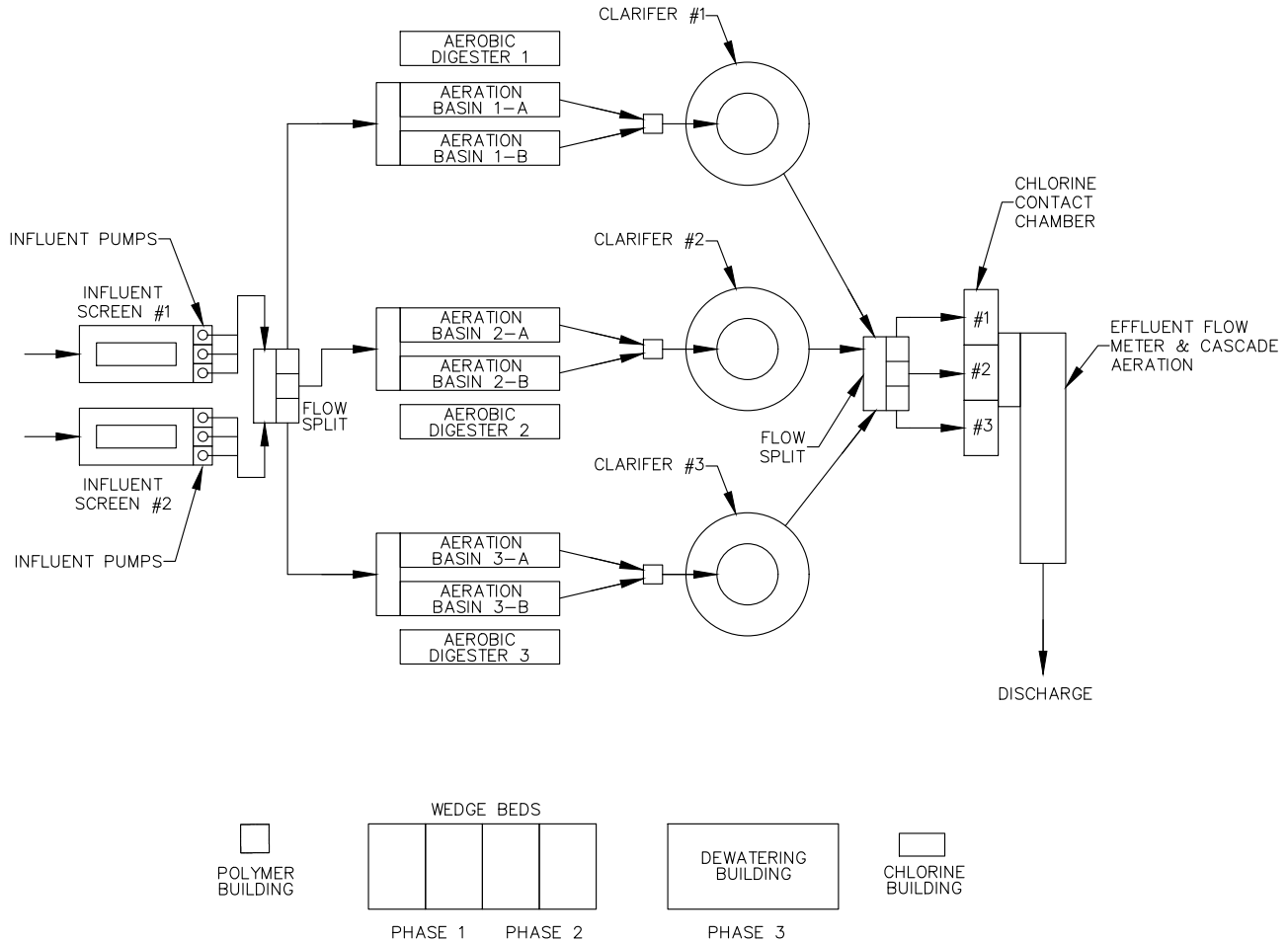
Municipal Engineering and Program Management

3575 Lone Star Circle  
Suite 124  
Fort Worth, Texas 76177

Phone: 817.431.1800  
Fax: 817.431.1850  
TBPE Reg. No. F-368

14 Nov 20 2024

# FLOW DIAGRAM #3



ATTACHMENT #4  
FLOW DIAGRAM 3  
FINAL PHASE – 0.99 MGD

CITY OF BOYD



**Belcheff & Associates, Inc.**

Municipal Engineering and Program Management

3575 Lone Star Circle  
Suite 124  
Fort Worth, Texas 76177

Phone: 817.431.1800  
Fax: 817.431.1850  
TBPE Reg. No. F-368

14 Nov 2024

**CITY OF PARADISE  
WASTEWATER TREATMENT PLANT  
PERMIT APPLICATION**

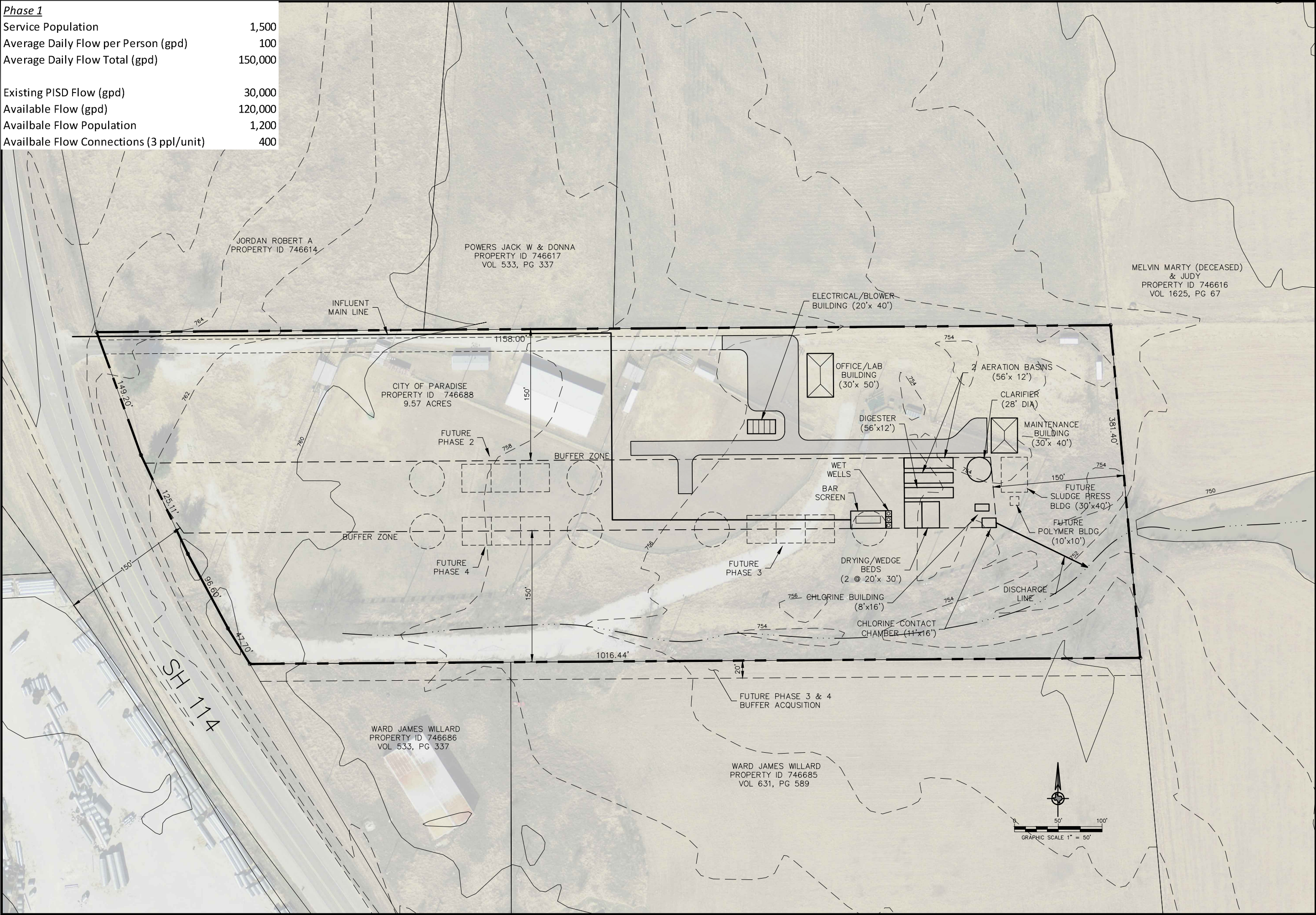
**TPDES PERMIT NO. (PENDING)**

**Attachment 5.  
Site Drawing**



Phase 1

Service Population	1,500
Average Daily Flow per Person (gpd)	100
Average Daily Flow Total (gpd)	150,000
Existing PISD Flow (gpd)	30,000
Available Flow (gpd)	120,000
Availbale Flow Population	1,200
Availbale Flow Connections (3 ppl/unit)	400



P:\Paradise\WWTP-Leone Park.dwg\WWTP-BallfieldConcept1.dwg HK 07 Nov 2024 ©Belcheff & Associates, Inc 2024

Belcheff & Associates, Inc.

Municipal Engineering and Program Management

3575 Lone Star Circle  
Suite 110  
Fort Worth, Texas 76177

Phone: 817.431.1800  
Fax: 817.431.1800  
TSP# Reg. No. F-368

B

CITY OF PARADISE, TEXAS

LEONE PARK

WWTP SITE PLAN CONCEPT

EXHIBIT 7

DATE: 22 Sept 2022

SCALE: 1"=50'

PROJECT:

DRAWN BY: HK

APPROV. BY:

SHEET

1

OF 1



**CITY OF PARADISE  
WASTEWATER TREATMENT PLANT  
PERMIT APPLICATION**

**TPDES PERMIT NO. (PENDING)**

**Attachment 6.  
Original Photographs**

**CITY OF PARADISE**  
**CLEAN WATER PLANT PERMIT APPLICATION - NEW**  
**TPDES PERMIT NO. (PENDING)**  
*as of November 2024*



**NEW CCC LOCATION**



**NEW STRUCTURE LOCATION**



**OUTFALL UPSTREAM**



**OUTFALL DOWNSTREAM**

**BELCHEFF & ASSOCIATES, INC.**  
(F368)

**CITY OF PARADISE  
WASTEWATER TREATMENT PLANT  
PERMIT APPLICATION**

**TPDES PERMIT NO. (PENDING)**

**Attachment 7.  
Design Calculations**

**CITY OF PARADISE  
CLEAN WATER PLANT DISCHARGE PERMIT APPLICATION  
ATTACHMENT 7  
TPDES PERMIT NO. (PENDING)**

**DESIGN CALCULATIONS - INTERIM I PHASE (015 MGD, 375.3 lbs BOD5/day)**

Influent Quality Characteristics - The raw sewage quality characteristics used for design purposes are as follows:

<u>Parameter</u>	<u>Concentration</u>
BOD5	300 mg/l
TSS	240 mg/l

Influent Flow Characteristics - The hydraulic design of the facility must ensure that the plant will operate under the most extreme conditions anticipated. The plant process and hydraulic design for this facility are as follows:

<u>Flow</u>	<u>Gallons Per Day</u>	<u>Gallons Per Minute</u>
Average Daily Flow (Qave)	150,000	104
Peak 2-Hour Flow (Qpk)	600,000	416

<u>Loading</u>	<u>Pounds Per Day</u>
BOD5	375.3
TSS	300

Process Design - The treatment plant has been designed to produce an effluent quality in compliance with the proposed permitted parameters of: BOD5 = 20 mg/l; TSS = 20 mg/l; Dissolved Oxygen = 2 mg/l. The effluent shall contain a chlorine residual of at least 1.0 mg/l and shall not exceed a chlorine residual of 4.0 mg/l after detention time of at least 20 minutes based on peak flow.

The anticipated operating range for MLSS is 3,000 mg/l to 6,000 mg/l.

Aeration Basin

---

TCEQ maximum organic loading	45 lbs/day/1000 cubic feet
Total aeration volume available	15,187 cubic feet
Organic loading in aeration basin	24.7 lbs/day/1000 cubic feet

Clarifier

---

TCEQ Maximum surface loading (Qpk)	1,200 gallons/day/square foot
TCEQ minimum detention time (Qpk)	1.8 hours
TCEQ maximum weir loading (Qpk)	20,000 gallons/day/foot
Clarifier surface area	616 square feet (total)
Clarifier side-water depth	10 feet
Clarifier volume	6,158 cubic feet (46,062 gallons)
Clarifier surface loading (Qpk)	974 gallons / day / sq. ft.
Detention time (Qpk)	1.84 hours



**CITY OF PARADISE  
CLEAN WATER PLANT DISCHARGE PERMIT APPLICATION  
ATTACHMENT 7  
TPDES PERMIT NO. (PENDING)**

Weir length	88 feet (total)
Weir loading (Qpk)	6,818 gallons/day/foot

**Aerobic Digester**

---

TCEQ design volume	20 cubic feet/lb BOD5/day
TCEQ minimum sludge retention time	15 days
Digester sludge retention time	58 days
Digester volume	10,400 cubic feet (total)
Available volume	17.3 cubic feet/lb BOD5/day
Max. sludge flow	1,015 gallons/day
Min. retention time	58 days

**Air Requirements**

---

TCEQ minimum aeration requirements	1,800 SCF/lb BOD5
TCEQ minimum digester requirements	30 SCFM/1000 cubic feet of digester volume
Aeration required	469 SCFM
Digester air required	235 SCFM
Total Air Required (incl 12% for air lifts)	789 SCFM
Air provided	900 SCFM

**PLANT DESIGN FEATURES**

**A. STANDBY POWER SYSTEM**

The plant will be equipped with a standby power unit. The diesel engine package will have sufficient capacity to handle the loads of all components.

**B. ALARM FEATURES**

The plant will be equipped with an audible alarm and light. The alarm light is for pump high level alarm.

**C. DESIGN FEATURES FOR OPERATING FLEXIBILITY**

**1. BAR SCREEN**

The mechanical bar screen will be designed so that it can be removed from service for cleaning or repairs. A bypass channel with manually cleaned bar screen will be included.

**2. AERATION BASINS (Two Units)**

The aeration basins can be individually isolated for draining, cleaning or repairs. The two trains operate in parallel.

**CITY OF PARADISE  
CLEAN WATER PLANT DISCHARGE PERMIT APPLICATION  
ATTACHMENT 7  
TPDES PERMIT NO. (PENDING)**

**3. FINAL CLARIFIER (One Unit)**

The final clarifier can be individually isolated for draining, cleaning or repairs. One of the aeration basins could function as a backup clarifier with temporary pumps and hoses for a short period of time.

**D. EQUIPMENT DUPLICITY**

**1. BLOWERS**

A total of 3 with two required to meet design aeration rate, and one standby unit.

**E. OVERFLOW PREVENTION**

All units will be designed with free board which will allow time for eliminating any line blockage problem.

**CITY OF PARADISE  
CLEAN WATER PLANT DISCHARGE PERMIT APPLICATION  
ATTACHMENT 7  
TPDES PERMIT NO. (PENDING)**

**DESIGN CALCULATIONS - INTERIM II PHASE (0.30 MGD, 750.6 lbs BOD5/day)**

Influent Quality Characteristics - The raw sewage quality characteristics used for design purposes are as follows:

<u>Parameter</u>	<u>Concentration</u>
BOD5	300 mg/l
TSS	240 mg/l

Influent Flow Characteristics - The hydraulic design of the facility must ensure that the plant will operate under the most extreme conditions anticipated. The plant process and hydraulic design for this facility are as follows:

<u>Flow</u>	<u>Gallons Per Day</u>	<u>Gallons Per Minute</u>
Average Daily Flow (Qave)	300,000	208
Peak 2-Hour Flow (Qpk)	1,200,000	833

<u>Loading</u>	<u>Pounds Per Day</u>
BOD5	750.6
TSS	600.5

Process Design - The treatment plant has been designed to produce an effluent quality in compliance with the proposed permitted parameters of: BOD5 = 20 mg/l; TSS = 20 mg/l; Dissolved Oxygen = 2 mg/l. The effluent shall contain a chlorine residual of at least 1.0 mg/l and shall not exceed a chlorine residual of 4.0 mg/l after detention time of at least 20 minutes based on peak flow.

The anticipated operating range for MLSS is 3,000 mg/l to 6,000 mg/l.

Aeration Basin

---

TCEQ maximum organic loading	45 lbs/day/1000 cubic feet
Total aeration volume available	30,374 cubic feet
Organic loading in aeration basin	24.7 lbs/day/1000 cubic feet

Clarifier

---

TCEQ Maximum surface loading (Qpk)	1,200 gallons/day/square foot
TCEQ minimum detention time (Qpk)	1.8 hours
TCEQ maximum weir loading (Qpk)	20,000 gallons/day/foot
Clarifier surface area	1,232 square feet (total)
Clarifier side-water depth	10 feet
Clarifier volume	12,316 cubic feet (92,124 gallons)
Clarifier surface loading (Qpk)	974 gallons / day / sq. ft.
Clarifier Detention time (Qpk)	1.84 hours

**CITY OF PARADISE  
CLEAN WATER PLANT DISCHARGE PERMIT APPLICATION  
ATTACHMENT 7  
TPDES PERMIT NO. (PENDING)**

Weir length	176 feet (total)
Weir loading (Qpk)	6,818 gallons/day/foot

**Aerobic Digester**

---

TCEQ design volume	20 cubic feet/lb BOD5/day
TCEQ minimum sludge retention time	15 days
Digester sludge retention time	58 days
Digester volume	15,684 cubic feet (total)
Available volume	20.9 cubic feet/lb BOD5/day
Max. sludge flow	2,038 gallons/day
Min. retention time	58 days

**Air Requirements**

---

TCEQ minimum aeration requirements	1,800 SCF/lb BOD5
TCEQ minimum digester requirements	30 SCFM/1000 cubic feet of digester volume
Aeration required	938 SCFM
Digester air required	471 SCFM
Total Air Required (incl 12% for air lifts)	1,578 SCFM
Air provided	1,600 SCFM

**PLANT DESIGN FEATURES**

**A. STANDBY POWER SYSTEM**

The plant will be equipped with a standby power unit. The diesel engine package in Phase I will be upgraded to handle the increased loads of the following components:

1. Additional Blowers to increase from 900 to 1,600 SCFM
2. Sludge Dewatering Building
3. Enlarged Headworks and Influent Pump Station

**B. ALARM FEATURES**

The plant will be equipped with an audible alarm and light. The alarm light is for pump high level alarm.

**C. DESIGN FEATURES FOR OPERATING FLEXIBILITY**

**1. BAR SCREEN**

The mechanical bar screen will be designed so that it can be removed from service for cleaning or repairs. A bypass channel with manually cleaned bar screen will be included.

**2. AERATION BASINS (Four Units)**

**CITY OF PARADISE  
CLEAN WATER PLANT DISCHARGE PERMIT APPLICATION  
ATTACHMENT 7  
TPDES PERMIT NO. (PENDING)**

The aeration basins can be individually isolated for draining, cleaning or repairs.  
The trains will operate in parallel.

**3. FINAL CLARIFIERS (Two Units)**

The final clarifiers can be individually isolated for draining, cleaning or repairs.  
Flow-split will allow diversion to any or all units.

**D. EQUIPMENT DUPLICITY**

**1. BLOWERS**

New blowers will be installed for a total of 5 with four required to meet design aeration rate, and one standby unit.

**E. OVERFLOW PREVENTION**

All units will be designed with free board which will allow time for eliminating any line blockage problem.

**CITY OF PARADISE  
CLEAN WATER PLANT DISCHARGE PERMIT APPLICATION  
ATTACHMENT 7  
TPDES PERMIT NO. (PENDING)**

**DESIGN CALCULATIONS - FINAL PHASE (0.45 MGD, 1,126 lbs BOD5/day)**

Influent Quality Characteristics - The raw sewage quality characteristics used for design purposes are as follows:

<u>Parameter</u>	<u>Concentration</u>
BOD5	300 mg/l
TSS	240 mg/l

Influent Flow Characteristics - The hydraulic design of the facility must ensure that the plant will operate under the most extreme conditions anticipated. The plant process and hydraulic design for this facility are as follows:

<u>Flow</u>	<u>Gallons Per Day</u>	<u>Gallons Per Minute</u>
Average Daily Flow (Qave)	450,000	312
Peak 2-Hour Flow (Qpk)	1,800,000	1,249

<u>Loading</u>	<u>Pounds Per Day</u>
BOD5	1,126
TSS	901

Process Design - The treatment plant has been designed to produce an effluent quality in compliance with the proposed permitted parameters of: BOD5 = 20 mg/l; TSS = 20 mg/l; Dissolved Oxygen = 2 mg/l. The effluent shall contain a chlorine residual of at least 1.0 mg/l and shall not exceed a chlorine residual of 4.0 mg/l after detention time of at least 20 minutes based on peak flow.

The anticipated operating range for MLSS is 3,000 mg/l to 6,000 mg/l.

Aeration Basin

---

TCEQ maximum organic loading	45 lbs/day/1000 cubic feet
Total aeration volume available	45,561 cubic feet
Organic loading in aeration basin	24.7 lbs/day/1000 cubic feet

Clarifier

---

TCEQ Maximum surface loading (Qpk)	1,200 gallons/day/square foot
TCEQ minimum detention time (Qpk)	1.8 hours
TCEQ maximum weir loading (Qpk)	20,000 gallons/day/foot
Clarifier 1,2&3 surface area	1,848 square feet (total)
Clarifier 1,2&3 side-water depth	10 feet
Clarifier 1,2&3 volume	18,474 cubic feet (138,186 gallons)
Clarifier 1,2&3 surface loading (Qpk)	974 gallons / day / sq. ft.
Clarifier 1,2&3 Detention time (Qpk)	1.84 hours
Weir length	264 feet (total)

**CITY OF PARADISE  
CLEAN WATER PLANT DISCHARGE PERMIT APPLICATION  
ATTACHMENT 7  
TPDES PERMIT NO. (PENDING)**

Weir loading (Qpk) 6,818 gallons/day/foot

**Aerobic Digester**

---

TCEQ design volume	20 cubic feet/lb BOD5/day
TCEQ minimum sludge retention time	15 days
Digester sludge retention time	58 days
Digester volume	23,526 cubic feet (total)
Available volume	20.9 cubic feet/lb BOD5/day
Max. sludge flow	3,053 gallons/day
Min. retention time	58 days

**Air Requirements**

---

TCEQ minimum aeration requirements	1,800 SCF/lb BOD5
TCEQ minimum digester requirements	30 SCFM/1000 cubic feet of digester volume
Aeration required	1,408 SCFM
Digester air required	706 SCFM
Total Air Required (incl 12% for air lifts)	2,368 SCFM
Air provided	2,500 SCFM

**PLANT DESIGN FEATURES**

**F. STANDBY POWER SYSTEM**

The plant will be equipped with a standby power unit. The diesel engine package will be upgraded to handle the increased loads of the following components:

1. Additional Blowers to increase from 1,600 to 2,500 SCFM
2. Additional Final Clarifier
3. Expanded Sludge Dewatering Building
4. Enlarged Headworks and Influent Pump Station

**G. ALARM FEATURES**

The plant will be equipped with an audible alarm and light. The alarm light is for pump high level alarm.

**H. DESIGN FEATURES FOR OPERATING FLEXIBILITY**

**1. BAR SCREEN**

The mechanical bar screen will be designed so that it can be removed from service for cleaning or repairs. A bypass channel with manually cleaned bar screen is included. A minimum of two mechanical units will be provided by the Final Phase.

**CITY OF PARADISE  
CLEAN WATER PLANT DISCHARGE PERMIT APPLICATION  
ATTACHMENT 7  
TPDES PERMIT NO. (PENDING)**

**2. AERATION BASINS (Six Units)**

The aeration basins can be individually isolated for draining, cleaning or repairs.  
The six trains will operate in parallel.

**3. FINAL CLARIFIERS (Three Units)**

The final clarifiers can be individually isolated for draining, cleaning or repairs.  
Flow-split will allow diversion to any or all units.

**I. EQUIPMENT DUPLICITY**

**1. BLOWERS**

New blowers will be installed for a total of 8 with six required to meet design aeration rate, and two standby units.

**J. OVERFLOW PREVENTION**

All units are designed with free board which will allow time for eliminating any line blockage problem.



**CITY OF PARADISE  
WASTEWATER TREATMENT PLANT  
PERMIT APPLICATION**

**TPDES PERMIT NO. (PENDING)**

**Attachment 8.  
Solids Management Plan**

**CITY OF PARADISE  
CLEAN WATER PLANT DISCHARGE PERMIT APPLICATION  
ATTACHMENT 8-SOLIDS MANAGEMENT PLANS  
TPDES PERMIT NO. (PENDING)  
CITY OF PARADISE  
SLUDGE PRODUCTION CALCULATIONS  
SEWAGE SLUDGE SOLIDS MANAGEMENT PLAN - INTERIM I PHASE (0.15  
MGD, 375.3 LBS BOD<sub>5</sub>/DAY)**

Dimensions and capacities of aerobic digester

TCEQ design volume	20 cubic feet/lb BOD <sub>5</sub> /day
TCEQ minimum sludge retention time	15 days
Digester volume	7,842 cubic feet (20.9 cubic feet/lb BOD <sub>5</sub> /day)
Digester dimensions	1 unit @ 56 feet X 12 feet X 11.67 feet deep
Digester sludge retention time	58 days

BOD<sub>5</sub> removal      Influent concentration = 300 mg/l  
                               Effluent concentration = 20  
                               mg/l Net removal = 280  
                               mg/l

Solids generated	100% flow	75% flow	50% flow	25% flow
Pounds BOD <sub>5</sub> /day removed	350	262.5	175	87.5
Pounds of dry sludge produced*	110	82.5	55	27.5
Pounds of wet sludge produced**	8,462	6,347	4,231	2,116
Volume of wet sludge produced	1,015 gal	761 gal	508 gal	254 gal

\* Assuming 0.315 pounds of dry sludge produced per pound of BOD<sub>5</sub> removed.

\*\* Assuming 1.3% solids

MLSS operating range = 5,440 mg/l

Sludge will stay in the digester, clear liquor will be decanted off the digester and returned to the headworks. Sludge is wasted from the final clarifiers to the aerobic digester. Some sludge from the clarifier is also returned to the aeration basins.

<u>Removal schedule (days)</u>	<u>100% flow</u>	<u>75% flow</u>	<u>50% flow</u>	<u>25% flow</u>
Days between sludge removal	58	77	116	231

Sludge will be removed from the digester when the digester is full of thickened solids. Digested sludge will be treated with polymer and pumped to the dewatering box in the existing phase and to the proposed rotary or screw press in the final phase. Then sludge will be hauled by a registered transporter to the designated landfill for disposal.

**CITY OF PARADISE  
CLEAN WATER PLANT DISCHARGE PERMIT APPLICATION  
ATTACHMENT 8-SOLIDS MANAGEMENT PLANS  
TPDES PERMIT NO. (PENDING)  
SEWAGE SLUDGE SOLIDS MANAGEMENT PLAN- INTERIM II PHASE (0.30  
MGD, 750.6 LBS BOD<sub>5</sub>/DAY)**

Dimensions and capacities of aerobic digester

TCEQ design volume	20 cubic feet/lb BOD <sub>5</sub> /day
TCEQ minimum sludge retention time	15 days
Digester volume	15,684 cubic feet (20.9 cubic feet/lb BOD <sub>5</sub> /day)
Digester dimensions	2 units @ 56 feet X 12 feet X 11.67 feet deep
Digester sludge retention time	58 days

BOD<sub>5</sub> removal      Influent concentration = 300 mg/l  
                               Effluent concentration = 20  
                               mg/l Net removal = 280  
                               mg/l

Solids generated	100% flow	75% flow	50% flow	25% flow
Pounds BOD <sub>5</sub> /day removed	701	525	350	175
Pounds of dry sludge produced*	221	166	110	55
Pounds of wet sludge produced**	17,000	12,750	8,500	4,250
Volume of wet sludge produced	2,038 gal	1,529 gal	1,019 gal	510 gal

\* Assuming 0.315 pounds of dry sludge produced per pound of BOD<sub>5</sub> removed.

\*\* Assuming 1.3% solids

MLSS operating range = 5,440 mg/l

Sludge will stay in the digester, clear liquor will be decanted off the digester and returned to the headworks. Sludge is wasted from the final clarifiers to the aerobic digester. Some sludge from the clarifier is also returned to the aeration basins.

<u>Removal schedule (days)</u>	<u>100% flow</u>	<u>75% flow</u>	<u>50% flow</u>	<u>25% flow</u>
Days between sludge removal	58	77	115	230

Sludge will be removed from the digester when the digester is full of thickened solids. Digested sludge will be treated with polymer and pumped to the dewatering box in the existing phase and to the proposed rotary or screw press in the final phase. Then sludge will be hauled by a registered transporter to the designated landfill for disposal.

**CITY OF PARADISE  
 CLEAN WATER PLANT DISCHARGE PERMIT APPLICATION  
 ATTACHMENT 8-SOLIDS MANAGEMENT PLANS  
 TPDES PERMIT NO. (PENDING)  
 SEWAGE SLUDGE SOLIDS MANAGEMENT PLAN-FINAL PHASE (0.45 MGD,  
 1,126 LBS BOD<sub>5</sub>/DAY)**

Dimensions and capacities of aerobic digester

TCEQ design volume	20 cubic feet/lb BOD <sub>5</sub> /day
TCEQ minimum sludge retention time	15 days
Digester volume	23,526 cubic feet (20 cubic feet/lb BOD <sub>5</sub> /day)
Digester dimensions	3 units @ 56 feet X 12 feet X 11.67 feet deep
Digester sludge retention time	58 days

BOD<sub>5</sub> removal      Influent concentration = 300 mg/l  
                              Effluent concentration = 20 mg/l  
                              Net removal = 280 mg/l

Solids generated	100% flow	75% flow	50% flow	25% flow
Pounds BOD <sub>5</sub> /day removed	1,051	788	526	263
Pounds of dry sludge produced*	331	248	166	83
Pounds of wet sludge produced**	25,463	19,100	12,732	6,366
Volume of wet sludge produced	3,053 gal	2,290 gal	1,527 gal	763 gal

\* Assuming 0.315 pounds of dry sludge produced per pound of BOD<sub>5</sub> removed.

\*\* Assuming 1.3% solids

MLSS operating range = 5,440 mg/l

Sludge will stay in the digester, clear liquor will be decanted off the digester and returned to the headworks. Sludge is wasted from the final clarifiers to the aerobic digester. Some sludge from the clarifier is also returned to the aeration basins.

<u>Removal schedule (days)</u>	<u>100% flow</u>	<u>75% flow</u>	<u>50% flow</u>	<u>25% flow</u>
Days between sludge removal	58	77	115	230

Sludge will be removed from the digester when the digester is full of thickened solids. Digested sludge will be treated with polymer and pumped to the dewatering box in the existing phase and to the proposed rotary or screw press in the final phase. Then sludge will be hauled by a registered transporter to the designated landfill for disposal.

**CITY OF PARADISE  
WASTEWATER TREATMENT PLANT  
PERMIT APPLICATION**

**TPDES PERMIT NO. (PENDING)**

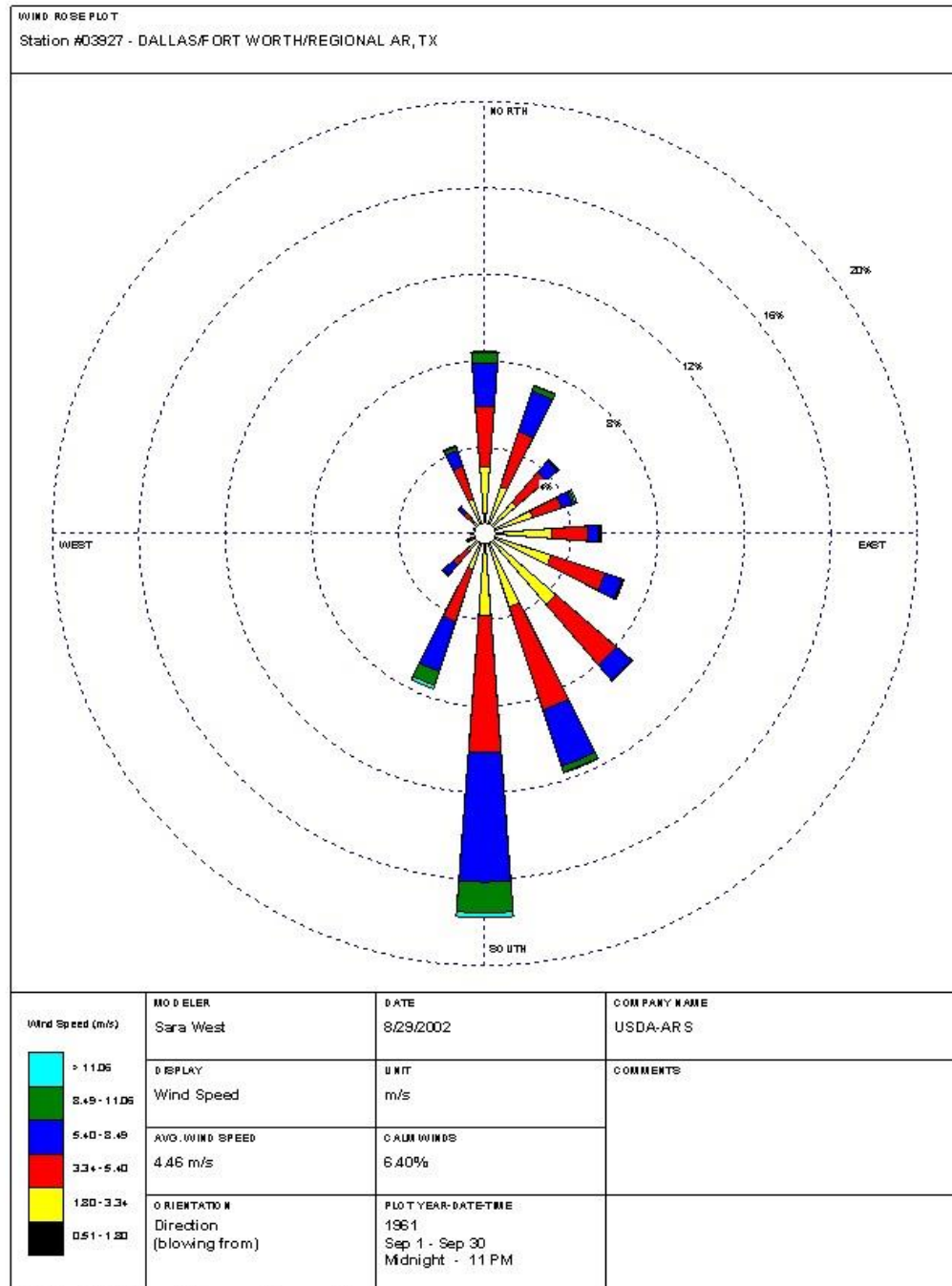
**Attachment 9.  
Wind Rose**

# CITY OF PARADISE

## CLEAN WATER PLANT PERMIT APPLICATION-NEW

### ATTACHMENT 9. WIND ROSE

TPDES PERMIT NO. (PENDING)





# TCEQ Core Data Form

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

## SECTION I: General Information

<b>1. Reason for Submission</b> (If other is checked please describe in space provided.)		
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 600633911		RN

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)			
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership					
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
City of Paradise					
<b>7. TX SOS/CPA Filing Number</b>		<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b> (9 digits)  74-2291435	<b>10. DUNS Number</b> (if applicable)
<b>11. Type of Customer:</b>		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:	
<b>12. Number of Employees</b>				<b>13. Independently Owned and Operated?</b>	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
<b>15. Mailing Address:</b>	218 Main Street				
	City	Paradise	State	TX	ZIP 76073 ZIP + 4
<b>16. Country Mailing Information</b> (if outside USA)				<b>17. E-Mail Address</b> (if applicable)	
				cityhall@cityofparadisetexas.org	
<b>18. Telephone Number</b>			<b>19. Extension or Code</b>		<b>20. Fax Number</b> (if applicable)

## SECTION III: Regulated Entity Information

<b>21. General Regulated Entity Information</b> (If "New Regulated Entity" is selected, a new permit application is also required.)								
<input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information								
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>								
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.)								
Paradise Clean Water Plant								
<b>23. Street Address of the Regulated Entity:</b>  (No PO Boxes)								
		City		State		ZIP		ZIP + 4
<b>24. County</b>		Wise						
If no Street Address is provided, fields 25-28 are required.								
<b>25. Description to Physical Location:</b>		East side of Leone Park on east side of Hwy 114 Road at 0.39 miles south of intersection of Hwy 114 Road and East School House Road.						
<b>26. Nearest City</b>					<b>State</b>		<b>Nearest ZIP Code</b>	
Paradise					TX		76073	
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
<b>27. Latitude (N) In Decimal:</b>			32.14247778			<b>28. Longitude (W) In Decimal:</b>		97.68221389
Degrees	Minutes		Seconds		Degrees	Minutes		Seconds
33	8		32.92		97	40		55.97
<b>29. Primary SIC Code</b> (4 digits)		<b>30. Secondary SIC Code</b> (4 digits)		<b>31. Primary NAICS Code</b> (5 or 6 digits)		<b>32. Secondary NAICS Code</b> (5 or 6 digits)		
4952				221320				
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)								
Public Domestic Wastewater Treatment								
<b>34. Mailing Address:</b>		218 Main Street						
		City	Paradise	State	TX	ZIP	76073	ZIP + 4
<b>35. E-Mail Address:</b>								
<b>36. Telephone Number</b>			<b>37. Extension or Code</b>			<b>38. Fax Number</b> (if applicable)		
( 940 ) 969-2114						( ) -		

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



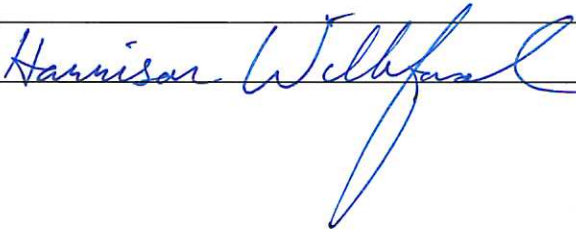
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input checked="" type="checkbox"/> PWS
				TX2490010
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

## SECTION IV: Preparer Information

<b>40. Name:</b>	Gary L. Burton, III, PE			<b>41. Title:</b>	City Engineer
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>		
( 817 ) 431-1800		( 817 ) 431-1850	gburton@belcheff.com		

## SECTION V: Authorized Signature

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

<b>Company:</b>	City of <del>Boyd</del> <b>Paradise</b>	<b>Job Title:</b>	Interim City Administrator	
<b>Name (In Print):</b>	Harrison Willeford		<b>Phone:</b>	( 940 ) 969- 2114
<b>Signature:</b>			<b>Date:</b>	11/25/2024

## Leah Whallon

---

**From:** Gary Burton <gburton@belcheff.com>  
**Sent:** Tuesday, December 31, 2024 3:41 PM  
**To:** Leah Whallon  
**Cc:** manderson@belcheff.com; 'George Belcheff'; cityadministrator@cityofparadisetexas.org  
**Subject:** RE: Application for Proposed Permit No. WQ0016694001; City of Paradise; Paradise Clean Water Plant

**Attachments:** NOD1 Response.docx; Admin Report 1.1-p 12-13-REV.pdf; ATTACHMENT 2 Land owner mailing labels-A5160.docx; Attachment 2A-Landowner Map-ADJACENT.pdf; ATTACHMENT 6 PHOTO LOCATIONS.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Leah:

I think this email will adequately address all your comments in your Notice of Deficiencies. Please call me at 903-571-1273 or reply here if you need anything else.

Thank you,  
Gary Burton

---

**From:** Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>  
**Sent:** Monday, December 30, 2024 6:10 PM  
**To:** Gary Burton <gburton@belcheff.com>  
**Cc:** manderson@belcheff.com; 'George Belcheff' <georgeb@belcheff.com>  
**Subject:** RE: Application for Proposed Permit No. WQ0016694001; City of Paradise; Paradise Clean Water Plant

Hi Gary,

I will be out of the office until Thursday 1/2 so we can discuss then if needed. Administrative Report 1.1 is pages 12 and 13 of the Administrative Report form (TCEQ-10053). My letter references the missing properties are on the western side of Highway 114. 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](mailto:leah.whallon@tceq.texas.gov)

How is our customer service? Fill out our online customer satisfaction survey at  
[www.tceq.texas.gov/customersurvey](http://www.tceq.texas.gov/customersurvey)

---

**From:** Gary Burton <[gburton@belcheff.com](mailto:gburton@belcheff.com)>  
**Sent:** Monday, December 30, 2024 3:47 PM  
**To:** Leah Whallon <[Leah.Whallon@Tceq.Texas.Gov](mailto:Leah.Whallon@Tceq.Texas.Gov)>  
**Cc:** [manderson@belcheff.com](mailto:manderson@belcheff.com); 'George Belcheff' <[georgeb@belcheff.com](mailto:georgeb@belcheff.com)>  
**Subject:** RE: Application for Proposed Permit No. WQ0016694001; City of Paradise; Paradise Clean Water Plant

Hey Leah,  
Can we have a phone conversation about this tomorrow some time after 10:30 AM? I don't see where Admin Report 1.1 is located, and I think we have included all adjacent property on the Landowner Map. You can reach me at 903-571-1273.

Thank you,  
Gary Burton

---

**From:** Leah Whallon <[Leah.Whallon@Tceq.Texas.Gov](mailto:Leah.Whallon@Tceq.Texas.Gov)>  
**Sent:** Friday, December 27, 2024 3:57 PM  
**To:** [cityadministrator@cityofparadisetexas.org](mailto:cityadministrator@cityofparadisetexas.org)  
**Cc:** Gary Burton <[gburton@belcheff.com](mailto:gburton@belcheff.com)>  
**Subject:** Application for Proposed Permit No. WQ0016694001; City of Paradise; Paradise Clean Water Plant

Good Afternoon,

Please see the attached Notice of Deficiency letter dated December 27, 2024 requesting additional information needed to declare the application administratively complete. Please send the complete response by January 10, 2025.

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](mailto:leah.whallon@tceq.texas.gov)

How is our customer service? Fill out our online customer satisfaction survey at  
[www.tceq.texas.gov/customersurvey](http://www.tceq.texas.gov/customersurvey)

---

# Belcheff & Associates, Inc.

---

Municipal Engineering & Management  
TBPE Reg. No. F-368

3575 Lone Star Circle, Ste. 124  
Fort Worth, Texas 76177

January 2, 2025

Leah Whallon  
Applications Review and Processing Team (MC148)  
Water Quality Division  
Texas Commission on Environmental Quality  
Leah.whallon@tceq.texas.gov

*Re: Application to Amend Permit NO. WQ0016694001 (EPA I.D. TX0147168)*  
*Applicant Name: City of Paradise (CN600633911)*  
*Site Name: City of Paradise Clean Water Plant (RN112106190)*  
*Type of Application: New*

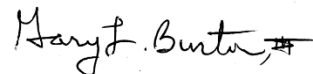
Dear Ms. Whallon:

We received your Notice of Deficiency 1 letter dated December 27, 2024, and offer the following responses to your numbered items.

1. Administrative Report 1.1
  - a. Revised Administrative Report 1.1 (pp 12 & 13 of TCEQ Form 10053) is attached. Also attached is a map showing photo locations to be included with Attachment 6.
  - b. A new Attachment 2A-Landowner Map-ADJACENT at an enlarged scale, showing properties on west side of Hwy 114 ROW, and an updated Landowner Cross-Reference Mailing List Table are attached.
  - c. An updated cross reference landowner list formatted for Avery 5160 in a Microsoft Word document is attached.
2. NORI Review. I carefully read the Notice and did not see any errors or omissions.

Thank you for your assistance. Please feel free to contact me with any questions or comments concerning this application by phone at 903-571-1273 or email at [gburton@belcheff.com](mailto:gburton@belcheff.com)

Sincerely,



Gary L. Burton, III, P.E.  
Project Engineer

cc: Harrison Willeford, City Administrator *via e-mail*  
Mike Anderson, P.E., City Engineer *via e-mail*  
George Belcheff III, P.E., City Engineer *via e-mail*

# DOMESTIC WASTEWATER PERMIT APPLICATION

## ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

### Section 1. Affected Landowner Information (Instructions Page 36)

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

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

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

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

- ☐ USB Drive      ☒ Four sets of labels

D. Provide the source of the landowners' names and mailing addresses: Wise County App Dist

E. As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?

- ☐ Yes      ☒ No

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

Click to enter text.

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

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

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

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

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

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

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

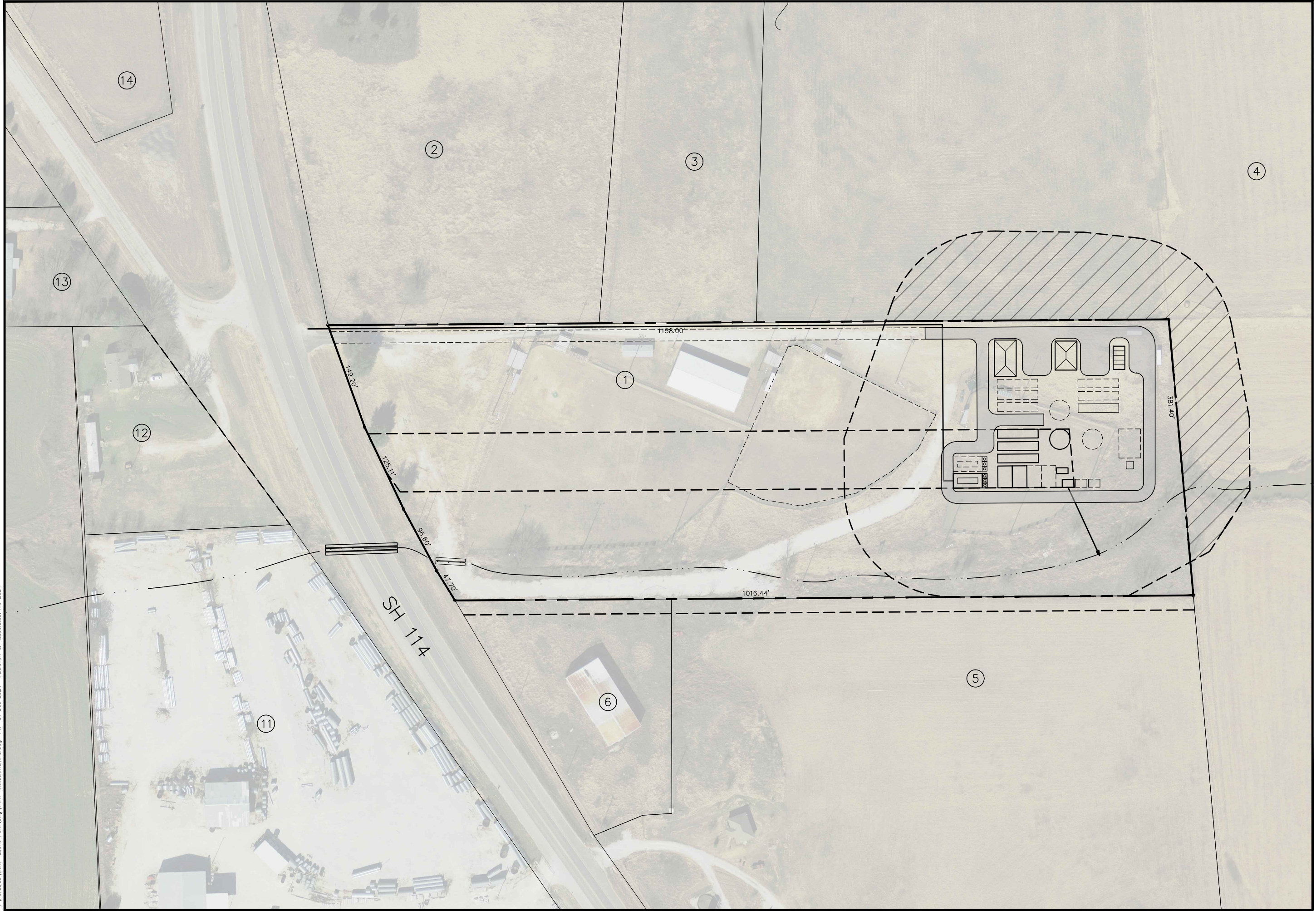
- ☒ Ownership
- ☒ Restrictive easement
- ☐ Nuisance odor control
- ☐ Variance

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

- ☒ Yes      ☐ No



P:\Paradise\WWTP-Leone Park.dwg\WWTP-Attachment 5.dwg HK 31 Dec 2024 ©Belcheff & Associates, Inc. 2024



CITY OF PARADISE, TEXAS  
LEONE PARK  
LANDOWNER MAP

DATE: 31 Dec 2024  
SCALE: 1"=50'  
PROJECT:  
DRAWN BY: HK  
APPROV. BY:

SHEET  
1  
OF 1



Belcheff & Associates, Inc.  
Municipal Engineering and Program Management  
3525 Love Star Circle  
Suite 110  
Fort Worth, Texas 76177  
Phone: 817.431.1800  
Fax: 817.431.1850  
TSP# Reg. No. F-368



## LEONE PARK WWTP LANDOWNER CROSS REFERENCE LIST

Parcel No.	Landowner	Mailing Address
1	CITY OF PARADISE	PO BOX 314, PARADISE, TX, 76073
2	ROBERT A. JORDAN	114 PRIVATE ROAD 3394, PARADISE, TX, 76073
3	JACK W & DONNA POWERS	PO BOX 275, PARADISE, TX, 76073
4	MARTY (DECEASED) & JUDY MELVIN	768 COUNTY ROAD 3381, PARADISE, TX, 76073
5	JAMES WILLARD WARD	JEFFREY WARD, 11605 N CREST, OKLAHOMA CITY,OK, 73131
6	JAMES WILLARD WARD	JEFFREY WARD, 11605 N CREST, OKLAHOMA CITY,OK, 73132
7	BETSY ANN LOCKE REVOCABLE LIVING TRUST	LOCKE BETSYWOOD TRUSTEE 364 COUNTY ROAD 3571, PARADISE, TX, 76073
8	MARTY (DECEASED) & JUDY MELVIN	768 COUNTY ROAD 3381, PARADISE, TX, 76073
9	MARION W PADDACK	130 COUNTY ROAD 3390, PARADISE, TX, 76073
10	EQUITY TRUST & STERLING TRUST	CUSTODIAN RICHARD PEITILA IRA 1211 HLAVEK ROAD, DECATUR, TX, 76234
11	ERIC LEN HARRIS	646 MAIN STREET, PARADISE TX 76073
12	ERIC LEN HARRIS	647 MAIN STREET, PARADISE TX 76073
13	NORRIS HELMI	317 SCHOOL HOUSE RD, PARADISE TX 76073
14	JESSE CARPENTER AND JUDY AND JACK POWERS	PO BOX 581, BRIDGEPORT TX 76426



ROBERT A JORDAN  
114 PRIVATE ROAD 3394  
PARADISE TX 76073

JACK W AND DONNA POWERS  
PO BOX 275  
PARADISE, TX 76073

MARTY (DECEASED) AND JUDY MELVIN  
768 COUNTY ROAD 3381  
PARADISE TX 76073

JAMES WILLARD WARD  
JEFFREY WARD 11605 N CREST  
OKLAHOMA CITY OK 73132

BETSY ANN LOCKE REVOCABLE LIVING  
TRUST  
364 COUNTY ROAD 3571  
PARADISE TX 76073

MARION W PADDACK  
130 COUNTY ROAD 3390  
PARADISE TX 76073

CITY OF PARADISE  
PO BOX 314  
PARADISE TX 76073

EQUITY TRUST AND STERLING TRUST  
CUSTODIAN RICHARD PEITILA IRA  
1211 HLAVEK ROAD  
DECATUR TX 76234

ERIC LEN HARRIS  
646 MAIN STREET  
PARADISE TX 76073

ERIC LEN HARRIS  
647 MAIN STREET  
PARADISE TX 76073

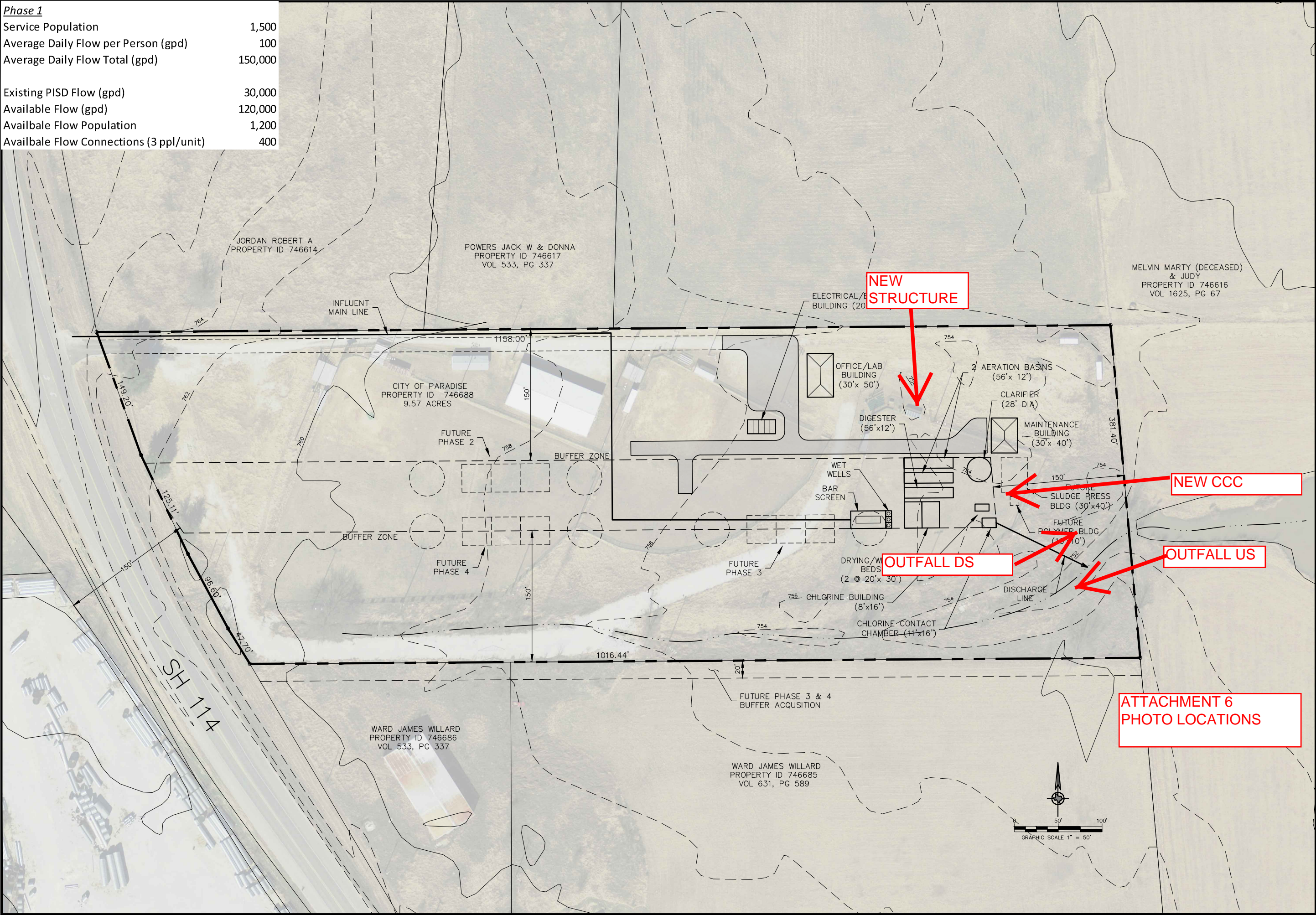
NORRIS HELMI  
317 SCHOOL HOUSE RD  
PARADISE TX 76073

JESSE CARPENTER AND JUDY AND JACK  
POWERS  
PO BOX 581  
BRIDGEPORT TX 76426



Phase 1

Service Population	1,500
Average Daily Flow per Person (gpd)	100
Average Daily Flow Total (gpd)	150,000
Existing PISD Flow (gpd)	30,000
Available Flow (gpd)	120,000
Availbale Flow Population	1,200
Availbale Flow Connections (3 ppl/unit)	400



P:\Paradise\WWTP-Leone Park.dwg WWTP-BallfieldConcept.dwg HK 07 Nov 2024 ©Belcheff & Associates, Inc 2024

Belcheff & Associates, Inc.  
Municipal Engineering and Program Management  
3575 Lone Star Circle  
Suite 112  
Fort Worth, Texas 76177  
Phone: 817.431.1800  
Fax: 817.431.1800  
TSPPE Reg. No. F-368

B

CITY OF PARADISE, TEXAS  
LEONE PARK  
WWTP SITE PLAN CONCEPT  
EXHIBIT 7

DATE: 22 Sept 2022  
SCALE: 1"=50'  
PROJECT:  
DRAWN BY: HK  
APPROV. BY:

SHEET  
1  
OF 1



## Leah Whallon

---

**From:** Mimi Wallace  
**Sent:** Tuesday, January 7, 2025 5:58 PM  
**To:** Leah Whallon  
**Subject:** FW: WQ0016694001, Request for Additional Information  
**Attachments:** Attachment 5 Update-Paradise ISD Aerial Exhibit.pdf

Leah,  
In case needed.

---

**From:** Gary Burton <[gburton@belcheff.com](mailto:gburton@belcheff.com)>  
**Sent:** Tuesday, January 7, 2025 1:56 PM  
**To:** Kimberly Kendall <[Kimberly.Kendall@tceq.texas.gov](mailto:Kimberly.Kendall@tceq.texas.gov)>  
**Cc:** [manderson@belcheff.com](mailto:manderson@belcheff.com); 'George Belcheff' <[georgeb@belcheff.com](mailto:georgeb@belcheff.com)>; [cityadministrator@cityofparadisetexas.org](mailto:cityadministrator@cityofparadisetexas.org); Mimi Wallace <[mimi.wallace@tceq.texas.gov](mailto:mimi.wallace@tceq.texas.gov)>  
**Subject:** RE: WQ0016694001, Request for Additional Information

Kimberly:

We are still working on a letter from the ISD, but attached is an aerial map showing the PISD property and plant site relative to the city's proposed plant site.

Thank you,  
Gary Burton

---

**From:** Kimberly Kendall <[Kimberly.Kendall@tceq.texas.gov](mailto:Kimberly.Kendall@tceq.texas.gov)>  
**Sent:** Thursday, January 2, 2025 3:42 PM  
**To:** Gary Burton <[gburton@belcheff.com](mailto:gburton@belcheff.com)>; [cityadministrator@cityofparadisetexas.org](mailto:cityadministrator@cityofparadisetexas.org); [cityhall@cityofparadisetexas.org](mailto:cityhall@cityofparadisetexas.org)  
**Cc:** [manderson@belcheff.com](mailto:manderson@belcheff.com); 'George Belcheff' <[georgeb@belcheff.com](mailto:georgeb@belcheff.com)>  
**Subject:** RE: WQ0016694001, Request for Additional Information

Gary,

Thank you for that information. We will need something in writing from the Paradise ISD plant that states as much. Have them fill out the form from Worksheet 1.1 and email it to me.

*Kimberly Kendall*

Kimberly Kendall, P.E.  
Municipal Permits Team, MC-148  
Wastewater Permitting Section  
Water Quality Division, TCEQ  
12100 Park 35 Circle, Austin, Texas 78753  
Phone: 512-239-4540  
Email: [Kimberly.Kendall@tceq.texas.gov](mailto:Kimberly.Kendall@tceq.texas.gov)

---

**From:** Gary Burton <[gburton@belcheff.com](mailto:gburton@belcheff.com)>  
**Sent:** Thursday, January 2, 2025 3:40 PM  
**To:** Kimberly Kendall <[Kimberly.Kendall@tceq.texas.gov](mailto:Kimberly.Kendall@tceq.texas.gov)>; [cityadministrator@cityofparadisetexas.org](mailto:cityadministrator@cityofparadisetexas.org);  
[cityhall@cityofparadisetexas.org](mailto:cityhall@cityofparadisetexas.org)  
**Cc:** [manderson@belcheff.com](mailto:manderson@belcheff.com); 'George Belcheff' <[georgeb@belcheff.com](mailto:georgeb@belcheff.com)>  
**Subject:** RE: WQ0016694001, Request for Additional Information

Kimberly:

The only outfall within 3 miles is the Paradise ISD plant. The city has been in communication with the ISD for several years. The city's plans include provision to accept the ISD's wastewater and close the school's plant. The ISD cannot expand its plant to accept the city's wastewater.

Thank you,  
Gary Burton

---

**From:** Kimberly Kendall <[Kimberly.Kendall@tceq.texas.gov](mailto:Kimberly.Kendall@tceq.texas.gov)>  
**Sent:** Thursday, January 2, 2025 11:51 AM  
**To:** [cityadministrator@cityofparadisetexas.org](mailto:cityadministrator@cityofparadisetexas.org); [gburton@belcheff.com](mailto:gburton@belcheff.com); [cityhall@cityofparadisetexas.org](mailto:cityhall@cityofparadisetexas.org)  
**Subject:** WQ0016694001, Request for Additional Information

Good morning,

I am the permit writer assigned to the pre-tech review of the TPDES permit for City of Paradise (WQ0016694001). Below are the items needed to complete the technical review:

- 1) **Domestic Technical Report 1.1, Section 1.B, Regionalization of Facility:** Based on the Wastewater Outfalls GIS website, there are at least one wastewater outfall within 3-miles of the proposed facility. The Applicant needs to identify these facilities based on their location and mail a request for service.

If there are any permitted domestic wastewater treatment facilities or sanitary sewer collection systems located within a three-mile radius of the proposed wastewater treatment facility, identify these facilities on an area map. If a collection system and the facility that serves the collection system have different owners, identify the facility that serves the collection system, not the collection system. Provide each facility's name and wastewater permit number, proof of mailing a request for service by certified mail, a copy of the request, and any correspondence received from the facility concerning the proposed service area (consent or denial to provide service from the facility).

If any of these facilities agree to provide service, provide justification and a cost analysis of expenditures that shows the cost of connecting to these facilities versus the cost of the proposed facility or expansion. Applicants are not required to send correspondence requesting service to permittees with unbuilt facilities; however, the facilities must still be included in the list of facilities and located on the map.

If you have any questions, please contact me at (512) 239-4540 or by email  
[Kimberly.kendall@tceq.texas.gov](mailto:Kimberly.kendall@tceq.texas.gov).

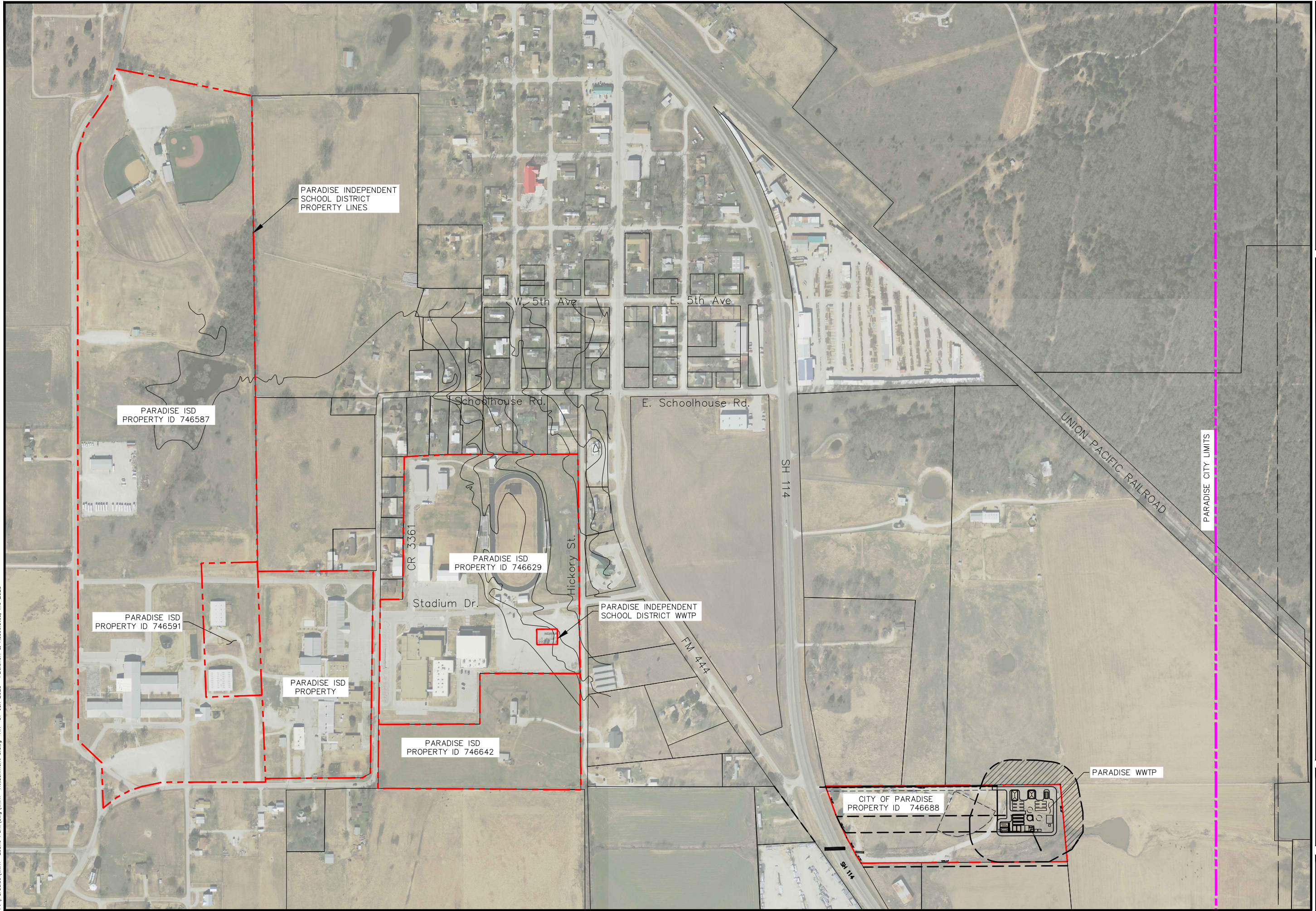
Please provide this information **by January 2, 2025**, so I can continue with the permit approval process as quickly as possible. Thank you and have a great day.

*Kimberly Kendall*

Kimberly Kendall, P.E.  
Municipal Permits Team, MC-148  
Wastewater Permitting Section  
Water Quality Division, TCEQ  
12100 Park 35 Circle, Austin, Texas 78753  
Phone: 512-239-4540  
Email: [Kimberly.Kendall@tceq.texas.gov](mailto:Kimberly.Kendall@tceq.texas.gov)



P:\Paradise\WWTP-Leone Park.dwg\WWTP-Attachment 5.dwg HK 07 Jan 2025 ©Belcheff & Associates, Inc 2025



CITY OF PARADISE, TEXAS  
LEONE PARK  
WWTP/PISD  
AERIAL EXHIBIT

**B**

Belcheff & Associates, Inc.  
Municipal Engineering and Program Management  
3525 Love Star Circle  
Suite 110  
Fort Worth, Texas 76177  
Phone: 817.431.1800  
Fax: 817.431.1800  
TSP# Reg. No. F-368

DATE: 07 Jan 2025  
SCALE: 1"=50'  
PROJECT:  
DRAWN BY: HK  
APPROV. BY:

SHEET  
1  
OF 1