



# Administrative Package Cover Page

**This file contains the following documents:**

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



# Portada de Paquete Administrativo

**Este archivo contiene los siguientes documentos:**

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



## DOMESTIC WASTEWATER

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

IMM Land Holdings, LP (CN606351997) proposes to operate Fort Bend County Municipal Utility District No. 238 Wastewater Treatment Plant No. 1 (RN112140058), a domestic wastewater treatment plant. The facility will be located approximately 3,800 feet northwest of the intersection of U.S. 90 and Randon Dyer Road, near the City of Rosenberg, Fort Bend County, Texas 77471.

This application is for a new permit to discharge treated domestic wastewater at a daily average flow of 150,000 gallons per day (gpd) in Phase 1, 300,000 gpd in Phase 2 and 1,800,000 gpd in the ultimate phase.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD<sub>5</sub>), total suspended solids (TSS), ammonia nitrogen (NH<sub>3</sub>-N), and Escherichia coli. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7 of the permit application package. Domestic wastewater will be treated by an activated sludge process plant and the treatment units will include a bar screen, aeration basins, final clarifiers, sludge digesters, and a chlorine contact basin.

## AGUAS RESIDUALES DOMÉSTICAS

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

IMM Land Holdings, LP (CN6006351997) propone operar Fort Bend County Municipal Utility District No. 238 Wastewater Treatment Plant No. 1, (RN112140058) una planta de aguas residuales domésticas. La instalación estará ubicada aproximadamente 3,800 pies al noroeste de la intersección de las calles U.S. 90 y Randon Dryer Road, cerca de la ciudad de Rosenberg, Condado de Fort Bend, Texas 77471.

Esta solicitud es para un nuevo permiso para descargar aguas residuales domésticas tratadas a un caudal promedio diario de 150,000 galones por día (gpd) en la Fase 1, 300,000 gpd en la Fase 2 y 1,800,000 gpd en la fase final.

Se espera que la descarga del agua tratada de la instalación contenga demanda de bioquímica de oxígeno de cinco días (CBOD<sub>5</sub> por sus siglas en inglés), sólidos suspendidos totales (TSS por sus siglas en inglés), nitrógeno amoniacal (NH<sub>3</sub>-N), y Escherichia coli. Posibles contaminantes adicionales están incluidos en la aplicación en la sección 7 de la aplicación titulada Domestic Technical Report 1.0. Las aguas residuales de uso doméstico serán tratadas en una planta con un sistema de lodos activados que incluye un contenedor con rejillas, tanques aeróbicos, un tanque clarificador, un tanque de contacto de cloro y tanques de digestión.

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

**PROPOSED PERMIT NO. WQ0016725001**

**APPLICATION.** IMM Land Holdings, LP, 310 South 10<sup>th</sup> Street, Richmond, Texas 77469, has applied to the Texas Commission on Environmental Quality (TCEQ) for proposed Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0016725001 (EPA I.D. No. TX0147443) to authorize the discharge of treated wastewater at a volume not to exceed an annual average flow of 1,800,000 gallons per day. The domestic wastewater treatment facility will be located approximately 3,800 feet northwest of the intersection of Randon Dyer Road and U.S. Highway 90, near the city of Rosenberg, in Fort Bend County, Texas 77471. The discharge route will be from the plant site via pipe to Coon Creek; thence to Big Creek; thence to Brazos River Below Navasota River. TCEQ received this application on February 11, 2025. The permit application will be available for viewing and copying at George Memorial Library, Front Desk, 1001 Golfview Drive, Richmond, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage:

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

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.8982,29.5572&level=18>

**ALTERNATIVE LANGUAGE NOTICE.** Alternative language notice in Spanish is available at: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

El aviso de idioma alternativo en español está disponible en

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

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

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

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

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

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

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

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

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

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

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

Further information may also be obtained from IMM Land Holdings, LP at the address stated above or by calling Ms. Margaret Gillentine, P.E., Program Manager, LJA Engineering, Inc., at (713) 953-5200.

Issuance Date: February 24, 2025

# Comisión de Calidad Ambiental del Estado de Texas



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

### PERMISO PROPUESTO NO. WQ0016725001

**SOLICITUD.** IMM Land Holdings, LP, 310 South 10th Street, Richmond, Texas 77469, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para el propuesto Permiso No. WQ0016725001 (EPA I.D. No. TX0147443) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 1,800,000 galones por día. La planta está ubicada aproximadamente 3,800 pies al noroeste de la intersección de las calles U.S. 90 y Randon Dryer Road, cerca de la ciudad de Rosenberg, en el Condado de Fort Bend, Texas 77471. La ruta de descarga es del sitio de la planta a Coon Creek, de allí a Big Creek, y de allí al río Brazos debajo del río Navasota. La TCEQ recibió esta solicitud el 11 de febrero de 2025. La solicitud para el permiso está disponible para leerla y copiarla en Biblioteca George Memorial, recepción, 1001 Golfview Drive, Richmond, Texas. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud. <https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.8982,29.5572&level=18>

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

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

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

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

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

Después del cierre de todos los períodos de comentarios y de petición que aplican, el Director Ejecutivo enviará la solicitud y cualquier petición para reconsideración o para una audiencia de caso impugnado a los Comisionados de la TCEQ para su consideración durante una reunión

**programada de la Comisión. La Comisión sólo puede conceder una solicitud de una audiencia de caso impugnado sobre los temas que el solicitante haya presentado en sus comentarios oportunos que no fueron retirados posteriormente. Si se concede una audiencia, el tema de la audiencia estará limitado a cuestiones de hecho en disputa o cuestiones mixtas de hecho y de derecho relacionadas a intereses pertinentes y materiales de calidad del agua que se hayan presentado durante el período de comentarios.**

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

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

También se puede obtener información adicional del IMM Land Holdings, LP a la dirección indicada arriba o llamando a Ms. Margaret Gillentine, P.E., Program Manager, al (713) 953-5200.

Fecha de emisión 24 de febrero de 2025



**WASTEWATER TREATMENT PLANT**

**PERMIT APPLICATION**

FOR

**FBCMUD NO. 238 WWTP**

FORT BEND COUNTY, TEXAS

LJA Job No. 2791 - 15200

February 2025

Prepared By:  
LJA Engineering, Inc.  
3600 W Sam Houston Parkway S, Suite  
600 Houston, TX 77042  
(713) 953-5200  
FRN F-1386



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: IMM Land Holdings, LP

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

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

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

For TCEQ Use Only

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION  
ADMINISTRATIVE REPORT 1.0**

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

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

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

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

Minor Amendment (for any flow) \$150.00 ☐

**Payment Information:**

Mailed      Check/Money Order Number:

Check/Money Order Amount:

Name Printed on Check:

EPAY      Voucher Number: 582EA000650752

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?

IMM Land Holdings, LP

*(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: [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: Mr.

Last Name, First Name: Jack H. Moore

Title: Manager / Secretary

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

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

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

[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. **Attachment No. 1**

## 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: Glende, Kris

Title: Project Manager

Credential: P.E.

Organization Name: LJA Engineering, Inc.

Mailing Address: 3600 W Sam Houston Pkwy S, Suite 600 City, State, Zip Code: Houston, Texas 77042

Phone No.: (713) 580-4134

E-mail Address: kglende@lja.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix: Ms.

Last Name, First Name: Gillentine, Margaret

Title: Program Manager

Credential: P.E.

Organization Name: LJA Engineering, Inc.

Mailing Address: 3600 W Sam Houston Pkwy S, Suite 600 City, State, Zip Code: Houston, Texas 77042

Phone No.: (713) 953-5200

E-mail Address: mgillentine@lja.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

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

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

A. Prefix: Mr.

Last Name, First Name: Glende, Kris

Title: Project Manager

Credential: P.E.

Organization Name: LJA Engineering, Inc.

Mailing Address: 3600 W Sam Houston Pkwy S, Suite 600 City, State, Zip Code: Houston, Texas 77042

Phone No.: (713) 580-4134

E-mail Address: kglende@lja.com

B. Prefix: Ms.

Last Name, First Name: Gillentine, Margaret

Title: Program Manager

Credential: P.E.

Organization Name: LJA Engineering, Inc.

Mailing Address: 3600 W Sam Houston Pkwy S, Suite 600 City, State, Zip Code: Houston, Texas 77042

Phone No.: (713) 953-5200

E-mail Address: mgillentine@lja.com

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

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

Prefix: Mr.

Last Name, First Name: Moore, Jack H.

Title: Manager / Secretary

Credential: Click to enter text.

Organization Name: IMM Land Holdings, LP

Mailing Address: 310 S 10th St.

City, State, Zip Code: Richmond, TX 77469

Phone No.: (281) 342-8067

E-mail Address: jhmooreatty@gmail.com

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

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

Prefix: Mr.

Last Name, First Name: Glende, Kris

Title: Project Manager

Credential: P.E.

Organization Name: LJA Engineering, Inc.

Mailing Address: 3600 W Sam Houston Pkwy S, Suite 600 City, State, Zip Code: Houston, Texas 77042

Phone No.: (713) 580-4134

E-mail Address: kglende@lja.com

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

### A. Individual Publishing the Notices

Prefix: Mr.

Last Name, First Name: Glende, Kris

Title: Project Manager

Credential: P.E.

Organization Name: LJA Engineering, Inc.

Mailing Address: 3600 W Sam Houston Pkwy S, Suite 600 City, State, Zip Code: Houston, Texas

77042

Phone No.: (713) 580-4134

E-mail Address: [kglende@lja.com](mailto:kglende@lja.com)

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

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

☒ E-mail Address

☐ Fax

☒ Regular Mail

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

Prefix: Ms.

Last Name, First Name: Gillentine, Margaret

Title: Program Manager

Credential: P.E.

Organization Name: LJA Engineering, Inc.

Mailing Address: 3600 W Sam Houston Pkwy S, Suite 600 City, State, Zip Code: Houston, Texas 77042

Phone No.: (713) 953-5200

E-mail Address: [mgillentine@lja.com](mailto:mgillentine@lja.com)

**D. Public Viewing Information**

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

Public building name: George Memorial Library

Location within the building: Front Desk

Physical Address of Building: 1001 Golfview Dr., Richmond, TX 77469

City: Rosenberg

County: Fort Bend

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

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

**E. Bilingual Notice Requirements**

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

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

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

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

☒ Yes ☐ No

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

2. Are the students who attend either the elementary school or the middle school enrolled in a bilingual education program at that school?  
☒ Yes      ☐ No
3. Do the students at these schools attend a bilingual education program at another location?  
☐ Yes      ☒ No
4. Would the school be required to provide a bilingual education program but the school has waived out of this requirement under 19 TAC §89.1205(g)?  
☐ Yes      ☒ No
5. If the answer is **yes** to **question 1, 2, 3, or 4**, public notices in an alternative language are required. Which language is required by the bilingual program? Spanish

#### F. Plain Language Summary Template

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

Attachment: No. 2

#### G. Public Involvement Plan Form

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

Attachment: No. 3

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

- A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN112140058.  
 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):  
Fort Bend County MUD No. 238 Wastewater Treatment Plant No. 1
- C. Owner of treatment facility: IMM Land Holdings, LP  
 Ownership of Facility: ☐ Public      ☒ Private      ☐ Both      ☐ Federal
- D. Owner of land where treatment facility is or will be:  
 Prefix: Click to enter text.      Last Name, First Name: Click to enter text.  
 Title: Click to enter text.      Credential: Click to enter text.  
 Organization Name: Wade McNeil Exempt Unitrust  
 Mailing Address: 1521 N. Cooper St, Ste. 610      City, State, Zip Code: Arlington, TX 76011  
 Phone No.: Click to enter text.      E-mail Address: Click to enter text.  
 If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions.



**Attachment:** No. 4

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

Prefix: N/A

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text.

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

Phone No.: Click to enter text.

E-mail Address: Click to enter text.

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

**Attachment:** Click to enter text.

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

Prefix: N/A

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text.

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

Phone No.: Click to enter text.

E-mail Address: Click to enter text.

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

**Attachment:** Click to enter text.

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

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

☐ Yes ☐ No

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

Approximately 3,800 feet northwest of the intersection of U.S. 90 and Randon Dyer Road, in unincorporated Fort Bend County, Texas 77471.

**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:

Treated effluent will discharge from the plant site to Coon Creek via an outfall pipe. The discharge route will be from Coon Creek; thence to Big Creek; thence to Brazos River Below Navasota River (Segment ID 1202 in the Brazos River Basin).

City nearest the outfall(s): Rosenberg

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

**C. Is or will the treated wastewater discharge to a city, county, or state highway right-of-way, or**

a flood control district drainage ditch?

☐ Yes ☒ No

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

☐ Authorization granted ☐ Authorization pending

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

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

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

## Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☐ No

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

N/A

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

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

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

Permit Number: New Permit

Applicant: IMM Land Holdings, LP

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): Jack H. Moore

Signatory title: Manager / Secretary

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

(Use blue ink)

Date: \_\_\_\_\_

2/3/2025

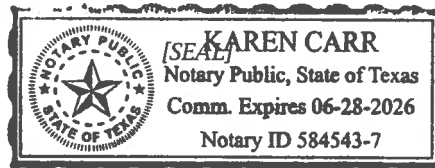
Subscribed and Sworn to before me by the said Jack H. Moore

on this 3RD day of February, 20 25.

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Karen Carr  
Notary Public

FORT BEND  
County, Texas



# DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

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

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

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

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

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

- ☒ USB Drive      ☐ Four sets of labels

D. Provide the source of the landowners' names and mailing addresses: Fort Bend County Appraisal District

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

- ☐ Yes      ☒ No

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

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:** No. 9

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

1. Check or Money Order Number: [Click to enter text.](#)
2. Check or Money Order Amount: [Click to enter text.](#)
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: [Click to enter text.](#)

Physical Address of Project or Site: [Click to enter text.](#)

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

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



# ATTACHMENT 1

## INDIVIDUAL INFORMATION

### Section 1. Individual Information (Instructions Page 41)

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

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

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

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

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

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

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

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

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

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

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

Customer Number:

Regulated Entity Number:

Permit Number:

# DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

## **Things to Know:**

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

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

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

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

Plain Language Summary ☒ Yes



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## 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): 0.60

Estimated construction start date: Feb. 2026

Estimated waste disposal start date: 2026

#### B. Interim II Phase

Design Flow (MGD): 0.30

2-Hr Peak Flow (MGD): 1.20

Estimated construction start date: 2027

Estimated waste disposal start date: 2028

#### C. Final Phase

Design Flow (MGD): 1.80

2-Hr Peak Flow (MGD): 7.20

Estimated construction start date: 2030

Estimated waste disposal start date: 2031

#### D. Current Operating Phase

Provide the startup date of the facility: Not in operation

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

#### A. Current Operating Phase

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

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

See Attachment No. 10

## B. Treatment Units

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

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

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
See Attachment No. 11		

## C. Process Flow Diagram

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

Attachment: No. 12

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

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

- Latitude: 29°33'25.9"N
- Longitude: 95°53'52.6"W

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

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

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

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

Attachment: No. 13

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

Fort Bend County Municipal Utility District No. 238

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
FBC MUD 238	FBC MUD 238	Publicly Owned	6,000
		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.

[Click to enter text.](#)

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

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

### A. Summary transmittal

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

☐ Yes ☒ No

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

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

[Click to enter text.](#)

### B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

Land ownership.

### C. Other actions required by the current permit

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

☐ Yes ☒ No

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

Click to enter text.

### D. Grit and grease treatment

#### 1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

#### 2. Grit and grease processing

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

Click to enter text.

#### 3. Grit disposal

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

☐ Yes ☐ No

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

Describe the method of grit disposal.

Click to enter text.

#### 4. Grease and decanted liquid disposal

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

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

Click to enter text.

### E. Stormwater management

#### 1. Applicability

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

#### 2. MSGP coverage

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

☐ Yes ☒ No

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

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

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

☒ Yes ☐ No

#### 3. Conditional exclusion

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

☐ Yes ☒ No



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

Click to enter text.

**4. Existing coverage in individual permit**

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

☐ Yes ☒ No

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

Click to enter text.

**5. Zero stormwater discharge**

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

☐ Yes ☒ No

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

Click to enter text.

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

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

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

☐ Yes ☒ No

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

intend to divert stormwater to the treatment plant headworks and indirectly discharge it to water in the state.

[Click to enter text.](#)

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

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

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

[Click to enter text.](#)

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

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

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

☐ Yes ☒ No

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

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

[Click to enter text.](#)

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

##### 2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

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

Is the facility in operation?

☐ Yes ☒ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l					
Total Suspended Solids, mg/l					
Ammonia Nitrogen, mg/l					
Nitrate Nitrogen, mg/l					
Total Kjeldahl Nitrogen, mg/l					
Sulfate, mg/l					
Chloride, mg/l					
Total Phosphorus, mg/l					
pH, standard units					
Dissolved Oxygen*, mg/l					
Chlorine Residual, mg/l					
<i>E.coli</i> (CFU/100ml) freshwater					
Enterococci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, $\mu$ mohs/cm, †					
Oil & Grease, mg/l					
Alkalinity (CaCO <sub>3</sub> )*, mg/l					

\*TPDES permits only

†TLAP permits only

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

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

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

Facility Operator Name: To be determinedFacility Operator's License Classification and Level: Click to enter text.Facility Operator's License Number: Click to enter text.

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

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

Check all that apply. See instructions for guidance

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

### B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

- ☒ Aerobic Digestion
- ☐ Air Drying (or sludge drying beds)
- ☐ Lower Temperature Composting
- ☐ Lime Stabilization
- ☐ Higher Temperature Composting
- ☐ Heat Drying
- ☐ Thermophilic Aerobic Digestion
- ☐ Beta Ray Irradiation
- ☐ Gamma Ray Irradiation
- ☐ Pasteurization
- ☐ Preliminary Operation (e.g. grinding, de-gritting, blending)
- ☐ Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)
- ☐ Sludge Lagoon
- ☐ Temporary Storage ( $< 2$  years)
- ☐ Long Term Storage ( $\geq 2$  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
Other	Off-site Third-Party Handler or Preparer	Bulk		Class B: PSRP Aerobic Digestion	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

If “Other” is selected for Management Practice, please explain (e.g. monofill or transport to another WWTP): Monofill

#### D. Disposal site

Disposal site name: TBD

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): TBD

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

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

☐ Yes ☐ No

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

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

### A. Location information

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

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

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

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

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

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

[Click to enter text.](#)

## B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

## C. Liner information

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

☐ Yes ☐ No



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

[Click to enter text.](#)

#### D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

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

#### E. Groundwater monitoring

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

☐ Yes ☐ No

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

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

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

### A. Additional authorizations

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

☐ Yes ☒ No

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

Click to enter text.

### B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Click to enter text.

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

### A. RCRA hazardous wastes

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

☐ Yes ☒ No

**B. Remediation activity wastewater**

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

☐ Yes ☒ No

**C. Details about wastes received**

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

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

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

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

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

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

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

### CERTIFICATION:

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

Printed Name: Click to enter text.

Title: Click to enter text.

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

Date: \_\_\_\_\_

# DOMESTIC WASTEWATER PERMIT APPLICATION

## TECHNICAL REPORT 1.1

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

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

#### A. Justification of permit need

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

The proposed wastewater treatment plant is needed to serve a new residential development.

#### B. Regionalization of facilities

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

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

##### 1. Municipally incorporated areas

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

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

☐ Yes ☒ No ☐ Not Applicable

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

If yes, attach correspondence from the city.

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

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

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

##### 2. Utility CCN areas

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

☐ Yes ☒ No

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

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

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

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

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

☒ Yes ☐ No

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

Attachment: [No. 14](#)

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: [No. 15](#)

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

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

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

Is this facility in operation?

☐ Yes ☒ No

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

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

### A. Current organic loading

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

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

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

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

[Click to enter text.](#)

## B. Proposed organic loading

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

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

Source	Total Average Flow (MGD)	Influent BOD <sub>5</sub> Concentration (mg/l)
Municipality		
Subdivision	0.15 (Phase 1) 0.30 (Phase 2) 1.80 (Ultimate)	325
Trailer park – transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources	0.15 (Phase 1) 0.30 (Phase 2) 1.80 (Ultimate)	
AVERAGE BOD <sub>5</sub> from all sources		325

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

### A. Existing/Interim I Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 3

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: 4

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

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

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

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 3

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: 4

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

**C. Final Phase Design Effluent Quality**

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

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 3

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: 4

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: Sodium Bisulfate (>0.50 MGD Flow)

☐ 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: No. 16

## 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.



Slab elevations for all tankage and electrical equipment will be constructed above the 100-year flood plain.

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

Attachment No. 17

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 No. 18](#)

### 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: No. 19**

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

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

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

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

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

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

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

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

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

#### A. Receiving water outfall

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

#### B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

[Click to enter text.](#)

#### C. Sea grasses

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

☐ Yes ☐ No

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

[Click to enter text.](#)

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

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

☐ Yes ☒ No

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

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

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

Name of the immediate receiving waters: Coon Creek

#### A. Receiving water type

Identify the appropriate description of the receiving waters.

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

Surface area, in acres: Click to enter text.

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

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

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

#### B. Flow characteristics

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

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

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

- ☐ USGS flow records
- ☐ Historical observation by adjacent landowners
- ☒ Personal observation
- ☐ Other, specify: Click to enter text.

### C. Downstream perennial confluences

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

None

### D. Downstream characteristics

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

☐ Yes ☒ No

If yes, discuss how.

[Click to enter text.](#)

### E. Normal dry weather characteristics

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

The channel is mostly dry with some areas of ponding.

Date and time of observation: 12/16/2024 @ 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.

☐ Oil field activities

☒ Urban runoff

☐ Upstream discharges

☒ Agricultural runoff

☐ Septic tanks

☐ Other(s), specify: [Click to enter text.](#)

## B. Waterbody uses

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

- |  |  |
|--|--|
| <input type="checkbox"/> Livestock watering    | <input type="checkbox"/> Contact recreation                                      |
| <input type="checkbox"/> Irrigation withdrawal | <input type="checkbox"/> Non-contact recreation                                  |
| <input type="checkbox"/> Fishing               | <input type="checkbox"/> Navigation  |
| <input type="checkbox"/> Domestic water supply | <input type="checkbox"/> Industrial water supply                                 |
| <input type="checkbox"/> Park activities       | <input 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

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 2.1: STREAM PHYSICAL CHARACTERISTICS

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

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

### Section 1. General Information (Instructions Page 66)

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

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

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

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

☐ Perennial ☐ Intermittent with perennial pools

### Section 2. Data Collection (Instructions Page 66)

Number of stream bends that are well defined: [Click to enter text.](#)

Number of stream bends that are moderately defined: [Click to enter text.](#)

Number of stream bends that are poorly defined: [Click to enter text.](#)

Number of riffles: [Click to enter text.](#)

Evidence of flow fluctuations (check one):

☐ Minor ☐ moderate ☐ severe

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

[Click to enter text.](#)

## Stream transects

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

**Table 2.1(1) - Stream Transect Records**

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

## Section 3. Summarize Measurements (Instructions Page 66)

Streambed slope of entire reach, from USGS map in feet/feet: [Click to enter text.](#)

Approximate drainage area above the most downstream transect (from USGS map or county highway map, in square miles): [Click to enter text.](#)

Length of stream evaluated, in feet: [Click to enter text.](#)

Number of lateral transects made: [Click to enter text.](#)

Average stream width, in feet: [Click to enter text.](#)

Average stream depth, in feet: [Click to enter text.](#)

Average stream velocity, in feet/second: [Click to enter text.](#)

Instantaneous stream flow, in cubic feet/second: [Click to enter text.](#)

Indicate flow measurement method (type of meter, floating chip timed over a fixed distance, etc.): [Click to enter text.](#)

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

Maximum pool depth, in feet: [Click to enter text.](#)



# DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND DISPOSAL OF EFFLUENT

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

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

Identify the method of land disposal:

- |   |  |
|---|--|
| <input type="checkbox"/> Surface application  | <input type="checkbox"/> Subsurface application                |
| <input type="checkbox"/> Irrigation   | <input type="checkbox"/> Subsurface soils absorption           |
| <input type="checkbox"/> Drip irrigation system   | <input type="checkbox"/> Subsurface area drip dispersal system |
| <input type="checkbox"/> Evaporation  | <input type="checkbox"/> Evapotranspiration beds               |
| <input type="checkbox"/> Other (describe in detail): <a href="#">Click to enter text.</a> |  |

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

For existing authorizations, provide Registration Number: [Click to enter text.](#)

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

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

**Table 3.0(1) – Land Application Site Crops**

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

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

**Table 3.0(2) – Storage and Evaporation Ponds**

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

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

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

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

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

☐ Yes ☐ No

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

[Click to enter text.](#)

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

[Click to enter text.](#)

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

[Click to enter text.](#)

## Section 5. Annual Cropping Plan (Instructions Page 68)

Attach an Annual Cropping Plan which includes a discussion of each of the following items. If not applicable, provide a detailed explanation indicating why. **Attachment:** [Click to enter text.](#)

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

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

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation indicating why. **Attachment:** [Click to enter text.](#)

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

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

**Table 3.0(3) – Water Well Data**

Well ID	Well Use	Producing? Y/N	Open, cased, capped, or plugged?	Proposed Best Management Practice
			<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 water quality data or well log information is available please include the information in an attachment listed by Well ID.

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

## Section 7. Groundwater Quality (Instructions Page 69)

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

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

Are groundwater monitoring wells available onsite? ☐ Yes ☐ No

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

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

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

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

### A. Soil map

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

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

### B. Soil analyses

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

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

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

**Table 3.0(4) – Soil Data**

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number

## Section 9. Effluent Monitoring Data (Instructions Page 71)

Is the facility in operation?

☐ Yes ☐ No

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

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

### Table 3.0(5) – Effluent Monitoring Data

[illegible]

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

Click to enter text.

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 3.1: SURFACE LAND DISPOSAL OF EFFLUENT

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

### Section 1. Surface Disposal (Instructions Page 72)

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

#### A. Irrigation

Area under irrigation, in acres: [Click to enter text.](#)

Design application frequency:

hours/day [Click to enter text.](#) And days/week [Click to enter text.](#)

Land grade (slope):

average percent (%): [Click to enter text.](#)

maximum percent (%): [Click to enter text.](#)

Design application rate in acre-feet/acre/year: [Click to enter text.](#)

Design total nitrogen loading rate, in lbs N/acre/year: [Click to enter text.](#)

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

Method of application: [Click to enter text.](#)

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

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

#### B. Evaporation ponds

Daily average effluent flow into ponds, in gallons per day: [Click to enter text.](#)

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

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

#### C. Evapotranspiration beds

Number of beds: [Click to enter text.](#)

Area of bed(s), in acres: [Click to enter text.](#)

Depth of bed(s), in feet: [Click to enter text.](#)

Void ratio of soil in the beds: [Click to enter text.](#)

Storage volume within the beds, in acre-feet: [Click to enter text.](#)

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

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

#### D. Overland flow

Area used for application, in acres: [Click to enter text.](#)

Slopes for application area, percent (%): [Click to enter text.](#)

Design application rate, in gpm/foot of slope width: [Click to enter text.](#)

Slope length, in feet: [Click to enter text.](#)

Design BOD<sub>5</sub> loading rate, in lbs BOD<sub>5</sub>/acre/day: [Click to enter text.](#)

Design application frequency:

hours/day: [Click to enter text.](#) **And** days/week: [Click to enter text.](#)

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

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

## Section 2. Edwards Aquifer (Instructions Page 73)

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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



# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 3.2: SURFACE LAND DISPOSAL OF EFFLUENT

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

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

### Section 1. Subsurface Application (Instructions Page 74)

Identify the type of system:

- ☐ Conventional Gravity Drainfield, Beds, or Trenches (new systems must be less than 5,000 GPD)
- ☐ Low Pressure Dosing
- ☐ Other, specify: [Click to enter text.](#)

Application area, in acres: [Click to enter text.](#)

Area of drainfield, in square feet: [Click to enter text.](#)

Application rate, in gal/square foot/day: [Click to enter text.](#)

Depth to groundwater, in feet: [Click to enter text.](#)

Area of trench, in square feet: [Click to enter text.](#)

Dosing duration per area, in hours: [Click to enter text.](#)

Number of beds: [Click to enter text.](#)

Dosing amount per area, in inches/day: [Click to enter text.](#)

Infiltration rate, in inches/hour: [Click to enter text.](#)

Storage volume, in gallons: [Click to enter text.](#)

Area of bed(s), in square feet: [Click to enter text.](#)

Soil Classification: [Click to enter text.](#)

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

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

### Section 2. Edwards Aquifer (Instructions Page 74)

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

- ☐ Yes ☐ No

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

- ☐ Yes ☐ No

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

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 3.3: SUBSURFACE AREA DRIP DISPERSAL (SADDS) LAND DISPOSAL OF EFFLUENT

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

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

### Section 1. Administrative Information (Instructions Page 75)

A. Provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the treatment facility:

B. [Click to enter text.](#) Is the owner of the land where the treatment facility is located the same as the owner of the treatment facility?

☐ Yes ☐ No

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

[Click to enter text.](#)

C. Owner of the subsurface area drip dispersal system: [Click to enter text.](#)

D. Is the owner of the subsurface area drip dispersal system the same as the owner of the wastewater treatment facility or the site where the wastewater treatment facility is located?

☐ Yes ☐ No

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

[Click to enter text.](#)

E. Owner of the land where the subsurface area drip dispersal system is located: [Click to enter text.](#)

F. Is the owner of the land where the subsurface area drip dispersal system is located the same as owner of the wastewater treatment facility, the site where the wastewater treatment facility is located, or the owner of the subsurface area drip dispersal system?

☐ Yes ☐ No

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

[Click to enter text.](#)

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

### A. Type of system

- ☐ Subsurface Drip Irrigation
- ☐ Surface Drip Irrigation
- ☐ Other, specify: [Click to enter text.](#)

### B. Irrigation operations

Application area, in acres: [Click to enter text.](#)

Infiltration Rate, in inches/hour: [Click to enter text.](#)

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

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

Storage volume, in gallons: [Click to enter text.](#)

Major soil series: [Click to enter text.](#)

Depth to groundwater, in feet: [Click to enter text.](#)

### C. Application rate

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

Hydraulic application rate, in gal/square foot/day: [Click to enter text.](#)

Nitrogen application rate, in lbs/gal/day: [Click to enter text.](#)

### D. Dosing information

Number of doses per day: [Click to enter text.](#)

Dosing duration per area, in hours: [Click to enter text.](#)

Rest period between doses, in hours: [Click to enter text.](#)

Dosing amount per area, in inches/day: [Click to enter text.](#)

Number of zones: [Click to enter text.](#)

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

☐ Yes ☐ No

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

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

### Section 3. Required Plans (Instructions Page 75)

#### A. Recharge feature plan

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

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

#### B. Soil evaluation

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

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

#### C. Site preparation plan

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

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

#### D. Soil sampling/testing

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

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

### Section 4. Floodway Designation (Instructions Page 76)

#### A. Site location

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

☐ Yes ☐ No

#### B. Flood map

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

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

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

#### A. Buffer Map

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

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

**B. Buffer variance request**

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

☐ Yes ☐ No

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

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

**Section 6. Edwards Aquifer (Instructions Page 76)**

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 4.0: POLLUTANT ANALYSIS REQUIREMENTS

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

This worksheet is not required minor amendments without renewal.

### Section 1. Toxic Pollutants (Instructions Page 78)

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

Grab ☐ Composite ☐

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

**Table 4.0(1) – Toxics Analysis**

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

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

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



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

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

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

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

## Section 2. Priority Pollutants

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

Grab ☐ Composite ☐

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

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

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

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

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

**Table 4.0(2)B – Volatile Compounds**

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

**Table 4.0(2)C – Acid Compounds**

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

**Table 4.0(2)D – Base/Neutral Compounds**

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

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

**Table 4.0(2)E - Pesticides**

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

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

### Section 3. Dioxin/Furan Compounds

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

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

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

[Click to enter text.](#)

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

☐ Yes ☐ No

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

[Click to enter text.](#)



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

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

Grab ☐ Composite ☐

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

**Table 4.0(2)F – Dioxin/Furan Compounds**

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

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 5.0: TOXICITY TESTING REQUIREMENTS

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

This worksheet is not required minor amendments without renewal.

### Section 1. Required Tests (Instructions Page 88)

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

7-day Chronic: [Click to enter text.](#)

48-hour Acute: [Click to enter text.](#)

### Section 2. Toxicity Reduction Evaluations (TREs)

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

☐ Yes ☐ No

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

[Click to enter text.](#)

### Section 3. Summary of WET Tests

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

**Table 5.0(1) Summary of WET Tests**

Test Date	Test Species	NOEC Survival	NOEC Sub-lethal

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

### Section 1. All POTWs (Instructions Page 89)

#### A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs - non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

#### B. Treatment plant interference

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

☐ Yes ☒ No

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

Click to enter text.

### C. Treatment plant pass through

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

☐ Yes ☒ No

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

Click to enter text.

### D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

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

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

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

### A. Substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

## B. Non-substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

## C. Effluent parameters above the MAL

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

**Table 6.0(1) – Parameters Above the MAL**

Pollutant	Concentration	MAL	Units	Date

## D. Industrial user interruptions

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

☐ Yes ☐ No

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

Click to enter text.

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

#### A. General information

Company Name: N/A

SIC Code: Click to enter text.

Contact name: Click to enter text.

Address: Click to enter text.

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

Telephone number: Click to enter text.

Email address: Click to enter text.

#### B. Process information

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

#### C. Product and service information

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

#### 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.](#)



# WORKSHEET 7.0

## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

### CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:

TCEQ  
IUC Permits Team  
Radioactive Materials Division  
MC-233  
PO Box 13087  
Austin, Texas 78711-3087  
512-239-6466

For TCEQ Use Only  
Reg. No. \_\_\_\_\_  
Date Received \_\_\_\_\_  
Date Authorized \_\_\_\_\_

#### Section 1. General Information (Instructions Page 92)

**1. TCEQ Program Area**

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

Program ID: [Click to enter text.](#)

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

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

**2. Agent/Consultant Contact Information**

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

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

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

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

**3. Owner/Operator Contact Information**

☐ Owner ☐ Operator

Owner/Operator Name: [Click to enter text.](#)

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

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

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

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

**4. Facility Contact Information**

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

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

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

Location description (if no address is available): [Click to enter text.](#)

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

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

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

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

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

Method of determination (GPS, TOPO, etc.): [Click to enter text.](#)

Attach topographic quadrangle map as attachment A.

6. **Well Information**

Type of Well Construction, select one:

- ☐ Vertical Injection
- ☐ Subsurface Fluid Distribution System
- ☐ Infiltration Gallery
- ☐ Temporary Injection Points
- ☐ Other, Specify: [Click to enter text.](#)

Number of Injection Wells: [Click to enter text.](#)

7. **Purpose**

Detailed Description regarding purpose of Injection System:

[Click to enter text.](#)

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

8. **Water Well Driller/Installer**

Water Well Driller/Installer Name: [Click to enter text.](#)

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

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

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

## Section 2. Proposed Down Hole Design

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

**Table 7.0(1) – Down Hole Design Table**

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

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

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

System(s) Dimensions: [Click to enter text.](#)

System(s) Construction: [Click to enter text.](#)

### Section 4. Site Hydrogeological and Injection Zone Data

1. Name of Contaminated Aquifer: [Click to enter text.](#)
2. Receiving Formation Name of Injection Zone: [Click to enter text.](#)
3. Well/Trench Total Depth: [Click to enter text.](#)
4. Surface Elevation: [Click to enter text.](#)
5. Depth to Ground Water: [Click to enter text.](#)
6. Injection Zone Depth: [Click to enter text.](#)
7. Injection Zone vertically isolated geologically? ☐ Yes ☐ No  
Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:  
Name: [Click to enter text.](#)  
Thickness: [Click to enter text.](#)
8. Provide a list of contaminants and the levels (ppm) in contaminated aquifer  
Attach as Attachment E.
9. Horizontal and Vertical extent of contamination and injection plume  
Attach as Attachment F.
10. Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc.  
Attach as Attachment G.
11. Injection Fluid Chemistry in PPM at point of injection  
Attach as Attachment H.
12. Lowest Known Depth of Ground Water with < 10,000 PPM TDS: [Click to enter text.](#)
13. Maximum injection Rate/Volume/Pressure: [Click to enter text.](#)
14. Water wells within 1/4 mile radius (attach map as Attachment I): [Click to enter text.](#)
15. Injection wells within 1/4 mile radius (attach map as Attachment J): [Click to enter text.](#)
16. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K): [Click to enter text.](#)
17. Sampling frequency: [Click to enter text.](#)
18. Known hazardous components in injection fluid: [Click to enter text.](#)

## Section 5. Site History

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

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

### *Class V Injection Well Designations*

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



# 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)
CN606351997		RN112140058

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)			
<input checked="" type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership					
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
<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>	
IMM Land Holdings, LP					
<b>7. TX SOS/CPA Filing Number</b>		<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b> (9 digits)	<b>10. DUNS Number</b> (if applicable)
805221780		32091510555		99-0630550	
<b>11. Type of Customer:</b>		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input checked="" type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:	
<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 checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input 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>					
310 S 10 <sup>th</sup> St					
City	Richmond	State	TX	ZIP	77469
				ZIP + 4	3446
<b>16. Country Mailing Information</b> (if outside USA)				<b>17. E-Mail Address</b> (if applicable)	
<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.)

Fort Bend County MUD No. 238 Wastewater Treatment Plant No. 1

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

(No PO Boxes)

<b>City</b>	Unincorporated Fort Bend County	<b>State</b>	TX	<b>ZIP</b>	77471	<b>ZIP + 4</b>	
-------------	---------------------------------	--------------	----	------------	-------	----------------	--

### 24. County

Fort Bend

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

### 25. Description to Physical Location:

Approximately 3,800 feet northwest of the intersection of U.S. 90 and Randon Dyer Road, in unincorporated Fort Bend County, Texas 77471

### 26. Nearest City

### State

### Nearest ZIP Code

Rosenberg

TX

77471

*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:

29.5572

### 28. Longitude (W) In Decimal:

-95.8982

Degrees

Minutes

Seconds

Degrees

Minutes

Seconds

29

33

26.0

95

53

53.7

### 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.)

Wastewater Treatment Plant

### 34. Mailing

### Address:

310 S 10<sup>th</sup> St

**City**

Richmond

**State**

TX

**ZIP**

77469

**ZIP + 4**

3446

### 35. E-Mail Address:

### 36. Telephone Number

### 37. Extension or Code

### 38. Fax Number (if applicable)

( 281 ) 342-8067

( ) -

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


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

## **SECTION IV: Preparer Information**

<b>40. Name:</b>	Kris Glende			<b>41. Title:</b>	Project Manager
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>		
( 713 ) 580-4134		( ) -	kglende@lja.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>	LJA Engineering, Inc.	<b>Job Title:</b>	Project Manager	
<b>Name (In Print):</b>	Kris Glende	<b>Phone:</b>	( 713 ) 580- 4134	
<b>Signature:</b>		<b>Date:</b>	2/3/2025	

## DOMESTIC WASTEWATER

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

IMM Land Holdings, LP proposes to operate Fort Bend County Municipal Utility District No. 238 Wastewater Treatment Plant No. 1, a domestic wastewater treatment plant. The facility will be located approximately 3,800 feet northwest of the intersection of U.S. 90 and Randon Dyer Road, near the City of Rosenberg, Fort Bend County, Texas 77471.

This application is for a new permit to discharge treated domestic wastewater at a daily average flow of 150,000 gallons per day (gpd) in Phase 1, 300,000 gpd in Phase 2 and 1,800,000 gpd in the ultimate phase.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD<sub>5</sub>), total suspended solids (TSS), ammonia nitrogen (NH<sub>3</sub>-N), and Escherichia coli. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7 of the permit application package. Domestic wastewater will be treated by an activated sludge process plant and the treatment units will include a bar screen, aeration basins, final clarifiers, sludge digesters, and a chlorine contact basin.



## AGUAS RESIDUALES DOMÉSTICAS

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

IMM Land Holdings, LP propone operar Fort Bend County Municipal Utility District No. 238 Wastewater Treatment Plant No. 1, una planta de aguas residuales domesticas. La instalación estará ubicada aproximadamente 3,800 pies al noroeste de la intersección de las calles U.S. 90 y Randon Dryer Road, cerca de la ciudad de Rosenberg, Condado de Fort Bend, Texas 77471.

Esta solicitud es para un nuevo permiso para descargar aguas residuales domésticastratadas a un caudal promedio diario de 150,000 galones por día (gpd) en la Fase 1, 300,000 gpd en la Fase 2 y 1,800,000 gpd en la fase final.

Se espera que la descarga del agua tratada de la instalación contenga demanda de broquímica de oxígeno de cinco días (CBOD<sub>5</sub> por sus siglas en inglés), sólidos suspendidos totales (TSS por sus siglas en ingles), nitrógeno amoniacal (NH<sub>3</sub>-N), y Escherichia coli. Posibles contaminantes adicionales estan incluidos en la aplicación en la sección 7 de la aplicación titulada Domestic Technical Report 1.0. Las aguas residuales de uso doméstico serán tratadas en una planta con un sistema de lodos activados que incluye un contenedor con rejillas, tanques aeróbicos, un tanque clarificador, un tanque de contacto de cloro y tanques de digestión.



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)



EASEMENT  
(Wastewater Treatment Plant Site)

THE STATE OF TEXAS     §  
                                      §     KNOW ALL PERSONS BY THESE PRESENTS:  
COUNTY OF FORT BEND   §

THAT WADE McNEILL EXEMPT UNITRUST, a charitable trust ("Grantor"), whose address is c/o Cushman & Wakefield US, Inc., 1521 North Cooper Street, Suite 610, Arlington, Texas 76011, for and in consideration of the sum of Ten & No/100 Dollars (\$10.00) and other good and valuable consideration to Grantor in hand paid by IMMLAND HOLDINGS, LP, a Texas limited partnership ("Grantee"), whose address is 310 South 10<sup>th</sup> St., Richmond, Fort Bend County, Texas 77469, the receipt and sufficiency of which are hereby acknowledged and confessed, and subject to the matters set forth below, has GRANTED, SOLD, and CONVEYED, and by these presents does GRANT, SELL, and CONVEY, unto Grantee a non-exclusive right-of-way (the "Easement") for the purpose of constructing, maintaining, operating, repairing, altering, inspecting and reconstructing a wastewater treatment plant and related equipment and appurtenances (the "Facilities"), subject to the terms and provisions hereinafter set forth, in, over, under, across, and through that certain tract or parcel of land containing 10.07 acres, which 10.07 acres is out of and part of the (Y. Ferris) B.B.B.&C. R.R. Survey, Section 26, Abstract No. 374, Fort Bend County, Texas, and said 10.07 acre being more particularly described by metes and bounds on Exhibit "A", attached hereto and incorporated herein by this reference for all purposes (the "Easement Tract").

Prior to the initial construction of the Facilities, Grantee shall have the right to go over and across the lands of Grantor that are adjacent to the Easement Tract for purposes of performing surveys and other such necessary pre-construction work; provided, however, that no excavation work, earth moving work, or other such work shall be undertaken by Grantee on any lands of Grantor other than the Easement Tract. After the initial construction of the Facilities, Grantee, from time to time, shall have a right of ingress and egress over, along and across the Easement Tract for purposes of operating, repairing, maintaining, altering, reconstructing and/or inspecting (within the Easement Tract) the Facilities and all associated equipment and appurtenances thereto. Except as otherwise specifically set forth in this paragraph, Grantee shall have no right to go or travel upon, over or across any lands of Grantor except for the Easement Tract. Nothing contained herein shall grant or be construed as granting to Grantee the right to use the Easement Tract for any purpose other than for the purposes herein specified or to change the dimensions or location of the Easement Tract.

Grantee acknowledges that: (i) Grantor's adjacent land(s) are the subject of one or more leases for farming purposes (the "Farm Lease"), (ii) Grantee's access and egress to the Easement Tract may be shared with the lessee(s) on the Farm Lease for the duration thereof, and agrees to coordinate with the lessee(s) on the Farm Lease regarding same.

It is expressly provided that Grantor reserves unto itself, its successors and assigns, all other rights in and to the Easement Tract which do not unreasonably interfere with or prevent the use of the Easement herein granted and conveyed to Grantee.

The Easement hereby granted is non-exclusive, and Grantor, its successors and assigns, shall have the right from time to time to grant further easements over, across, through, and under the Easement Tract for any lawful purpose, provided that the holder of such easement does not unduly or unreasonably interfere with the Easement rights herein granted.

Upon Grantor advising Grantee that it intends to convey the Easement Tract, or a substantial portion thereof, to a municipal utility district or other political subdivision organized under Article XVI, Section 59 of the Constitution of the State of Texas, Grantee agrees to execute and record an abandonment of the Easement and the rights herein granted not less than three (3) days prior to date set for such conveyance. Notwithstanding the foregoing, in the event a Release of the Easement is not so executed and filed of record, the Easement and rights herein granted shall terminate and be deemed to be abandoned at such time as the Easement Tract, or a substantial portion thereof, is conveyed in fee by Grantor to a municipal utility district or other political subdivision organized under Article XVI, Section 59 of the Constitution of the State of Texas by plat, deed or other instrument filed of record in the Office of the County Clerk of Fort Bend County, Texas.

TO HAVE AND TO HOLD the above described Easement, together with all and singular the rights and appurtenances thereto in anywise belonging, including all necessary rights of ingress, egress, and regress, unto Grantee, its successors and assigns, forever; and Grantor does hereby bind Grantor and Grantor's successors and assigns to WARRANT AND FOREVER DEFEND, all and singular, the Easement unto Grantee, and its successors, substitutes and assigns, against every person whomsoever lawfully claiming or to claim the same or any part thereof, subject to all of the terms, conditions, provisions and limitations hereinabove set forth and provided.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

EXECUTED this 30 day of JANUARY, 2025.

WADE McNEILL EXEMPT UNITRUST

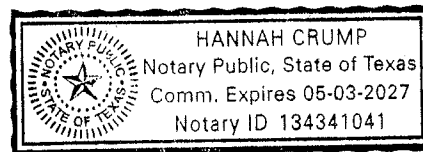
By: JPMorgan Chase Bank, N.A.,  
Trustee

By: Brent E. Seidenberger  
Brent E. Seidenberger,  
Executive Director

THE STATE OF TEXAS   §  
                                     §  
COUNTY OF GILLESPIE §

This instrument was acknowledged before me on this the 30 day of JANUARY, 2025, by Brent E. Seidenberger, Executive Director of JPMorgan Chase Bank, N.A., in its capacity as Trustee of Wade McNeill Exempt Unitrust, on behalf of said entity.

Hannah Crump  
Notary Public in and for  
the State of T E X A S





# Exhibit A

Oxbow Wastewater Treatment Plant

December 12, 2024  
Job No. S001-2791-15200

## DESCRIPTION OF 10.07 ACRES

BEING a 10.07 acre tract of land situated in the (Y. Ferris) B.B.B.&C. R.R. Co Survey, Section 26, Abstract No. 374 of Fort Bend County, Texas and being a portion of a called 240 acre tract of land described as Tract 5 in an instrument to Wade McNeill Exempt Unitrust, Linda Davis McNeill and Chase Bank of Texas, N.A., Co-Trustees recorded under File Number (F.N.) 1999005774 of the Official Public Records of Fort Bend County (O.P.R.F.B.C.), said 10.07 acre tract of land described by metes and bounds as follows, with all bearings based on the Texas Coordinate System of 1983 (NAD83), South Central Zone 4204:

**BEGINNING** at a 5/8-inch iron rod with cap found for the Northwest corner of a 11.50 acre tract of land as described in an instrument to Worldwide Packaging, L.P. recorded under F.N. 2005037113 of the O.P.R.F.B.C. and the Southwest corner of a called 2.3005 acre tract of land as described in an instrument to Michael Ly and Hong Thuong Lim recorded under F.N. 2006023467 of the O.P.R.F.B.C., lying on an easterly line of 240 acre tract, from which a 1/2-inch iron pipe found for the Northwest corner of said 2.3005 acre tract and the Southwest corner of a called 80.042 acre tract of land as described in an instrument to Houston Copart Salvage Auto Auctions Limited Partnership recorded under F.N. 2022132224 of the O.P.R.F.B.C., bears North 09°13'34" West, a distance of 361.76 feet;

Thence, over and across said 240 acre tract, the following courses and distances:

North 72°49'09" West, a distance of 623.01 feet to the **POINT OF BEGINNING** and the Southwest corner of the herein described tract;

North 08°57'12" West, a distance of 803.28 feet to the Northwest corner of the herein described tract;

North 81°04'28" East, a distance of 545.57 feet to the Northeast corner of the herein described tract;

South 09°07'18" East, a distance of 801.80 feet to the Southeast corner of the herein described tract;

Oxbow Wastewater Treatment Plant

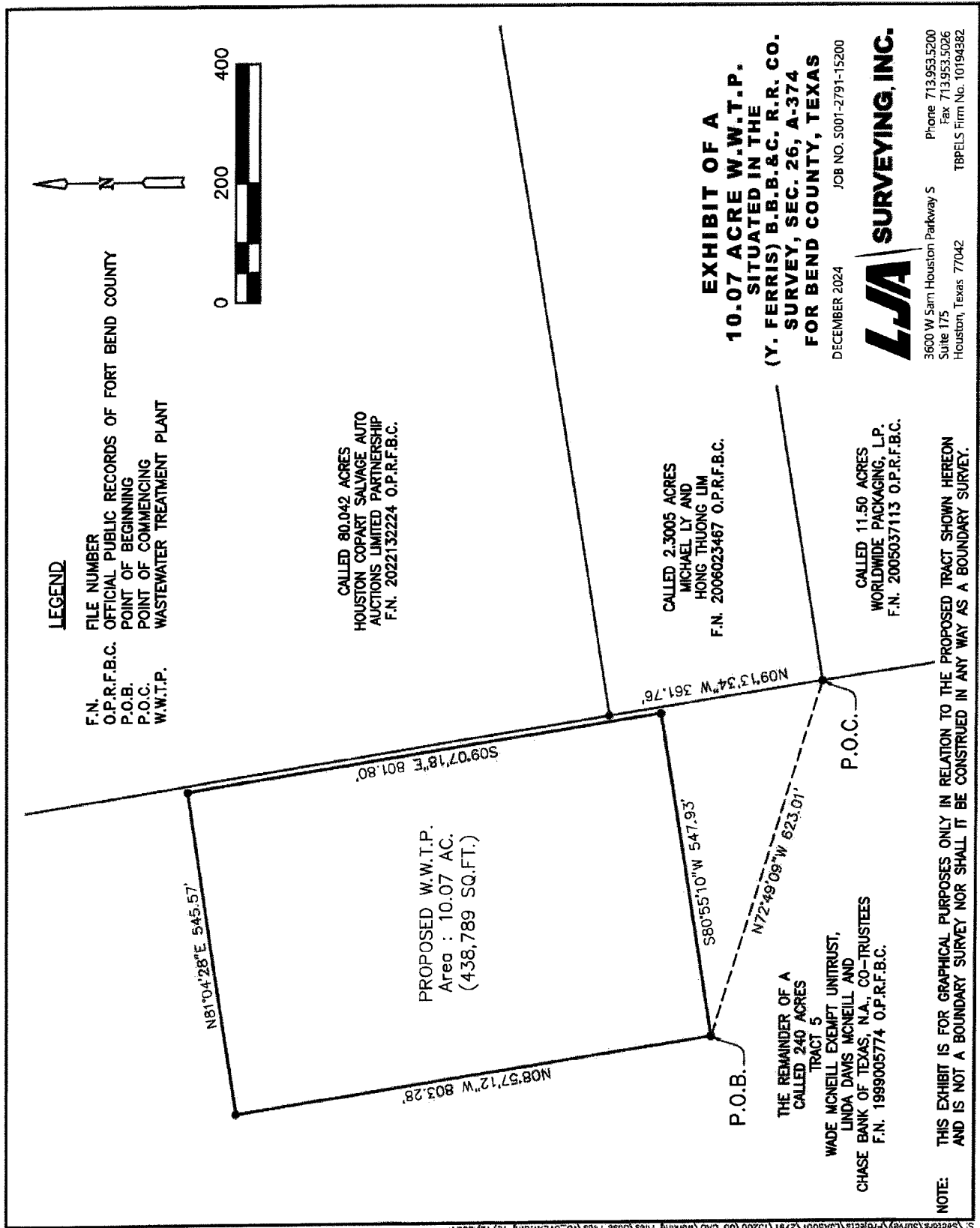
December 12, 2024  
Job No. S001-2791-15200

South 80°55'10" West, a distance of 547.93 feet to the **POINT OF BEGINNING** and  
containing 10.07 acres (438,789 square feet) of land.



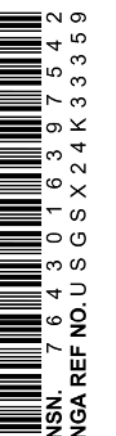
*Clayton Gafford*  
Clayton Gafford RPLS No. 6957

LJA Surveying, Inc  
3600 W. Sam Houston, Pkwy S. Suite 175  
Houston, Texas 77042  
Telephone: (713) 953-5200  
TBPLS Licensed Surveying Firm No. 10194382

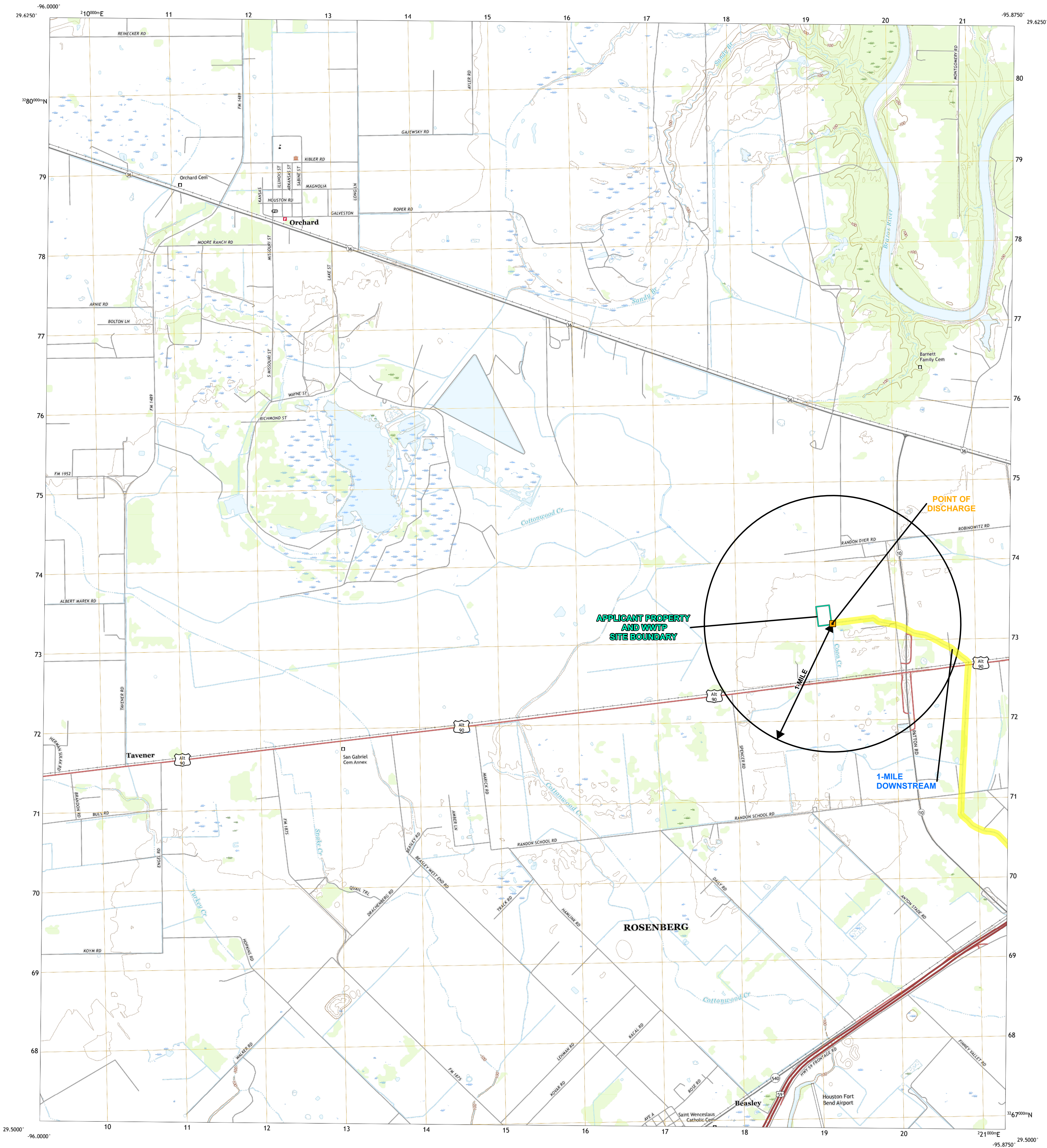


S:\Sector\Survey\Projects\445001\2791\15200\05 CAD\Working Files\Bose Res\10-07EX1.dwg 12/12/2024

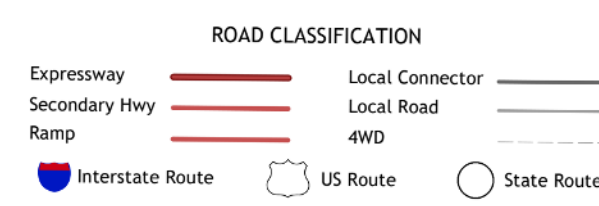
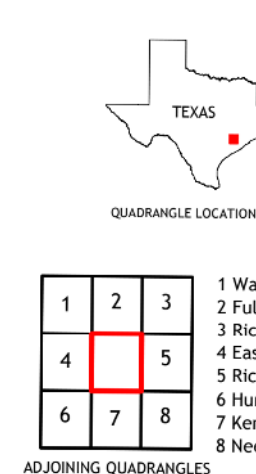
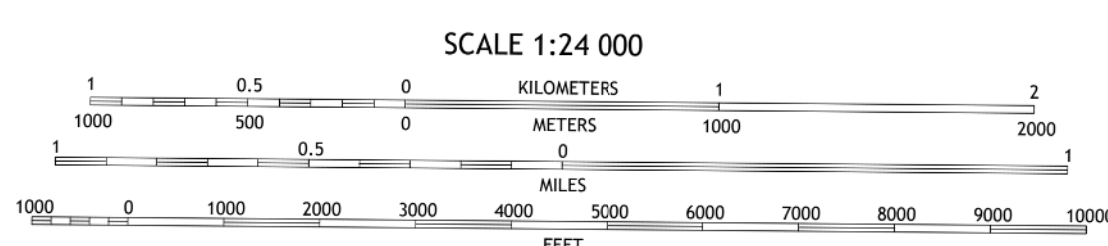
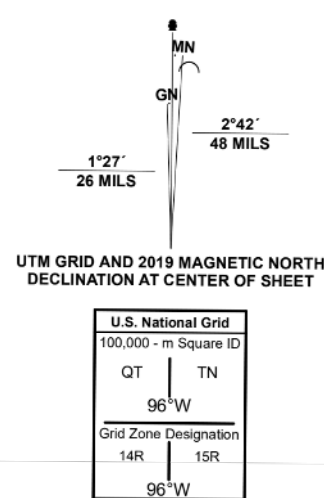




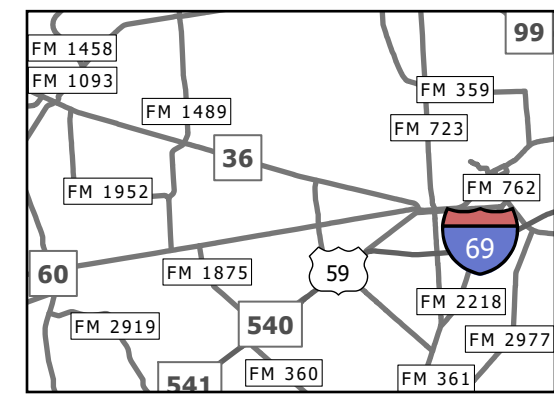




**Produced by the United States Geological Survey**  
 North American Datum of 1983 (NAD83) Projection and  
 World Geodetic System of 1984 (WGS84) Projection and  
 1 000-meter grid/Universal Transverse Mercator, Zone 14R/15R  
 This map is not a legal document. Boundaries may be  
 generalized for this map scale. Private lands within government  
 reservations may not be shown. Obtain permission before  
 entering private lands.  
 Imagery.....NADP, September 2016 - November 2016  
 Roads.....U.S. Census Bureau, 2015  
 Names.....GNS, 1979 - 2022  
 Hydrography.....National Hydrography Dataset, 2002  
 Contours.....National Elevation Dataset, 2021  
 Boundaries.....Multiple sources; see metadata file 2019 - 2021  
 Wetlands.....FWS National Wetlands Inventory Not Available



ORCHARD, TX  
2022



ATTACHMENT 5

**MOORE ORCHARD DEVELOPMENT  
TPDES DISCHARGE PERMIT (1-MILE AND 3-MILE)  
USGS TOPOGRAPHIC MAP**

**LJA** 3600 W Sam Houston Parkway S Suite 600  
Houston, Texas 77042  
Phone 713.953.5200  
LJA.com

DECEMBER 2024 JOB NO: 2791-15200









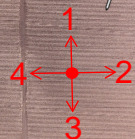




MAP KEY	PROPERTY ID	OWNER NAME	ACCOUNT NUMBER	SITE ADDRESS	OWNER ADDRESS 1	OWNER ADDRESS 2	ACREAGE	WEB LINK	OWNERSHIP PERCENTAGE
1	R46612	McNeill Wade Exempt Unitrust	0374-12-000-7200-903	Highway 90A		Dallas, TX 75235-0605	139.48	<a href="https://esearch.fbcad.org/Property/View/R46612">https://esearch.fbcad.org/Property/View/R46612</a>	100%
2-A	R46611	Houston Copart Salvage Auto Auctions Limited Partnership	0374-03-002-3400-903	Randon Dyer RD, Rosenberg, TX 77471	14185 Dallas PKWY	Dallas, TX 75254-1327	79.21	<a href="https://esearch.fbcad.org/Property/View/R46611">https://esearch.fbcad.org/Property/View/R46611</a>	100%
2-B	R118481	Houston Copart Salvage Auto Auctions Limited Partnership	0374-03-002-3401-903	2545 Randon Dyer RD, Rosenberg, TX 77471	14185 Dallas PKWY	Dallas, TX 75254-1327	2.042	<a href="https://esearch.fbcad.org/Property/View/R118481">https://esearch.fbcad.org/Property/View/R118481</a>	100%
3	R344525	Ly Michael & Hong Thuong Lim	0374-13-006-1009-903	Randon Dyer RD, Rosenberg, TX 77471	11439 Lower Azusa RD	El Monte, CA 91732-1393	2.3	<a href="https://esearch.fbcad.org/Property/View/R344525">https://esearch.fbcad.org/Property/View/R344525</a>	100%
4	R46614	Martinez Maria Del Rosario Martinez & Rafael Martinez Martinez	0374-13-006-1000-903	2423 Randon Dyer RD, Rosenberg, TX 77471	2517 Muegge RD	Rosenberg, TX 77471-9854	2.36	<a href="https://esearch.fbcad.org/Property/View/R46614">https://esearch.fbcad.org/Property/View/R46614</a>	100%
5	R392030	Tejada Teodora	0374-13-006-1012-903	2431 Randon Dyer RD, Rosenberg, TX 77471	221 Vera Cruz DR	Rosenberg, TX 77471-4117	2.3	<a href="https://esearch.fbcad.org/Property/View/R392030">https://esearch.fbcad.org/Property/View/R392030</a>	100%
6	R392029	Rivas Carlos	0374-13-006-1011-903	Randon Dyer RD, Rosenberg, TX 77471	221 Vera Cruz DR	Rosenberg, TX 77471-4117	2.29	<a href="https://esearch.fbcad.org/Property/View/R392029">https://esearch.fbcad.org/Property/View/R392029</a>	100%
7	R339457	Mejia Edy	0374-13-006-1007-903	2443 Randon Dyer RD, Rosenberg, TX 77471	8326 Wahl Manor CT	Houston, TX 77083-7402	2.23	<a href="https://esearch.fbcad.org/Property/View/R339457">https://esearch.fbcad.org/Property/View/R339457</a>	100%
8-A	R331920	Williams Brandon etal	0374-13-006-1006-903	Randon Dyer RD, Rosenberg, TX 77471	507 Randon Dyer RD	Rosenberg, TX 77471-7962	8.67	<a href="https://esearch.fbcad.org/Property/View/R331920">https://esearch.fbcad.org/Property/View/R331920</a>	100%
8-B	R330664	Williams Brandon etal	0374-13-006-1005-903	2455 Randon Dyer RD, Rosenberg, TX 77471	507 Randon Dyer RD	Rosenberg, TX 77471-7962	1.46	<a href="https://esearch.fbcad.org/Property/View/R330664">https://esearch.fbcad.org/Property/View/R330664</a>	33%
9	R322344	Worldwide Packaging LP	0374-13-006-1210-903	501 Randon Dyer RD, Rosenberg, TX 77471	2331 Randon Dyer RD	Rosenberg, TX 77471-2407	12.34	<a href="https://esearch.fbcad.org/Property/View/R322344">https://esearch.fbcad.org/Property/View/R322344</a>	100%
10	R316793	Worldwide Packaging LP	0374-13-006-1003-903	2331 Randon Dyer RD, Rosenberg, TX 77471	2331 Randon Dyer RD	Rosenberg, TX 77471-2407	7.95	<a href="https://esearch.fbcad.org/Property/View/R316793">https://esearch.fbcad.org/Property/View/R316793</a>	100%
11-A	R185537	Rosenberg 1036 LLC	0146-00-000-0013-901	509-537 Randon Dyer RD, Rosenberg, TX 77471	15010 Lakefair DR	Richmond, TX 77406-3995	19.57	<a href="https://esearch.fbcad.org/Property/View/R185537">https://esearch.fbcad.org/Property/View/R185537</a>	100%
11-B	R502553	Rosenberg 1036 LLC	0146-00-000-0023-901	Randon Dyer RD, Rosenberg, TX 77471	15010 Lakefair DR	Richmond, TX 77406-3995	3.54	<a href="https://esearch.fbcad.org/Property/View/R502553">https://esearch.fbcad.org/Property/View/R502553</a>	100%
12-A	R41751	Union Pacific Railroad Company	0146-00-000-0010-901	Highway 36 BYP	1400 Douglas ST	Omaha, NE 68179-1001	53.68	<a href="https://esearch.fbcad.org/Property/View/R41751">https://esearch.fbcad.org/Property/View/R41751</a>	100%
12-B	R41757	Union Pacific Railroad Company	0146-00-000-0050-901	4302 Highway 90A	1400 DOUGLAS ST	OMAHA, NE 68179-1001	118.72	<a href="https://esearch.fbcad.org/Property/View/R41757">https://esearch.fbcad.org/Property/View/R41757</a>	100%



FBC MUD No. 238 WWTP No. 1



Coon Creek

Coon Creek

SCHC

FW Murphy Production Controls

Random Dyer Rd

Random Dyer Rd

Patton Rd

Google Earth

Image © 2024 Airbus

ALT  
90

Hwy 90 Alt

ALT  
90

1000 ft



























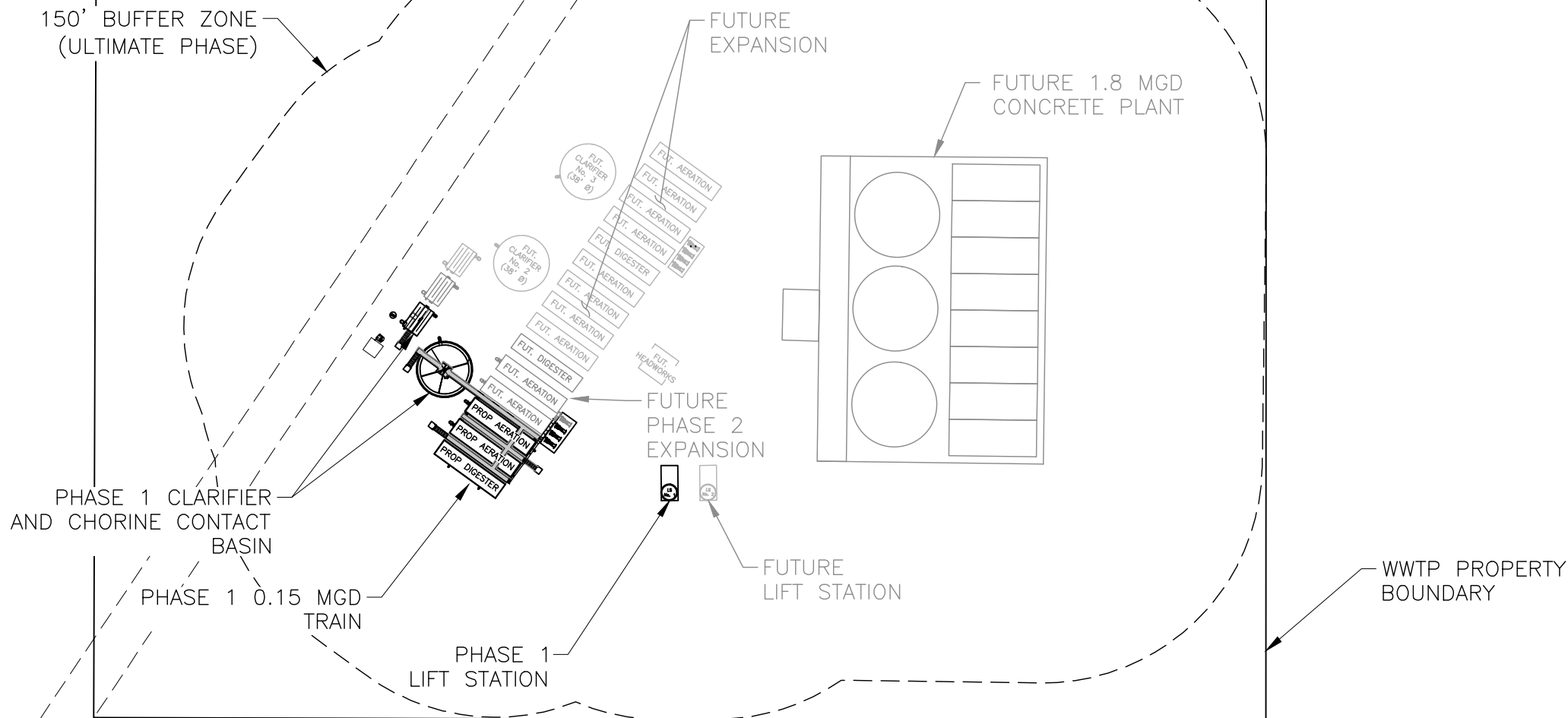
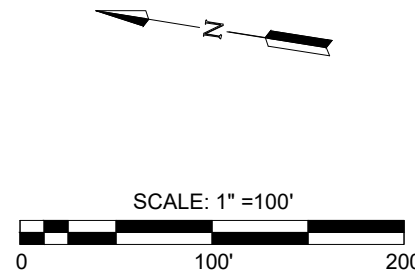


Date\\Time : Mon, 03 Feb 2025 - 2:31pm User Name : jblanks  
Path\\Name : W:\\LAND\\2791\\Moore Tract\\15200\\\_Permit Application\\Appendices\\08\_Buffer Zone\\SITE PLAN EXHIBIT.dwg

CALLED 80.042 ACRES  
HOUSTON COPART SALVAGE AUTO  
AUCTIONS LIMITED PARTNERSHIP  
F.N. 2022132224 O.P.R.F.B.C.

CALLED 2.3005 ACRES  
MICHAEL LY AND  
HONG THUONG LIM  
F.N. 2006023467 O.P.R.F.B.C.

CALLLED 11.50 ACRES  
WORLDWIDE PACKAGING, L.P.  
F.N. 2005037113 O.P.R.F.B.C.



THE REMAINDER OF A CALLED  
240 ACRES  
TRACT 5  
WADE MCNEILL EXEMPT UNITRUST,  
LINDA DAVIS MCNEILL AND  
CHASE BANK OF TEXAS, N.A., CO-TRUSTEES  
F.N. 1999005774 O.P.R.F.B.C.  
AS DESCRIBED  
CALLED 100 ACRES  
VOL. 169, PG. 180 F.B.C.D.R.

REFERENCE LINE NO. 4 PIPELINE ESMT.  
UNITED TEXAS TRANSMISSION COMPANY  
VOL. 2015, PG. 370 F.B.C.D.R.

THE REMAINDER OF A  
CALLED 240 ACRES  
TRACT 5  
WADE MCNEILL EXEMPT UNITRUST,  
LINDA DAVIS MCNEILL AND  
CHASE BANK OF TEXAS, N.A., CO-TRUSTEES  
F.N. 1999005774 O.P.R.F.B.C.

## FBCMUD 238 WWTP NO. 1 SITE PLAN

**LJA Engineering, Inc.**

3600 W. Sam Houston Parkway S.  
Suite 600  
Houston, Texas 77042

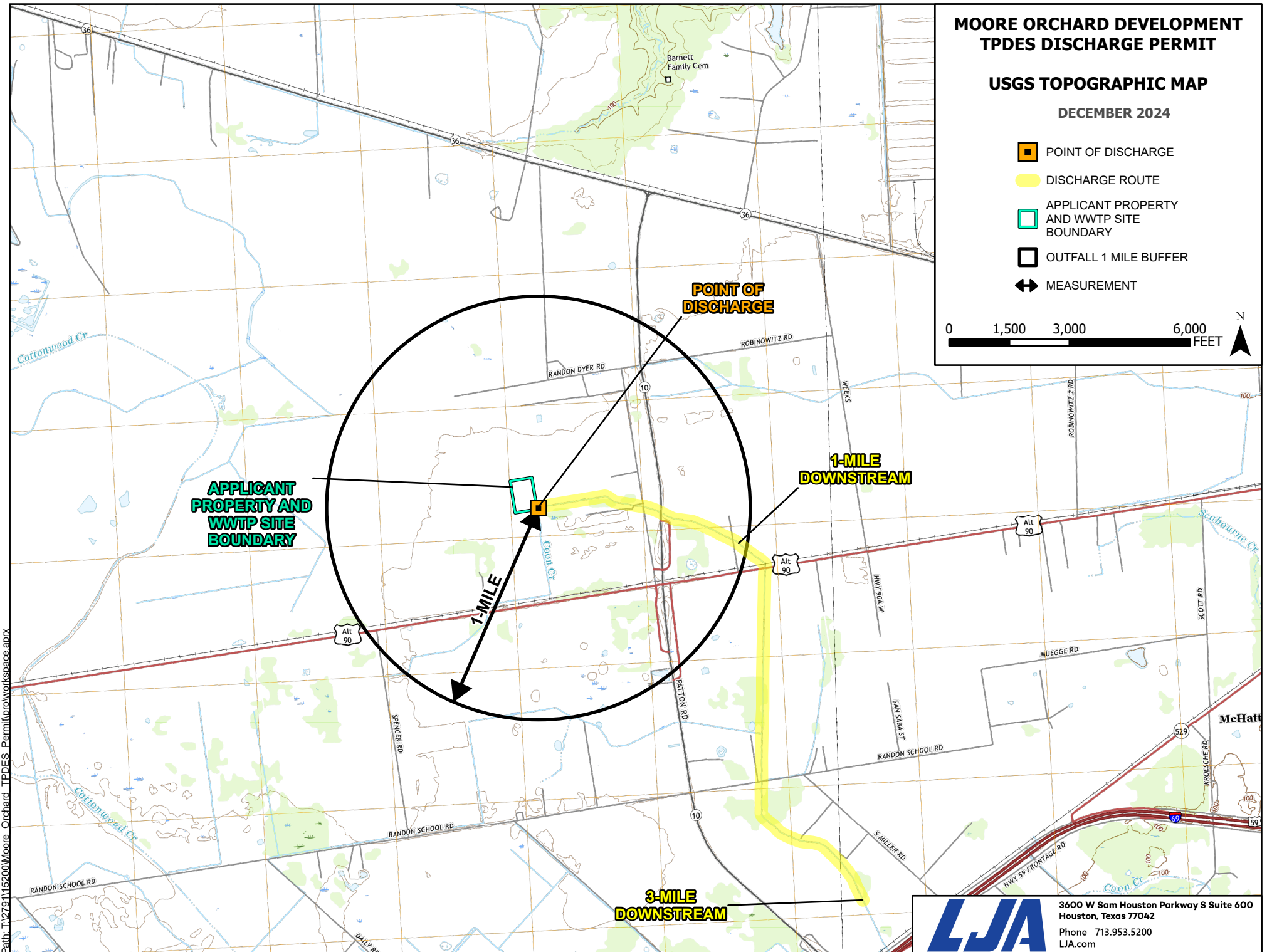
Phone 713.953.5200  
Fax 713.953.5026  
FRN - F-1386





**DECEMBER 2024**

- 



# 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: IMM Land Holdings, LP

Permit No. WQ00

EPA ID No. TX

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

Approximately 3,800 feet northwest of the intersection of U.S. 90 and Randon Dyer Road, in unincorporated Fort Bend County, Texas 77471.

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: Brian Edwards

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

Title: Vice President

Mailing Address: 1904 W Grand Parkway N, Suite 100

City, State, Zip Code: Katy, Texas 77449

Phone No.: (713) 953-5200 Ext.:

Fax No.:

E-mail Address: bedwards@lja.com

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

Wade McNeil Exempt Unitrust

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.

Treated effluent will discharge from the plant site to Coon Creek via an outfall pipe. The discharge route will be from Coon Creek; thence to Big Creek; thence to Brazos River Below Navasota River (Segment ID 1202 in the Brazos River Basin).

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

The WWTP site is approximately 10 acres and will require some excavation for plant piping and electrical conduit.

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

Evidence of previous agricultural use.

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

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

N/A

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

N/A

## **ATTACHMENT 10**

### **DESCRIPTION OF TREATMENT PROCESS**

(In reference to Domestic Technical Report 1.0, Page 2, Item 2A)

#### **Proposed Phase 1 – 0.15 MGD**

In Phase 1, the treatment plant shall utilize the conventional activated sludge process. The plant will be capable of treating an average daily flow of 0.15 MGD with a 2-hour peak flow of 0.60 MGD and will consist of steel tankage. Influent wastewater will be pumped from an on-site lift station to a manual bar screen located at the headworks of the plant. The screened wastewater will then flow into two (2) aeration basins with a total active volume of 13,312 ft<sup>3</sup>. From the aeration basins, the wastewater will flow to a single 36-foot diameter clarifier with a total volume of 13,232 ft<sup>3</sup>. Clarified wastewater will then flow into a single chlorine contact basin with a total volume of 2,448 ft<sup>3</sup> before proceeding to the outfall. The sludge in the clarifier sump will be recycled back to the head of the aeration basins as RAS or wasted into an aerobic digester basin with a total volume of 3,338 ft<sup>3</sup>. The digested sludge is collected and disposed by a certified sludge hauler. Supernatant from the aerobic digesters is returned to the aeration basins.

#### **Proposed Phase 2 – 0.30 MGD**

In Phase 2, the treatment plant will continue to operate in the conventional mode of the activated sludge process. The proposed expansion will increase the treatment capacity of the plant to an average daily flow of 0.30 MGD with a 2-hour peak flow of 0.60 MGD by constructing steel tankage for two (2) additional aerations basins and one (1) additional aerobic digester. Influent wastewater will be pumped from an on-site lift station to a manual bar screen located at the headworks of the plant. The screened wastewater will then flow into four (4) aeration basins with a total active volume of 27,914 ft<sup>3</sup>. From the aeration basins, the wastewater will flow to a single 36-foot diameter clarifier with a total volume of 13,232 ft<sup>3</sup>. Clarified wastewater will then flow into a single chlorine contact basin with a total volume of 2,448 ft<sup>3</sup> before proceeding to the outfall. The sludge in the clarifier sump will be recycled back to the head of the aeration basins as RAS or wasted into two (2) aerobic digester basins with a total volume of 6,677 ft<sup>3</sup>. The digested sludge is collected and disposed by a certified sludge hauler. Supernatant from the aerobic digesters is returned to the aeration basins.

#### **Proposed Final Phase – 1.80 MGD**

In the Final Phase, the treatment plant will operate in the complete mix mode of the activated sludge process. The proposed expansion will increase the treatment capacity of the plant to an average daily flow of 1.80 MGD with a 2-hour peak flow of 7.20 MGD by constructing a concrete tankage to replace the Phase 1 and 2 steel plant. Influent wastewater will be pumped from the on-site lift station to a mechanical fine screen with a by-pass manual bar screen located at the headworks of the plant. The screened wastewater will then flow into four (4) aeration basins with a total active volume of 140,400 ft<sup>3</sup>. From the aeration basins, the wastewater will flow to two (2) 60-foot diameter clarifiers with a total volume of 73,513 ft<sup>3</sup>. Clarified wastewater will then flow into two (2) chlorine contact basins with a total volume of 16,320 ft<sup>3</sup> before proceeding to the outfall. The sludge in the clarifier sump will be recycled back to the head of the aeration basins as RAS or wasted into three (3) aerobic digester basins with a total volume of

20,033 ft<sup>3</sup>. The digested sludge is collected and disposed by a certified sludge hauler. Supernatant from the aerobic digesters is returned to the aeration basins.

## ATTACHMENT 11

### MAJOR COMPONENTS OF TREATMENT SYSTEM

(In reference to Domestic Technical Report 1.0, Page 2, Item 2B)

Major components and size for each project phase are as follows:

#### **Proposed Phase I (0.15 MGD)**

<u>Type of Unit</u>	<u>Number of Units</u>	<u>Size (l' x w' x swd')</u>
Aeration Basin	2	52' x 12' x 10.67'
Aerobic Digester	1	26' x 12' x 10.67'
Clarification	1	36' dia. x 13'
Chlorine Disinfection	1	20' x 12' x 10.2'

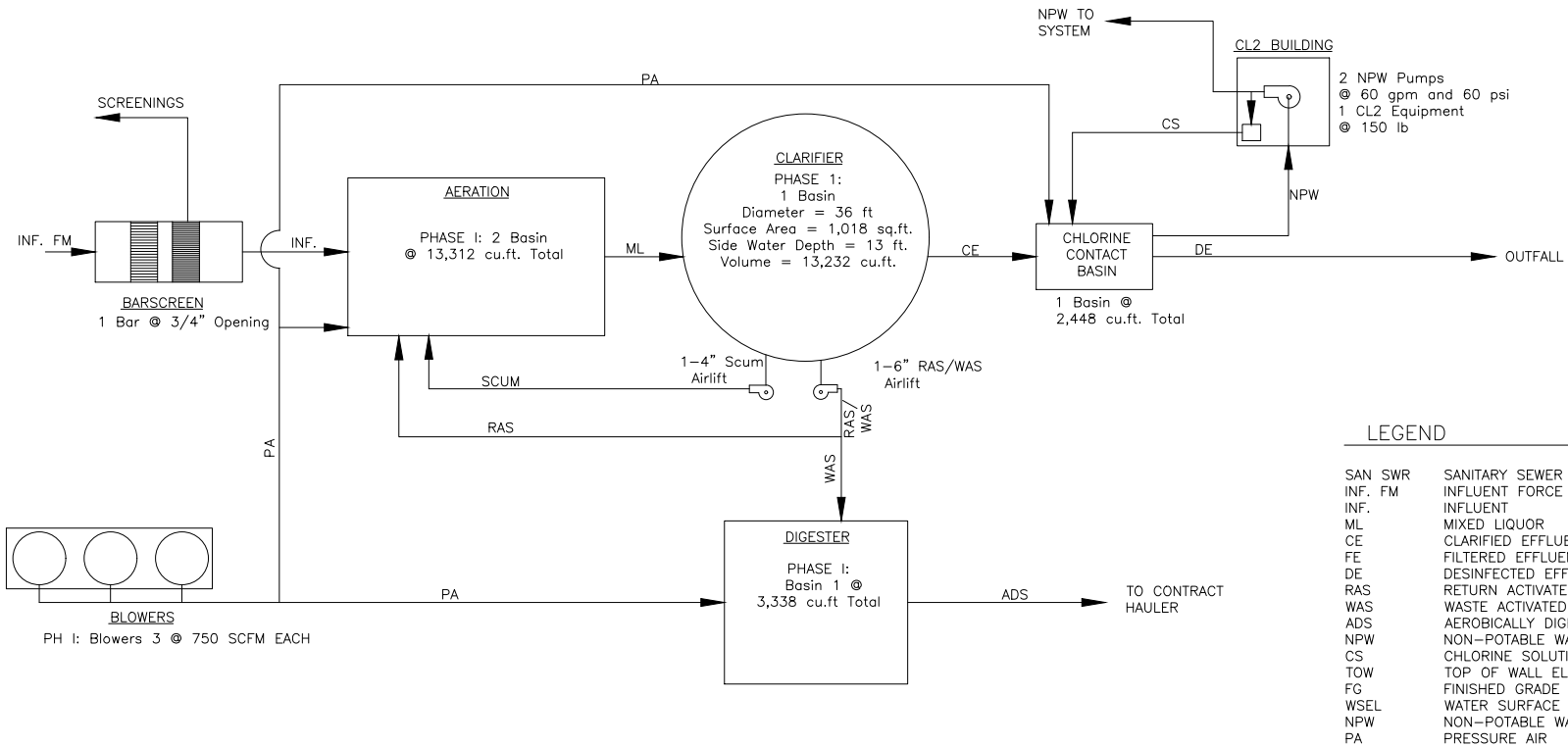
#### **Proposed Phase II (0.30 MGD)**

<u>Type of Unit</u>	<u>Number of Units</u>	<u>Size (l' x w' x swd')</u>
Aeration Basin	4	52' x 12' x 10.67'
Aerobic Digester	2	26' x 12' x 10.67'
Clarification	1	36' dia. x 13'
Chlorine Disinfection	1	20' x 12' x 10.2'

**Proposed Final Phase  
(1.80 MGD)**

<u>Type of Unit</u>	<u>Number of Units</u>	<u>Size (l' x w' x swd')</u>
Aeration Basin	6	60' x 25' x 16.5'
Aerobic Digester	4	30' x 25' x 16.5'
Clarification	3	52' dia. x 13'
Chlorine Disinfection	2	40' x 20' x 10.2'





PHASE	AVG. DAILY FLOW	PEAK FLOW
PROP PHASE I	0.15	0.60

## ATTACHMENT 12.1

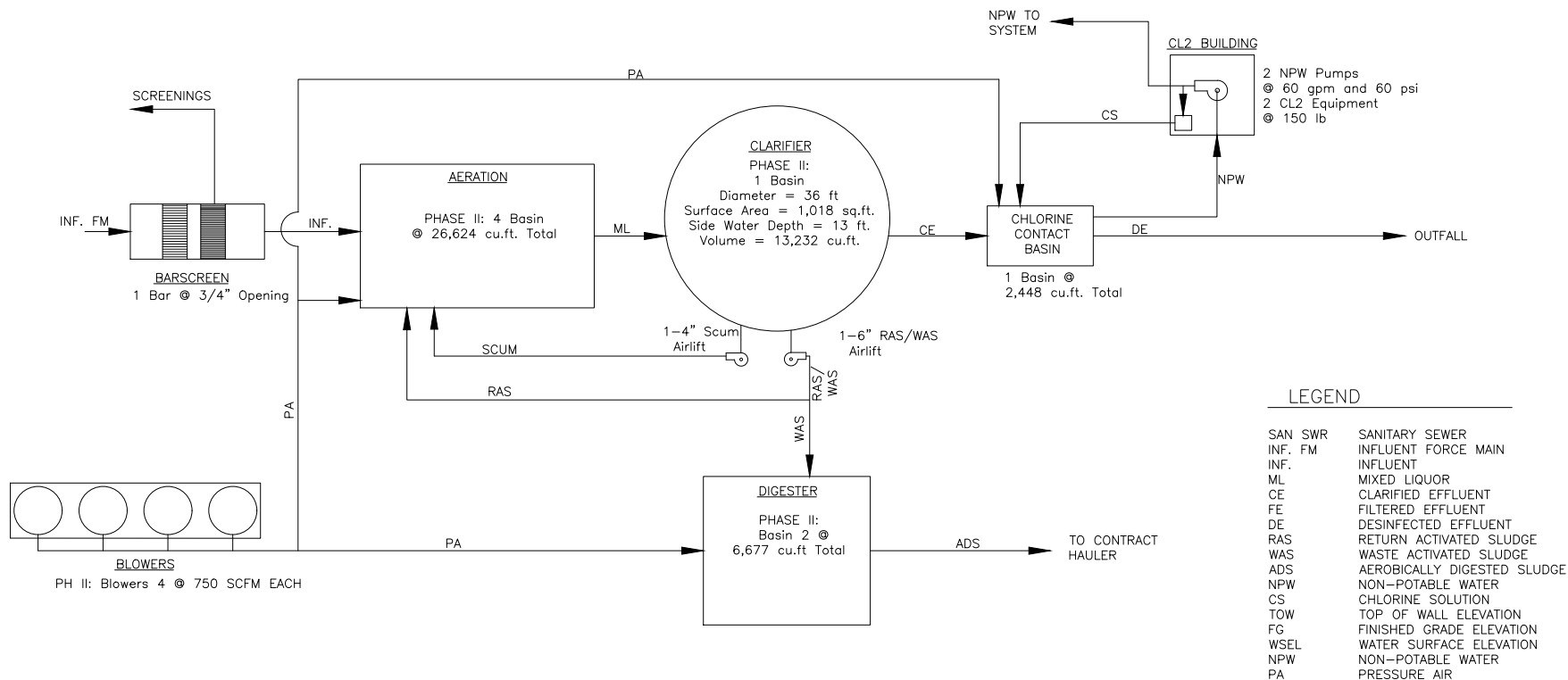
Flow Diagram - Phase I (0.15 MGD)  
 FBCMUD 238 WWTP

**LJA Engineering, Inc.**

3600 W. Sam Houston Parkway S.  
 Suite 600  
 Houston, Texas 77042

Phone 713.953.5200  
 Fax 713.953.5026  
 FRN - F-1386





PHASE	AVG. DAILY FLOW	PEAK FLOW
PROP PHASE II	0.30	1.20

## ATTACHMENT 12.2

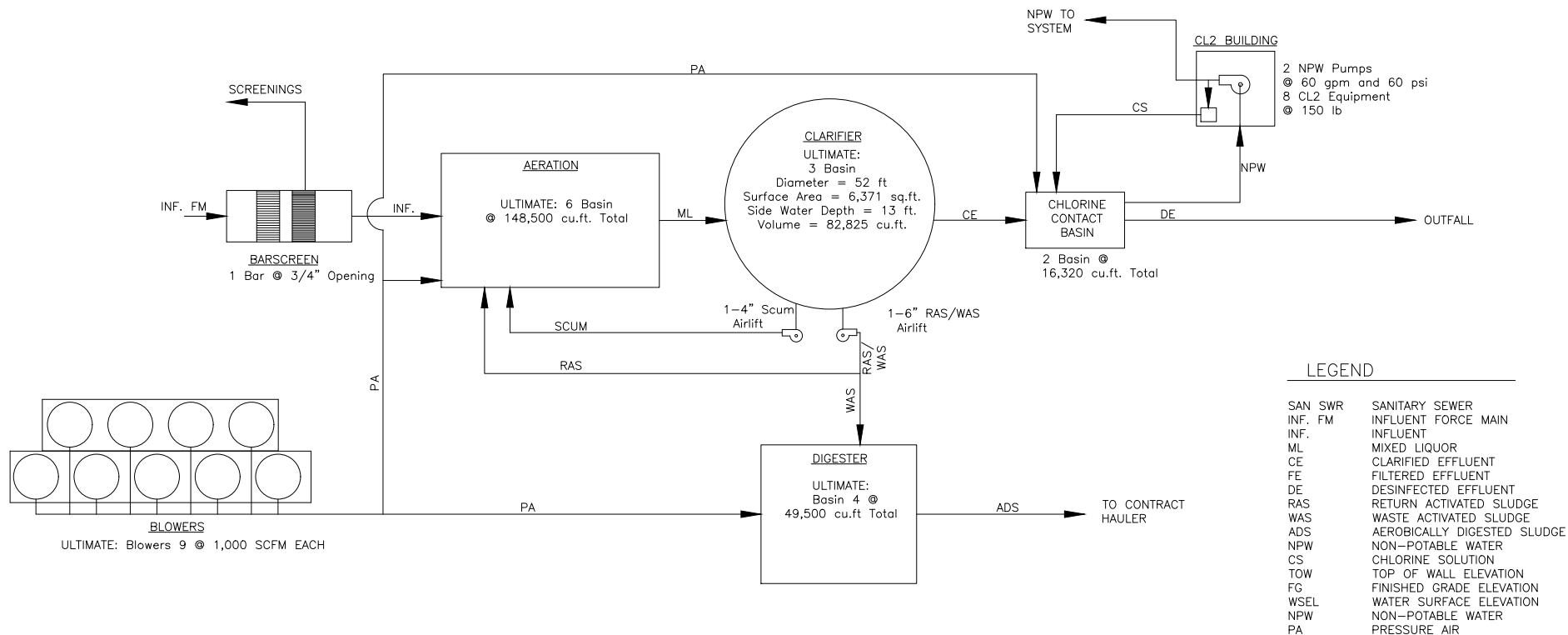
Flow Diagram - Phase II (0.30 MGD)  
 FBCMUD 238 WWTP

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PHASE	AVG. DAILY FLOW	PEAK FLOW
PROP ULTIMATE	1.80	7.20

## ATTACHMENT 12.3

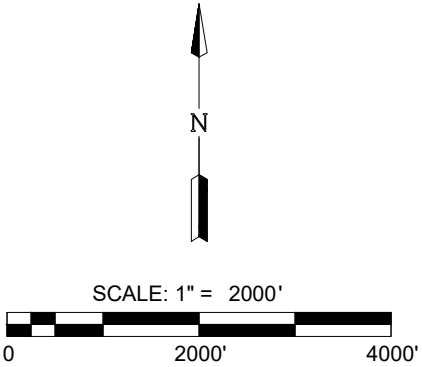
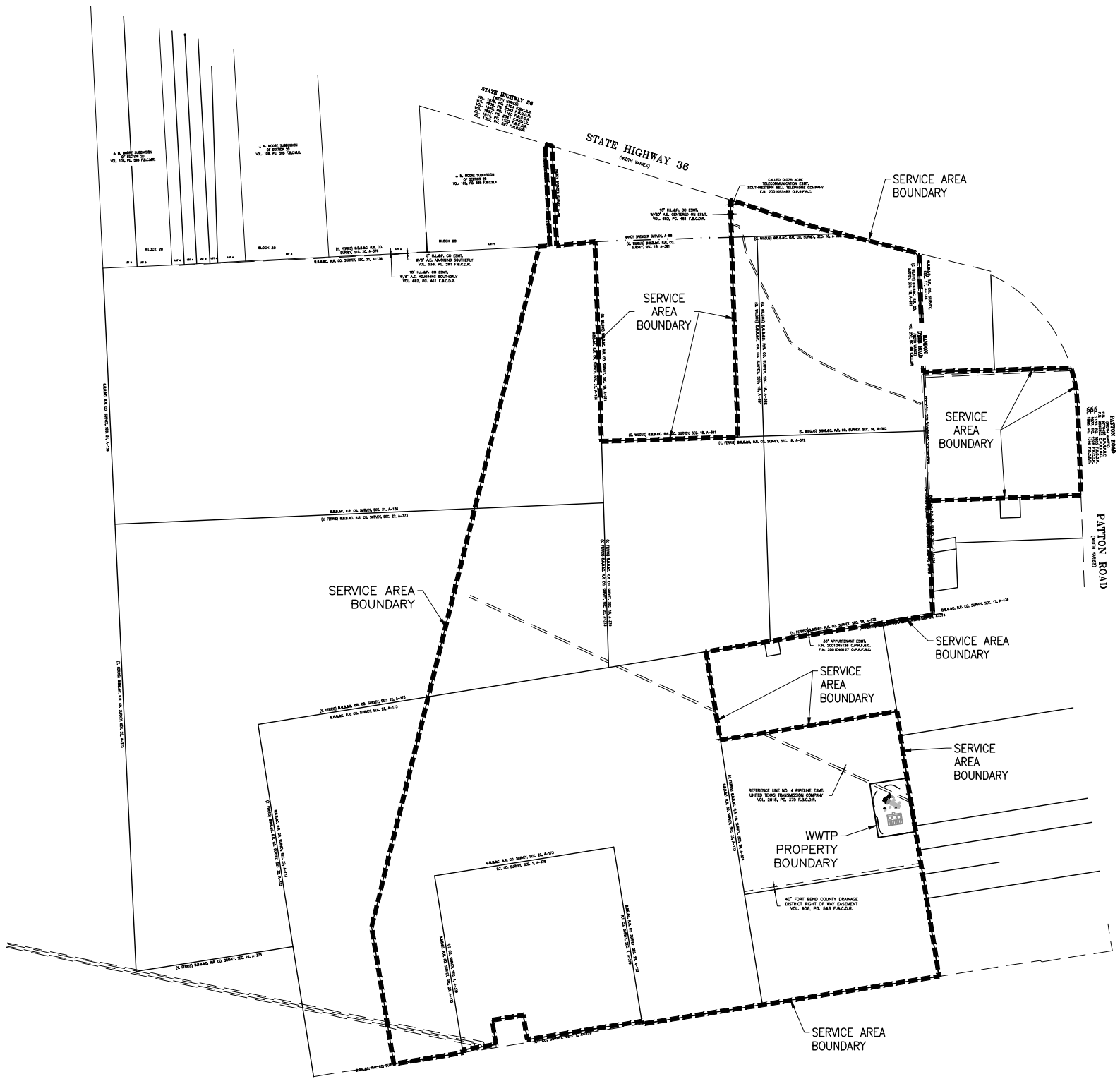
Flow Diagram - Phase III (1.80 MGD)  
 FBCMUD 238 WWTP

**LJA Engineering, Inc.**

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 Houston, Texas 77042

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## FBCMUD 238 WWTP NO. 1 SERVICE AREA MAP

**LJA Engineering, Inc.**

3600 W. Sam Houston Parkway S.  
Suite 600  
Houston, Texas 77042

Phone 713.953.5200  
Fax 713.953.5026  
FRN - F-1386









MOORE ORCHARD DEVELOPMENT  
TPDES DISCHARGE PERMIT

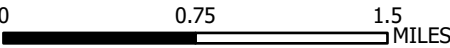
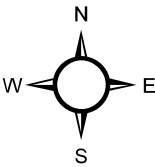
ATTACHMENT 14  
NEARBY DOMESTIC PERMITTED WWTFs  
(WITHIN 3-MILE RADIUS)

DECEMBER 2024

LEGEND

-  POINT OF DISCHARGE
-  WASTEWATER OUTFALLS
-  APPLICANT PROPERTY AND WWTP SITE BOUNDARY
-  3-MILE RADIUS

DATA SOURCE: TCEQ OUTFALLS - UPDATED 2024

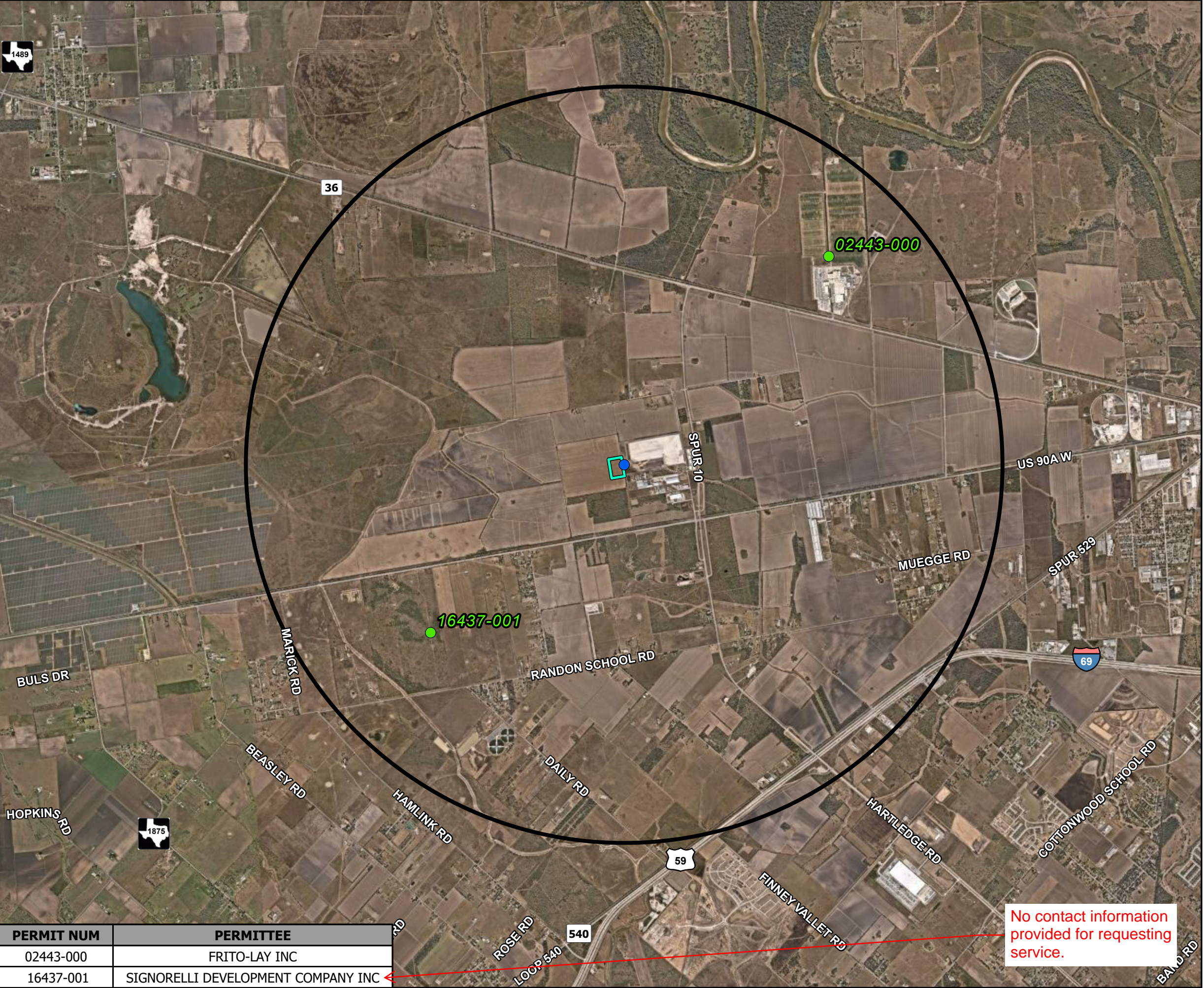


AERIAL PHOTOGRAPH DATE: NEARMAP 2023 AND 2024

THIS PRODUCT IS FOR INFORMATIONAL PURPOSES AND MAY NOT HAVE BEEN PREPARED FOR OR BE SUITABLE FOR LEGAL, ENGINEERING, OR SURVEYING PURPOSES. IT DOES NOT REPRESENT AN ON-THE-GROUND SURVEY AND REPRESENTS ONLY THE APPROXIMATE RELATIVE LOCATION OF PROPERTY BOUNDARIES.



3600 W Sam Houston Parkway S Suite 600  
Houston, Texas 77042  
Phone 713.953.5200  
LJA.com



PERMIT NUM	PERMITTEE
02443-000	FRITO-LAY INC
16437-001	SIGNORELLI DEVELOPMENT COMPANY INC

No contact information  
provided for requesting  
service.





February 3, 2025

**VIA CERTIFIED MAIL**

Frito-Lay, Inc  
3310 Highway 36 North  
Rosenberg, TX 77471

Re: Wastewater Service Request for Fort Bend County MUD No. 238  
LJA Job No. 2791-15200

To Whom It May Concern:

We are currently preparing an application for a discharge permit for the Fort Bend County MUD No. 238 Wastewater Treatment Plant, in Fort Bend County. The proposed development will require 1.8 MGD of wastewater service capacity. TCEQ regulations require us to contact all entities with a permitted wastewater treatment plant within three (3) miles of our plant, and to identify any available capacity at those facilities. Your referred wastewater treatment plant is within a three (3) mile radius from our facility. Please let us know if you have the extra capacity in your facility to accommodate the required flow or are willing to expand your facility to accommodate this flow.

Please respond in writing or indicating below on this letter if the Frito-Lay, Inc wastewater treatment plant with TPDES Permit No. WQ0002443000 has available capacity. After you have made the required indication, please email Kristopher Glende at [kglende@lja.com](mailto:kglende@lja.com) or mail the response back. We would appreciate a response within ten (10) days. Thank you in advance for your prompt attention regarding this matter.

Sincerely,

Kristopher Glende, P.E.  
Project Manager

- ☐ Yes, our wastewater treatment facility has sufficient capacity to serve the proposed development. Contact Phone Number: \_\_\_\_\_
- ☐ No, our wastewater treatment facility does not have sufficient capacity to serve the proposed development.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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**OFFICIAL USE**

Kristopher Glende

Job # 2791-15200

02/03/25

Frito-Lay, Inc

3310 Highway 36 North

Rosenberg, TX 77471

mark  
re

# Project Name: FBCMUD 238 WWTP No. 1

TPDES Domestic Discharge Permit Application

Treatment Unit Sizing Calculations

Project #: 2791-15200

## WWTP Influent Flow

		Phase I	Phase II	Phase III
		Train 1 - Phase 1	Train 1 - Phase 2	Ultimate
Average Daily Flow	gpd	150,000	300,000	1,800,000
Peaking Factor		4	4	4
Peak Flow	gpd	600,000	1,200,000	7,200,000
Equivalent Single Family Connections	ESFC	476	952	5,714
Water Usage per Connection	gal/ESFC	315	315	315

## WWTP Organic Parameters

BOD <sub>5</sub>	325 mg/L			
NH <sub>3</sub>	60 mg/L			
BOD Loading	lbs/d	407	813	4,879

## Aeration Basin Design

Process Description	Conventional Activated Sludge Process With Nitrification When Reactor Temperatures Exceed 15C			
Organic Loading Rate	35 lbs BOD5/day/1,000ft <sup>3</sup>			
Minimum Free Board	1.5 ft			
Minimum Aeration Volume	ft <sup>3</sup>	11,616	23,233	139,397
Number of Tanks		2	4	6
Length	ft	52	52	60
Width	ft	12	12	25
Height of Basin	ft	12.2	12.2	18.0
Calculated Side Water Depth at Peak Flow	ft	10.67	10.67	16.50
Proposed Free Board at Peak Flow	ft	1.50	1.50	1.50
Proposed Volume	ft <sup>3</sup>	13,312	26,624	148,500

## Secondary Clarifier Design

Process Description	Activated Sludge - Secondary, Enhanced Secondary, or Secondary With Nitrification			
Maximum Surface Loading @ 2-hr Peak Flow	1,200 gpd/ft <sup>2</sup>			
Minimum Detention Time	1.8 hrs			
Minimum SWD	10 ft			
Minimum Free Board	1 ft			
Maximum Weir Loading	gpd/lf	20,000	20,000	30,000
Maximum Vertical Velocity in Stilling Well	0.15 ft/s			
Minimum Surface Area Required	ft <sup>2</sup>	500	1,000	6,000
Number of Clarifiers		1	1	3
Diameter	ft	36	36	52
Proposed Weir Loading	gpd/lf	5,617	11,234	15,279
Height of Clarifier	ft	14.0	14.0	14.0
Calculated Side Water Depth	ft	13.0	13.0	13.0
Calculated Free Board at Peak Flow	ft	1.00	1.00	1.00
Proposed Surface Area	ft <sup>2</sup>	1,018	1,018	6,371
Proposed Volume	ft <sup>3</sup>	13,232	13,232	82,825
Proposed Detention Time	hrs	3.96	1.98	2.07
Stilling Well Diameter	ft	5.0	5.0	6.0
Proposed Stilling Well Velocity	ft/s	0.05	0.09	0.13



## Chlorine Contact Basin

Minimum Contact Time	20	min			
Minimum Free Board	1	ft			
Number of Basins			1	1	2
Width of Tank	12	ft	12	12	20
Height of Tank	11.2	ft	11.2	11.2	11.2
Calculated Side Water Depth at Peak Flow		ft	10.20	10.20	10.20
Calculated Free Board at Peak Flow		ft	1.00	1.00	1.00
Proposed Length of Tank		ft	20	20	40
Proposed Volume		ft <sup>3</sup>	2,448	2,448	16,320
Proposed Detention Time		min	43.95	21.97	24.41

## Aerobic Digester Design

Volatile Soilds Wasted (From Solids Balance)		lbs/d	264	528	3166
TCEQ Loading Rate	200	lbs/d/1,000ft <sup>3</sup>			
$V = \frac{P_{x,tss}}{Loading\ Rate}$					
Minimum Required Volume		ft <sup>3</sup>	1,319	2,638	15,830
Minimum Required Volume (3.5 days)			4,617	9,234	55,406
Number of Digesters			1	2	4
Width		ft	12	12	25
Depth		ft	12.2	12.2	18.0
Length		ft	26	26	30
Proposed Volume with 1.5' freeboard		ft <sup>3</sup>	3,338	6,677	49,500

## Chlorine Dosage Requirements

Type of Effluent	Activated Sludge				
Chlorine Concentration	8	mg/L			
Storage of Chlorine Tanks	Temperature-Controlled Enclosure				
Low Ambient Temperature	65	°F			
Required Chlorine Dosage		lbs/d	40	80	480
Withdrawal Rate per 150-lb Chlorine Cylinder	65	lbs/d			
Withdrawal Rate per 1-ton Chlorine Cylinder	520	lbs/d			
Number of 150-lb Chlorine Cylinders per Bank			1	2	8
Number of 1-ton Chlorine Cylinders per Bank			0	0	0
Proposed Maximum Chlorine Withdrawal Rate			65	130	520

## Air Requirements

### Aeration Basins

Type of Diffuser	Coarse Bubble Diffuser			
Transfer Efficiency Factor	0.65			
Depth of Diffuser		9.67	9.67	15.50
Submergence Correction Factor		1.60	1.60	0.88
Clean Water Transfer Efficiency	8.40%			
Wastewater Transfer Efficiency	5.46%			
Aeration Oxygen Requirement	1.99 lb O <sub>2</sub> /lb BOD <sub>5</sub>			
Aeration Airflowrate	scfm	958	1,917	6,312
Mixing Oxygen Requirement	20 scfm/1,000 ft <sup>3</sup>			
Mixing Airflowrate	scfm	266	532	2,970
Required Airflowrate	scfm	958	1,917	6,312

### Aerobic Digester

Type of Diffuser	Coarse Bubble Diffuser			
Required Mixing Air Rate	20 scfm/1,000 ft <sup>3</sup>			
Required Airflowrate	scfm	66.768	133.536	990

### Chlorine Contact Basin

Effluent DO Concentration	4 mg/L			
Initial DO Concentration*	0 mg/L			
Diffuser Capacity	150%			
Required Oxygen at Peak Flow	lb O <sub>2</sub> /d	20.03	40.05	240.32
Required Airflowrate	scfm	14.77	29.53	177.19
Airflowrate Required by Diffusers		22.15	44.30	265.79
Minimum Airdrops (10 scfm)		3	5	27

\* Minimum DO Concentration in the Aeration Basin is 2 mg/L however, to be conservative an estimated DO of 0 mg/L has been assumed entering the chlorine contact basin

### Airlifts

Amount Required	120 scfm
-----------------	----------

### Total Air Requirement

Total Plant Required Air	scfm	1,160	2,200	7,599
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### Blower Sizing

Blower Capacity	1000 scfm			
Blower Required		2	3	8
Blowers Proposed		3	4	9



## NOTES TO USERS

This map is for use in administering the National Flood Insurance Program. It does not necessarily identify all areas subject to flooding, particularly from local drainage sources of small size. The **community map repository** should be consulted for possible updated or additional flood hazard information.

To obtain more detailed information in areas where **Base Flood Elevations** (BFEs) and/or **floodways** have been determined, users are encouraged to consult the Flood Profiles and Floodway Data and/or Summary of Stillwater Elevations tables contained within the Flood Insurance Study (FIS) report that accompanies this FIRM. Users should be aware that BFEs shown on the FIRM represent rounded whole-foot elevations. These BFEs are intended for flood insurance rating purposes only and should not be used as the sole source of flood elevation information. Accordingly, flood elevation data presented in the FIS report should be utilized in conjunction with the FIRM for purposes of construction and/or floodplain management.

**Coastal Base Flood Elevations** shown on this map apply only landward of 0.0' North American Vertical Datum of 1988 (NAVD 88). Users of this FIRM should be aware that coastal flood elevations are also provided in the Summary of Stillwater Elevations table in the Flood Insurance Study report for this jurisdiction. Elevations shown in the Summary of Stillwater Elevations table should be used for construction and/or floodplain management purposes when they are higher than the elevations shown on this FIRM.

Boundaries of the **floodways** were computed at cross sections and interpolated between cross sections. The floodways were based on hydraulic considerations with regard to requirements of the National Flood Insurance Program. Floodway widths and other pertinent floodway data are provided in the Flood Insurance Study report for this jurisdiction.

Certain areas not in Special Flood Hazard Areas may be protected by **flood control structures**. Refer to Section 2.4 "Flood Protection Measures" of the Flood Insurance Study report for information on flood control structures for this jurisdiction.

The **projection** used in the preparation of this map was Texas State Plane south central zone (FIPSZONE 4204). The **horizontal datum** was NAD83, GRS1980 spheroid. Differences in datum, spheroid, projection or State Plane zones used in the production of FIRMs for adjacent jurisdictions may result in slight positional differences in map features across jurisdiction boundaries. These differences do not affect the accuracy of the FIRM.

Flood elevations on this map are referenced to the North American Vertical Datum of 1988. These flood elevations must be compared to structure and ground elevations referenced to the same vertical datum. For information regarding conversion between the National Geodetic Vertical Datum of 1929 and the North American Vertical Datum of 1988, visit the National Geodetic Survey website at <http://www.ngs.noaa.gov/> or contact the National Geodetic Survey at the following address:

NGS Information Services  
NOAA, N/NGS12  
National Geodetic Survey  
SSM-C-3, #9202  
1315 East-West Highway  
Silver Spring, MD 20910-3282

To obtain current elevation, description, and/or location information for **bench marks** shown on this map, please contact the Information Services Branch of the National Geodetic Survey at (301) 713-3242, or visit its website at <http://www.ngs.noaa.gov/>.

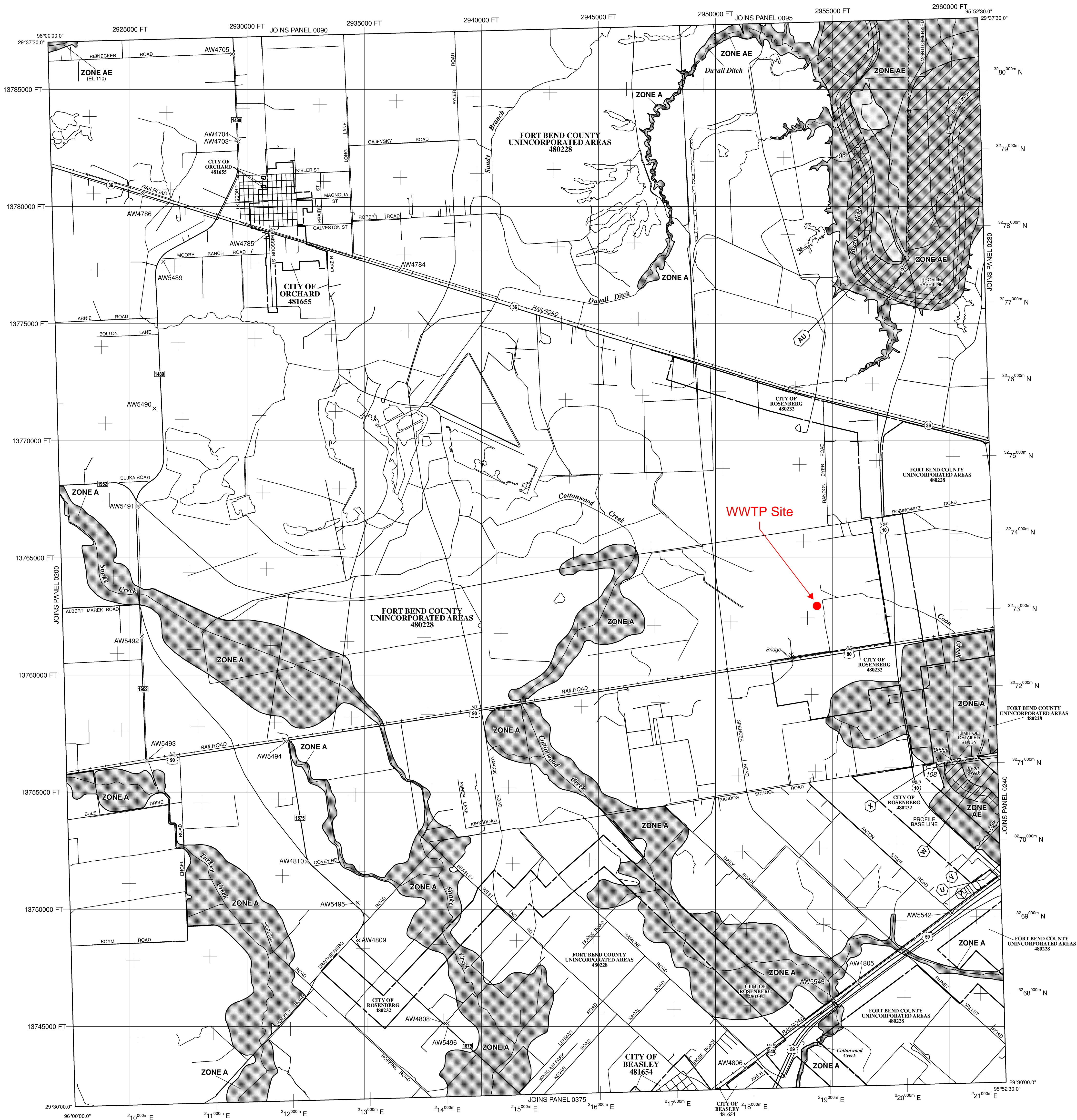
**Base map** information was obtained from the Texas Natural Resources Information System, Fort Bend County Department of Engineering, the National Geodetic Survey, U.S. Geological Survey, Houston-Galveston Area Council, FEMA, and from local communities and districts.

This map may reflect more detailed or up to date stream channel configurations than those shown on the previous FIRM. The floodplains and floodways that were transferred from the previous FIRM may have been adjusted to conform to these new stream channel configurations and improved topographic data. The profile baselines depicted on this map represent the hydraulic modeling baselines that match the flood profiles and Floodway Data Tables if applicable, in the FIS report. As a result, the profile baselines may deviate significantly from the new base map channel representation and may appear outside of the floodplain.

**Corporate limits** shown on this map are based on the best data available at the time of publication. Because changes due to annexations or de-annexations may have occurred after this map was published, map users should contact appropriate community officials to verify current corporate limit locations.

Please refer to the separately printed **Map Index** for an overview map of the county showing the layout of map panels; community map repository addresses; and a Listing of Communities table containing National Flood Insurance Program dates for each community as well as a listing of the panels on which each community is located.

For information and questions about this map, available products associated with this FIRM including historic versions of this FIRM, how to order products or the National Flood Insurance Program in general, please call the FEMA Map Information eXchange at 1-877-FEMA-MAP (1-877-336-2627) or visit the **FEMA Map Service Center** website at <http://msc.fema.gov>. Available products may include previously issued Letters of Map Change, a Flood Insurance Study Report, and/or digital versions of this map. Many of these products can be ordered or obtained directly from the website. Users may determine the current map date for each FIRM panel by visiting the **FEMA Map Service Center** website or by calling the FEMA Map Information eXchange.



## LEGEND

**SPECIAL FLOOD HAZARD AREAS (SFHAs) SUBJECT TO INUNDATION BY THE 1% ANNUAL CHANCE FLOOD**

The 1% annual chance flood (100-year flood), also known as the base flood, is the flood that has a 1% chance of being equaled or exceeded in any given year. The Special Flood Hazard Area is the area subject to flooding by the 1% annual chance flood. Areas of Special Flood Hazard include Zones A, AE, AH, AO, AR, A99, V and VE. The Base Flood Elevation is the water-surface elevation of the 1% annual chance flood.

- ZONE A** No Base Flood Elevations determined.
- ZONE AE** Base Flood Elevations determined.
- ZONE AH** Flood depths of 1 to 3 feet (usually areas of ponding); Base Flood Elevations determined.
- ZONE AO** Flood depths of 1 to 3 feet (usually sheet flow on sloping terrain); average depths determined. For areas of alluvial fan flooding, velocities also determined.
- ZONE AR** Special Flood Hazard Area formerly protected from the 1% annual chance flood by a flood control system that was subsequently decertified. Zone AR indicates that the former flood control system is being restored to provide protection from the 1% annual chance or greater flood.
- ZONE A99** Area to be protected from 1% annual chance flood by a Federal flood protection system under construction; no Base Flood Elevations determined.
- ZONE V** Coastal flood zone with velocity hazard (wave action); no Base Flood Elevations determined.
- ZONE VE** Coastal flood zone with velocity hazard (wave action); Base Flood Elevations determined.

### FLOODWAY AREAS IN ZONE AE

The floodway is the channel of a stream plus any adjacent floodplain areas that must be kept free of encroachment so that the 1% annual chance flood can be carried without substantial increases in flood heights.

### OTHER FLOOD AREAS

**ZONE X** Areas of 0.2% annual chance flood; areas of 1% annual chance flood with average depths of less than 1 foot or with drainage areas less than 1 square mile; and areas protected by levees from 1% annual chance flood.

### OTHER AREAS

- ZONE X** Areas determined to be outside the 0.2% annual chance floodplain.
- ZONE D** Areas in which flood hazards are undetermined, but possible.

### COASTAL BARRIER RESOURCES SYSTEM (CBRS) AREAS

### OTHERWISE PROTECTED AREAS (OPAs)

CBRS areas and OPAs are normally located within or adjacent to Special Flood Hazard Areas.

- Floodplain boundary
- Floodway boundary
- Zone D boundary
- CBRS and OPA boundary
- Boundary dividing Special Flood Hazard Areas of different Base Flood Elevations, flood depths or flood velocities.
- Base Flood Elevation line and value; elevation in feet\*
- Base Flood Elevation value where uniform within zone; elevation in feet\*

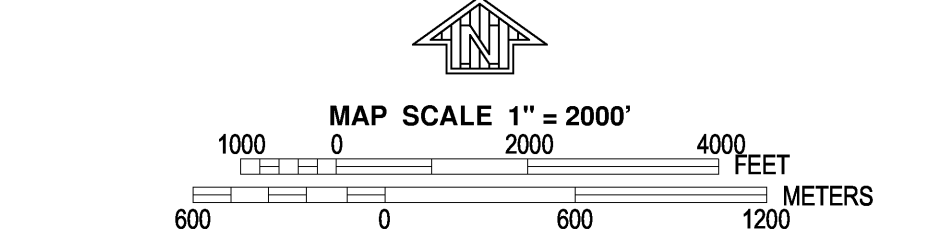
\* Referenced to the North American Vertical Datum of 1988 (NAVD 88)

- MAP REPOSITORIES**  
Refer to Map Repositories list on Map Index
- EFFECTIVE DATE OF COUNTYWIDE FLOOD INSURANCE RATE MAP**  
September 30, 1992
- EFFECTIVE DATE(S) OF REVISION(S) TO THIS PANEL**  
January 1, 1997
- Geographic coordinates referenced to the North American Datum of 1983 (NAD 83)
- 1000-meter Universal Transverse Mercator grid ticks, zone 15
- 5000-foot grid values: Texas State Plane coordinate system, south central zone (FIPSZONE 4204), Lambert Conformal Conic
- Bench mark (see explanation in Notes to Users section of this FIRM panel)
- M1.5  
River Mile

April 2, 2014—to update corporate limits, to change Base Flood Elevations, to change Special Flood Hazard Areas, to add roads and road names, to incorporate previously issued Letters of Map Revision, and to reflect updated topographic information.

For community map revision history prior to countywide mapping, refer to the Community Map History table located in the Flood Insurance Study report for this jurisdiction.

To determine if flood insurance is available in this community, contact your insurance agent or call the National Flood Insurance Program at 1-800-638-6620.



**NFIP**  
**NATIONAL FLOOD INSURANCE PROGRAM**

**PANEL 0225L**

**FIRM**  
**FLOOD INSURANCE RATE MAP**  
**FORT BEND COUNTY,**  
**TEXAS**  
**AND INCORPORATED AREAS**

**PANEL 225 OF 575**  
(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

**CONTAINS:**

COMMUNITY	NUMBER	PANEL	SUFFIX
FORT BEND COUNTY	480228	0225	L
BEASLEY, CITY OF	481654	0225	L
ORCHARD, CITY OF	481655	0225	L
ROSENBERG, CITY OF	480232	0225	L

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

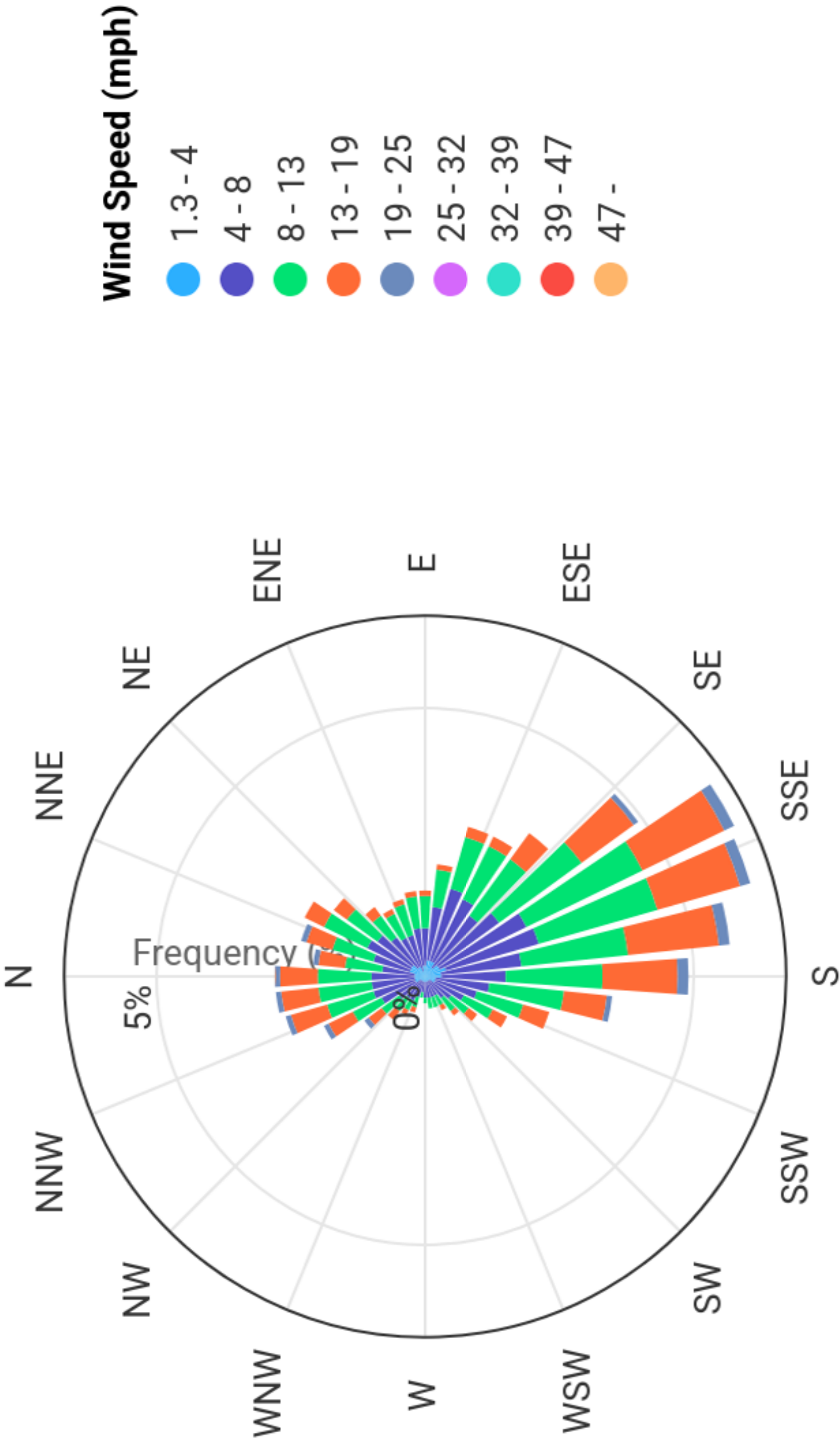
**MAP NUMBER**  
**48157C0225L**  
**MAP REVISED**  
**APRIL 2, 2014**

**Federal Emergency Management Agency**



# HOUSTON SUGARLAND MEM (TX) Wind Rose

July 23, 1996 - December 16, 2024  
Sub-Interval: January 1 - December 31, 0 - 24



## ATTACHMENT - 19

### Sludge Management Plan Phase 1 - 0.15 MGD

Influent Design Flow	0.15	MGD
Influent BOD <sub>5</sub> Concentration	325	mg/L
Aerobic Digester Volume	24,971	Gal
Aeration Basin MLSS	2000	mg/L

<b>SOLIDS GENERATED</b>	<b>100% Flow</b>	<b>75% Flow</b>	<b>50% Flow</b>	<b>25% Flow</b>
Pounds (lbs) Influent BOD <sub>5</sub>	407	305	203	102
Pounds (lbs) of digested dry sludge produced*	142	107	71	36
Pounds (lbs) of wet sludge produced	7,115	5,336	3,558	1,779
Gallons (Gal) of wet sludge produced	853	640	427	213

\*Assuming 0.35 pounds of digested dry sludge produced per pound of influent BOD<sub>5</sub> at average temperature and 2.0% solids concentration in the digester

Sludge will be wasted from the RAS flow stream to the aerobic digester.

Sludge solids will be stabilized in the digester

Supernatant will be decanted from the digester and returned to the plant headworks for treatment.

<b>REMOVAL SCHEDULE (DAYS)</b>	<b>100% Flow</b>	<b>75% Flow</b>	<b>50% Flow</b>	<b>25% Flow</b>
Days between sludge removal	4	5	7	14

Liquid digested sludge will be removed from the digester for disposal on a regular basis as required.

The calculated mean cell residence time (MCRT) for the digester storage volume of 24971.232 gal will be approximately 29 days at 100% capacity and annual average digested sludge produced of 142 ppd.

## ATTACHMENT - 19

### Sludge Management Plan Phase 2 - 0.30 MGD

Influent Design Flow	0.3 MGD
Influent BOD <sub>5</sub> Concentration	325 mg/L
Aerobic Digester Volume	49,942 Gal
Aeration Basin MLSS	2000 mg/L

<b>SOLIDS GENERATED</b>	<b>100% Flow</b>	<b>75% Flow</b>	<b>50% Flow</b>	<b>25% Flow</b>
Pounds (lbs) Influent BOD <sub>5</sub>	813	610	407	203
Pounds (lbs) of digested dry sludge produced*	285	213	142	71
Pounds (lbs) of wet sludge produced	14,230	10,673	7,115	3,558
Gallons (Gal) of wet sludge produced	1,706	1,280	853	427

\*Assuming 0.35 pounds of digested dry sludge produced per pound of influent BOD<sub>5</sub> at average temperature and 2.0% solids concentration in the digester

Sludge will be wasted from the RAS flow stream to the aerobic digester.

Sludge solids will be stabilized in the digester

Supernatant will be decanted from the digester and returned to the plant headworks for treatment.

<b>REMOVAL SCHEDULE (DAYS)</b>	<b>100% Flow</b>	<b>75% Flow</b>	<b>50% Flow</b>	<b>25% Flow</b>
Days between sludge removal	4	5	7	14

Liquid digested sludge will be removed from the digester for disposal on a regular basis as required.

The calculated mean cell residence time (MCRT) for the digester storage volume of 49942.464 gal will be approximately 29 days at 100% capacity and annual average digested sludge produced of 285 ppd.

**ATTACHMENT - 19**  
**Sludge Management Plan**  
**Ultimate - 1.80 MGD**

Influent Design Flow	1.8 MGD
Influent BOD <sub>5</sub> Concentration	325 mg/L
Aerobic Digester Volume	370,260 Gal
Aeration Basin MLSS	2000 mg/L

<b>SOLIDS GENERATED</b>	<b>100% Flow</b>	<b>75% Flow</b>	<b>50% Flow</b>	<b>25% Flow</b>
Pounds (lbs) Influent BOD <sub>5</sub>	4,879	3,659	2,439	1,220
Pounds (lbs) of digested dry sludge produced*	1,708	1,281	854	427
Pounds (lbs) of wet sludge produced	85,381	64,036	42,690	21,345
Gallons (Gal) of wet sludge produced	10,238	7,678	5,119	2,559

\*Assuming 0.35 pounds of digested dry sludge produced per pound of influent BOD<sub>5</sub> at average temperature and 2.0% solids concentration in the digester

Sludge will be wasted from the RAS flow stream to the aerobic digester.

Sludge solids will be stabilized in the digester

Supernatant will be decanted from the digester and returned to the plant headworks for treatment.

<b>REMOVAL SCHEDULE (DAYS)</b>	<b>100% Flow</b>	<b>75% Flow</b>	<b>50% Flow</b>	<b>25% Flow</b>
Days between sludge removal	4	6	9	17

Liquid digested sludge will be removed from the digester for disposal on a regular basis as required.

The calculated mean cell residence time (MCRT) for the digester storage volume of 370260 gal will be approximately 36 days at 100% capacity and annual average digested sludge produced of 1708 ppd.

## Abesha Michael

---

**From:** Kristopher Glende <kglende@lja.com>  
**Sent:** Wednesday, February 19, 2025 8:41 AM  
**To:** Abesha Michael  
**Cc:** Margaret Gillentine  
**Subject:** RE: Application for Proposed Permit No. WQ0016725001 - Notice of Deficiency Letter  
**Attachments:** TCEQ ePay Receipt for 582EA000650752; Mailing Labels.doc; ownership.pdf; wq0016725001-NOD1 (002).pdf; dom-tpdes-new-nori-munechno (complete).docx

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

Good morning,

Please see below for responses to the NOD letter.

1. An original copy was mailed to the TCEQ on 2/11/25. Also, in the instructions posted online for submitting a permit application, the TCEQ requires one original hard copy and an electronic submission. Is this still the case or do I need to mail two hard copies?
2. Please see the attached proof of payment.
3. Please see the attached mailing list.
4. Please see the attached mailing labels.
5. See attached markup on the NORI.
6. See attached Spanish NORI.

**Kris Glende, P.E.** | Project Manager

Land Development

O: 713.953.5200 | D: 713.580.4134

3600 W Sam Houston Pkwy S, Suite 600, Houston, TX 77042

**EMPLOYEE-OWNED. CLIENT FOCUSED.**

[www.lja.com](http://www.lja.com)



---

**From:** Abesha Michael <Abesha.Michael@tceq.texas.gov>  
**Sent:** Wednesday, February 19, 2025 7:53 AM  
**To:** Kristopher Glende <kglende@lja.com>  
**Cc:** Margaret Gillentine <mgillentine@lja.com>  
**Subject:** FW: Application for Proposed Permit No. WQ0016725001 - Notice of Deficiency Letter

[EXTERNAL EMAIL]

Good morning,

Please use this attachment for Notice of Deficiency Letter. I apologize for the wrong attachment which was sent on my last email.



Thank you,



Abesha H. Michael  
Applications Review & Processing Team  
Water Quality Division Support Section  
Water Quality Division, MC 148  
PO Box 13087  
Austin, Texas 78711  
Phone: o: 512-239-4912  
Email: [abesha.michael@tceq.texas.gov](mailto:abesha.michael@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:** Abesha Michael

**Sent:** Thursday, February 13, 2025 5:56 PM

**To:** [kglende@lja.com](mailto:kglende@lja.com)

**Cc:** [mgillentine@lja.com](mailto:mgillentine@lja.com)

**Subject:** Application for Proposed Permit No. WQ0016725001 - Notice of Deficiency Letter

Dear Mr. Glende:

The attached Notice of Deficiency letter sent on February 13, 2025, requests additional information needed to declare the application administratively complete. Please send the complete response to my attention by February 27, 2025.

Thank you,



Abesha H. Michael  
Applications Review & Processing Team  
Water Quality Division Support Section  
Water Quality Division, MC 148  
PO Box 13087  
Austin, Texas 78711  
Phone: o: 512-239-4912  
Email: [abesha.michael@tceq.texas.gov](mailto:abesha.michael@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)**

**[EXTERNAL EMAIL]** Exercise caution. Do not open attachments or click links from unknown senders or unexpected email

Brooke T. Paup, *Chairwoman*  
Bobby Janecka, *Commissioner*  
Catarina R. Gonzales, *Commissioner*  
Kelly Keel, *Executive Director*



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

*Protecting Texas by Reducing and Preventing Pollution*

February 13, 2025

Mr. Kris Glende, P.E.  
Project Manager  
LJA Engineering, Inc.  
3600 W Sam Houston Parkkway South, Suite 600  
Houston, Texas 77042

RE: Application for Proposed Permit No.: WQ0016725001 (EPA I.D. No. TX0147443)  
Applicant Name: IMM Land Holdings, LP (CN606351997)  
Site Name: Fort Bend County MUD No. 238 WWTP No. 1 (RN112140058)  
Type of Application: New

### VIA EMAIL

Dear Mr. Glende:

We have received the application for the above referenced permit, and it is currently under review. Your attention to the following item(s) are requested before we can declare the application administratively complete. Please submit responses to the following items via email.

1. Thank you for the electronic copy of proposed permit application for IMM Land Holdings, LP. We need paper copy (hardcopy) of one original and 2 copies of the application. Please mail the hardcopy of the whole application.
2. Section 1, application fees, on page 2 of the administration report 1.0: Thank you for application fee payment. However, we are unable to location the copy of the payment voucher number 582EA000650752. Please email the proof of payment.
3. Section 1, item B, affected landowner information, on page 12 of the administrative report 1.0: Thank you for the cross-referenced mailing list. However, the mailing list is not clear to use. Please submit the cross-referenced mailing only the cross-referenced number, the name of the owner and the mailing address only.
4. Section 1, item C, affected landowner information, on page 12 of the Administrative Report 1.0: Thank you for submitting the USB Drive. Please **email** the updated, affected landowners mailing labels in Avery 5160 label format (3 columns across, 10 columns down). To ensure we can use the media to print labels, they must be evenly spaced, so that each address prints on one label. Please remove if there is any additional information included with the list, no punctuation
5. The following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions. The complete notice will be sent to you once the application is declared administratively complete.

6. **APPLICATION.** IMM Land Holdings, LP, 310 South 10th Street, Richmond, Texas 77469, has applied to the Texas Commission on Environmental Quality (TCEQ) for proposed Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0016725001 (EPA I.D. No. TX0147443) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 1,800,000 gallons per day. The domestic wastewater treatment facility will be located approximately 3,800 feet northwest of the intersection of Randon Dyer Road and U.S. Highway 90, near the city of Rosenberg, in Fort Bend County, Texas 77471. The discharge route will be from the plant site via pipe to Coon Creek; thence to Big Creek; thence to Brazos River Below Navasota River (**pending RWA confirmation**). TCEQ received this application on February 11, 2025. The permit application will be available for viewing and copying at George Memorial Library, Front Desk, 1001 Golfview Drive, Richmond, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage:  
<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.  
<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.8982,29.5572&level=18>

Further information may also be obtained from IMM Land Holdings, LP at the address stated above or by calling Ms. Margaret Gillentine, P.E., Program Manager, at (713) 953-5200.

7. The application indicates that public notices in Spanish are required. After confirming the portion of the NORI above does not contain any errors or omissions, please use the attached template to translate the NORI into Spanish. Only the first and last paragraphs are unique to this application and require translation. Please provide the translated Spanish NORI in a Microsoft Word document.

Please submit the complete response, addressed to my attention by February 27. If you should have any questions, please do not hesitate to contact me by phone at (512) 239-4912 or by email at [abesha.michael@tceq.texas.gov](mailto:abesha.michael@tceq.texas.gov).

Sincerely,



Abesha Michael  
Applications Review and Processing Team (MC148)  
Water Quality Division  
Texas Commission of Environmental Quality

Enclosure(s)

cc: Mr. Margaret Gillentine, P.E., Program Manager, LJA Engineering, Inc., 3600 W Sam Houston Parkway South, Suite 600, Houston, Texas 77042

## Abesha Michael

---

**From:** steers@tceq.texas.gov  
**Sent:** Tuesday, February 11, 2025 10:01 AM  
**To:** Kristopher Glende  
**Subject:** TCEQ ePay Receipt for 582EA000650752

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

### [EXTERNAL EMAIL]

This is an automated message from the TCEQ ePay system. Please do not reply.

Trace Number: 582EA000650752

Date: 02/11/2025 10:00 AM

Payment Method: CC - Authorization 0000011247

TCEQ Amount: \$2,050.00

[Texas.gov](https://www.texas.gov) Price: \$2,096.38\*

\* This service is provided by [Texas.gov](https://www.texas.gov), the official website of Texas. The price of this service includes funds that support the ongoing operations and enhancements of [Texas.gov](https://www.texas.gov), which is provided by a third party in partnership with the State.

Actor: KRIS GLENDE  
Email: kglende@lja.com

Payment Contact: MARGARET GILLENLINE  
Phone: 713-580-4134  
Company: LJA ENGINEERING INC  
Address: 3600 W SAM HOUSTON PKWY S SUI, HOUSTON, TX 77042

#### Fees Paid:

Fee Description AR Number Amount

WW PERMIT - FACILITY WITH FLOW >= 1.0 MGD - NEW AND MAJOR AMENDMENTS \$2,000.00

30 TAC 305.53B WQ NOTIFICATION FEE \$50.00

-----  
TCEQ Amount: \$2,050.00

=====

Voucher: 748586

Trace Number: 582EA000650752

Date: 02/11/2025 10:00 AM

Payment Method: CC - Authorization 0000011247

Voucher Amount: \$2,000.00

Fee Paid: WW PERMIT - FACILITY WITH FLOW >= 1.0 MGD - NEW AND MAJOR AMENDMENTS

Site Name: FORT BEND COUNTY MUD NO 238 WASTEWATER TREATMENT PLANT NO 1

Site Location: 3 800 FEET NORTHWEST OF THE INTERSECTION OF U S 90 AND RANDON DYER

Customer Name: IMM LAND HOLDINGS LP

Customer Address: 310 S 10TH ST, RICHMOND, TX 77469 3446

-----  
Voucher: 748587

Trace Number: 582EA000650752

Date: 02/11/2025 10:00 AM

Payment Method: CC - Authorization 0000011247

Voucher Amount: \$50.00

Fee Paid: 30 TAC 305.53B WQ NOTIFICATION FEE

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=====

To print out a copy of the receipt and vouchers for this transaction  
either click on or copy and paste the following url into your browser:

[https://www3.tceq.texas.gov/epay/index.cfm?fuseaction=cor.search&trace\\_num\\_txt=582EA000650752](https://www3.tceq.texas.gov/epay/index.cfm?fuseaction=cor.search&trace_num_txt=582EA000650752)

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This e-mail transmission and any attachments are believed to have been sent free of any virus or other defect that might affect any computer system into which it is received and opened. It is, however, the recipient's responsibility to ensure that the e-mail transmission and any attachments are virus free, and the sender accepts no responsibility for any damage that may in any way arise from their use.

**[EXTERNAL EMAIL]** Exercise caution. Do not open attachments or click links from unknown senders or unexpected email

MAP KEY	OWNER NAME	OWNER ADDRESS 1	OWNER ADDRESS 2
1	McNeill Wade Exempt Unitrust	1521 N Cooper St Ste 610	Arlington, TX 76011
2-A	Houston Copart Salvage Auto Auctions Limited Partnership	14185 Dallas PKWY	Dallas, TX 75254-1327
2-B	Houston Copart Salvage Auto Auctions Limited Partnership	14185 Dallas PKWY	Dallas, TX 75254-1327
3	Ly Michael & Hong Thuong Lim	11439 Lower Azusa RD	El Monte, CA 91732-1393
4	Martinez Maria Del Rosario Martinez & Rafael Martinez Martinez	2517 Muegge RD	Rosenberg, TX 77471-9854
5	Tejada Teodora	221 Vera Cruz DR	Rosenberg, TX 77471-4117
6	Rivas Carlos	221 Vera Cruz DR	Rosenberg, TX 77471-4117
7	Mejia Edy	8326 Wahl Manor CT	Houston, TX 77083-7402
8-A	Williams Brandon etal	507 Randon Dyer RD	Rosenberg, TX 77471-7962
8-B	Williams Brandon etal	507 Randon Dyer RD	Rosenberg, TX 77471-7962
9	Worldwide Packaging LP	2331 Randon Dyer RD	Rosenberg, TX 77471-2407
10	Worldwide Packaging LP	2331 Randon Dyer RD	Rosenberg, TX 77471-2407
11-A	Rosenberg 1036 LLC	15010 Lakefair DR	Richmond, TX 77406-3995
11-B	Rosenberg 1036 LLC	15010 Lakefair DR	Richmond, TX 77406-3995
12-A	Union Pacific Railroad Company	1400 Douglas ST	Omaha, NE 68179-1001
12-B	Union Pacific Railroad Company	1400 DOUGLAS ST	OMAHA, NE 68179-1001

MCNEILL WADE EXEMPT UNITRUST  
1521 N COOPER ST STE 610  
ARLINGTON TEXAS 76011

HOUSTON COPART SALVAGE AUTO  
AUCTIONS  
14185 ALLAS PKWY  
DALLAS TEXAS 75254-1327

WORLDWIDE PACKAGING LP  
2331 RANDON DYER RD  
ROSENBERG TX 77471-2407

LY MICHAEL & HONG THUONG LIM  
11439 LOWER AZUSA RD  
EL MONTE CA 91732-1393

MARTINEZ MARIA DEL ROSARIO MARTINEZ &  
RAFAEL MARTINEZ MARTINEZ  
2517 UEGGE RD  
ROSENBERG TX 77471-9854

TEJADA TEODORA  
221 VERA CRUZ DR  
ROSENBERG TX 77471-4117

RIVAS CARLOS  
221 VERA CRUZ DR  
ROSENBERG TX 77471-4117

MEJIA EDY  
8326 WAHL MANOR CT  
HOUSTON TX 77083-7402

WILLIAMS BRANDON ETAL  
507 RANDON DYER RD  
ROSENBERG TX 77471-7962

ROSENBERG 1036 LLC  
15010 LAKEFAIR DR  
RICHMOND TX 77406-3995

UNION PACIFIC RAILROAD  
COMPANY  
1400 DOUGLAS ST  
OMAHA NE 68179-1001

# Comisión de Calidad Ambiental del Estado de Texas



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

### PERMISO PROPUESTO NO. WQ0016725001

**SOLICITUD.** IMM Land Holdings, LP, 310 South 10th Street, Richmond, Texas 77469, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para el propuesto Permiso No. WQ0016725001 (EPA I.D. No. TX0147443) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 1,800,000 galones por día. La planta está ubicada aproximadamente 3,800 pies al noroeste de la intersección de las calles U.S. 90 y Randon Dryer Road, cerca de la ciudad de Rosenberg, en el Condado de Fort Bend, Texas 77471. La ruta de descarga es del sitio de la planta a Coon Creek, de allí a Big Creek, y de allí al río Brazos debajo del río Navasota. La TCEQ recibió esta solicitud el 11 de febrero de 2025. La solicitud para el permiso está disponible para leerla y copiarla en Biblioteca George Memorial, recepción, en el condado de Fort Bend, Texas. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud. <https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.8982,29.5572&level=18>

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

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



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

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

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

Después del cierre de todos los períodos de comentarios y de petición que aplican, el Director Ejecutivo enviará la solicitud y cualquier petición para reconsideración o para una audiencia de caso impugnado a los Comisionados de la TCEQ para su consideración durante una reunión

**programada de la Comisión. La Comisión sólo puede conceder una solicitud de una audiencia de caso impugnado sobre los temas que el solicitante haya presentado en sus comentarios oportunos que no fueron retirados posteriormente. Si se concede una audiencia, el tema de la audiencia estará limitado a cuestiones de hecho en disputa o cuestiones mixtas de hecho y de derecho relacionadas a intereses pertinentes y materiales de calidad del agua que se hayan presentado durante el período de comentarios.**

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

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

También se puede obtener información adicional del IMM Land Holdings, LP a la dirección indicada arriba o llamando a Ms. Margaret Gillentine, P.E., Program Manager, al (713) 953-5200.

Fecha de emisión \_\_\_\_\_ *[Date notice issued]*