



Administrative Package Cover Page

This file contains the following documents:

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



Portada de Paquete Administrativo

Este archivo contiene los siguientes documentos:

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

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

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

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

Valley Municipal Utility District No. 2 (CN600672794) operates the Rancho Viejo Wastewater Treatment Plant (RN102093986), an activated sludge process plant operated in the extended aeration mode. The facility is located at 100 Hidalgo Street, in Rancho Viejo, Cameron County, Texas 78575. This application is for a new application to discharge at a daily average flow of 400,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD5), total suspended solids (TSS), and ammonia nitrogen (NH3-N). Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Domestic wastewater is treated by an activated sludge process plant, and the treatment units will include bar screens, an oxidation ditch, final clarifiers, sludge digester, chlorine contact chambers, and sludge drying beds.

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

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

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

Distrito No. 2 de Servicios Públicos Municipales del Valle (CN600672794) opera la Planta de Tratamiento de Aguas Residuales de Rancho Viejo (RN102093986), una planta de procesamiento de lodos activados operada en el modo de aireación extendida. La instalación está ubicada en Calle Hidalgo #100, en Rancho Viejo, Condado de Cameron, Texas 78575. Esta solicitud es para una nueva aplicación para descargar a un flujo promedio diario de 400,000 galones por día de aguas residuales domésticas tratadas. <<Para las solicitudes de TLAP incluya la siguiente oración, de lo contrario, elimine:>> Este permiso no autorizará una descarga de contaminantes en el agua en el estado.

Se espera que las descargas de la instalación contengan una demanda bioquímica carbonosa de oxígeno (CBOD5) en cinco días, sólidos suspendidos totales (SST) y nitrógeno amoniacal (NH3-N). En la sección 7 del Informe Técnico Doméstico 1.0 se incluyen contaminantes potenciales adicionales. Aguas residuales domésticas. están tratado por una planta de procesamiento de lodos activados, y las unidades de tratamiento incluirán rejillas, una zanja de oxidación, clarificadores finales, digestor de lodos, cámaras de contacto con cloro y lechos de secado de lodos.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PROPOSED PERMIT NO. WQ0016726001

APPLICATION. Valley Municipal Utility District No. 2, 100 Hidalgo Street, Rancho Viejo, Texas 78575, has applied to the Texas Commission on Environmental Quality (TCEQ) for proposed Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0016726001 (EPA I.D. No. TX0147451) to the discharge of treated wastewater at a volume not to exceed a daily average flow of 400,000 gallons per day. The domestic wastewater treatment facility is located at 100 Hidalgo Street, near the city of Rancho Viejo, in Cameron County, Texas 78575. The discharge route is from the plant site to an unnamed ditch; thence to Cameron County Drainage District No. 1 Ditch; thence to San Martin Lake; thence to Brownsville Ship Channel. Authorization to discharge was previously permitted by expired Permit No. WQ0011348001. TCEQ received this application on February 12, 2025. The permit application will be available for viewing and copying at Valley Municipal Utility District No. 2, front office, 100 Hidalgo Street, Rancho Viejo, in Cameron County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage:

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

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.55138,26.045&level=18>

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

El aviso de idioma alternativo en español está disponible en

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

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

PUBLIC COMMENT / PUBLIC MEETING. You may submit public comments or request a public meeting on this application. The purpose of a public meeting is to provide the opportunity to submit comments or to ask questions about the application. TCEQ will hold a

public meeting if the Executive Director determines that there is a significant degree of public interest in the application or if requested by a local legislator. A public meeting is not a contested case hearing.

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

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

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

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

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

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

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

Further information may also be obtained from Valley Municipal Utility District No. 2 at the address stated above or by calling Mr. Scott Fry, P.E., General Manager, at 956-350-4136.

Issuance Date: March 11, 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. WQ0016726001

SOLICITUD. Distrito No. 2 de Servicios Públicos Municipales del Valle, Calle Hidalgo #100, en Rancho Viejo, Texas 78575 ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para el propuesto Permiso No. WQ0016726001 (EPA I.D. No. TX0147451) 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 400,000 galones por día. La planta está ubicada en Calle Hidalgo #100, en Rancho Viejo, en el Condado de Cameron, Texas. La ruta de descarga es del sitio de la planta a una zanja sin nombre; de allí a la zanja del Distrito de Drenaje No. 1 del Condado de Cameron; de allí al Lago San Martín; de allí al canal de navegación de Brownsville. La TCEQ recibió esta solicitud el 12 de febrero de 2025. La solicitud para el permiso estará disponible para leerla y copiarla en la oficina principal del Distrito No. 2 de Servicios Públicos Municipales del Valle, Calle Hidalgo #100, en Rancho Viejo, Condado de Cameron, Texas 78575 antes de la fecha de publicación de este aviso en el periódico. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.55138,26.045&level=18>

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

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

OPORTUNIDAD DE UNA AUDIENCIA ADMINISTRATIVA DE LO CONTENCIOSO. Después del plazo para presentar comentarios públicos, el Director Ejecutivo considerará todos los comentarios apropiados y preparará una respuesta a todo los comentarios públicos

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

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

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

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

CONTACTOS E INFORMACIÓN A LA AGENCIA. Todos los comentarios públicos y solicitudes deben ser presentadas electrónicamente vía <http://www14.tceq.texas.gov/epic/eComment/> o por escrito dirigidos a la

Comisión de Texas de Calidad Ambiental, Oficial de la Secretaría (Office of Chief Clerk), MC-105, P.O. Box 13087, Austin, Texas 78711-3087. Tenga en cuenta que cualquier información personal que usted proporcione, incluyendo su nombre, número de teléfono, dirección de correo electrónico y dirección física pasarán a formar parte del registro público de la Agencia. Para obtener más información acerca de esta solicitud de permiso o el proceso de permisos, llame al programa de educación pública de la TCEQ, gratis, al 1-800-687-4040. Si desea información en Español, puede llamar al 1-800-687-4040.

También se puede obtener información adicional del Distrito No. 2 de Servicios Públicos Municipales del Valle a la dirección indicada arriba o llamando a Sr. Scott Fry al 956-350-4136.

Fecha de emission: 11 de marzo de 2025



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: VALLEY MUNICIPAL UTILITY DISTRICT NO. 2

PERMIT NUMBER (If new, leave blank): WQ0015935001

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

	Y	N		Y	N
Administrative Report 1.0	☒	☐	Original USGS Map	☒	☐
Administrative Report 1.1	☒	☐	Affected Landowners Map	☒	☐
SPIF	☒	☐	Landowner Disk or Labels	☒	☐
Core Data Form	☒	☐	Buffer Zone Map	☐	☒
Summary of Application (PLS)	☒	☐	Flow Diagram	☒	☐
Public Involvement Plan Form	☒	☐	Site Drawing	☒	☐
Technical Report 1.0	☒	☐	Original Photographs	☒	☐
Technical Report 1.1	☒	☐	Design Calculations	☒	☐
Worksheet 2.0	☒	☐	Solids Management Plan	☒	☐
Worksheet 2.1	☐	☒	Water Balance	☐	☒
Worksheet 3.0	☐	☒			
Worksheet 3.1	☐	☒			
Worksheet 3.2	☐	☒			
Worksheet 3.3	☐	☒			
Worksheet 4.0	☐	☒			
Worksheet 5.0	☐	☒			
Worksheet 6.0	☐	☒			
Worksheet 7.0	☐	☒			

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 ☐	\$315.00 ☐
≥0.05 but <0.10 MGD	\$550.00 ☐	\$515.00 ☐
≥0.10 but <0.25 MGD	\$850.00 ☐	\$815.00 ☐
≥0.25 but <0.50 MGD	\$1,250.00 ☒	\$1,215.00 ☐
≥0.50 but <1.0 MGD	\$1,650.00 ☐	\$1,615.00 ☐
≥1.0 MGD	\$2,050.00 ☐	\$2,015.00 ☐

Minor Amendment (for any flow) \$150.00 ☐

Payment Information:

Mailed Check/Money Order Number: 31352
Check/Money Order Amount: \$1,250.00
Name Printed on Check: Valley Municipal Utility District #2

EPAY Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

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

- ☒ Publicly Owned Domestic Wastewater
☐ Privately-Owned Domestic Wastewater
☐ Conventional Water 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 11348001 (expired)

EPA I.D. (TPDES only): TX 0140678

Expiration Date: July 1, 2020

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

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

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

VALLEY MUNICIPAL UTILITY DISTRICT NO. 2

(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: 600672794

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: Nelson, Roger

Title: President

Credential: Click to enter text.

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

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

N/A

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

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

CN: N/A

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

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

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

C. Core Data Form

Complete the Core Data Form for each customer and include as an attachment. If the customer type selected on the Core Data Form is **Individual**, complete **Attachment 1** of Administrative Report 1.0. AR1.0-3(C)

Section 4. Application Contact Information (Instructions Page 27)

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

- A. Prefix: Mr. Last Name, First Name: Fry, Scott
Title: General Manager Credential: P.E.
Organization Name: Valley Municipal Utility District No. 2
Mailing Address: 100 Hidalgo Ave. City, State, Zip Code: Rancho Viejo, TX, 78575
Phone No.: (956)350-4136 E-mail Address: sfry@vmud2.org
Check one or both: ☒ Administrative Contact ☒ Technical Contact
- B. Prefix: Mr. Last Name, First Name: Martinez, Omar
Title: Chief Operator Credential: Click to enter text.
Organization Name: Valley Municipal Utility District No. 2
Mailing Address: 100 Hidalgo Ave. City, State, Zip Code: Rancho Viejo, TX, 78575
Phone No.: (956)350-4136 E-mail Address: omartinez@vmud2.org
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: Fry, Scott
Title: General Manager Credential: P.E.
Organization Name: Valley Municipal Utility District No. 2
Mailing Address: 100 Hidalgo Ave. City, State, Zip Code: Rancho Viejo, TX, 78575
Phone No.: (956)350-4136 E-mail Address: sfry@vmud2.org

B. Prefix: Mr. Last Name, First Name: Martinez, Omar
Title: Chief Operator Credential: Click to enter text.
Organization Name: Valley Municipal Utility District No. 2
Mailing Address: 100 Hidalgo Ave. City, State, Zip Code: Rancho Viejo, TX, 78575
Phone No.: (956)350-4136 E-mail Address: omartinez@vmud2.org

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mr. Last Name, First Name: Fry, Scott
Title: General Manager Credential: P.E.
Organization Name: Valley Municipal Utility District No. 2
Mailing Address: 100 Hidalgo Ave. City, State, Zip Code: Rancho Viejo, TX, 78575
Phone No.: (956)350-4136 E-mail Address: sfry@vmud2.org

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

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

Prefix: Mr. Last Name, First Name: Fry, Scott
Title: General Manager Credential: P.E.
Organization Name: Valley Municipal Utility District No. 2
Mailing Address: 100 Hidalgo Ave. City, State, Zip Code: Rancho Viejo, TX, 78575
Phone No.: (956)350-4136 E-mail Address: sfry@vmud2.org

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: Fry, Scott
Title: General Manager Credential: P.E.
Organization Name: Valley Municipal Utility District No. 2
Mailing Address: 100 Hidalgo Ave. City, State, Zip Code: Rancho Viejo, TX, 78575
Phone No.: (956)350-4136 E-mail Address: sfry@vmud2.org

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

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

☒ E-mail Address

☐ Fax

☐ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Mr.

Last Name, First Name: Fry, Scott

Title: General Manager

Credential: P.E.

Organization Name: Valley Municipal Utility District No. 2

Mailing Address: 100 Hidalgo Ave.

City, State, Zip Code: Rancho Viejo, TX, 78575

Phone No.: (956)350-4136

E-mail Address: sfry@vmud2.org

D. Public Viewing Information

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

Public building name: Valley Municipal Utility District No. 2

Location within the building: Front Office

Physical Address of Building: 100 Hidalgo Ave.

City: Rancho Viejo

County: Cameron

Contact (Last Name, First Name): Fry, Scott

Phone No.: (956)350-4136 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. Summary of Application in Plain Language Template

Complete the F. Summary of Application in Plain Language Template (TCEQ Form 20972), also known as the plain language summary or PLS, and include as an attachment.

Attachment: AR1.0-8(F)

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: AR1.0-8(G)

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 102093986

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):

Rancho Viejo Wastewater Treatment Plant

C. Owner of treatment facility: Valley Municipal Utility District No. 2

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: Valley Municipal Utility District No. 2

Mailing Address: 100 Hidalgo Ave.

City, State, Zip Code: Rancho Viejo, TX, 78575

Phone No.: (956)350-4136

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.

E. Owner of effluent disposal site:

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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

Attachment: N/A

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

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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

Attachment: N/A

Section 10. TPDES Discharge Information (Instructions Page 31)

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



Yes



No

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

The Rancho Viejo Wastewater Treatment Plant is located at 100 Hidalgo Street, Rancho Viejo, in Cameron County, Texas 78575.

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:

Effluent discharges to an unnamed drainage ditch; thence to Cameron County Drainage District No. 1 Ditch No. 2; thence to San Martin Lake; thence to Brownsville Ship Channel in Segment No. 2494 of the Bays and Estuaries

City nearest the outfall(s): Rancho Viejo

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

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: Refer to permit WQ0011348001

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☐ No

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

N/A, not a TLAP permit application

- 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:

N/A

- 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.

N/A

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

☐ Yes ☒ No

If yes, list each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application: N/A

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account number: N/A

Amount past due: N/A

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

Enforcement order number: N/A

Amount past due: N/A

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: Core Data Form – Attachment AR1.0-3(C)

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0015935001

Applicant: Valley Municipal Utility District No. 2

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): Roger Nelson

Signatory title: President of the Board

Signature:  Date: 2-10-25
(Use blue ink)

Subscribed and Sworn to before me by the said Roger L. Nelson
on this 10th day of February, 20 25.
My commission expires on the 6th day of January, 20 28.


Notary Public

Cameron
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 that the landowners list has also been provided as mailing labels in electronic format (Avery 5160).
- D. Provide the source of the landowners' names and mailing addresses: Cameron County Appraisal District
- E. As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?
- ☐ Yes ☒ No

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

N/A

Section 2. Original Photographs (Instructions Page 38)

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

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

Section 3. Buffer Zone Map (Instructions Page 38)

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

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

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

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

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

- ☒ Yes ☐ No

DOMESTIC WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: AR1.0-SPIF

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

Electronic Application Submittal ☒ Yes
(See application submittal requirements on page 23 of the instructions.)

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)*

Summary of Application (in Plain Language) ☒ Yes



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

Section 1. Permitted or Proposed Flows (Instructions Page 42)

A. Existing/Interim I Phase

Design Flow (MGD): 0.4

2-Hr Peak Flow (MGD): 1.2

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

B. Interim II Phase

Design Flow (MGD): N/A

2-Hr Peak Flow (MGD): N/A

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

C. Final Phase

Design Flow (MGD): 0.4

2-Hr Peak Flow (MGD): 1.2

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

D. Current Operating Phase

Provide the startup date of the facility: January 31, 1984

Section 2. Treatment Process (Instructions Page 42)

A. Current Operating Phase

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

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

The Rancho Viejo Wastewater Treatment Plant is an activated sludge process plant operated in the extended aeration mode. Treatment units include bar screens (2), an oxidation ditch, a splitter box, final clarifiers (2), sludge drying beds (3), a digester, and chlorine contact chambers (2). The point of discharge is to the San Martin drainage ditch or to the golf course ponds for irrigation purposes. Dried sludge is hauled off by Valley Municipal Utility District No. 2 to the City of Brownsville, Texas landfill.

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)
Bar Screen	1	11' x 7' x 5'
Oxidation Ditch	1	6 ft deep; 65,063 cu. Ft.
Splitter Box	1	15' x 15' x 5'
Clarifier	2	30 ft. radius x 9.5 ft. SWD 35 ft. radius x 10 ft. SWD
Chlorine Contact Chambers	2	20' x 10' x 6'
Sludge Drying Beds	3	72'8" x 27' x 2'
Digester	1	40'5" x 20'3" x 13'

C. Process Flow Diagram

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

Attachment: TR1.0-2(C)

Section 3. Site Information and Drawing (Instructions Page 43)

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

- Latitude: 26°3'10.01" N
- Longitude: 97°33'32.90" 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: TR1.0-3

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

The Rancho Viejo Wastewater Treatment Plant treats domestic sewage from the Town of Rancho Viejo, Texas.

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

Collection System Information

Collection System Name	Owner Name	Owner Type	Population Served
Valley Municipal Utility District No. 2 Rancho Viejo Collection System	Valley Municipal Utility District No. 2	Publicly Owned	3,200
		Choose an item.	
		Choose an item.	
		Choose an item.	

Section 4. Unbuilt Phases (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

N/A

Section 5. Closure Plans (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

N/A

Section 6. Permit Specific Requirements (Instructions Page 44)

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: Final Phase – November 18, 2004

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.**

Not available from historical records; last updated and approved 2005

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.

See attached language from permit WQ0011348001, indicating a buffer zone variance request was granted (Attachment – TR1.0-6(B))

C. Other actions required by the current permit

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

☐ Yes ☒ No

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

N/A

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

2. Grit and grease processing

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

Click to enter text.

3. Grit disposal

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

☐ Yes ☐ No

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

Describe the method of grit disposal.

Click to enter text.

4. *Grease and decanted liquid disposal*

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

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

Click to enter text.

E. Stormwater management

1. *Applicability*

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

2. *MSGP coverage*

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

☐ Yes ☐ No

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

TXR05 Click to enter text. or TXRNE Click to enter text.

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

☐ Yes ☐ No

3. *Conditional exclusion*

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

☐ Yes ☐ No

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

Click to enter text.

4. *Existing coverage in individual permit*

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

☐ Yes ☐ No

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

Click to enter text.

5. *Zero stormwater discharge*

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

☐ Yes ☐ No

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

Click to enter text.

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

6. *Request for coverage in individual permit*

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

☐ Yes ☐ No

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

Click to enter text.

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

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

1. Acceptance of sludge from other WWTPs

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

☒ Yes ☐ No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD₅ concentration of the sludge, and the design BOD₅ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

The Rancho Viejo Wastewater Treatment Plant is authorized to receive sludge generated from River Bend Wastewater Utility District No. 2 Wastewater Treatment Facility (owned and operated by Valley Municipal Utility District No. 2), only to be digested, dewatered and then disposed of with the bulk of the sludge, in the monthly average of 3,000 gallons.

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If **yes to any of the above**, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD₅ concentration of the septic waste, and the design BOD₅ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

N/A

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

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

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

☐ Yes ☒ No

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

N/A

Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 49)

Is the facility in operation?

☒ Yes ☐ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , mg/l	3.5	6.3	56	GRAB	09/2023 to 09/2024
Total Suspended Solids, mg/l	2.6	3.4	56	GRAB	09/2023 to 09/2024
Ammonia Nitrogen, mg/l	0.7	3	56	GRAB	09/2023 to 09/2024
Nitrate Nitrogen, mg/l	8.05	8.05	1	GRAB	11/6/2024
Total Kjeldahl Nitrogen, mg/l	0.108	0.108	1	GRAB	11/6/2024
Sulfate, mg/l	202	202	1	GRAB	11/6/2024
Chloride, mg/l	301	301	1	GRAB	11/6/2024
Total Phosphorus, mg/l	2.54	2.54	1	GRAB	11/6/2024
pH, standard units	7.55	7.78	13	GRAB	09/2023 to 09/2024
Dissolved Oxygen*, mg/l	6.8	9	56	GRAB	09/2023 to 09/2024
Chlorine Residual, mg/l	2.35	4	260	GRAB	09/2023 to 09/2024
<i>E.coli</i> (CFU/100ml) freshwater	1.7	7.5	13	GRAB	09/2023 to 09/2024
Enterococci (CFU/100ml) saltwater	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l	860	860	1	GRAB	11/6/2024
Electrical Conductivity, μ mohs/cm, †	N/A	N/A	N/A	N/A	N/A
Oil & Grease, mg/l	4.35	4.35	1	GRAB	11/6/2024
Alkalinity (CaCO ₃)*, mg/l	109	109	1	GRAB	11/6/2024

*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					

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

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Armando Gutierrez

Facility Operator's License Classification and Level: Class A wastewater treatment operator

Facility Operator's License Number: WW0003354

Section 9. Sludge and Biosolids Management and Disposal (Instructions Page 50)

A. WWTP's Sewage Sludge or 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 Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

- ☒ Aerobic Digestion
- ☒ Air Drying (or sludge drying beds)
- ☐ Lower Temperature Composting
- ☐ Lime Stabilization
- ☐ Higher Temperature Composting
- ☐ Heat Drying
- ☐ Thermophilic Aerobic Digestion
- ☐ Beta Ray Irradiation
- ☐ Gamma Ray Irradiation
- ☐ Pasteurization
- ☐ Preliminary Operation (e.g. grinding, de-gritting, blending)

- ☐ Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)
- ☐ Sludge Lagoon
- ☐ Temporary Storage (< 2 years)
- ☐ Long Term Storage (>= 2 years)
- ☐ Methane or Biogas Recovery
- ☐ Other Treatment Process: [Click to enter text.](#)

C. Sewage Sludge or Biosolids Management

Provide information on the *intended* sewage sludge or biosolids management practice. Do not enter every management practice that you want authorized in the permit, as the permit will authorize all sewage sludge or 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
Disposal in Landfill	On-Site Owner or Operator	Bulk	114,766 (gallons); see sludge registration (Attachment - TR1.0-9(C))	Class B: PSRP Aerobic Digestion	Option 8: Unstabilized sludge is >=90% solids
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

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

D. Disposal site

Disposal site name: [City of Brownsville Municipal Landfill](#)

TCEQ permit or registration number: [1273A](#)

County where disposal site is located: [Cameron](#)

E. Transportation method

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

Name of the hauler: [Valley Municipal Utility District No. 2](#)

Hauler registration number: [22475](#)

Sludge is transported as a:

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

Section 10. Permit Authorization for Sewage Sludge Disposal (Instructions Page 52)

A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

B. Sludge processing authorization

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

Sludge Composting	☐ Yes	☒ No
Marketing and Distribution of Biosolids	☐ Yes	☒ No
Sludge Surface Disposal or Sludge Monofill	☐ Yes	☒ No
Temporary storage in sludge lagoons	☐ Yes	☒ No

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

A. Location information

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

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

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

- Site map:

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

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

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

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

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

[Click to enter text.](#)

B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

C. Liner information

Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity of 1×10^{-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 54)

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:

Reuse Authorization – R11348001

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:

Docket No. 2020-1443-MWD-E, Enforcement Case No. 60043, currently has a deadline for compliance with Ordering Provision No. 2.c. for May 5, 2025. Unless a request for an amended schedule for completion is approved, Valley Municipal Utility District No. 2 must submit written certification that authorization to operate has been obtained by the current deadline. Currently, Valley Municipal Utility District No. 2 is in progress of obtaining the authorization.

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: N/A

Section 14. Laboratory Accreditation (Instructions Page 55)

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: Roger Nelson

Title: President of the Board

Signature: 

Date: 2-10-25

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 56)

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.

Wastewater permit WQ0011348001 has expired, so an attempt for a new permit application is needed.

B. Regionalization of facilities

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

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

1. Municipally incorporated areas

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

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

☐ Yes ☐ No ☒ Not Applicable

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

If yes, attach correspondence from the city.

Attachment: N/A

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

Attachment: N/A

2. Utility CCN areas

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

☐ Yes ☒ No

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

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

Attachment: N/A

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: N/A

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: N/A

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

Attachment: N/A

Section 2. Proposed Organic Loading (Instructions Page 58)

Is this facility in operation?

☒ Yes ☐ No

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

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

A. Current organic loading

Facility Design Flow (flow being requested in application): 0.4 MGD

Average Influent Organic Strength or BOD₅ Concentration in mg/l: 254

Average Influent Loading (lbs/day = total average flow X average BOD₅ conc. X 8.34): 844.7

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

The average organic strength was found by calculating the wastewater generation per person by examining the historical flows of the Rancho Viejo WWTP and dividing the annual average flow by the serviced population.

B. Proposed organic loading

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

Table 1.1(1) – Design Organic Loading

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

Section 3. Proposed Effluent Quality and Disinfection (Instructions Page 58)

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: 4.0 minimum

Other: N/A

B. Interim II Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: N/A

Ammonia Nitrogen, mg/l: N/A

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: N/A

Other: N/A

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: 4.0 minimum

Other: N/A

D. Disinfection Method

Identify the proposed method of disinfection.

☒ Chlorine: at least 1.0 mg/l after 20 minutes detention time at peak flow

Dechlorination process: N/A

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

☐ Other: Click to enter text.

Section 4. Design Calculations (Instructions Page 58)

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

Attachment: TR1.1-4 (most recent available information)

Section 5. Facility Site (Instructions Page 59)

A. 100-year floodplain

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

☒ Yes ☐ No

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

Click to enter text.

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

FEMA Flood Map Service Center

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: [TR1.1-5\(B\)](#)

Section 6. Permit Authorization for Sewage Sludge Disposal (Instructions Page 59)

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): [N/A](#)

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): [N/A](#)

Section 7. Sewage Sludge Solids Management Plan (Instructions Page 60)

Attach a solids management plan to the application.

Attachment: [TR1.1-7](#)

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

- Treatment units and processes dimensions and capacities

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

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

DOMESTIC 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 63)

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 63)

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 63)

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 63)

Name of the immediate receiving waters: SM-01 Drainage Ditch

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.

SM-01 Drainage Ditch, Cameron County Drainage Ditch No. 1 Main Drain No. 2

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.

High vegetation; flowing water – clear, low turbidity

Date and time of observation: February 5th, 2025 at 10:40 a.m.

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

Section 5. General Characteristics of the Waterbody (Instructions Page 65)

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

B. Waterbody uses

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

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

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 65)

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 65)

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

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

Section 3. Summarize Measurements (Instructions Page 65)

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 67)

Identify the method of land disposal:

- | | |
|---|--|
| ☐ Surface application | ☐ Subsurface application |
| ☐ Irrigation | ☐ Subsurface soils absorption |
| ☐ Drip irrigation system | ☐ Subsurface area drip dispersal system |
| ☐ Evaporation | ☐ Evapotranspiration beds |
| ☐ Other (describe in detail): Click to enter text. | |

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 67)

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 67)

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 67)

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 67)

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 68)

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

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

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

Section 7. Groundwater Quality (Instructions Page 68)

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 69)

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 70)

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 71)

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 BOD₅ loading rate, in lbs BOD₅/acre/day: [Click to enter text.](#)

Design application frequency:

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

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

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

Section 2. Edwards Aquifer (Instructions Page 72)

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 73)

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 73)

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 74)

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 74)

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 74)

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 75)

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 75)

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 75)

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 76)

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

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

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Endosulfan II (beta)				0.02
Endosulfan Sulfate				0.1
Endrin				0.02
Epichlorohydrin				---
Ethylbenzene				10
Ethylene Glycol				---
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
4,4'-Isopropylidenediphenol				1
Lead				0.5
Malathion				0.1
Mercury				0.005
Methoxychlor				2
Methyl Ethyl Ketone				50
Methyl tert-butyl ether				---
Mirex				0.02
Nickel				2
Nitrate-Nitrogen				100
Nitrobenzene				10
N-Nitrosodiethylamine				20
N-Nitroso-di-n-Butylamine				20
Nonylphenol				333

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Parathion (ethyl)				0.1
Pentachlorobenzene				20
Pentachlorophenol				5
Phenanthrene				10
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

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

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 Page 86 of the instructions for further details.

This worksheet is not required minor amendments without renewal.

Section 1. Required Tests

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 87)

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: N/A

Significant IUs – non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: N/A

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: N/A

B. Treatment plant interference

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

☐ Yes ☒ No

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

N/A

C. Treatment plant pass through

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

☐ Yes ☒ No

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

N/A

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

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

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 87)

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 88)

A. General information

Company Name: N/A

SIC Code: N/A

Contact name: N/A

Address: N/A

City, State, and Zip Code: N/A

Telephone number: N/A

Email address: N/A

B. Process information

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

N/A

C. Product and service information

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

N/A

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: N/A

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: N/A

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.

N/A

WORKSHEET 7.0

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:

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

For TCEQ Use Only Reg. No. _____ Date Received _____ Date Authorized _____

Section 1. General Information (Instructions Page 90)

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)

AR1.0-3(C)
CORE DATA FORM



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
☒ New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
☐ Renewal (Core Data Form should be submitted with the renewal form)	☐ Other	
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 600667279		RN 102093986

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)			
☐ New Customer		☒ Update to Customer Information		☐ Change in Regulated Entity Ownership	
☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				If new Customer, enter previous Customer below:	
Valley Municipal Utility District No.2					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	
		17419145689		74-19145689	
10. DUNS Number (if applicable)		96-597-8849			
11. Type of Customer:		☐ Corporation		☒ Individual	
Government: ☐ City ☐ County ☐ Federal ☐ Local ☐ State ☒ Other		☐ Sole Proprietorship		Partnership: ☐ General ☐ Limited	
12. Number of Employees		13. Independently Owned and Operated?			
☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher		☒ Yes ☐ No			
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
☐ Owner ☐ Operator ☒ Owner & Operator ☐ Other:					
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant					
15. Mailing Address:					
100 Hidalgo ave.					
City: Rancho Viejo State: TX ZIP: 78575 ZIP + 4:					
16. Country Mailing Information (if outside USA)			17. E-Mail Address (if applicable)		
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)	

18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)
(956) 350-4136		(956) 350-7575

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.)								
Rancho Viejo Wastewater Treatment Plant								
23. Street Address of the Regulated Entity: (No PO Boxes)	100 Hidalgo St.							
	City	Rancho Viejo	State	TX	ZIP	78575	ZIP + 4	
24. County	Cameron							

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

25. Description to Physical Location:								
26. Nearest City						State	Nearest ZIP Code	
Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).								
27. Latitude (N) In Decimal:						28. Longitude (W) In Decimal:		
Degrees	Minutes		Seconds		Degrees	Minutes		Seconds
26	02		42		97	33		05
29. Primary SIC Code (4 digits)		30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)		
4952				221320				
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)								
water and wastewater treatment								
34. Mailing Address:	PO Box 939							
	City	Olmito	State	TX	ZIP	78575	ZIP + 4	
35. E-Mail Address:								
36. Telephone Number			37. Extension or Code			38. Fax Number (if applicable)		
(956) 350-4136						(956) 350-4575		

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

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

SECTION IV: Preparer Information

40. Name:	Omar Martinez	41. Title:	Chief Operator
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(956) 350-4136		(956) 350-4575	omartinez@vmud2.org

SECTION V: Authorized Signature

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

Company:	Valley Municipal Utility District No. 2	Job Title:	Chief Operator
Name (In Print):	Omar Martinez	Phone:	(956) 350- 4136
Signature:	<i>Omar Martinez</i>	Date:	2/10/2025

AR1.0-8(F)
PLAIN LANGUAGE SUMMARY



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

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

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

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

Valley Municipal Utility District No. 2 (CN600672794) operates the Rancho Viejo Wastewater Treatment Plant (RN102093986), an activated sludge process plant operated in the extended aeration mode. The facility is located at 100 Hidalgo Street, in Rancho Viejo, Cameron County, Texas 78575. This application is for a new application to discharge at a daily average flow of 400,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD5), total suspended solids (TSS), and ammonia nitrogen (NH3-N). Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Domestic wastewater is treated by an activated sludge process plant, and the treatment units will include bar screens, an oxidation ditch, final clarifiers, sludge digester, chlorine contact chambers, and sludge drying beds.

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

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

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

Distrito No. 2 de Servicios Públicos Municipales del Valle (CN600672794) opera la Planta de Tratamiento de Aguas Residuales de Rancho Viejo (RN102093986), una planta de procesamiento de lodos activados operada en el modo de aireación extendida. La instalación está ubicada en Calle Hidalgo #100, en Rancho Viejo, Condado de Cameron, Texas 78575. Esta solicitud es para una nueva aplicación para descargar a un flujo promedio diario de 400,000 galones por día de aguas residuales domésticas tratadas. <<Para las solicitudes de TLAP incluya la siguiente oración, de lo contrario, elimine:>> Este permiso no autorizará una descarga de contaminantes en el agua en el estado.

Se espera que las descargas de la instalación contengan una demanda bioquímica carbonosa de oxígeno (CBOD5) en cinco días, sólidos suspendidos totales (SST) y nitrógeno amoniacal (NH3-N). En la sección 7 del Informe Técnico Doméstico 1.0 se incluyen contaminantes potenciales adicionales. Aguas residuales domésticas. están tratado por una planta de procesamiento de lodos activados, y las unidades de tratamiento incluirán rejillas, una zanja de oxidación, clarificadores finales, digestor de lodos, cámaras de contacto con cloro y lechos de secado de lodos.

AR1.0-8(G)
PUBLIC INVOLVEMENT PLAN



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.

Valley Municipal Utility District No. 2 (CN600672794) operates the Rancho Viejo Wastewater Treatment Plant (RN102093986), a activated sludge process plant operated in the extended aeration mode. The facility is located at 100 Hidalgo Street, in Rancho Viejo, Cameron County, Texas 78575. This application is for a new application to discharge at a daily average flow of 400,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD5), total suspended solids (TSS), ammonia nitrogen (NH3-N), and total phosphorus. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Domestic wastewater is treated by an activated sludge process plant operated in the extended aeration mode. Treatment units include bar screens, an oxidation ditch, a splitter box, final clarifiers, sludge drying beds, a digester, and chlorine contact chambers.

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.

Rancho Viejo

(City)

Cameron County

(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

26%

(b) Per capita income for population near the specified location

21,440

(c) Percent of minority population and percent of population by race within the specified location

92%

(d) Percent of Linguistically Isolated Households by language within the specified location

23%

(e) Languages commonly spoken in area by percentage

English - 29% and Spanish - 70%

(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) (Location TBD shall be listed in application)

Section 7. Voluntary Submittal

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

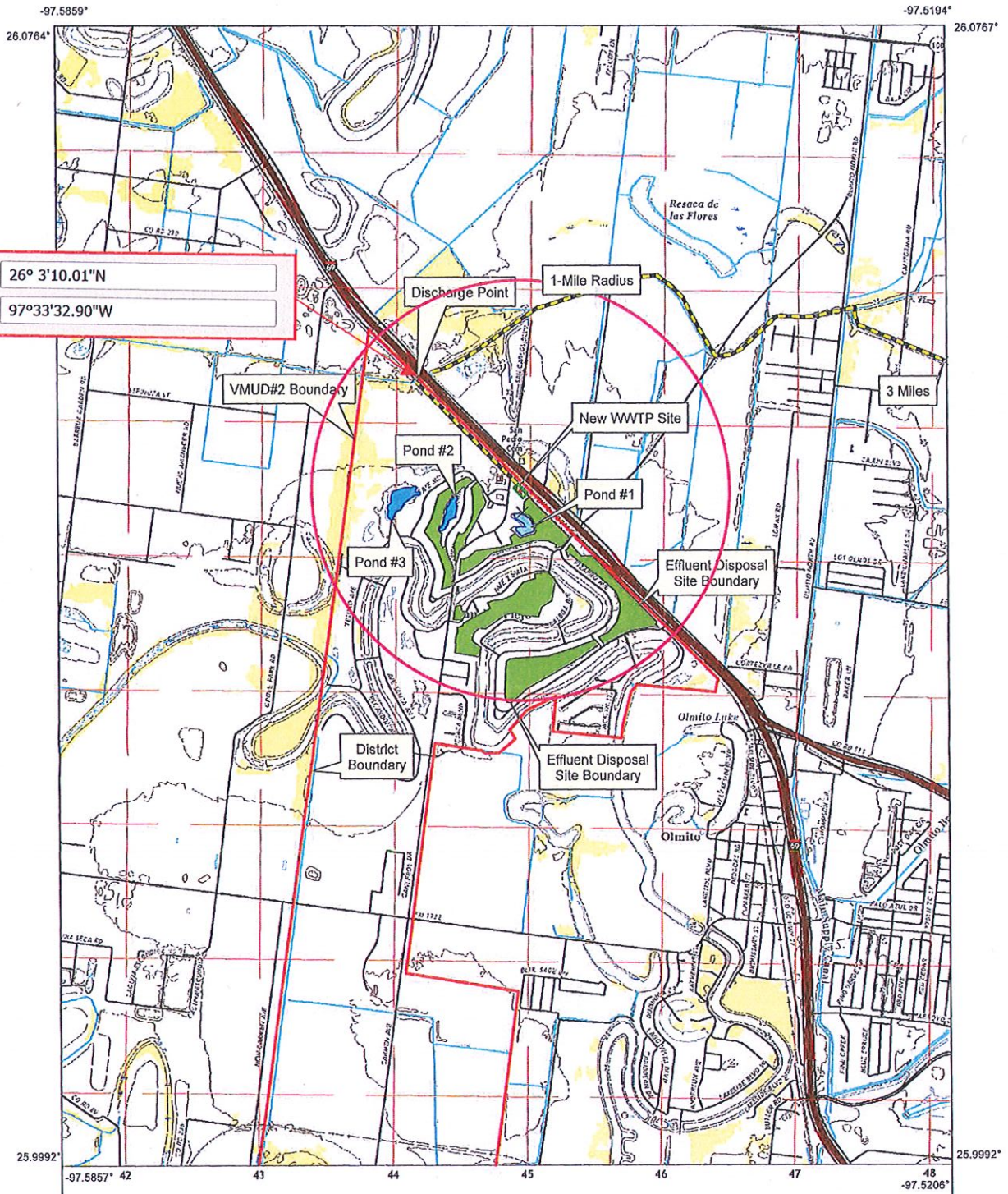
Will you provide notice of this application, including notice in alternative languages?

☐ Yes ☐ No

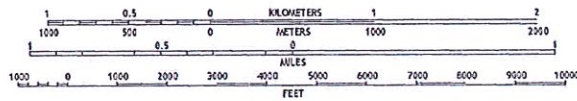
What types of notice will be provided?

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

USGS TOPOGRAPHIC MAP



SCALE 1:24 000



CONTOUR INTERVAL 5 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

This map was produced to conform with the
National Geospatial Program US Topo Product Standard.



RD
Expressway
Secondary Hwy
Ramp
Interstate Route

1	2	3
4	5	6
7	8	9

1 Herington
2 Rio Hondo
3 Laguna Atascosa
4 La Piedad
5 Los Fresnos
6 West Brownsville OE W
7 West Brownsville
8 East Brownsville

AFFECTED LANDOWNER INFORMATION

Valley Municipal Utility District No. 2

Wastewater Treatment Plant

WQ0015935001

Adjacent Property Owners

Cross Reference List 2024

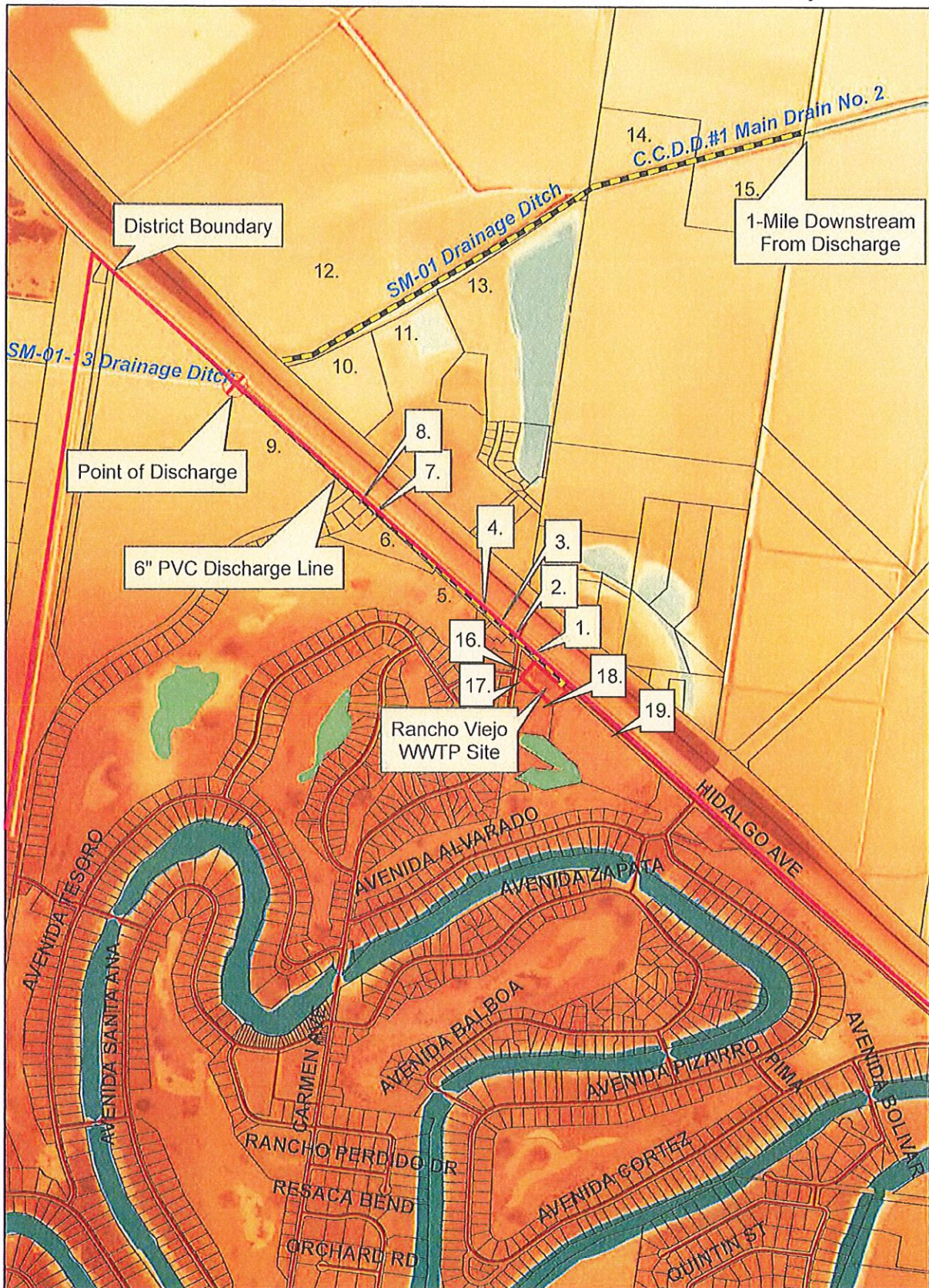
Source: Cameron County Appraisal District

1. THE LEGENDS HOLDINGS LLC
85 Cortez Ave
Rancho Viejo TX 78575
2. TOWN OF RANCHO VIEJO
3301 Carmen Ave
Rancho Viejo TX 78575
3. TOWN OF RANCHO VIEJO
3301 Carmen Ave
Rancho Viejo TX 78575
4. GOLF & RESORTS INVESTMENTS LLC
1 Rancho Viejo Dr
Rancho Viejo TX 78575
5. GOLF & RESORTS INVESTMENTS LLC
1 Rancho Viejo Dr
Rancho Viejo TX 78575
6. BENAVIDES, MAYRA AIDEE
1571 Guadalajara Ave
Brownsville TX 78526
7. CARDENAS, RAUL
5209 Ashville Cir
Brownsville TX 78520
8. CAVAZOS, JAVIER HOMERO
1168 SQUAW VALLEY DR SIDE A
BROWNSVILLE TX 78526
9. RIO GRANDE DEVELOPMENT INC & DR CARLOS D MEGO MD
1005 E Nolana
McAllen TX 78501

(see back of page)

10. BOARD OF TRUSTEES OF THE SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT
100 Med High Dr
Mercedes TX 78570
11. SOUTH TEXAS ISD PUBLIC FACILITY CORPORATION
100 Med High Dr
Mercedes TX 78570
12. ACACIA PLACE AT MADEIRA PHASE I
717 No. Expwy. Ste 10
Brownsville TX 78520
13. HACIENDA LAKE VIEW INC
PO Box 45
Olmito TX 78575
14. LUCY WILKINSON & DANA YATES
2102 N Parkwood Dr
Harlingen TX 78550
15. LUCY WILKINSON & DANA YATES
2102 N Parkwood Dr
Harlingen TX 78550
16. JRJ GROUP IN TEXAS
1039 Avenida de Estrellas
Rancho Viejo TX 78575
17. JOSEPH & ABIGAIL BENDER
23 Pizarro Avenue
Rancho Viejo TX 78575
18. ZAYAS, JOE RICHARD
3100 E 14th St
Brownsville TX 78521
19. GOLF & RESORTS INVESTMENTS LLC
1 Rancho Viejo Dr
Rancho Viejo TX 78575

Valley M.U.D. No. 2 Rancho Viejo. Wastewater Treatment Plant Outfall Map

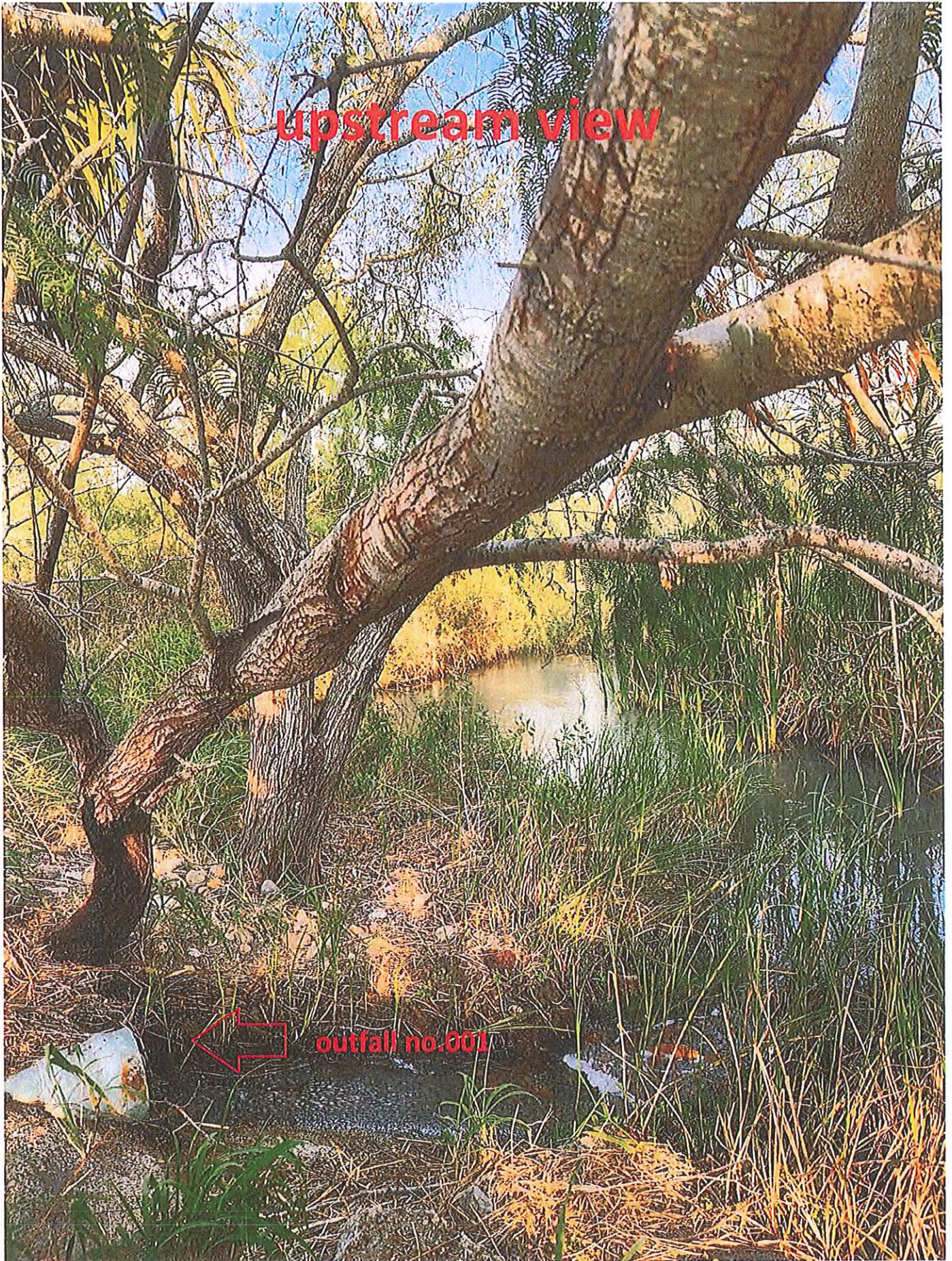


THE LEGENDS HOLDINGS LLC 85 Cortez Ave Rancho Viejo TX 78575	TOWN OF RANCHO VIEJO 3301 Carmen Ave Rancho Viejo TX 78575	TOWN OF RANCHO VIEJO 3301 CARMEN AVENUE RANCHO VIEJO TX 78575
GOLF & RESORTS INVESTMENTS LLC 1 Rancho Viejo Dr Rancho Viejo TX 78575	GOLF & RESORTS INVESTMENTS LLC 1 Rancho Viejo Dr Rancho Viejo TX 78575	BENAVIDES, MAYRA AIDEE 1571 Guadalajara Ave Brownsville TX 78526
CARDENAS, RAUL 5209 Ashville Cir Brownsville TX 78520	CAVAZOS, JAVIER HOMERO 1168 Squaw Valley Dr Side A Brownsville TX 78526	RIO GRANDE DEVELOPMENT INC & DR CARLOS D MEGO MD 1005 E Nolana McAllen TX 78501
BOARD OF TRUSTEES OF THE SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT 100 Med High Dr Mercedes TX 78570	SOUTH TEXAS ISD PUBLIC FACILITY CORPORATION 100 Med High Dr Mercedes TX 78570	ACACIA PLACE AT MADEIRA PHASE I 717 No. Expwy. Ste 10 Brownsville TX 78520
HACIENDA LAKE VIEW INC PO Box 45 Olmiteo TX 78575	LUCY WILKINSON & DANA YATES 2102 N Parkwood Dr Harlingen TX 78550	LUCY WILKINSON & DANA YATES 2102 N Parkwood Dr Harlingen TX 78550
JRJ GROUP IN TEXAS 1039 Avenida de Estrellas Rancho Viejo TX 78575	JOSEPH & ABIGAIL BENDER 23 Pizarro Avenue Rancho Viejo TX 78575	ZAYAS, JOE RICHARD 3100 E 14th St Brownsville TX 78521
GOLF & RESORTS INVESTMENTS LLC 1 Rancho Viejo Dr Rancho Viejo TX 78575		

ORIGINAL PHOTOGRAPHS

upstream view

outfall no.001



downstream view

outfall no.001



AR1.0-SPIF
SUPPLEMENTAL PERMIT INFORMATION FORM

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

____ Texas Historical Commission

____ U.S. Fish and Wildlife

____ Texas Parks and Wildlife Department

____ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: Valley Municipal Utility District No. 2

Permit No. WQ00 15935001EPA ID No. TX 0140678

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

100 Hidalgo St. Rancho Viejo, Texas 78575

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: Scott Fry

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

Title: General Manager

Mailing Address: 100 Hidalgo Ave.

City, State, Zip Code: Rancho Viejo, TX, 78575

Phone No.: 956-350-4136 Ext.: Fax No.: 956-350-4575

E-mail Address: sfry@vmud2.org

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

N/A

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

The discharge route is from the plant site via pipeline to an unnamed drainage ditch; thence to Cameron County Irrigation Ditch Number One's Main Drain Number Two; thence to San Martin Lake; thence to the Brownsville Ship Channel in Segment No. 2494 of the Bays and Estuaries. The effluent from the wastewater plant may also be used for golf course irrigation.

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

N/A

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

N/A

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

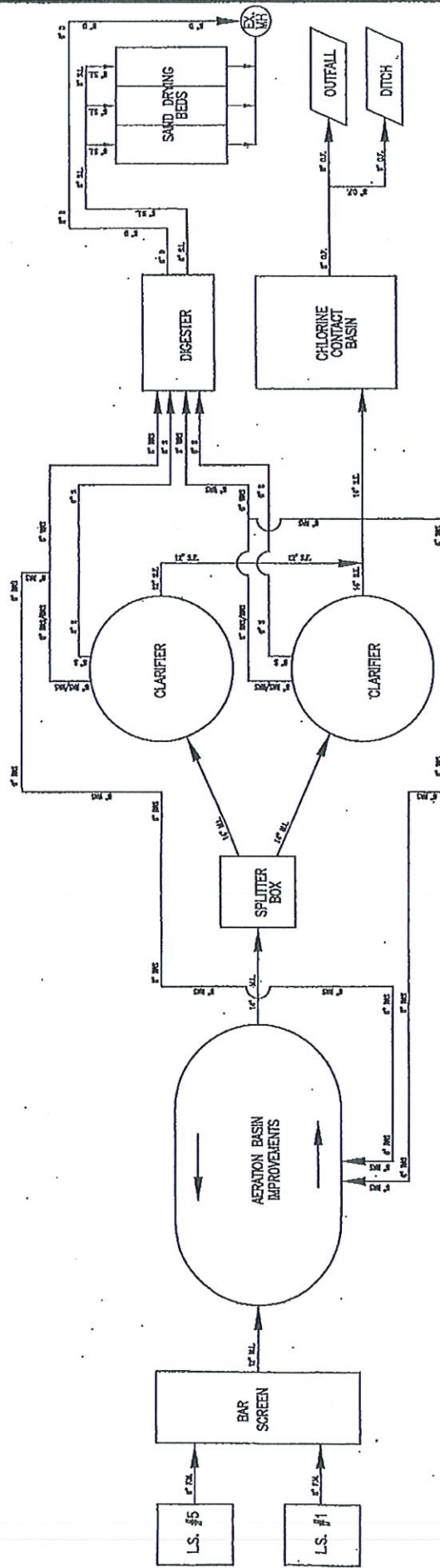
3. List construction dates of all buildings and structures on the property:

N/A

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

N/A

TR1.0-2(C)
PROCESS FLOW DIAGRAM



Valley Municipal Utility District No.2
Wastewater Treatment Plant
FLOW DIAGRAM
Date: December 1, 2009

ATTACHMENT TR1.0-2(C)

TR1.0-3
SITE INFORMATION AND DRAWING



TR1.0-6(B)
PROOF OF BUFFER ZONE VARIANCE REQUEST
(PERMIT WQ0011348001)

OTHER REQUIREMENTS

1. The permittee shall employ or contract with one or more licensed wastewater treatment facility operators or wastewater system operations companies holding a valid license or registration according to the requirements of 30 TAC Chapter 30, Occupational Licenses and Registrations and in particular 30 TAC Chapter 30, Subchapter J, Wastewater Operators and Operations Companies.

This Category C facility must be operated by a chief operator or an operator holding a Category C license or higher. The facility must be operated a minimum of five days per week by the licensed chief operator or an operator holding the required level of license or higher. The licensed chief operator or operator holding the required level of license or higher must be available by telephone or pager seven days per week. Where shift operation of the wastewater treatment facility is necessary, each shift which does not have the on-site supervision of the licensed chief operator must be supervised by an operator in charge who is licensed not less than one level below the category for the facility.

2. The facility is not located in the Coastal Management Program boundary.
3. The permittee is hereby placed on notice that this permit may be reviewed by the TCEQ after the completion of any new intensive water quality survey on Segment No. 2494 of the the Bays and Estuaries and any subsequent updating of the water quality model for Segment No. 2494, in order to determine if the limitations and conditions contained herein are consistent with any such revised model. The permit may be amended, pursuant to 30 TAC § 305.62, as a result of such review. The permittee is also hereby placed on notice that effluent limits may be made more stringent at renewal based on, for example, any change to modeling protocol approved in the TCEQ Continuing Planning Process.
4. The permittee shall provide facilities for the protection of its wastewater treatment facilities from a 100-year flood.
5. In accordance with 30 TAC §319.9, a permittee that has at least twelve months of uninterrupted compliance with its bacteria limit may notify the commission in writing of its compliance and request a less frequent measurement schedule. To request a less frequent schedule, the permittee shall submit a written request to the TCEQ Wastewater Permitting Section (MC 148) for each phase that includes a different monitoring frequency. The request must contain all of the reported bacteria values (Daily Avg. and Daily Max/Single Grab) for the twelve consecutive months immediately prior to the request. If the Executive Director finds that a less frequent measurement schedule is protective of human health and the environment, the permittee will be given a less frequent measurement schedule. For this permit, 1/month will be reduced to 1/quarter. **A violation of any bacteria limit by a facility that has been granted a less frequent measurement schedule will require the permittee to return to the standard frequency schedule, and the permittee may not apply for another reduction in measurement frequency for at least 24 months from the date of the last violation.** The Executive Director may establish a more frequent measurement schedule if necessary to protect human health or the environment.

6. **Issuance of this permit includes a variance to the buffer zone requirements** in accordance with 30 TAC Section 309.13(f) based on TCEQ Technical Support Staff's letter dated November 18, 2004. The permittee shall comply with the requirements of 30 TAC Section 309.13(a) through (d). (See Attachment A.)

TR1.0-7
POLLUTANT ANALYSIS DATA

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: VALLEY MUD 2
ADDRESS: 100 HIDALGO
RANCHO VIEJO, TX 78575

FACILITY: RANCHO VIEJO WWTF
LOCATION: 100 HIDALGO ST
HARLINGEN, TX 78575

ATTN: Scott Fry, Gen. Manager

TX0127833	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
SEPT 1, 2024	SEPT 30, 2024

DMR Mailing ZIP CODE: 78575
MINOR (SUBR 15)
DOMESTIC FACILITY - 001
External Outfall

No Discharge ☐

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved [DO]									
00300 1 0									
Effluent Gross									
pH									
00400 1 0									
Effluent Gross									
Solids, total suspended									
00530 1 0									
Effluent Gross									
Nitrogen, ammonia total [as N]									
00610 1 0									
Effluent Gross									
Flow, in conduit or thru treatment plant									
50050 1 0									
Effluent Gross									
Chlorine, total residual									
50060 1 0									
Effluent Gross									
E. coli									
51040 1 0									
Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
APPROVED SCOTT FRY OPERATOR	<i>Scott Fry</i>	856-350-4336	10-3-24
TYPED OR PRINTED		AREA Code	NUMBER
			REG/DI/XYXX

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: VALLEY MUD 2
ADDRESS: 100 HIDALGO
RANCHO VIEJO, TX 78575
FACILITY: RANCHO VIEJO WWTF
LOCATION: 100 HIDALGO ST
HARLINGEN, TX 78575
ATTN: Scott Ery, Gen. Manager

DMR Mailing ZIP CODE: 78575
MINOR (SUBR 15)
DOMESTIC FACILITY - 001
External Outfall

No Discharge ☐

TX0127838	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
SEPT 1, 2024	SEPT 30, 2024

PARAMETER	SAMPLER MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. OF ANALYSIS	FREQUENCY	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS			
BOD, carbonaceous (5 day, 20 C)	PERMIT REQUIREMENT	9.2	lb/d	2.7	mg/L	0		
8008210 Effluent Gross	PERMIT REQUIREMENT	33 DAILY AV	lb/d	10 DAILY AV	mg/L		Weekly	GRAB
				35 SINGGRAB				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
ARMANDO A. WAS REWRTAL OFFICE	<i>Armando A. Was Rewrtal</i>	956-350-4136	10-3-24
TYPED OR PRINTED	AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if NAME)
VALLEY MUD 2
ADDRESS: 100 HIDALGO
RANCHO VIEJO, TX 78575
FACILITY: RANCHO VIEJO WWTF
LOCATION: 100 HIDALGO ST
HARLINGEN, TX 78575
ATTN: Scott Fry, Gen. Manager

TX0127833	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
AUG 1 2024	AUG 31 2024

DMR Mailing ZIP CODE: 78575
MNOR
(SUBR 15)
DOMESTIC FACILITY - 001
External Outfall

No Discharge ☐

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS				
Oxygen, dissolved [DO]									
00300 1 0									
Effluent Gross									
pH									
00400 1 0									
Effluent Gross									
Solids, total suspended									
00530 1 0									
Effluent Gross									
Nitrogen, ammonia total [as N]									
00610 1 0									
Effluent Gross									
Flow, in conduit or thru treatment plant									
50050 1 0									
Effluent Gross									
Chlorine, total residual									
50060 1 0									
Effluent Gross									
E. coli									
51040 1 0									
Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
	<i>Amadeo Dutra</i>		7-9-24
TYPED OR PRINTED	AREA Code	NUMBER	REG/ED/TTY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: VALLEY MUD 2
ADDRESS: 100 HIDALGO
RANCHO VIEJO, TX 78575
FACILITY: RANCHO VIEJO WWTP
LOCATION: 100 HIDALGO ST
HARLINGEN, TX 78575
ATTN: Scott Ery, Gen. Manager

TX0127833	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
AUG 1, 2024	AUG 31, 2024

DMR Mailing ZIP CODE: 78575
MINOR (SUBR 15)
DOMESTIC FACILITY - 001
External Outfall

No Discharge ☐

PARAMETER	SAMPLER MEASUREMENT	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	PERMIT REQUIREMENT	7.5	lb/d	33	DAILY AV	3.0	DAILY AV	3.9	mg/L		Weekly	GRAB
8008210 Effluent Gross												

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED		AREA CODE	NUMBER
			9-4-24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: VALLEY MUD 2
ADDRESS: 100 HIDALGO
RANCHO VIEJO, TX 78575
FACILITY: RANCHO VIEJO WWTF
LOCATION: 100 HIDALGO ST
HARLINGEN, TX 78575
ATTN: Scott Fry, Gen. Manager

TX0127833	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
JULY 1, 2024	JULY 31, 2024

DMR Mailing ZIP CODE: 78575
MINOR (SUBR 15)
DOMESTIC FACILITY - 001
External Outfall
No Discharge ☐

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE			
Oxygen, dissolved [DO]								
00800 1 0			6.7					
Effluent Gross			MO MIN				Weekly	GRAB
pH			7.5					
00400 1 0			MINIMUM		7.6		Monthly	GRAB
Effluent Gross			MAXIMUM					
Solids, total suspended			2.8		5.5		Weekly	GRAB
00530 1 0			15		60			
Effluent Gross			DAILY AV		SINGGRAB		Weekly	GRAB
Nitrogen, ammonia total [as N]								
00610 1 0			0.020					
Effluent Gross			DAILY AV		SINGGRAB		Weekly	GRAB
Flow, in conduit or thru treatment plant								
50050 1 0			888				Five per Week	INSTAN
Effluent Gross			Reg. Mon. DAILY MX					
Chlorine, total residual								
50060 1 0			1.0		3.8			
Effluent Gross			MO MIN		MO MAX		Five per Week	GRAB
E. coli								
51040 1 0					1		Monthly	GRAB
Effluent Gross			DAILY AV		SINGGRAB			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
SCOTT FRY	<i>Scott Fry</i>	956-350-4136	8-1-24
TYPE OR PRINTED	AREA Code	NUMBER	REG/DP/TTY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: VALLEY MUD 2
ADDRESS: 100 HIDALGO
RANCHO VIEJO, TX 78575
FACILITY: RANCHO VIEJO WWTF
LOCATION: 100 HIDALGO ST
HARLINGEN, TX 78575
ATTN: Scott Ery, Gen. Manager

TX0127832	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
JULY 1, 2024	JULY 31, 2024

DMR Mailing ZIP CODE: 78575
MINOR (SUBR 15)
DOMESTIC FACILITY - 001
External Outfall

No Discharge ☐

PARAMETER	SAMPLER MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS				
BOD, carbonaceous [5 day, 20 C]		7.4	lb/d							
	PERMIT REQUIREMENT	33	lb/d							
80082 10 Effluent Gross		DAILY AV			10 DAILY AV	SINGGRAB	mg/L	0	Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
TYPED OR PRINTED			350-4136	8-1-24
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA CODE	NUMBER	MM/DD/YYYY

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: VALLEY MUD 2

ADDRESS: 100 HIDALGO
RANCHO VIEJO, TX 78575

FACILITY: RANCHO VIEJO WWTF

LOCATION: 100 HIDALGO ST
HARLINGEN, TX 78575

ATTN: Scott Fry, Gen. Manager

TX0127833	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
JUNE 1, 2024	JUNE 30, 2024

DMR Mailing ZIP CODE: 78575

MINOR

(SUBR 15)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Oxygen, dissolved [DO]									
00900 1.0									
Effluent Gross									
pH									
00400 1.0									
Effluent Gross									
Solids, total suspended									
00530 1.0									
Effluent Gross									
Nitrogen, ammonia total [as N]									
00610 1.0									
Effluent Gross									
Flow, in conduit or thru treatment plant									
50050 1.0									
Effluent Gross									
Chlorine, total residual									
50060 1.0									
Effluent Gross									
E. coli									
51040 1.0									
Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
ARMANDO Gutierrez	<i>Armando Gutierrez</i>	956-330-4126	7-3-24
TYPED OR PRINTED		AREA CODE	NUMBER
		956	330-4126
		MM/DD/YYYY	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if NAME is VALLEY MUD 2)

NAME: VALLEY MUD 2
ADDRESS: 100 HIDALGO
RANCHO VIEJO, TX 78575
FACILITY: RANCHO VIEJO WWTF
LOCATION: 100 HIDALGO ST
HARLINGEN, TX 78575
ATTN: Scott Fry, Gen. Manager

TX0127833	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5-1-2024	5-31-2024

DMR Mailing ZIP CODE: 78575
MINOR (SUBR 15)
DOMESTIC FACILITY - 001
External Outfall

No Discharge ☐

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved [DO]									
00300 1.0 Effluent Gross									
pH									
00400 1.0 Effluent Gross									
Solids, total suspended									
00530 1.0 Effluent Gross									
Nitrogen, ammonia total [as N]									
00610 1.0 Effluent Gross									
Flow, in conduit or thru treatment plant									
50050 1.0 Effluent Gross									
Chlorine, total residual									
50060 1.0 Effluent Gross									
E. coli									
51040 1.0 Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
<i>Amara Subudh</i>	952-350-4136	6-3-24
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER
	952	350-4136
TYPED OR PRINTED	AREA CODE	NUMBER
	952	350-4136

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: VALLEY MUD 2
ADDRESS: 100 HIDALGO
RANCHO VIEJO, TX 78575
FACILITY: RANCHO VIEJO WWIR
LOCATION: 100 HIDALGO ST
HARLINGEN, TX 78575
ATTN: Scott Fry, Gen. Manager

TX0127833	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5-1-2024	5-31-2024

DMR Mailing ZIP CODE: 78575
MINOR (SUBR 15)
DOMESTIC FACILITY - 001
External Outfall

No Discharge ☐

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]		9.8	lb/d			3.9	mg/L			
80082 10 Effluent Gross	PERMIT REQUIREMENT	33 DAILY AV	lb/d			10 DAILY AV	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 on which this document is based. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
			926-350-1136	6-3-24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: VALLEY MUD 2

ADDRESS: 100 HIDALGO
RANCHO VIEJO, TX 78575

FACILITY: RANCHO VIEJO WWTF

LOCATION: 100 HIDALGO ST
EARLINGTON, TX 78575

ATTN: Scott Fry, Gen. Manager

TX0127833
PERMIT NUMBER

001-A
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY

MM/DD/YYYY
APR 11 2024

DMR Mailing ZIP CODE: 78575
MNOR (SUBR 15)

DOMESTIC FACILITY - 001
External Outfall

No Discharge ☐

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	PERMIT REQUIREMENT			6.2		mg/L	6		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT			MO MIN		mg/L		Weekly	GRAB
PH	SAMPLE MEASUREMENT			7.6		SV	6		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			MINIMUM		SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	4.5	lb/d	2.4	MAXIMUM	mg/L	6		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			15		mg/L		Weekly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	0.118	lb/d	0.066		mg/L	6		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT			3		mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	230	MGD						
50050 1 0 Effluent Gross	PERMIT REQUIREMENT			Req. Mon. DAILY MX				Five per Week	INSTANT
Chlorine, total residual	SAMPLE MEASUREMENT			1.0		mg/L	6		
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			MO MIN		mg/L		Five per Week	GRAB
E. coli	SAMPLE MEASUREMENT					CFU/100	6		
51040 1 0 Effluent Gross	PERMIT REQUIREMENT			126		CFU/100		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MURRAY DO
Signature of Principal Executive Officer or Authorized Agent

TELEPHONE
956-350-4136
DATE
5-2-24

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
AREA CODE
NUMBER
MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: VALLEY MUD 2
ADDRESS: 100 HIDALGO
RANCHO VIEJO, TX 78575
FACILITY: RANCHO VIEJO WWTP
LOCATION: 100 HIDALGO ST
HARLINGEN, TX 78575
ATTN: Scott Ery, Gen. Manager

TX0127833	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
APR 1, 2024	APR 30, 2024

DMR Mailing ZIP CODE: 78575
MINOR (SUBR 15)
DOMESTIC FACILITY - 001
External Outfall

No Discharge ☐

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS				
BOD, carbonaceous [5 day, 20 C]		8.3	lb/d		4.5	mg/L	6	WEEKLY	GRAB	
	PERMIT REQUIREMENT	33 DAILY AV	lb/d		10 DAILY AV	35 SING GRAB		Weekly	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
	<i>Demetrius A. Smith</i>	936.350.4136	5-2-24
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: VALLEY MUD 2
ADDRESS: 100 HIDALGO
RANCHO VIEJO, TX 78575
FACILITY: RANCHO VIEJO WWTF
LOCATION: 100 HIDALGO ST
HARLINGEN, TX 78575
ATTN: Scott Fry, Gen. Manager

TX0127838	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
MARCH 1, 2024	MARCH 31, 2024

DMR Mailing ZIP CODE: 78575
MINOR
(SUBR 15)
DOMESTIC FACILITY - 001
External Outfall

No Discharge ☐

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved [DO]									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
00300 1 0 Effluent Gross									
pH									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
00400 1 0 Effluent Gross									
Solids, total suspended									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
00530 1 0 Effluent Gross									
Nitrogen, ammonia total [as N]									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
00610 1 0 Effluent Gross									
Flow, in conduit or thru treatment plant									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
50050 1 0 Effluent Gross									
Chlorine, total residual									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
50060 1 0 Effluent Gross									
E. coli									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
51040 1 0 Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Ramando Gutierrez A Waste Water Operator	<i>Ramando Gutierrez</i>	96-350-4136	4/5-24
TYPED OR PRINTED	AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: VALLEY MUD 2
ADDRESS: 100 HIDAIGO
RANCHO VIEJO, TX 78575
FACILITY: RANCHO VIEJO WWTF
LOCATION: 100 HIDAIGO ST
HARLINGEN, TX 78575
ATTN: Scott Fry, Gen. Manager

TX0127833	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
MARCH 1, 2024	MARCH 31, 2024

DMR Mailing ZIP CODE: 78575
MINOR (SUBR 15)
DOMESTIC FACILITY - 001
External Outfall

No Discharge ☐

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]		9.6	lb/d		lb/d			4.6	mg/L	6	Weekly	GRAB
80082 10 Effluent Gross		33	DAILY AV					10	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Amanda G. Hester	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Amanda G. Hester</i>	TELEPHONE	DATE
TYPED OR PRINTED A. WHISTLEBLOWER OPERATOR		350-4136	4-5-24
		AREA Code	NUMBER
		MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: VALLEY MUD 2
ADDRESS: 100 HIDALGO
RANCHO VIEJO, TX 78575
FACILITY: RANCHO VIEJO WWTF
LOCATION: 100 HIDALGO ST
HARLINGEN, TX 78575
ATTN: Scott Fry, Gen. Manager

TX0127833	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FEB 1, 2024	FEB 29, 2024

DMR Mailing ZIP CODE: 78575
MINOR (SUBR 15)
DOMESTIC FACILITY - 001
External Outfall

No Discharge ☐

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	MEASUREMENT									
00900 1.0 Effluent Gross pH	PERMIT REQUIREMENT				9		mg/L	0		
	SAMPLE MEASUREMENT				4		mg/L		Weekly	GRAB
00400 1.0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT				MO MIN					
	SAMPLE MEASUREMENT				7.4		SV	0		
00530 1.0 Effluent Gross Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT				6		SU		Monthly	GRAB
	SAMPLE MEASUREMENT				MINIMUM	9	MAXIMUM			
00610 1.0 Effluent Gross Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	6.5		lb/d			mg/L	0		
	SAMPLE MEASUREMENT	50		lb/d	3.1		mg/L		Weekly	GRAB
50050 1.0 Effluent Gross Chlorine, total residual	PERMIT REQUIREMENT	0.42		lb/d			mg/L	0		
	SAMPLE MEASUREMENT	10		lb/d	15		mg/L		Weekly	GRAB
50060 1.0 Effluent Gross E. coli	PERMIT REQUIREMENT	245		MGD			mg/L			
	SAMPLE MEASUREMENT	4		MGD			mg/L		Five per Week	INSTANT
51040 1.0 Effluent Gross	PERMIT REQUIREMENT				1.1		mg/L	0		
	SAMPLE MEASUREMENT				1		mg/L		Five per Week	GRAB
51040 1.0 Effluent Gross	PERMIT REQUIREMENT				MO MIN		CFU/100		Monthly	GRAB
	SAMPLE MEASUREMENT						mg/L			
51040 1.0 Effluent Gross	PERMIT REQUIREMENT						CFU/100		Monthly	GRAB
	SAMPLE MEASUREMENT						mg/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
<i>Guillermo A. Waterman</i>		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER
	956	380-4136
TYPED OR PRINTED	REG/DP/YYY	
	3-7-24	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: VALLEY MUD 2
ADDRESS: 100 HIDALGO
RANCHO VIEJO, TX 78575
FACILITY: RANCHO VIEJO WWTP
LOCATION: 100 HIDALGO ST
HARLINGEN, TX 78575
ATTN: Scott Ery, Gen. Manager

TX0127833	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FEB - 1 - 2024	FEB 29, 2024

DMR Mailing ZIP CODE: 78575
MINOR (SUBR 15)
DOMESTIC FACILITY - 001
External Outfall

No Discharge ☐

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
BOD, carbonaceous [5 day, 20 C]		10.2	lb/d	4.7	6.2	mg/L	35	0	Weekly	GRAB
8008210 Effluent Gross		33	lb/d	10	DAULY AV	mg/L	SINGGRAB		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED	986-350-4136	3-7-24	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA CODE	NUMBER
		MM/DD/YYYY	

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: VALLEY MUD 2
ADDRESS: 100 HIDALGO
RANCHO VIEJO, TX 78575
FACILITY: RANCHO VIEJO WWTF
LOCATION: 100 HIDALGO ST
HARLINGEN, TX 78575
ATTN: Scott Fry, Gen. Manager

TX0127833	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
JAN 1, 2024	JAN 31, 2024

DMR Mailing ZIP CODE: 78575
MINOR (SUBR 1.5)
DOMESTIC FACILITY - 001
External Outfall

No Discharge ☐

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved [DO]									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
pH									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
00400 1.0 Effluent Gross Solids, total suspended									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
00530 1.0 Effluent Gross Nitrogen, ammonia total [as N]									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
00610 1.0 Effluent Gross Flow, in conduit or thru treatment plant									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
50050 1.0 Effluent Gross Chlorine, total residual									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
50060 1.0 Effluent Gross E. coli									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
51040 1.0 Effluent Gross									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>ARMANDO GARCIA</i>	TELEPHONE	DATE
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Armando Garcia</i>	NUMBER	REG/DD/YYYY
86-350-4136 2-1-24		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: VALLEY MUD 2
ADDRESS: 100 HIDALGO
RANCHO VIEJO, TX 78575
FACILITY: RANCHO VIEJO WWTP
LOCATION: 100 HIDALGO ST
HARLINGEN, TX 78575
ATTN: Scott Fry, Gen. Manager

TX0127833	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
JAN 1, 2024	

DMR Mailing ZIP CODE: 78575
MINOR (SUBR 15)
DOMESTIC FACILITY - 001
External Outfall

No Discharge ☐

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]		5.5	lb/d			2.5	mg/L	0	WEEKLY	C-248
8008210 Effluent Gross		33	lb/d			10	mg/L		Weekly	GRAB
		DAILY AV				DAILY AV	SINGGRAB			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Armando Gutierrez A WASTEWATER OPERATOR	<i>Armando Gutierrez</i>	856-350-4136	2-1-24
TYPED OR PRINTED	AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if
NAME: VALLEY MUD 2

ADDRESS: 100 HIDALGO

RANCHO VIEJO, TX 78575

FACILITY: RANCHO VIEJO WWTP

LOCATION: 100 HIDALGO ST

HARLINGEN, TX 78575

ATTN: Scott Fry, Gen. Manager

TX0127833	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12-1-2023	12-31-2023

DMR Mailing ZIP CODE: 78575

MINOR

(SUBR 15)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS				
Oxygen, dissolved [DO]	PERMIT REQUIREMENT									
00900 1.0 Effluent Gross pH	PERMIT REQUIREMENT				7.1					
00400 1.0 Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT				7.4					
00530 1.0 Effluent Gross Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT									
00610 1.0 Effluent Gross Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT									
50050 1.0 Effluent Gross Chlorine, total residual	PERMIT REQUIREMENT									
50060 1.0 Effluent Gross E. coli	SAMPLE MEASUREMENT									
51040 1.0 Effluent Gross	PERMIT REQUIREMENT									

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Typed or Printed		86-350-4136	1-16-24
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA CODE	NUMBER
		86	350-4136
		AREA CODE	NUMBER
		86	350-4136
		AREA CODE	NUMBER
		86	350-4136

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: VALLEY MUD 2
ADDRESS: 100 HIDALGO
RANCHO VIEJO, TX 78575
FACILITY: RANCHO VIEJO WWTR
LOCATION: 100 HIDALGO ST
HARLINGEN, TX 78575
ATTN: Scott Ery, Gen. Manager

TX0127833	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12-1-2023	12-31-2023

DMR Mailing ZIP CODE: 78575
MINOR (SUBR 15)
DOMESTIC FACILITY - 001
External Outfall

No Discharge ☐

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
BOD, carbonaceous [5 day; 20 C]		5.4	lb/d		lb/d	2.4	mg/L	3.4	mg/L	0	Weekly	Grab
80082.10 Effluent Gross		33	lb/d		lb/d	10	mg/L	35	mg/L		Weekly	Grab
		DAILY AV				DAILY AV		SING GRAB				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED	956-330-4136	1-16-24	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER
		956	330-4136
		MM/DD/YYYY	1-16-24

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if

NAME: VALLEY MUD 2
ADDRESS: 100 HIDALGO
RANCHO VIEJO, TX 78575
FACILITY: RANCHO VIEJO WWTF
LOCATION: 100 HIDALGO ST
HARLINGEN, TX 78575
ATTN: Scott Fry, Gen. Manager

TX0127833	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
NOV 11 2023	NOV 30 2023

DMR Mailing ZIP CODE: 78575
MINOR (SUBR 15)
DOMESTIC FACILITY - 001
External Outfall

No Discharge ☐

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
00500 1 0 Effluent Gross				6.9		mg/L	0		GRAB
pH									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
00400 1 0 Effluent Gross				7.4		mg/L	0	Weekly	GRAB
Solids, total suspended									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
00530 1 0 Effluent Gross									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
00610 1 0 Effluent Gross									
Flow, in conduit or thru treatment plant									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
50050 1 0 Effluent Gross									
Chlorine, total residual									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
50060 1 0 Effluent Gross									
E. coli									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
51040 1 0 Effluent Gross									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
APRIL 10 2023		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER
	956	350-4136
TYPED OR PRINTED	MM/DD/YYYY	
	10-11-23	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DDMR Mailing ZIP CODE:

MINOR
(SUBR 1.5)

DOMESTIC FACILITY - 001
External Outfall

No Discharge

TX0127838	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
NOV 1 2013	NOV 30 2013

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]		8.2		lb/d		3.4	4.6	0	Weekly	GRAB
80082 10 Effluent Gross	PERMIT REQUIREMENT	33 DAILY AV		lb/d		10 DAILY AV	35 SINGGRAB		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	IDENTIFY UNDER PENALTY OF LAW EACH THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL HAVE REVIEWED THE INFORMATION HEREON BASED ON MY INQUIRY OF THE PERSONS OR PERSONS WHO MANAGE THE SYSTEM, ON THOSE PERSONS DIRECTLY PROVIDING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF ACCURATE, AND COMPLETE. I WAS AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
ANNEX 100 G-1 A WKS EXTEN OPERATIONS		<i>[Signature]</i>	856-380-4136	12-11-23
TYPED OR PRINTED			AREA CODE NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: VALLEY MUD 2
ADDRESS: 100 HIDALGO
RANCHO VIEJO, TX 78575
FACILITY: RANCHO VIEJO WWTF
LOCATION: 100 HIDALGO ST
HARLINGEN, TX 78575
ATTN: Scott Fry, Gen. Manager

TX0127833	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
OCT 1, 2023	OCT 31, 2023

DMR Mailing ZIP CODE: 78575
MINOR (SUBR 15)
DOMESTIC FACILITY - 001
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved [DO]									
00300 1.0 Effluent Gross									
PH									
00400 1.0 Effluent Gross									
Solids, total suspended									
00530 1.0 Effluent Gross									
Nitrogen, ammonia total [as N]									
00610 1.0 Effluent Gross									
Flow, in conduit or thru treatment plant									
50050 1.0 Effluent Gross									
Chlorine, total residual									
50060 1.0 Effluent Gross									
E. coli									
51040 1.0 Effluent Gross									

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED		AREA Code	NUMBER
		86. 350-4/36	11-9-23

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: VALLEY MUD 2
ADDRESS: 100 HIDALGO
FACILITY: RANCHO VIEJO, TX 78575
LOCATION: 100 HIDALGO ST
HARLINGEN, TX 78575
ATTN: Scott Ery, Gen. Manager

TX0127833	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
OCT 1, 2023	OCT 31, 2023

DMR Mailing ZIP CODE: 78575
MINOR (SUBR 15)
DOMESTIC FACILITY - 001
External Outfall

No Discharge ☐

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]		7.5	lb/d					3.5	mg/L	0	Weekly	GRAB
Effluent Gross		33	lb/d					10	mg/L		Weekly	GRAB
		DAILY AV						DAILY AV				
								SINGGRAB				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Amund G. Fickler	<i>Amund G. Fickler</i>	956-350-4136	11-9-23
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: VALLEY MUD 2
ADDRESS: 100 HIDALGO
RANCHO VIEJO, TX 78575
FACILITY: RANCHO VIEJO WWTF
LOCATION: 100 HIDALGO ST
HARLINGEN, TX 78575
ATTN: Scott Fry, Gen. Manager

TX0127833	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
SEPT 1, 2023	SEPT 30, 2023

DMR Mailing ZIP CODE: 78575
MINOR
DOMESTIC FACILITY - 001
External Outfall
No Discharge ☐

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Oxygen, dissolved [OI]									
00300 1 0									
Effluent Gross									
pH									
00400 1 0									
Effluent Gross									
Solids, total suspended									
00530 1 0									
Effluent Gross									
Nitrogen, ammonia total [as N]									
00610 1 0									
Effluent Gross									
Flow, in conduit or thru treatment plant									
50050 1 0									
Effluent Gross									
Chlorine, total residual									
50060 1 0									
Effluent Gross									
E. coli									
51040 1 0									
Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
ARMANDO GUTIERREZ	<i>Armando Gutierrez</i>	956-380-4136	10-4-23
TYPED OR PRINTED	AREA CODE	NUMBER	REQ/ID/TYPE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: VALLEY MUD 2
ADDRESS: 100 HIDALGO
FACILITY: RANCHO VIEJO, TX 78575
LOCATION: RANCHO VIEJO WWTR
100 HIDALGO ST
HARLINGEN, TX 78575
ATTN: Scott Ery, Gen. Manager

DMR Mailing ZIP CODE: 78575
MINOR (SUBR 15)
DOMESTIC FACILITY - 001
External Outfall

No Discharge ☐

TX0127838	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
SEP 1, 2023	SEP 30, 2023

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	7.3	lb/d	4.1	mg/L	0	weekly	GRAB
8008210 Effluent Gross	33	lb/d	35	mg/L	0	weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
APPROVED [Signature]	[Signature]	956-350-4136	10-4-23
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Project
1124670

RVJ1-R

Valley M.U.D. #2
Omar Martinez
P. O. Box 939
Olmito, TX 78575

Printed 11/18/2024
9:22

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1124670_r10_05_ProjectQC	SPL Kilgore Project P:1124670 C:RVJ1 Project Quality Control Groups	5
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SAMPLE CROSS REFERENCE

Project

1124670

Printed 11/18/2024 Page 1 of 1
 ID:

Valley M.U.D. #2
 Omar Martinez
 P. O. Box 939
 Olmito, TX 78575

Sample	Sample ID	Taken	Time	Received
2352912	ID:	11/06/2024	15:00:00	11/07/2024

Bottle 01 Plastic 1 liter unpreserved

Bottle 02 8 oz Plastic H2SO4 pH < 2

Bottle 03 H2SO4 to pH < 2 Glass Qt w/Teflon lined lid

Bottle 04 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1146823) Volume: 20.00000 mL <== Derived from 02 (20 ml)

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 300.0 2.1	01	1147334	11/11/2024	1147334	11/11/2024
EPA 300.0 2.1	01	1147150	11/08/2024	1147150	11/08/2024
SM 2320 B-2011	01	1148229	11/15/2024	1148229	11/15/2024
EPA 1664B (HEM)	03	1148204	11/15/2024	1148204	11/15/2024
SM 2540 C-2015	01	1147578	11/11/2024	1147578	11/11/2024
EPA 351.2 2	04	1146823	11/08/2024	1147338	11/12/2024
SM 4500-P E-2011	02	1147870	11/14/2024	1147870	11/14/2024

Email: Kilgore.ProjectManagement@spllabs.com

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RVJ1-R

Valley M.U.D. #2
 Omar Martinez
 P. O. Box 939
 Olmito, TX 78575

Page 1 of 3

Project
1124670

Printed: 11/18/2024

RESULTS

Sample Results

2352912 ID:		Received:		11/07/2024		
Non-Potable Water		Collected by: Client	Valley M.U.D. #2		PO:	
Taken: 11/06/2024		15:00:00				
EPA 1664B (HEM)		Prepared: 1148204 11/15/2024 08:03:00		Analyzed 1148204 11/15/2024 08:03:00 MAX		
Parameter		Results	Units	RL	Flags CAS Bottle	
NELAC	Oil and Grease (HEM)	<4.35	mg/L	4.35		03
EPA 300.0 2.1		Prepared: 1147150 11/08/2024 09:07:00		Analyzed 1147150 11/08/2024 09:07:00 TTC		
Parameter		Results	Units	RL	Flags CAS Bottle	
NELAC	Nitrate-Nitrogen Total	8.05	mg/L	0.226	14797-55-8	01
NELAC	Sulfate	202	mg/L	3.00		01
EPA 300.0 2.1		Prepared: 1147334 11/11/2024 16:21:00		Analyzed 1147334 11/11/2024 16:21:00 TTC		
Parameter		Results	Units	RL	Flags CAS Bottle	
NELAC	Chloride	301	mg/L	30.0		01
EPA 351.2 2		Prepared: 1146823 11/08/2024 06:35:14		Analyzed 1147338 11/12/2024 11:10:00 AMB		
Parameter		Results	Units	RL	Flags CAS Bottle	
NELAC	Total Kjeldahl Nitrogen	0.108	mg/L	0.050	7727-37-9	04
SM 2320 B-2011		Prepared: 1148229 11/15/2024 08:59:00		Analyzed 1148229 11/15/2024 08:59:00 TRC		
Parameter		Results	Units	RL	Flags CAS Bottle	
NELAC	Total Alkalinity (as CaCO3)	109	mg/L	1.00		01
SM 2540 C-2015		Prepared: 1147578 11/11/2024 09:15:00		Analyzed 1147578 11/11/2024 09:15:00 JMB		
Parameter		Results	Units	RL	Flags CAS Bottle	
NELAC	Total Dissolved Solids	860	mg/L	50.0		01



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Valley M.U.D. #2
 Omar Martinez
 P. O. Box 939
 Olmito, TX 78575

Project
1124670

Printed: 11/18/2024

2352912 ID:

Received: 11/07/2024

Non-Potable Water

Collected by: Client
 Taken: 11/06/2024

Valley M.U.D. #2
 15:00:00

PO:

SM 4500-P E-2011		Prepared: 1147870 11/14/2024		08:15:00	Analyzed 1147870 11/14/2024	08:15:00	PNR
Parameter	Results	Units	RL	Flags	CAS	Bottle	
NELAC Phosphorus (as P), total	2.54	mg/L	0.300		7723-14-0	02	

Sample Preparation

2352912 ID:

Received: 11/07/2024

11/06/2024

		Prepared:	11/07/2024	19:02:09	Calculated	11/07/2024	19:02:09	CAL		
z	Environmental Fee (per Project)	Verified								
	EPA 1664B (HEM)	Prepared:	1148015	11/15/2024	08:03:00	Analyzed	1148015	11/15/2024	08:03:00	MAX
NELAC	O&G HEM Started	Started								
	EPA 351.2, Rev 2.0	Prepared:	1146823	11/08/2024	06:35:14	Analyzed	1146823	11/08/2024	06:35:14	AMB
NELAC	TKN Block Digestion	20/20	ml							02
	SM 2540 C-2015	Prepared:	1147091	11/11/2024	09:15:00	Analyzed	1147091	11/11/2024	09:15:00	JMB
NELAC	Total Dissolved Solids Started	Started								



Report Page 4 of 13

2600 Dudley Rd. Kilgore, Texas 75662
24 Waterway Avenue, Suite 375 The Woodlands, TX 77380
Office: 903-984-0551 * Fax: 903-984-5914



SPL
The Science of Sure

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RVJ1-R

Valley M.U.D. #2
Omar Martinez
P. O. Box 939
Olmito, TX 78575

Page 3 of 3

Project

1124670

Printed: 11/18/2024

Qualifiers:

We report results on an As Received (or Wet) basis unless marked Dry Weight.

Unless otherwise noted, testing was performed at SPL, Inc.- Kilgore Laboratory which holds International, Federal, and state accreditations. Please see our Websites for details.

(N)ELAC - Covered in our NELAC scope of accreditation
z -- Not covered by our NELAC scope of accreditation

These analytical results relate to the sample tested. This report may NOT be reproduced EXCEPT in FULL without written approval of SPL Kilgore. Unless otherwise specified, these test results meet the requirements of NELAC.

RL is the Reporting Limit (sample specific quantitation limit) and is at or above the Method Detection Limit (MDL). CAS is Chemical Abstract Service number. RL is our Reporting Limit, or Minimum Quantitation Level. The RL takes into account the Instrument Detection Limit (IDL), Method Detection Limit (MDL), and Practical Quantitation Limit (PQL), and any dilutions and/or concentrations performed during sample preparation (EQL). Our analytical result must be above this RL before we report a value in the 'Results' column of our report (without a 'J' flag). Otherwise, we report ND (Not Detected above RL), because the result is "<" (less than) the number in the RL column. MAL is Minimum Analytical Level and is typically from regulatory agencies. Unless we report a result in the result column, or interferences prevent it, we work to have our RL at or below the MAL.

Bill Peery, MS, VP Technical Services



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QUALITY CONTROL



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RVJ1-R

Valley M.U.D. #2
Omar Martinez
P. O. Box 939
Olmito, TX 78575-

Page 1 of 5

Project
1124670

Printed 11/18/2024

Analytical Set

1147338

BPA 351.2.2

AWRL/LOQ.C

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	0.048	0.050	mg/L	96.0	75.0 - 125	127008772

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Kjeldahl Nitrogen	1146823	ND	0.00712	0.050	mg/L	127008769

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	5.18	5.00	mg/L	104	90.0 - 110	127008767
Total Kjeldahl Nitrogen	5.23	5.00	mg/L	105	90.0 - 110	127008768
Total Kjeldahl Nitrogen	5.25	5.00	mg/L	105	90.0 - 110	127008775
Total Kjeldahl Nitrogen	5.25	5.00	mg/L	105	90.0 - 110	127008786
Total Kjeldahl Nitrogen	5.25	5.00	mg/L	105	90.0 - 110	127008797
Total Kjeldahl Nitrogen	5.26	5.00	mg/L	105	90.0 - 110	127008799

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Kjeldahl Nitrogen	2352507	1.21	1.24	mg/L	2.45	20.0

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	5.48	5.00	mg/L	110	90.0 - 110	127008766

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Total Kjeldahl Nitrogen	1146823	4.99	4.97	5.00	90.0 - 110	99.8	99.4	mg/L	0.402	20.0

Mat. Spike

Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File
Total Kjeldahl Nitrogen	2352507	6.97	1.24	5.00	mg/L	115	80.0 - 120	127008776

Analytical Set

1147578

SM 2540 C-2015

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Dissolved Solids	1147578	ND	5.00	5.00	mg/L	127013051

ControlBlk

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Dissolved Solids	1147578	0.0002			grams	127013038

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Dissolved Solids	2352421	810	820	mg/L	1.23	20.0

LCS

Parameter	PrepSet	Reading	Known	Units	Recover%	Limits	File
-----------	---------	---------	-------	-------	----------	--------	------

Email: Kilgore.ProjectManagement@spplabs.com



Report Page 6 of 13

QUALITY CONTROL



SPL
The Science of Sure

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2
3

RVJ1-R

Valley M.U.D. #2
Omar Martinez
P. O. Box 939
Olmito, TX 78575-

Page 2 of 5

Project

1124670

Printed 11/18/2024

LCS

Parameter	PrepSet	Reading	Known	Units	Recover%	Limits	File
Total Dissolved Solids	1147578	200	200	mg/L	100	85.0 - 115	127013052

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
Total Dissolved Solids	104	100	100	mg/L	104	90.0 - 110	127013039

Analytical Set 1148204

EPA 1664B (HEM)

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Oil and Grease (HEM)	1148204	1.00	0.804	4.00	mg/L	127030116

ControlBlk

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Oil and Grease (HEM)	1148204	0.0003			grams	127030115
Oil and Grease (HEM)	1148204	0.0004			grams	127030140

LCS

Parameter	PrepSet	Reading	Known	Units	Recover%	Limits	File
Oil and Grease (HEM)	1148204	34.7	40.0	mg/L	86.8	78.0 - 114	127030117

MS

Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Oil and Grease (HEM)	2352963	29.3	0	3.12	40.0	78.0 - 114	73.2 *		mg/L		20.0

Analytical Set 1147150

EPA 300.0 2.1

AWRL/LOQ C

Parameter	Reading	Known	Units	Recover%	Limits%	File
Nitrate-Nitrogen Total	0.0287	0.0226	mg/L	127	70.0 - 130	127003322

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Nitrate-Nitrogen Total	1147150	ND	0.00331	0.0226	mg/L	127003323
Sulfate	1147150	ND	0.0605	0.300	mg/L	127003323

CCB

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Nitrate-Nitrogen Total	1147150	0.0142	0.00331	0.0226	mg/L	127003319
Nitrate-Nitrogen Total	1147150	0.00361	0.00331	0.0226	mg/L	127003339
Nitrate-Nitrogen Total	1147150	-0.00384	0.00331	0.0226	mg/L	127003351
Sulfate	1147150	0	0.0605	0.300	mg/L	127003319
Sulfate	1147150	0	0.0605	0.300	mg/L	127003339
Sulfate	1147150	0	0.0605	0.300	mg/L	127003351

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Nitrate-Nitrogen Total	2.30	2.26	mg/L	102	90.0 - 110	127003318
Nitrate-Nitrogen Total	2.21	2.26	mg/L	97.8	90.0 - 110	127003338

Email: Kilgore.ProjectManagement@spllabs.com



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QUALITY CONTROL



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RVJ1-R

Valley M.U.D. #2
Omar Martinez
P. O. Box 939
Olmito, TX 78575-

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Project

1124670

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CCV

<u>Parameter</u>	<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recover%</u>	<u>Limits%</u>	<u>File</u>
Nitrate-Nitrogen Total	2.12	2.26	mg/L	93.8	90.0 - 110	127003350
Sulfate	9.52	10.0	mg/L	95.2	90.0 - 110	127003318
Sulfate	9.42	10.0	mg/L	94.2	90.0 - 110	127003338
Sulfate	9.20	10.0	mg/L	92.0	90.0 - 110	127003350

LCS Dup

<u>Parameter</u>	<u>PrepSet</u>	<u>LCS</u>	<u>LCSD</u>	<u>Known</u>	<u>Limits%</u>	<u>LCS%</u>	<u>LCSD%</u>	<u>Units</u>	<u>RPD</u>	<u>Limit%</u>
Nitrate-Nitrogen Total	1147150	1.21	1.20	1.13	86.3 - 117	107	106	mg/L	0.830	20.0
Sulfate	1147150	4.66	4.67	5.00	85.4 - 124	93.2	93.4	mg/L	0.214	20.0

MSD

<u>Parameter</u>	<u>Sample</u>	<u>MS</u>	<u>MSD</u>	<u>UNK</u>	<u>Known</u>	<u>Limits</u>	<u>MS%</u>	<u>MSD%</u>	<u>Units</u>	<u>RPD</u>	<u>Limit%</u>
Nitrate-Nitrogen Total	2352650	21.0	21.5	ND	22.6	80.0 - 120	92.9	95.1	mg/L	2.35	20.0
Sulfate	2352650	407	424	310	100	80.0 - 120	97.0	114	mg/L	16.1	20.0
Nitrate-Nitrogen Total	2352755	73.6	81.4	75.6	22.6	80.0 - 120	-8.85 *	25.7 *	mg/L	411 *	20.0
Sulfate	2352755	500	550	530	100	80.0 - 120	-30.0 *	20.0 *	mg/L	9.52	20.0

Analytical Set **1147334**

EPA 300.0 2.1

Blank

<u>Parameter</u>	<u>PrepSet</u>	<u>Reading</u>	<u>MDL</u>	<u>MQL</u>	<u>Units</u>	<u>File</u>
Chloride	1147334	ND	0.0298	0.300	mg/L	127008634

CCB

<u>Parameter</u>	<u>PrepSet</u>	<u>Reading</u>	<u>MDL</u>	<u>MQL</u>	<u>Units</u>	<u>File</u>
Chloride	1147334	0.021	0.0298	0.300	mg/L	127008630
Chloride	1147334	0	0.0298	0.300	mg/L	127008648

CCV

<u>Parameter</u>	<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recover%</u>	<u>Limits%</u>	<u>File</u>
Chloride	10.6	10.0	mg/L	106	90.0 - 110	127008629
Chloride	10.3	10.0	mg/L	103	90.0 - 110	127008647

LCS Dup

<u>Parameter</u>	<u>PrepSet</u>	<u>LCS</u>	<u>LCSD</u>	<u>Known</u>	<u>Limits%</u>	<u>LCS%</u>	<u>LCSD%</u>	<u>Units</u>	<u>RPD</u>	<u>Limit%</u>
Chloride	1147334	5.27	5.41	5.00	85.0 - 115	105	108	mg/L	2.62	20.0

MSD

<u>Parameter</u>	<u>Sample</u>	<u>MS</u>	<u>MSD</u>	<u>UNK</u>	<u>Known</u>	<u>Limits</u>	<u>MS%</u>	<u>MSD%</u>	<u>Units</u>	<u>RPD</u>	<u>Limit%</u>
Chloride	2352912	395	397	301	100	80.0 - 120	94.0	96.0	mg/L	2.11	20.0

Analytical Set **1147870**

SM 4500-P E-2011

AWRL/LOQ C

<u>Parameter</u>	<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recover%</u>	<u>Limits%</u>	<u>File</u>
Phosphorus (as P), total	0.0531	0.060	mg/L	88.5	70.0 - 130	127023094

Blank

<u>Parameter</u>	<u>PrepSet</u>	<u>Reading</u>	<u>MDL</u>	<u>MQL</u>	<u>Units</u>	<u>File</u>
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Email: Kilgore.ProjectManagement@spilabs.com



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QUALITY CONTROL



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RVJ1-R

Valley M.U.D. #2
Omar Martinez
P. O. Box 939
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Project
1124670

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Blank											
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>	<i>MDL</i>	<i>MQL</i>	<i>Units</i>	<i>File</i>					
Phosphorus (as P), total	1147870	ND	0.00311	0.030	mg/L	127023093					
CCV											
<i>Parameter</i>		<i>Reading</i>	<i>Known</i>	<i>Units</i>	<i>Recover%</i>	<i>Limits%</i>	<i>File</i>				
Phosphorus (as P), total		0.315	0.300	mg/L	105	90.0 - 110	127023095				
Phosphorus (as P), total		0.330	0.300	mg/L	110	90.0 - 110	127023110				
Phosphorus (as P), total		0.330	0.300	mg/L	110	90.0 - 110	127023133				
LCS Dup											
<i>Parameter</i>	<i>PrepSet</i>	<i>LCS</i>	<i>LCSD</i>		<i>Known</i>	<i>Limits%</i>	<i>LCS%</i>	<i>LCSD%</i>	<i>Units</i>	<i>RPD</i>	<i>Limit%</i>
Phosphorus (as P), total	1147870	0.359	0.358		0.300	80.0 - 120	120	119	mg/L	0.279	20.0
MSD											
<i>Parameter</i>	<i>Sample</i>	<i>MS</i>	<i>MSD</i>	<i>UNK</i>	<i>Known</i>	<i>Limits</i>	<i>MS%</i>	<i>MSD%</i>	<i>Units</i>	<i>RPD</i>	<i>Limit%</i>
Phosphorus (as P), total	2352334	3.54	3.50	2.13	1.50	70.0 - 130	94.0	91.3	mg/L	2.88	20.0
Phosphorus (as P), total	2352399	0.315	0.308	0.166	0.150	70.0 - 130	99.3	94.7	mg/L	4.81	20.0

Analytical Set **1148229**

SM 2320 B-2011

Blank								
<u>Parameter</u>	<u>PrepSet</u>	<u>Reading</u>	<u>MDL</u>	<u>MQL</u>	<u>Units</u>	<u>File</u>		
Total Alkalinity (as CaCO3)	1148229	ND	1.00	1.00	mg/L	127030665		
CCV								
<u>Parameter</u>		<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recover%</u>	<u>Limits%</u>	<u>File</u>	
Total Alkalinity (as CaCO3)		26.5	25.0	mg/L	106	90.0 - 110	127030664	
Total Alkalinity (as CaCO3)		27.0	25.0	mg/L	108	90.0 - 110	127030681	
Duplicate								
<u>Parameter</u>	<u>Sample</u>		<u>Result</u>	<u>Unknown</u>	<u>Unit</u>	<u>RPD</u>	<u>Limit%</u>	
Total Alkalinity (as CaCO3)	2351380		40.8	39.8	mg/L	2.48	20.0	
Total Alkalinity (as CaCO3)	2352912		105	109	mg/L	3.74	20.0	
ICV								
<u>Parameter</u>		<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recover%</u>	<u>Limits%</u>	<u>File</u>	
Total Alkalinity (as CaCO3)		27.0	25.0	mg/L	108	90.0 - 110	127030663	
Mat. Spike								
<u>Parameter</u>	<u>Sample</u>	<u>Spike</u>	<u>Unknown</u>	<u>Known</u>	<u>Units</u>	<u>Recovery %</u>	<u>Limits %</u>	<u>File</u>
Total Alkalinity (as CaCO3)	2351380	68.3	39.8	25.0	mg/L	114	70.0 - 130	127030668
Total Alkalinity (as CaCO3)	2352912	129	109	25.0	mg/L	80.0	70.0 - 130	127030674

* Out RPD is Relative Percent Difference: $\text{abs}(r1-r2) / \text{mean}(r1,r2) * 100\%$

Recover% is Recovery Percent: $\text{result} / \text{known} * 100\%$

Email: Kilgore.ProjectManagement@spllabs.com



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QUALITY CONTROL



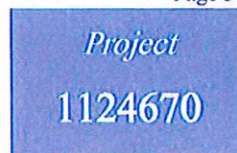
SPL
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Valley M.U.D. #2
Omar Martinez
P. O. Box 939
Olmito, TX 78575-

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Printed 11/18/2024

Blank - Method Blank (reagent water or other blank matrices that contains all reagents except standard(s) and is processed simultaneously with and under the same conditions as samples; carried through preparation and analytical procedures exactly like a sample; monitors); CCB - Continuing Calibration Blank; CCV - Continuing Calibration Verification (same standard used to prepare the curve; typically a mid-range concentration; verifies the continued validity of the calibration curve); MSD - Matrix Spike Duplicate (replicate of the matrix spike; same solution and amount of target analyte added to the MS is added to a third aliquot of sample; quantifies matrix bias and precision.); LCS Dup - Laboratory Control Sample Duplicate (replicate LCS; analyzed when there is insufficient sample for duplicate or MSD; quantifies accuracy and precision.); AWRL/LOQ C - Ambient Water Reporting Limit/LOQ Check Std; ICV - Initial Calibration Verification; LCS - Laboratory Control Sample (reagent water or other blank matrices that is spiked with a known quantity of target analyte(s) and carried through preparation and analytical procedures exactly like a sample; typically a mid-range concentration; verifies that bias and precision of the analytical process are within control limits; determines usability of the data.); MS - Matrix Spike (same solution and amount of target analyte added to the LCS is added to a second aliquot of sample; quantifies matrix bias.)

Email: Kilgore.ProjectManagement@spllabs.com



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1124670 CoC Print Group 001 of 001

2600 Dudley Rd. Kilgore, Texas 75662
Office: 903-984-0551 * Fax: 903-984-5914

P-UP FEE \$ 0.00 TT
SUB: _____
ALL CLIENT COCs ON SINGLE PROJECT? YES NO



CHAIN OF CUSTODY

Valley M.U.D. #2
Omar Martinez
P. O. Box 939
Olmito, TX 78575

RVJ1-R
132

Lab Number _____
PO Number _____
Phone 956/350-4136

ID:

☐ Hand Delivered by Client to Region or LAB

Matrix: Non-Potable Water

Sample Collection Start
Date: Nov 6, 2024 Time: 3:00 PM
Sampler Printed Name: Armando Gutierrez
Sampler Affiliation: Valley m.u.d. #2
Sampler Signature: Armando Gutierrez
Samples Radioactive? ☐ Samples Contains Dioxin? ☐ Samples Biological Hazard? ☐

* Remove ENRG
Jmz

☒ <u>1</u> Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized			
Short Hold Subcontract	ENRG	Enterococci (RGV Subcontract)	Enterolert Subcontract CAS:CCWU (1.00 days)
☒ <u>2</u> H2SO4 to pH <2 GIQt w/Tef-lined lid			
NELAC	HEM	Oil and Grease (HEM)	EPA 1664B (HEM) (28.0 days)
☒ <u>1</u> H2SO4 to pH <2 250 ml Polyethylene			
NELAC	TKN	Total Kjeldahl Nitrogen	EPA 351.2.2 CAS:7727-37-9 (28.0 days)
NELAC	TPWB	Phosphorus (as P), total	SM 4500-P E-2011 CAS:7723-14-0 (28.0 days)
☒ <u>1</u> Polyethylene Quart			
NELAC	ICIL	Chloride	EPA 300.0.2.1 (28.0 days)
NELAC Short Hold	IN3L	Nitrate-Nitrogen Total	EPA 300.0.2.1 CAS:14797-55-8 (2.00 days)
NELAC	IS4L	Sulfate	EPA 300.0.2.1 (28.0 days)
NELAC	Alkt	Total Alkalinity (as CaCO3)	SM 2320 B-2011 (14.0 days)
NELAC	TDS	Total Dissolved Solids	SM 2540 C-2015 (7.00 days)

Ambient Conditions/Comments



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1124670 CoC Print Group 001 of 001

2600 Dudley Rd. Kilgore, Texas 75662
Office: 903-984-0551 * Fax: 903-984-5914



CHAIN OF CUSTODY

Valley M.U.D. #2
Omar Martinez
P. O. Box 939
Olmito, TX 78575-

RVJ1-R
132

Date	Time	Relinquished	Received
11/6/24	15:26	Printed Name: Ramon G. Gonzalez Signature: [Signature] Printed Name: [Signature] Signature: [Signature] Printed Name: [Signature] Signature: [Signature] Printed Name: [Signature] Signature: [Signature]	Printed Name: [Signature] Signature: [Signature] Printed Name: [Signature] Signature: [Signature] Printed Name: [Signature] Signature: [Signature] Printed Name: [Signature] Signature: [Signature]
11/6/24	17:30	Printed Name: [Signature] Signature: [Signature] Printed Name: [Signature] Signature: [Signature] Printed Name: [Signature] Signature: [Signature] Printed Name: [Signature] Signature: [Signature]	Printed Name: [Signature] Signature: [Signature] Printed Name: [Signature] Signature: [Signature] Printed Name: [Signature] Signature: [Signature] Printed Name: [Signature] Signature: [Signature]
11/2/24	10:30	Printed Name: [Signature] Signature: [Signature] Printed Name: [Signature] Signature: [Signature] Printed Name: [Signature] Signature: [Signature] Printed Name: [Signature] Signature: [Signature]	Printed Name: [Signature] Signature: [Signature] Printed Name: [Signature] Signature: [Signature] Printed Name: [Signature] Signature: [Signature] Printed Name: [Signature] Signature: [Signature]
		Printed Name: [Signature] Signature: [Signature] Printed Name: [Signature] Signature: [Signature] Printed Name: [Signature] Signature: [Signature] Printed Name: [Signature] Signature: [Signature]	Printed Name: [Signature] Signature: [Signature] Printed Name: [Signature] Signature: [Signature] Printed Name: [Signature] Signature: [Signature] Printed Name: [Signature] Signature: [Signature]

Sample Received on Ice? ☒ Yes ☐ No
Cooler/Sample Secure? ☒ Yes ☐ No
If Shipped: Tracking Number & Temp - See Attached

The accredited column designates accreditation by A - A2LA, N - NELAP, or Z - not listed under scope of accreditation. Unless otherwise specified, SPL shall provide these ordered services pursuant to our Standard Terms & Conditions Agreement. SPL personnel collect samples as specified by SPL SOP #000023.

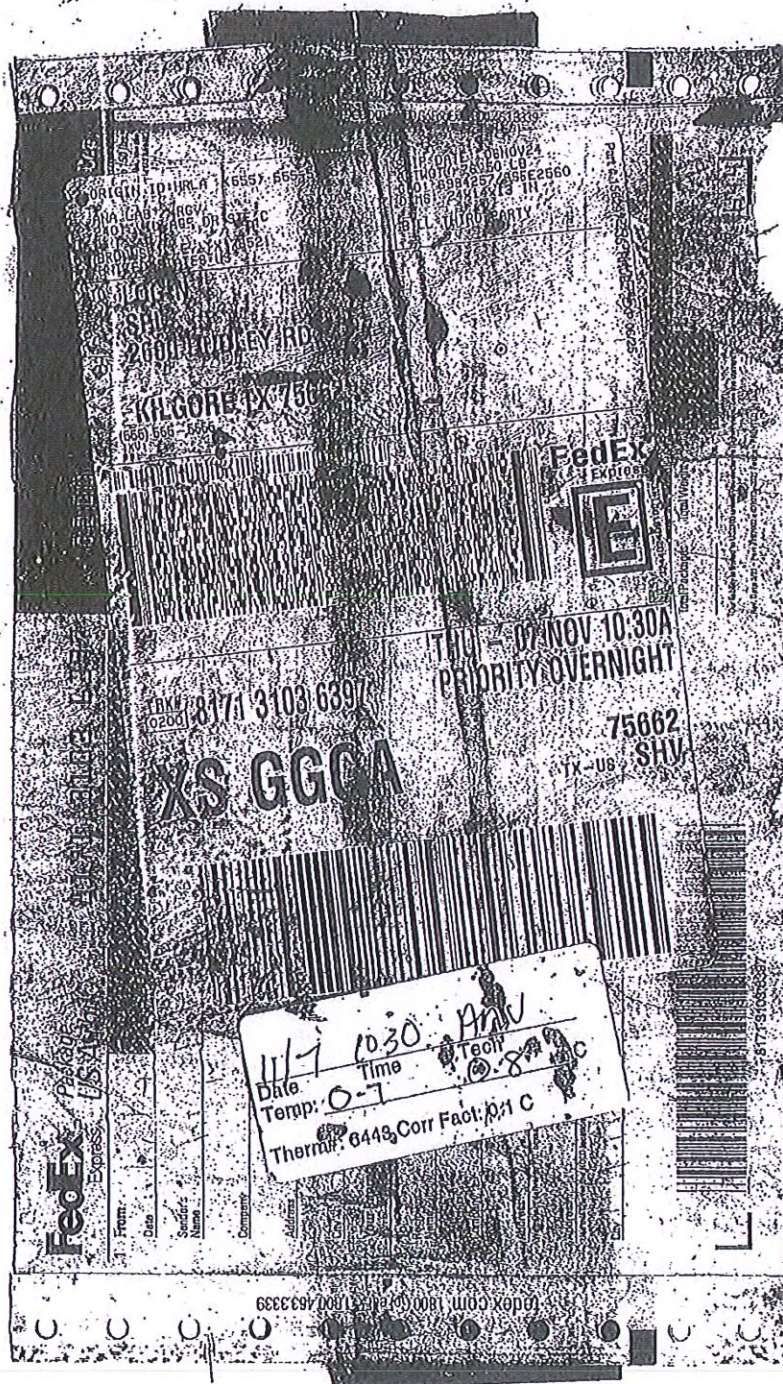
Comments



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1124670 CoC Print Group 001 of 001





City of Corpus Christi
Water Utilities Laboratory
13101 Leopard Street
361-826-1200 Fax: 361-242-9131

Analytical Report



Client Info	SPL-INC 2600 Dudley Rd. Kilgore, TX 75662	Report# /Lab ID#: AC44284	Report Date: 11/12/24
		Sample Name: EFFLUENT OUTFALL	
		Date Received: 11/11/2024	Time: 12:35
		Date Sampled: 11/11/2024	Time: 10:26
Phone:	EMAIL: Kilgore.Projectmanagement@spla		

Parameter	Result	Unit	Flag	RLs	Date/Time Analyzed	Method	Analyst	Analysis Comments
Enterococci	128.7	MPN		1.0	11/11/24 13:19	Enterolert	MONICAS	

Sample Comments:

This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's Q/VQC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.

Respectfully Submitted,

Technical Director (or designee)

1. Quality assurance data for the sample batch which included this sample.
2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results.
3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample.
4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte.
5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method.
6. Data Qualifiers:
N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL.
X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation.
U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. EQ=Equipment failure. I=Information on sample bottle and COC does not match.
S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O*=Analysis flagged by outside laboratory.
Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. B=Sample broken in transit.
NI=Not analyzed due to interferences. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. D=Sample dilution required for analysis/ quality control.
SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. QB=No QC data assigned to sample; sample result not affected.
EL=Oxygen usage is less than 2mg/L for all dilutions analyzed. The reported value is an estimated less than value and is calculated for the dilution containing the greatest concentration of sample.
EG=Less than 1mg/L DO remained for all dilutions analyzed. The reported value is an estimated greater than value and is calculated for the dilution containing the least concentration of sample.
E= The data exceed the upper calibration limit; therefore the concentration is reported as an estimate.

CHAIN OF CUSTODY RECORD

Client Name: SPL LABS
 Address: 2600 Dudley Rd.
 City: Killebrew State: TX Zip: 76862
 Phone: (903) 984-0551 Fax: (903) 984-6914

Send Email report to: killebrew.projectmanagement@spllabs.com
cc: joel.manjarrez@spllabs.com



Water Utilities Laboratory
 13101 Leopard St.
 Corpus Christi, TX 78410
 Ph: (361) 828-1200
 Fax: (361) 242-9131



Sampler/Personnel: Amador Gonzalez

RVJ

Sampler, please print <u>Amanda Dyer</u>						No. of Containers Preservatives		Matrix		Residual Chlorine		Analyze For																				
Style ID	Lab ID# (date)	Date Sampled	Time Sampled	Grab	Composh	Other	H2SO4	HNO3	HClO4	None	Wet Digest	Wet	Other Spec	Total ppt	☒	GRD	BOD	TSS	TPS	Ammonia-N	TDS	Chloride	Sulfate	Phosphate	Nitrate	Nitrite	Total Alkalinity	TDC	Plant Cellulose	Total Cellulose	Enterococci	E. coli
														Free ppt	☐																	
1 <u>Effluent water</u>	<u>AC14284</u>	<u>11-11-24</u>	<u>10:26 AM</u>	<u>X</u>				<u>X</u>			<u>X</u>			<u>4.0</u>																	<u>X</u>	
2																																
3																																
4																																
5																																
6																																

Relinquished By: <u>Amador Gonzalez</u>	Date: <u>11-11-24</u>	Time: <u>10:35</u>	Special Instructions/Comments:
Received By: <u>R.D.E. Leon</u>	Date: <u>11/11/24</u>	Time: <u>10:35</u>	Other:
Relinquished By: <u>R.D.E. Leon</u>	Date: <u>11/11/24</u>	Time: <u>17:35</u>	
Received By: <u>Daniel 3rd</u>	Date: <u>11/11/24</u>	Time: <u>1235</u>	
Relinquished By:	Date:	Time:	***** For Laboratory Use Only *****
Received By:	Date:	Time:	Sample(s) on ice: <u>YES</u> NO
Relinquished By:	Date:	Time:	Receiving Temp (°C): <u>29</u> pH < 2? YES NO Use (if):
Received By:	Date:	Time:	Corrected Temp (°C): <u>29</u> Data Flag(s):
			Temp. Device ID: <u>B</u>

TR1.0-9(C)
CENTRAL REGISTRY PROOF OF SLUDGE
REGISTRATION (#22475)

Central Registry

The Customer Name displayed may be different than the Customer Name associated to the Additional IDs related to the customer. This name may be different due to ownership changes, legal name changes, or other administrative changes.

Detail of: **Sludge Registration 22475**

For: **VALLEY MUNICIPAL UTILITIES DISTRICT NO 2 (RN102799491 ...)**
100 HIDALGO ST, RANCHO VIEJO

Registration Status: **ACTIVE**

Held by: **Valley Municipal Utility District 2 (CN600672794 ...)** [View 'Issued To' History ...](#)
OWNER Since 01/27/2010 [View Compliance History ...](#)

Now Known As: **Valley Municipal Utility District No. 2**

Mailing Address: PO BOX 939 OLMITO, TX 78575 -0939

Disposal Fac Waste

DISP FAC/WASTE	GALLONS	CUBIC YARDS
WQ0011348001 - RANCHO VIEJO WWTP - WASTE TYPE WW	32350	0
1273A - CITY OF BROWNSVILLE MUNICIPAL LANDFILL - WASTE TYPE WW	0	408

Total Reported Waste in
Gallons: 114766

Report Status

Report Received Date: 06/04/2024
Report Status: COMPLETED

TR1.1-4
DESIGN CALCULATIONS

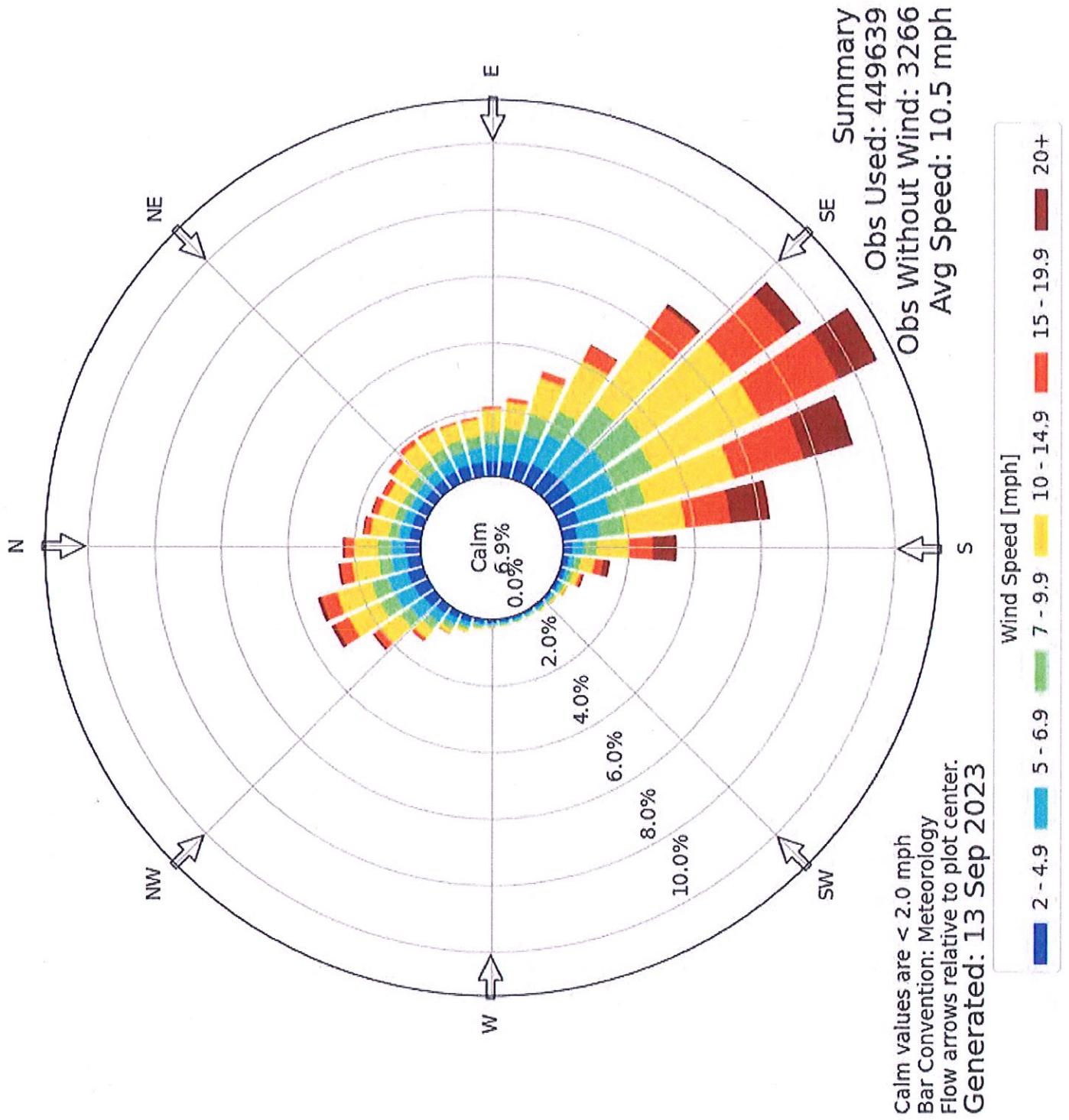
VMUD WASTEWATER TREATMENT PLANT EXPANSION DESIGN DATA

INFLUENT PARAMETERS		H.P.		Percent Destruction of VSS	
WET WEATHER PARAMETERS		Sludge Produced for Dewatering		(%)	
30 Day - Average Wet Weather Flow	(mgd)	Peak Flow Through Chamber		(mgd)	
Peaking Factor	(mgd)	CHLORINATION CONTACT TIME REQUIREMENTS		38.00%	
Two-Hour Peak Flow	(mgd)	Proposed Number of Chambers		251.89	
Average BOD5	(mg/L)	Length of Each Chamber		1.20	
Average TSS	(mg/L)	Width of Each Chamber		2.00	
Average BOD5 Loading	(lb/day)	Surface Water Depth of Each Chamber		20.00	
Average TSS Loading	(lb/day)	Proposed Chlorine Contact Volume		18.00	
EFFLUENT PARAMETERS		State required Contact Time at Peak Flow		2400.00	
Maximum Average BOD5	(mg/L)	Proposed Contact Time at Peak Flow		17552.00	
AERATION BASIN DESIGN		(minutes)		22	
Length Around Oxidation Ditch	(ft)	PROPOSED CHLORINATION CHAMBER			
Cross Sectional Area of Oxidation Ditch	(sq. ft.)	Proposed Number of Chambers		2.00	
Side Water Depth	(ft)	Length of Each Chamber		20.00	
Total Aeration Volume Basin Available	(cu. ft.)	Width of Each Chamber		18.00	
Existing Design Organic Loading		Surface Water Depth of Each Chamber		6.00	
State required Organic Loading	(lb BOD5/day/1000 cf)	Proposed Chlorine Contact Volume		2400.00	
AERATION REQUIREMENTS		State required Contact Time at Peak Flow		17552.00	
Design Organic Loading	(lb/day)	(minutes)		22	
State Air Criteria	(lb O2 required/lb BOD)	PROPOSED CHLORINATION CHAMBER			
lb O2 required for BOD5	(lb/day)	Proposed Number of Chambers		2.00	
STATE CRITERIA AIR REQNTS		Length of Each Chamber		20.00	
Number of Mechanical Aerators	H.P.	Width of Each Chamber		18.00	
Horse Power per Aerator	(lb O2/HP-hour)	Surface Water Depth of Each Chamber		6.00	
Clean Water Transfer Rate	Deg C	Proposed Chlorine Contact Volume		2400.00	
Temperature of Wastewater	mg/L	State required Contact Time at Peak Flow		17552.00	
Saturation Concentration (Cs)	(lb/day)	(minutes)		22	
Saturation Correction Coefficient (Ba)	(lb BOD5/day/1000 cf)	PROPOSED CHLORINATION CHAMBER			
Residual D.O. Concentration to be maintained (Ct)	(lb O2/HP-hour)	Proposed Number of Chambers		2.00	
O2 Transfer Rate Correction Coefficient (Ala)	(lb O2/HP-day)	Length of Each Chamber		20.00	
Correction Factor	H.P.	Width of Each Chamber		18.00	
Field Transfer Rate	(lb O2/HP-hour)	Surface Water Depth of Each Chamber		6.00	
Horse Power Requirements	(lb O2/HP-day)	Proposed Chlorine Contact Volume		2400.00	
HORSE POWER AVAILABLE		State required Contact Time at Peak Flow		17552.00	
Clarifier No. 1	(ft)	(minutes)		22	
Clarifier No. 2	(ft)	PROPOSED CHLORINATION CHAMBER			
Clarifier Volume No. 1	(cu. ft.)	Proposed Number of Chambers		2.00	
Clarifier Volume No. 2	(cu. ft.)	Length of Each Chamber		20.00	
Total Clarifier Volume	(gallons)	Width of Each Chamber		18.00	
State required Detention Time at Peak Flow	(hours)	Surface Water Depth of Each Chamber		6.00	
Actual Detention Time at Peak Flow	(hours)	Proposed Chlorine Contact Volume		2400.00	
Actual Detention Time at Design Flow	(hours)	State required Contact Time at Peak Flow		17552.00	
SLUDGE PRODUCTION		(minutes)		22	
Influent BOD Loading	(lb/day)	PROPOSED CHLORINATION CHAMBER			
Effluent BOD Loading	(lb/day)	Proposed Number of Chambers		2.00	
BOD Removed from Process (St)	(lb/day)	Length of Each Chamber		20.00	
Design SRT (Om)	(days)	Width of Each Chamber		18.00	
Design MLSS	(mg/L)	Surface Water Depth of Each Chamber		6.00	
Aeration Volume Available	(mg VSS/mg BOD)	Proposed Chlorine Contact Volume		2400.00	
Gross Yield Coefficient (Y)	(day-1)	State required Contact Time at Peak Flow		17552.00	
Decay Coefficient (Kd)	(day-1)	(minutes)		22	
Biological Solids Production (lb VSS/day)	(lb VSS/(ft ² ·(Kd·Om))	PROPOSED CHLORINATION CHAMBER			
% Non-Volatile SS from Influent SS (NV)	(%)	Proposed Number of Chambers		2.00	
Waste Activated Sludge Production (WAS)	(lb/day)	Length of Each Chamber		20.00	
Sludge Yield (Y)	(lb/day)	Width of Each Chamber		18.00	
Total Solids Production	(lb/day)	Surface Water Depth of Each Chamber		6.00	
Solids Allowed in Aeration Basin	(lb of TSS)	Proposed Chlorine Contact Volume		2400.00	
Percent of VSS in Sludge Produced	(%)	State required Contact Time at Peak Flow		17552.00	

TR1.1-5(B)
WIND ROSE



Windrose Plot for [BRO] BROWNSVILLE INTL
Obs Between: 01 Jan 1970 03:00 AM - 13 Sep 2023 01:53 AM America/Chicago



TR1.1-7
SEWAGE SLUDGE SOLIDS MANAGEMENT PLAN

Sewage Sludge Solids Management Plan

Influent Design Flow = 0.4 MGD

Influent BOD Concentration = 200 mg/L

Aerobic Digester Volume: 95,500 gallons

Sludge Drying Bed Surface Area: 5,900 ft²

Design MLSS: 3,500 to 4,500 mg/L

***Assume the aerobic digester has 2% solids concentration, a 60% solids yield, and a 30% VSS reduction.**

***Assume depth of sludge in drying beds is 12 inches.**

Table 1 – Sludge Production

Design Flow, and Flow at below percentages	0.40	0.30	0.20	0.10	MGD
Flow percentage	100%	75%	50%	25%	%
Pound of BOD loading to digester	667	500	334	167	lbs./day
Sludge produced by digester for dewatering	280	210	140	70	lbs./day
Sludge produced by digester for dewatering	1,680	1260	840	420	gal/day

Sludge is wasted from the oxidation ditch to the digester. Once the sludge is digested, it is then sent to the drying beds for dewatering.

Table 2 – Sludge Removal Schedule

Removal Schedule (days)	100% flow	75% flow	50% flow	25% flow
Days between Sludge Removal	26	35	53	105

Dewatered sludge is currently collected from the drying beds by Valley Municipal Utility District No. 2 and disposed of at the City of Brownsville Municipal Landfill.

Candice Calhoun

From: Huacuja, Isaac <IHuacuja@GarverUSA.com>
Sent: Wednesday, March 5, 2025 5:10 PM
To: Candice Calhoun
Cc: Scott Fry; Omar Martinez; Carlos Reyes
Subject: RE: Application for Proposed Permit No. WQ0016726001 - Notice of Deficiency
Attachments: LANDOW~1.DOC; LANDOW~1.PDF; MUNICI~1.DOC; USGSTO~1.PDF

Good afternoon Candice,

Attached please find the additional information requested in your NOD letter.

Hope this addresses the pending items. Please let us know if anything else is needed from our end.

Regards,



Isaac Huacuja, PE, CFM

South Texas Water Business Team Leader

Water Team

📞 956-734-2375

📠 956-590-7765

From: Scott Fry <sfry@VMud2.org>
Sent: Friday, February 21, 2025 12:01 AM
To: Huacuja, Isaac <IHuacuja@GarverUSA.com>; Omar Martinez <OMartinez@VMud2.org>; Carlos Reyes <creyes@VMud2.org>
Subject: Fwd: Application for Proposed Permit No. WQ0016726001 - Notice of Deficiency

Scott C. Fry, P.E, CFM
Valley Municipal Utility District No. 2

Begin forwarded message:

From: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>
Date: February 20, 2025 at 09:45:27 CST
To: Scott Fry <sfry@vmud2.org>
Cc: Omar Martinez <OMartinez@vmud2.org>
Subject: Application for Proposed Permit No. WQ0016726001 - Notice of Deficiency

Good morning, Mr. Fry,

Candice Calhoun

From: Huacuja, Isaac <IHuacuja@GarverUSA.com>
Sent: Friday, March 7, 2025 9:16 AM
To: Candice Calhoun
Cc: Scott Fry; Omar Martinez; Carlos Reyes
Subject: RE: Application for Proposed Permit No. WQ0016726001 - Notice of Deficiency

Good morning Candice,

For item 4: no errors or omissions were observed in the NORI portion.

Regards,

Isaac Huacuja, PE, CFM
Garver
956-734-2375

From: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>
Sent: Friday, March 7, 2025 8:01 AM
To: Huacuja, Isaac <IHuacuja@GarverUSA.com>
Cc: Scott Fry <sfry@VMud2.org>; Omar Martinez <OMartinez@VMud2.org>; Carlos Reyes <creyes@VMud2.org>
Subject: RE: Application for Proposed Permit No. WQ0016726001 - Notice of Deficiency
Importance: High

Good morning, Isaac,

Thank you, your response to items 1, 2, 3, and 5 are sufficient. However, a response to item 4 was not received. Please review the NORI portion in the NOD and indicate if it contains any errors or omissions.

Regards,



Candice Courville

License & Permit Specialist
ARP Team | Water Quality Division
Texas Commission on Environmental
Quality
512-239-4312
candice.calhoun@tceq.texas.gov

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

THE LEGENDS HOLDINGS LLC
85 Cortez Ave
Rancho Viejo TX 78575

TOWN OF RANCHO VIEJO
3301 Carmen Ave
Rancho Viejo TX 78575

TOWN OF RANCHO VIEJO
3301 Carmen Ave
Rancho Viejo TX 78575

GOLF & RESORTS
INVESTMENTS LLC
1 Rancho Viejo Dr
Rancho Viejo TX 78575

GOLF & RESORTS
INVESTMENTS LLC
1 Rancho Viejo Dr
Rancho Viejo TX 78575

BENAVIDES, MAYRA AIDEE
1571 Guadalajara Ave
Brownsville TX 78526

CARDENAS, RAUL
5209 Ashville Cir
Brownsville TX 78520

CAVAZOS, JAVIER HOMERO
1168 Squaw Valley Dr Side A
Brownsville TX 78526

RIO GRANDE DEVELOPMENT INC
& DR CARLOS D MEGO MD
1005 E Nolana
McAllen TX 78501

BOARD OF TRUSTEES OF THE
SOUTH TEXAS INDEPENDENT
SCHOOL DISTRICT
100 Med High Dr
Mercedes TX 78570

SOUTH TEXAS ISD PUBLIC
FACILITY CORPORATION
100 Med High Dr
Mercedes TX 78570

ACACIA PLACE AT MADEIRA
PHASE I
717 No. Expwy. Ste 10
Brownsville TX 78520

HACIENDA LAKE VIEW INC
PO Box 45
Olmiteo TX 78575

LUCY WILKINSON & DANA YATES
2102 N Parkwood Dr
Harlingen TX 78550

LUCY WILKINSON & DANA YATES
2102 N Parkwood Dr
Harlingen TX 78550

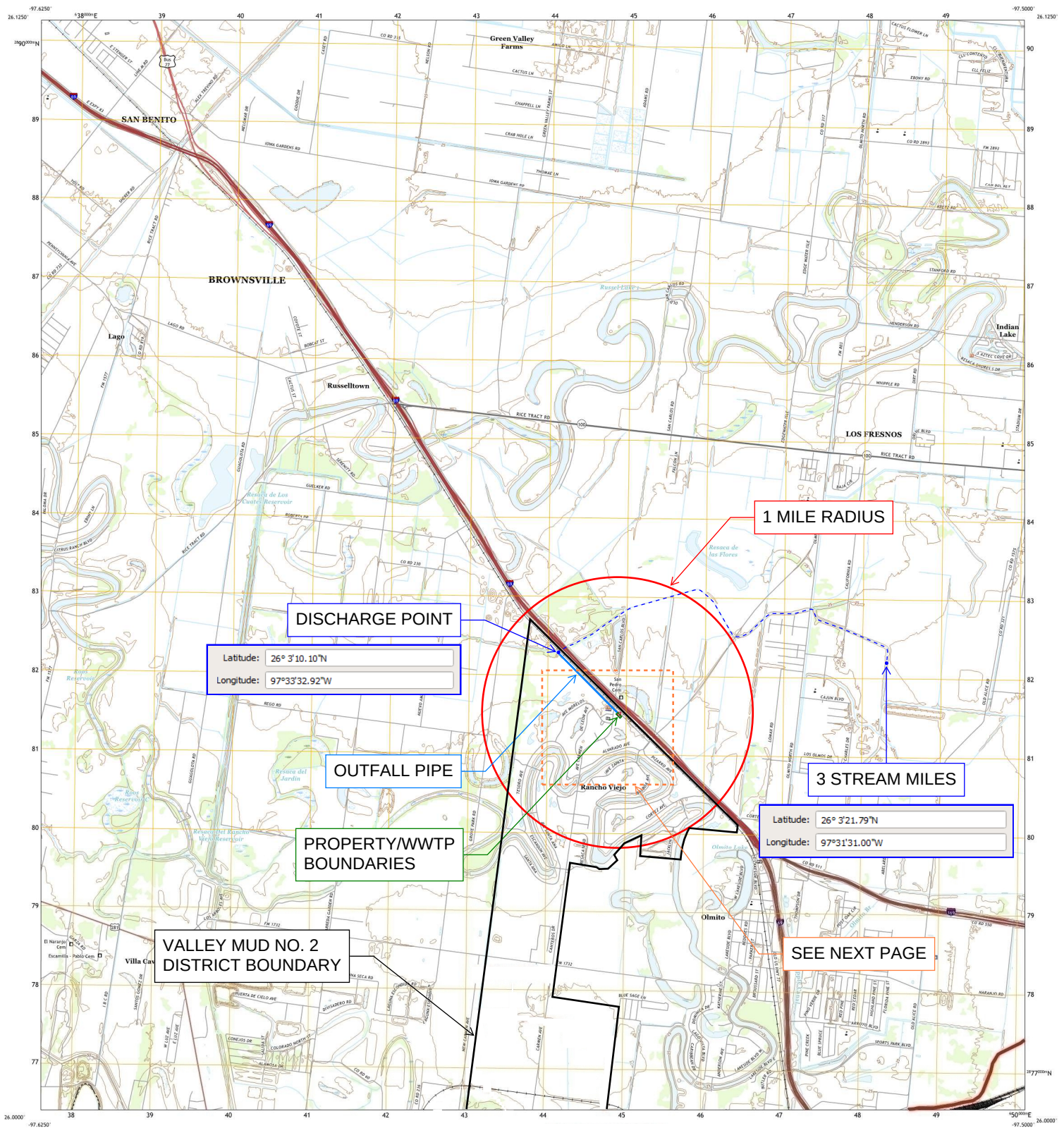
JRJ GROUP IN TEXAS
1039 Avenida de Estrellas
Rancho Viejo TX 78575

JOSEPH & ABIGAIL BENDER
23 Pizarro Avenue
Rancho Viejo TX 78575

ZAYAS, JOE RICHARD
3100 E 14th St
Brownsville TX 78521

GOLF & RESORTS
INVESTMENTS LLC
1 Rancho Viejo Dr
Rancho Viejo TX 78575

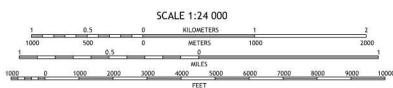




Produced by the United States Geological Survey

North American Datum of 1983 (NAD83).
 World Geodetic System of 1984 (WGS84). Projection and
 1 000-metre grid: Universal Transverse Mercator, Zone 14R
 This map is not a legal document. Boundaries may be
 generalized for this map scale. Private lands within government
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Imagery.....NAP, November
 Roads.....U.S. Census
 Names.....
 Hydrology.....Nations Hydrography Database
 Contours.....National Elevation
 Boundaries.....Multiple sources; see metadata file
 Wetlands.....FWS National Wetlands Inventory



CONTOUR INTERVAL 5 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

This map was produced to conform with the
National Geospatial Program US Topo Product Standard



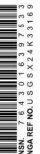
1	2	3
4		5
6	7	8

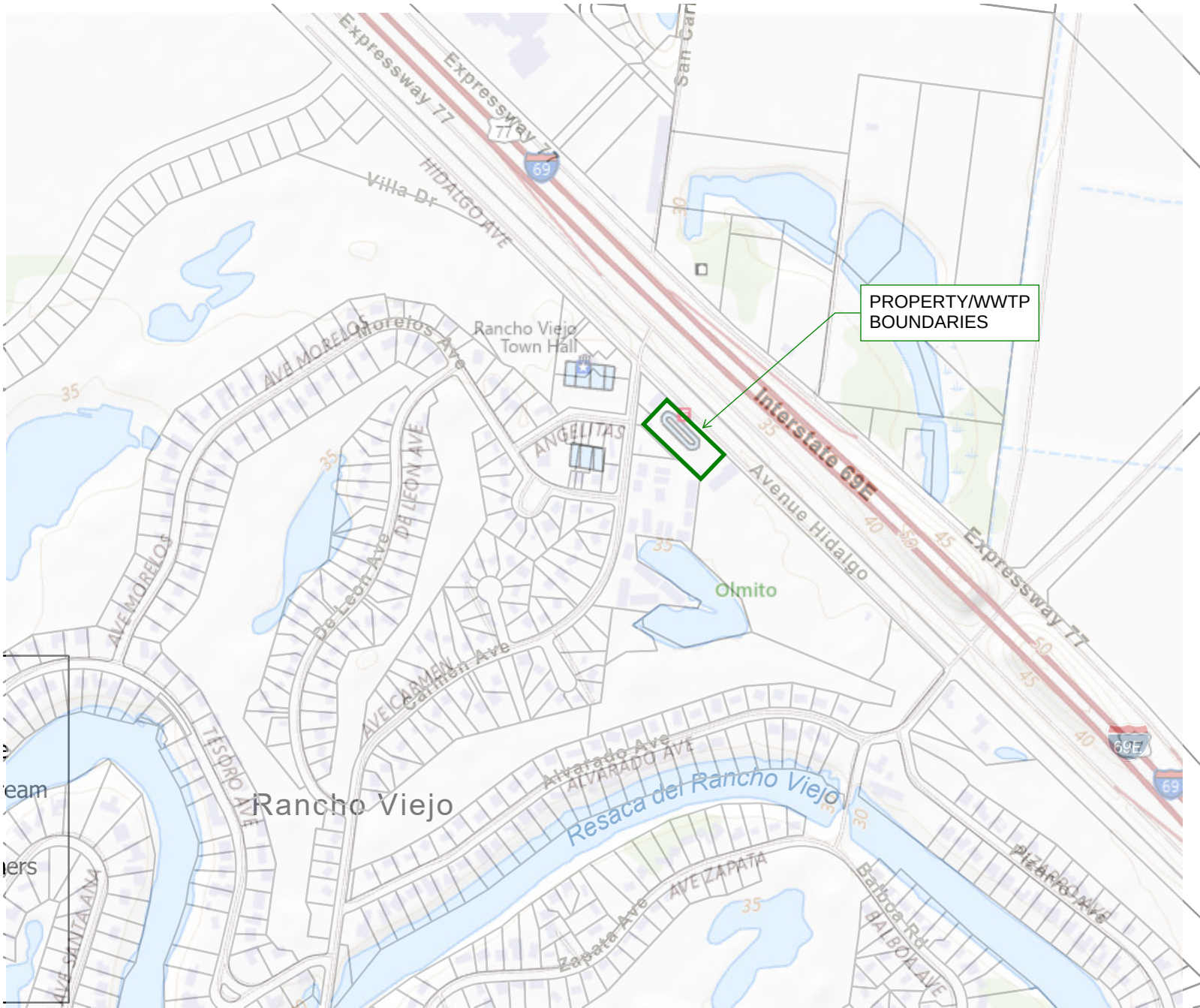
ADJOINING OLIVE ORANGE

ROAD CLASSIFICATION

Expressway		Local Connector	
Secondary Hwy		Local Road	
Ramp		4WD	

 Interstate Route  US Route  State Route

OLMITO, TX
2022



TREATMENT FACILITY BOUNDARIES

ENLARGED USGS TOPOGRAPHIC MAP WITH
CAMERON COUNTY PARCELS OVERLAID