



# Administrative Package Cover Page

**This file contains the following documents:**

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



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

### PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

If you are subject to the alternative language notice requirements in [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 Enter 'INDUSTRIAL' or 'DOMESTIC' here 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.*

Liberty County Municipal Utility District 15 (CN606311124) proposes to operate Tarkington WWTP #1 (RN112153523), a domestic wastewater treatment facility. The facility will be located at approximately 2 miles northeast of the intersection of TX 321 and TX 105 in Liberty County, Texas, in an unincorporated area, Liberty County, Texas 77327. This proposed facility will treat the Tarkington development, which will generate approximately 0.245 MGD of domestic wastewater.

Discharges from the facility are expected to contain BOD, TSS, Ammonia Nitrogen, Phosphorus, and E. Coli. Domestic Wastewater will be treated by an activated sludge wastewater treatment facility, operating in extended aeration mode, with treatment units including a bar screen, aeration basin, sludge holding, clarifier and chlorine contact basin.

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

### PROPOSED PERMIT NO. WQ0016736001

**APPLICATION.** Liberty County Municipal Utility District No. 15, 2929 Allen Parkway, Suite 3150, Houston, Texas 77019, has applied to the Texas Commission on Environmental Quality (TCEQ) for proposed Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0016736001 (EPA I.D. No. TX0147508) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 245,000 gallons per day. The domestic wastewater treatment facility will be located approximately 2 miles northeast of the intersection of State Highway 105 and State Highway 321, near the city of Cleveland, in Liberty County, Texas 77327. The discharge route will be from the plant site via pipe to an unnamed tributary; thence to Thickets Creek; thence to Gaylor Creek; thence to Davis Bayou; thence to Little Bayou; thence to Tanner Bayou; thence to Trinity River Below Lake Livingston. TCEQ received this application on February 24, 2025. The permit application will be available for viewing and copying at Austin Memorial Library, 220 South Bonham Avenue, Cleveland, 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=-94.96611,30.332777&level=18>

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

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

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

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

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

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

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

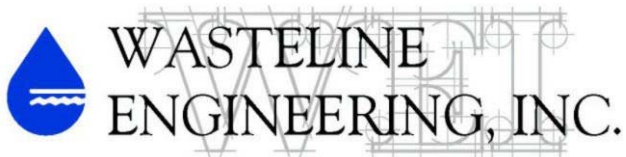
**INFORMATION AVAILABLE ONLINE.** For details about the status of the application, visit the Commissioners' Integrated Database at [www.tceq.texas.gov/goto/cid](http://www.tceq.texas.gov/goto/cid). Search the database using the permit number for this application, which is provided at the top of this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

**AGENCY CONTACTS AND INFORMATION.** All public comments and requests must be submitted either electronically at <https://www14.tceq.texas.gov/epic/eComment/>, or in writing to the Texas Commission on Environmental Quality, Office of the Chief Clerk, MC-105,

P.O. Box 13087, Austin, Texas 78711-3087. Please be aware that any contact information you provide, including your name, phone number, email address and physical address will become part of the agency's public record. For more information about this permit application or the permitting process, please call the TCEQ Public Education Program, Toll Free, at 1-800-687-4040 or visit their website at [www.tceq.texas.gov/goto/pep](http://www.tceq.texas.gov/goto/pep). Si desea información en Español, puede llamar al 1-800-687-4040.

Further information may also be obtained from Liberty County Municipal Utility District No. 15 at the address stated above or by calling Mr. Jeremy Face, Project Manager, Wasteline Engineering, Inc, at 817-441-1300.

Issuance Date: March 27, 2025



P.O. Box 421  
208 South Front Street  
Aledo, Texas 76008  
817-441-1300 p  
817-441-1033 f  
[www.wasteline-eng.com](http://www.wasteline-eng.com)  
TBPELS Firm No. F-1669

March 13, 2025

Texas Commission on Environmental Quality  
PO Box 13087  
Austin, Texas 78711-3087

**Attn: Abesha Michael**  
Applications Review and Processing Team (MC 148)  
Water Quality Division  
Wastewater Permits Section

**Re: Application to Amend Permit No. WQ0016736001**  
**CN606311124; RN112153523**  
**Issued to Liberty County Municipal Utility District No. 15.**

Abesha Michael:

We are in receipt of your letter dated March 3, 2025, and offer the following in response to the items contained therein. Our responses are in the same order as the questions posed.

1. Section 8, item F, Plain Language Summary Template (PLS) on page 7 of the administrative report: A revised PLS has been attached.
2. Section 1, item A, Affected Landowner Information on page 12 of the administrative report 1.1: A revised Landowner Information Page has been attached.
3. Section 1, item C, Cross-referenced Mailing List, on page 12 of the administrative report 1.1: A Microsoft Word version of the mailing list has been attached.
4. The Notice of Receipt seems to be complete and accurate with the exception of the discharge route. It should be "The discharge route will be from the plant site via pipe to Thickets Creek; thence to Gaylor Creek; thence to Trinity River below Lake Livingston.". Additionally, there is a space missing after the period of the beforementioned sentence. Under the "CC:" section of your letter, our address should be P.O. Box 421, **Aledo**, Texas 76008.

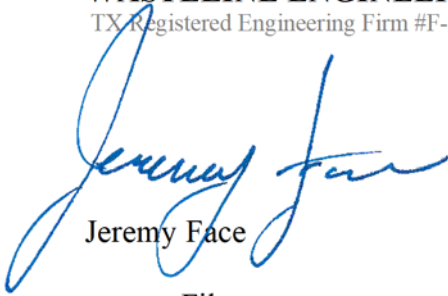
Hopefully, the above will adequately respond to your inquiries. However, should you have any questions or comments concerning this document and its contents, please do not hesitate to contact this office.

Thanking you in advance for your prompt attention to this matter, we remain,

Very truly yours,

**WASTELINE ENGINEERING, INC.**

TX Registered Engineering Firm #F-1669

A handwritten signature in blue ink, appearing to read "Jeremy Face", is written over the printed name.

Jeremy Face

cc: File  
Attachments



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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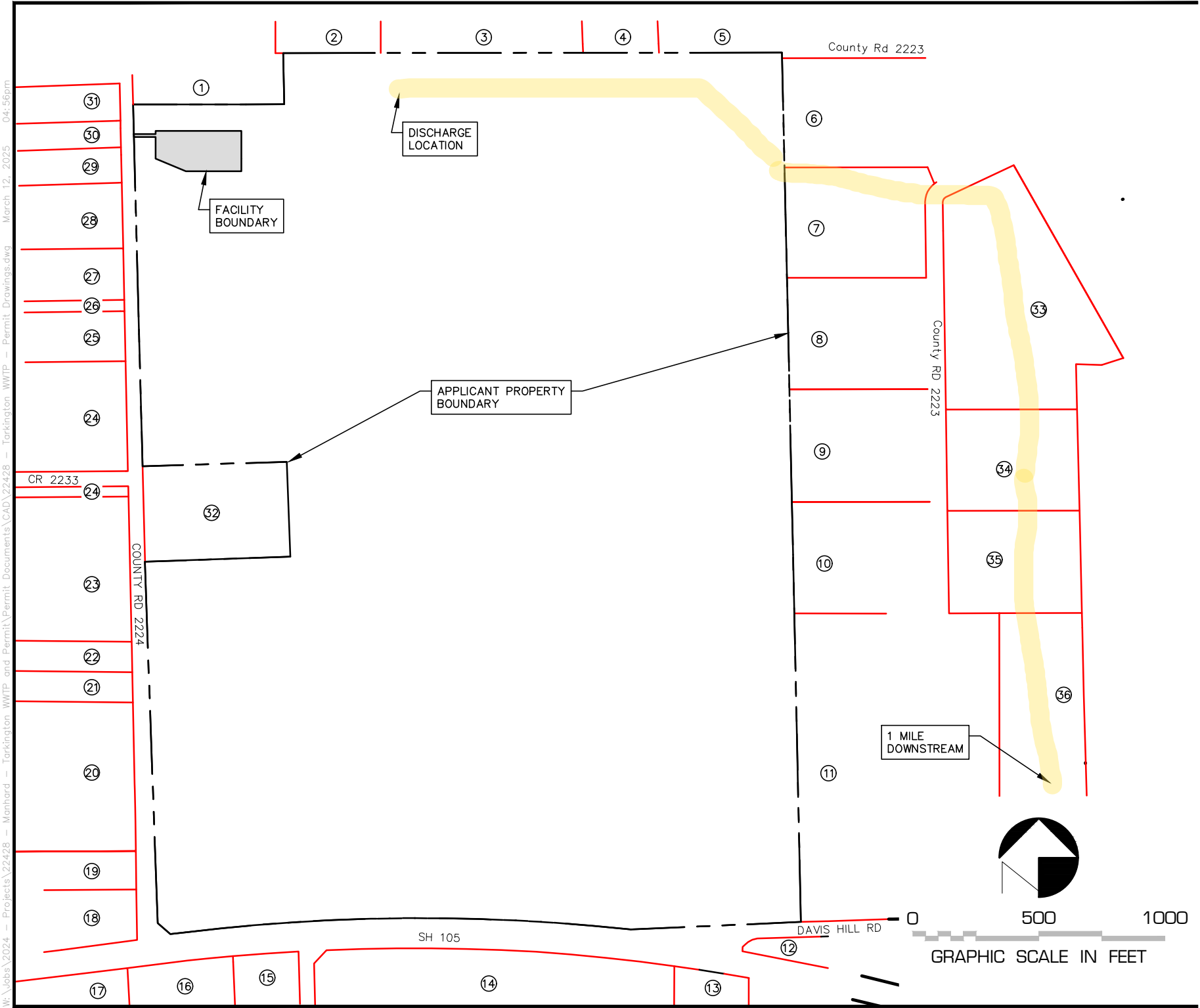
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W:\Jobs\2024 - Projects\22428 - Monhard - Torkington WWTP and Permit\Permit Documents\CAD\22428 - Torkington WWTP - Permit Drawings.dwg March 12, 2025 04:56pm



<b>WASTELINE ENGINEERING, INC.</b> Texas Registered Engineering Firm #F-1669	<b>WASTEWATER PERMIT AMENDMENT</b> FOR <b>LIBERTY COUNTY MUD #15</b>
	<b>LANDOWNER INFORMATION</b>
Date: January, 2022 Drawn by: J.I.R. Designed by: G.B. QA: G.B. Project Job#: 22428	Att: <b>A5</b>

☐ Disturbance of vegetation or wetlands

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

The extent of the impact includes the excavation of a lift station suitable for pumping to the wastewater facility, including the force main capable of delivering the wastewater to the treatment facility, the construction of the treatment facility itself, and the construction of the discharge line. Approximately 3 acres of land shall be used for the treatment facility boundary.

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

Current land use is pastureland.

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:

Not applicable

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

Not applicable

PALMER JEREMIAH & KYSHA  
22075 CASCADE MOUNTAIN DR  
PORTER TX 77365

VARVEL CARL MARK  
192 COUNTY ROAD 2231  
CLEVELAND TX 77327

CROFT MARY K BROWNING & DELBERT  
212 COUNTY ROAD 2231  
CLEVELAND TX 77327

CROFT WILLIAM JOHN  
232 COUNTY ROAD 2231  
CLEVELAND TX 77327

CRAWFORD ALBERT W JR  
458 COUNTY ROAD 2231  
CLEVELAND TX 77327

HATTON LISA JANE & BRANDON  
195 COUNTY ROAD 22236 ANX  
CLEVELAND TX 77327

MORGAN SCOTT & TIFFANY MICHALIK-  
MORGAN  
162 COUNTY ROAD 22235 ANX  
CLEVELAND TX 77327

HAWTHORNE JAKE F & DEANNA K  
236 COUNTY ROAD 22235  
CLEVELAND TX 77327

WRIGHT FRANK & BRANDY  
298 COUNTY ROAD 22235 ANX  
CLEVELAND TX 77327

WHITNEY JOSIAH KENT  
340 COUNTY ROAD 22235  
CLEVELAND TX 77327

BURNS ROBERT E  
193 COUNTY ROAD 2251  
CLEVELAND TX 77327

KIRKHAM IRA LLOYD  
19 COUNTY ROAD 2222  
CLEVELAND TX 77327

SCOTT KARYL ZEAGLER  
PO BOX 395  
CLEVELAND TX 77328

BATO INVESTMENTS LLC  
930 SIERRA SPRINGS LANE  
SPRING TX 77373

UDAY ENTERPRISES INC  
9910 WING ST  
CONROE TX 77385

WILLIAMS SHEILA LAVON HUBERT  
495 COUNTY ROAD 2239  
CLEVELAND TX 77327

REYNOLDS BECKY  
14795 HIGHWAY 105  
CLEVELAND TX 77327

RIYA & INAAYA INC.  
7242 THELFOR CT  
CLEVELAND TX 77379

NL CONSTRUCTION LLC  
3300 COUNTY ROAD 2184  
CLEVELAND TX 77327

DUMAS DARRYL & MARILYN DUMAS  
141 COUNTY ROAD 2224  
CLEVELAND TX 77327

DILLARD STACEY J & ELISSA J  
185 COUNTY ROAD 2224  
CLEVELAND TX 77327

BITTICK BRYAN  
205 COUNTY ROAD 2224  
CLEVELAND TX 77327

MITTAG DAN  
PO BOX 807  
CLEVELAND TX 77328

CAMPBELL MICHAEL C & JENNIFER E  
407 COUNTY ROAD 2224  
CLEVELAND TX 77327

MIZELL DENNIS EARL  
1253 COUNTY ROAD 278  
BUFFALO TX 75831

GALITO LUIS  
4219 STONECROFT CIRCLE  
KATY TX 77450

BROWN AUSTIN & HALEY  
525 COUNTY ROAD 2224  
CLEVELAND TX 77327

HARRISON TITUS & APRIL DAWN REEVES-  
HARRISON  
557 COUNTY ROAD 2224  
CLEVELAND TX 77327

HAASS MARK W & TAMMY BENTLEY  
607 COUNTY ROAD 2224  
CLEVELAND TX 77327

CAUGHMAN MINDY JO  
633 COUNTY ROAD 2224  
CLEVELAND TX 77327

CAUGHMAN DORIS LYNNE  
651 COUNTY ROAD 2224  
CLEVELAND TX 77327

ENGERRAN DANIEL C. & KATHERINE A.  
135 OAK HAMPTON TRL  
INGRAM TX 78025

PENNY JOHN & ALICIA  
229 COUNTY ROAD 22235  
CLEVELAND TX 77327

EVANS AARON & CRYSTAL  
301 COUNTY ROAD 22235  
CLEVELAND TX 77327

JOHNS CHRISTOPHER LEE  
335 COUNTY ROAD 2223-5  
CLEVELAND TX 77327

LOTT BRIAN & ALISA  
315 COUNTY ROAD 2251  
CLEVELAND TX 77327



**WASTELINE  
ENGINEERING, INC.**

P.O. Box 421  
208 South Front Street  
Aledo, Texas 76008  
817-441-1300 p  
817-441-1033 f  
[www.wasteline-eng.com](http://www.wasteline-eng.com)  
TBPELS Firm No. F-1669

February 21, 2025

Texas Commission on Environmental Quality  
Plan Review Team  
MC - 148  
P.O. Box 13087  
Austin, Texas 78711-3087

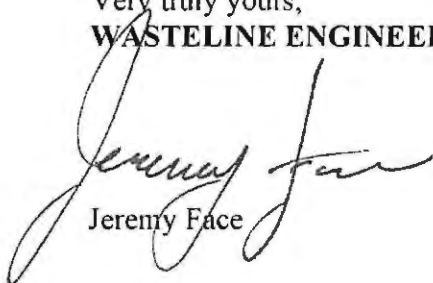
**RE:       Application for NEW Permit  
          Issued to BRD Land & Investment  
          Liberty County, Texas**

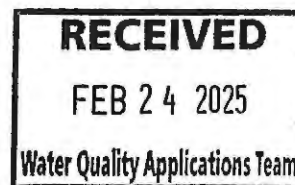
Application Team:

Our submitted application listed BRD Land & Investment as the applicant for a NEW permit to discharge, deposit, or dispose of domestic waste within the State of Texas. Initially, our intention was to transfer the permit to Liberty County MUD 15 once the municipal utility district had been constructed. Though, seeing as how BRD Land & Investment is not a business registered in Texas, it seems like it would be appropriate to move forward with the application process with Liberty County MUD 15 as the registered applicant. We have attached permitting documents which have changed the applicant information from BRD Land & Investment to Liberty County MUD 15.

If you have questions concerning this submittal, please do not hesitate to contact this office. Thank you in advance for your prompt attention to this submission.

Very truly yours,  
**WASTELINE ENGINEERING, INC.**

  
Jeremy Face





TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Liberty County MUD 15

PERMIT NUMBER (If new, leave blank): WQ00 New Permit

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

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

For TCEQ Use Only

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION  
ADMINISTRATIVE REPORT 1.0**

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

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

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

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

Minor Amendment (for any flow) \$150.00 ☐

**Payment Information:**

Mailed      Check/Money Order Number: 85244  
Check/Money Order Amount: \$850.00  
Name Printed on Check: Manhard Consulting, LTD.

EPAY      Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed?      Yes ☐

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

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

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

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

- ☐ 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 New Permit

EPA I.D. (TPDES only): TX Not Applicable

Expiration Date: Not Applicable

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

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

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

Liberty County MUD 15

*(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: New Customer

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: Parrott, Daryl

Title: President

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

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

[Click to enter text.](#)

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

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

CN: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

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

### C. Core Data Form

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

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

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

A. Prefix: Mr.

Last Name, First Name: Swanson, John

Title: Independent Land Development Consultant Credential: Click to enter text.

Organization Name: BRD Land & Investment

Mailing Address: 1801 South Mopac, Suite 100 City, State, Zip Code: Austin, TX 78746

Phone No.: 512-627-1733

E-mail Address: JohnSwanson@brdland.com

Check one or both: ☒ Administrative Contact ☐ Technical Contact

B. Prefix: Mr.

Last Name, First Name: Breisch, Glenn

Title: Click to enter text.

Credential: Professional Engineer

Organization Name: Wasteline Engineering, Inc.

Mailing Address: P.O. Box 421

City, State, Zip Code: Aledo, TX 76008

Phone No.: 817-441-1300

E-mail Address: gbreisch@wasteline-eng.com

Check one or both: ☐ Administrative Contact ☒ Technical Contact

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

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

A. Prefix: Mr.

Last Name, First Name: Faust, Louis

Title: Operations Manager

Credential: Professional Engineer

Organization Name: Texas Professional Engineering

Mailing Address: 3038 N. Frazier

City, State, Zip Code: Conroe, TX 77303

Phone No.: 936-756-7101

E-mail Address: lfaust@engineeringtexas.com

B. Prefix: Mr. Last Name, First Name: Breisch, Glenn  
Title: Click to enter text. Credential: Professional Engineer  
Organization Name: Wasteline Engineering, Inc  
Mailing Address: P.O. Box 421 City, State, Zip Code: Aledo, TX 76008  
Phone No.: 817-441-1300 E-mail Address: gbreisch@wasteline-eng.com

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

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

Prefix: Mr. Last Name, First Name: Swanson, John  
Title: Independent Development Consultant Credential: Click to enter text.  
Organization Name: BRD Land & Investment  
Mailing Address: 1801 South Mopac, Suite 100 City, State, Zip Code: Austin, TX 78746  
Phone No.: 512-627-1733 E-mail Address: JohnSwanson@brdland.com

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

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

Prefix: Mr. Last Name, First Name: Faust, Louis  
Title: Operations Manager Credential: Professional Engineer  
Organization Name: Texas Professional Engineering  
Mailing Address: 3038 N. Frazier City, State, Zip Code: Conroe, TX 77303  
Phone No.: 956-756-7101 E-mail Address: lfaust@engineeringtexas.com

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

### A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: Face, Jeremy  
Title: Project Manager Credential: Click to enter text.  
Organization Name: Wasteline Engineering, Inc  
Mailing Address: P.O. Box 421 City, State, Zip Code: Aledo, TX 76008  
Phone No.: 817-441-1300 E-mail Address: jface@wasteline-eng.com

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

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

- ☒ E-mail Address  
☐ Fax  
☒ Regular Mail

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

Prefix: Mr. Last Name, First Name: Face, Jeremy  
Title: Project Manager Credential: Click to enter text.  
Organization Name: Wasteline Engineering, Inc  
Mailing Address: P.O. Box 421 City, State, Zip Code: Aledo, TX 76008  
Phone No.: 817-441-1300 E-mail Address: jface@wasteline-eng.com

**D. Public Viewing Information**

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

Public building name: Austin Memorial Library  
Location within the building: Front desk  
Physical Address of Building: 220 S. Bonham Avenue. Cleveland, TX 77327  
City: Cleveland County: Liberty  
Contact (Last Name, First Name): Receptionist  
Phone No.: 281-592-3920 Ext.: Click to enter text.

**E. Bilingual Notice Requirements**

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

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

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

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

☐ Yes ☒ No

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

2. Are the students who attend either the elementary school or the middle school enrolled in a bilingual education program at that school?

☐ Yes ☐ No

3. Do the students at these schools attend a bilingual education program at another location?
- ☐ Yes ☐ No
4. Would the school be required to provide a bilingual education program but the school has waived out of this requirement under 19 TAC §89.1205(g)?
- ☐ Yes ☐ No
5. If the answer is **yes** to **question 1, 2, 3, or 4**, public notices in an alternative language are required. Which language is required by the bilingual program? [Click to enter text.](#)

**F. Plain Language Summary Template**

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

**Attachment:** 2

**G. Public Involvement Plan Form**

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

**Attachment:** 3

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

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

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):

Tarkington WWTP #1

- C. Owner of treatment facility: Liberty County MUD 15

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: Liberty County MUD 15

Mailing Address: 2929 Allen Parkway, Suite 3150 City, State, Zip Code: Houston, TX 77019

Phone No.: 512-627-1733

E-mail Address: JohnSwanson@brdland.com

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

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

E. Owner of effluent disposal site:

Prefix: Click to enter text.

Last Name, First Name: Not Applicable

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text.

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

Phone No.: Click to enter text.

E-mail Address: Click to enter text.

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

**Attachment:** Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Not Applicable

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text.

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

Phone No.: Click to enter text.

E-mail Address: Click to enter text.

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

**Attachment:** Click to enter text.

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

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

☐ Yes ☒ No

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

The proposed wastewater treatment facility will be located approximately 2 miles northeast of the intersection of TX 321 and TX 105 in Liberty County, Texas.

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

☐ Yes ☒ No

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

The facility will discharge to an unmanned tributary via an 10" pipe, thence to Thickets Creek, thence to Gaylor Creek, thence to Trinity River below Lake Livingston, Classified Segment No. 0804.

City nearest the outfall(s): Cleveland

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

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

☐ Yes ☒ No

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

- ☐ Authorization granted      ☐ Authorization pending

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

**Attachment:** Click to enter text.

- D. For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: Not Applicable

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

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

- ☐ Yes      ☐ No

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

Not Applicable

- B. City nearest the disposal site: Click to enter text.

- C. County in which the disposal site is located: Click to enter text.

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

Click to enter text.

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

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

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

- ☐ Yes      ☒ No

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

- ☐ Yes      ☒ No      ☐ Not Applicable

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

Click to enter text.

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

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

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

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

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

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

### Section 13. Attachments (Instructions Page 33)

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

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

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

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

☐ Attachment 1 for Individuals as co-applicants

☒ Other Attachments. Please specify: Please see provided Attachment Index

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

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

Permit Number: New Permit

Applicant: Liberty County MUD 15

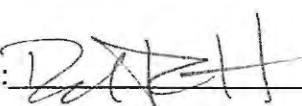
Certification:

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): Daryl Parrott

Signatory title: President L.C MUD 15

Signature: 

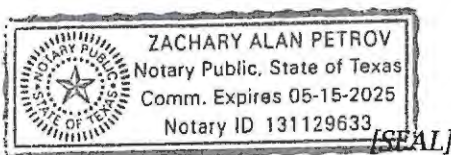
(Use blue ink)

Date: 02/11/2025

Subscribed and Sworn to before me by the said Daryl Parrott, President of Liberty County MUD 15  
on this 11<sup>th</sup> day of February, 20 25.

My commission expires on the 15<sup>th</sup> day of May, 20 25.

  
Notary Public



Harris  
County, Texas

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

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

Permit Number: New Permit

Applicant: Liberty County MUD 15

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.

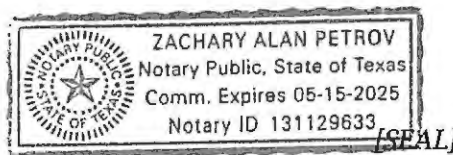
Signatory name (typed or printed): Daryl Parrott

Signatory title: President L.C. MUD 15

Signature: [Signature] Date: 02/11/2025  
(Use blue ink)

Subscribed and Sworn to before me by the said Daryl Parrott, President of Liberty County MUD 15  
on this 11<sup>th</sup> day of February, 20 25.  
My commission expires on the 15<sup>th</sup> day of May, 20 25.

[Signature]  
Notary Public



Harris  
County, Texas

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

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

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

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

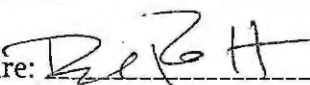
The following certification statement shall be signed and submitted with every application. See the Signature Page section in the Instructions, for a list of designated representatives who may sign the certification.

### CERTIFICATION:

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

Printed Name: DARYL PARROTT

Title: President LC MWB 15

Signature: 

Date: 02/11/2025



TCEQ Use Only

# TCEQ Core Data Form

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

## SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)	
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)	
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other
2. Customer Reference Number (if issued)	3. Regulated Entity Reference Number (if issued)
CN <u>CN 606311124</u>	RN <u>RN 112153523</u>

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

## SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input checked="" type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)		<input type="checkbox"/> Change in Regulated Entity Ownership	
<b>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).</b>			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)		If new Customer, enter previous Customer below:	
Liberty County MUD 15			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
		33-3540073	
11. Type of Customer:		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship	
12. Number of Employees		13. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator			
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:			
15. Mailing Address:			
2929 Allen Parkway, Suite 3150			
City	Houston	State	TX
ZIP	77019	ZIP + 4	
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
		johnswanson@brdland.com	
18. Telephone Number		19. Extension or Code	
( 512 ) 627-1733			
		20. Fax Number (if applicable)	
		( ) -	

## SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)	
<input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information	
<b>The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC).</b>	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
Tarkington WWTP #1	

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

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	The proposed wastewater treatment facility will be located approximately 2 miles northeast of the intersection of TX 321 and TX 105 in Liberty County, Texas.						
26. Nearest City	Cleveland				State	TX	
					Nearest ZIP Code	77327	
27. Latitude (N) In Decimal:	Degrees		Minutes	Seconds	28. Longitude (W) In Decimal:	Degrees	
	30	19	58.32			94	57
							58.55
29. Primary SIC Code (4 digits)	4952		30. Secondary SIC Code (4 digits)			31. Primary NAICS Code (5 or 6 digits)	221320
						32. Secondary NAICS Code (5 or 6 digits)	
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
The treatment of domestic wastewater.							
34. Mailing Address:	2929 Allen Parkway, Suite 3150						
	City	Houston	State	TX	ZIP	77019	ZIP + 4
35. E-Mail Address:							
36. Telephone Number	( ) -		37. Extension or Code			38. Fax Number (if applicable)	( ) -

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

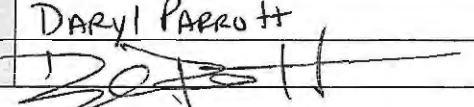
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review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

#### SECTION IV: Preparer Information

40. Name:	Jeremy Face		41. Title:	Project Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address	
(817) 441-1300		( ) -	jface@wasteline-eng.com	

#### SECTION V: Authorized Signature

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

Company:			Job Title:	President Lc mup 15
Name (In Print):	DARYL PARROTT		Phone:	( ) -
Signature:			Date:	



# WASTELINE ENGINEERING, INC.

January 30, 2025

Texas Commission on Environmental Quality  
PO Box 13087  
Austin, Texas 78711-3087

**Attn: Applications Team**  
Wastewater Permits Section (MC 148)  
Water Quality Division

**Re: Application for NEW Permit**  
**Issued to BRD Land & Investment**  
**Liberty County, Texas**

Application Team:

On behalf of **BRD Land & Investment**, we submit for your review and acceptance one (1) original and three (3) copies of an application for a NEW permit to discharge, deposit, or dispose of domestic waste within the State of Texas. A check in the amount of \$850.00 has been forwarded under separate cover.

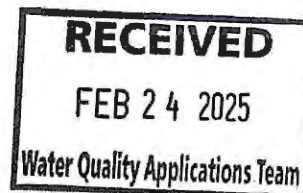
Should you have any questions or comments concerning this document and its contents, please do not hesitate to contact this office.

Thanking you in advance for your prompt attention to this matter, we remain,

Very truly yours,  
**WASTELINE ENGINEERING, INC.**  
TX Registered Engineering Firm #F-1669

Jeremy A. Face

cc: **BRD Land & Investment**





TCEQ Use Only

# TCEQ Core Data Form

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

## SECTION I: General Information

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

## SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input checked="" type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)		<input type="checkbox"/> Change in Regulated Entity Ownership	
<b>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).</b>			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)		If new Customer, enter previous Customer below:	
Liberty County MUD 15			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
11. Type of Customer:		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:	
12. Number of Employees		13. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator			
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:			
15. Mailing Address:	2929 Allen Parkway, Suite 3150		
	City	Houston	State TX ZIP 77019 ZIP + 4
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
		johnswanson@brdland.com	
18. Telephone Number		19. Extension or Code	20. Fax Number (if applicable)
( 512 ) 627-1733			( ) -

## SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)		
<input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information		
<b>The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC).</b>		
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)		
Tarkington WWTP #1		

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

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	The proposed wastewater treatment facility will be located approximately 2 miles northeast of the intersection of TX 321 and TX 105 in Liberty County, Texas.					
26. Nearest City	State		Nearest ZIP Code			
Cleveland	Tx		77327			
27. Latitude (N) In Decimal:	28. Longitude (W) In Decimal:					
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
30	19	58.32	94	57	58.55	
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.)						
The treatment of domestic wastewater.						
34. Mailing Address:	2929 Allen Parkway, Suite 3150					
	City	Houston	State	TX	ZIP	77019
35. E-Mail Address:						
36. Telephone Number		37. Extension or Code		38. Fax Number (if applicable)		
( ) -				( ) -		

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

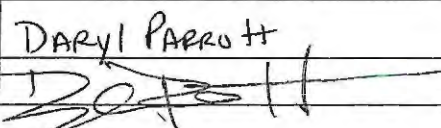
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review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

#### SECTION IV: Preparer Information

40. Name:	Jeremy Face	41. Title:	Project Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(817) 441-1300		( ) -	jface@wasteline-eng.com

#### SECTION V: Authorized Signature

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

Company:		Job Title:	President Lc mup 15
Name (In Print):	DARYL PARROTT	Phone:	( ) -
Signature:		Date:	

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

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

Permit Number: New Permit

Applicant: Liberty County MUD 15

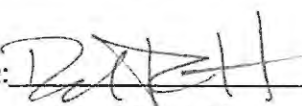
Certification:

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): Daryl Parrott

Signatory title: President L.C MUD 15

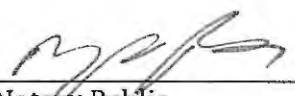
Signature: 

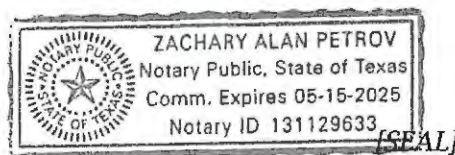
(Use blue ink)

Date: 02/11/2025

Subscribed and Sworn to before me by the said Daryl Parrott, President of Liberty County MUD 15  
on this 11<sup>th</sup> day of February, 20 25.

My commission expires on the 15<sup>th</sup> day of May, 20 25.

  
Notary Public



Harris  
County, Texas

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

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

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

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

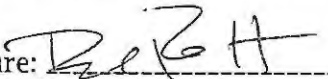
The following certification statement shall be signed and submitted with every application. See the Signature Page section in the Instructions, for a list of designated representatives who may sign the certification.

### CERTIFICATION:

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

Printed Name: DARYL PARROTT

Title: PRESIDENT LC MWD 15

Signature: 

Date: 02/11/2025



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION  
ADMINISTRATIVE REPORT 1.0**

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

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

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

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

Minor Amendment (for any flow) \$150.00 ☐

**Payment Information:**

Mailed      Check/Money Order Number: [Click to enter text.](#)

Check/Money Order Amount: \$850.00

Name Printed on Check: [Click to enter text.](#)

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

Copy of Payment Voucher enclosed?      Yes ☐

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

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

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

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

- ☐ 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 New Permit

EPA I.D. (TPDES only): TX Not Applicable

Expiration Date: Not Applicable

### 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?

BRD Land & Investment

*(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: New Customer

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: Johnson, Maurice

Title: Chief Executive Officer

Credential: Click to enter text.

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

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

Click to enter text.

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

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

CN: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

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

### C. Core Data Form

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

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

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

A. Prefix: Mr.

Last Name, First Name: Swanson, John

Title: Independent Land Development Consultant Credential: Click to enter text.

Organization Name: BRD Land & Investment

Mailing Address: 1801 South Mopac, Suite 100 City, State, Zip Code: Austin, TX 78746

Phone No.: 512-627-1733

E-mail Address: JohnSwanson@brdland.com

Check one or both: ☒ Administrative Contact ☐ Technical Contact

B. Prefix: Mr.

Last Name, First Name: Breisch, Glenn

Title: Click to enter text.

Credential: Professional Engineer

Organization Name: Wasteline Engineering, Inc.

Mailing Address: P.O. Box 421

City, State, Zip Code: Aledo, TX 76008

Phone No.: 817-441-1300

E-mail Address: gbreisch@wasteline-eng.com

Check one or both: ☐ Administrative Contact ☒ Technical Contact

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

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

A. Prefix: Mr.

Last Name, First Name: Faust, Louis

Title: Operations Manager

Credential: Professional Engineer

Organization Name: Texas Professional Engineering

Mailing Address: 3038 N. Frazier

City, State, Zip Code: Conroe, TX 77303

Phone No.: 936-756-7101

E-mail Address: lfaust@engineeringtexas.com

B. Prefix: Mr. Last Name, First Name: Breisch, Glenn  
Title: Click to enter text. Credential: Professional Engineer  
Organization Name: Wasteline Engineering, Inc  
Mailing Address: P.O. Box 421 City, State, Zip Code: Aledo, TX 76008  
Phone No.: 817-441-1300 E-mail Address: gbreisch@wasteline-eng.com

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

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

Prefix: Mr. Last Name, First Name: Swanson, John  
Title: Independent Development Consultant Credential: Click to enter text.  
Organization Name: BRD Land & Investment  
Mailing Address: 1801 South Mopac, Suite 100 City, State, Zip Code: Austin, TX 78746  
Phone No.: 512-627-1733 E-mail Address: JohnSwanson@brdland.com

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

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

Prefix: Mr. Last Name, First Name: Faust, Louis  
Title: Operations Manager Credential: Professional Engineer  
Organization Name: Texas Professional Engineering  
Mailing Address: 3038 N. Frazier City, State, Zip Code: Conroe, TX 77303  
Phone No.: 956-756-7101 E-mail Address: lfaust@engineeringtexas.com

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

### A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: Face, Jeremy  
Title: Project Manager Credential: Click to enter text.  
Organization Name: Wasteline Engineering, Inc  
Mailing Address: P.O. Box 421 City, State, Zip Code: Aledo, TX 76008  
Phone No.: 817-441-1300 E-mail Address: jface@wasteline-eng.com

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

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

- ☒ E-mail Address  
☐ Fax  
☒ Regular Mail

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

Prefix: Mr. Last Name, First Name: Face, Jeremy  
Title: Project Manager Credential: Click to enter text.  
Organization Name: Wasteline Engineering, Inc  
Mailing Address: P.O. Box 421 City, State, Zip Code: Aledo, TX 76008  
Phone No.: 817-441-1300 E-mail Address: jface@wasteline-eng.com

**D. Public Viewing Information**

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

Public building name: Austin Memorial Library  
Location within the building: Front desk  
Physical Address of Building: 220 S. Bonham Avenue. Cleveland, TX 77327  
City: Cleveland County: Liberty  
Contact (Last Name, First Name): Receptionist  
Phone No.: 281-592-3920 Ext.: Click to enter text.

**E. Bilingual Notice Requirements**

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

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

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

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

☐ Yes ☒ No

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

2. Are the students who attend either the elementary school or the middle school enrolled in a bilingual education program at that school?

☐ Yes ☐ No

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

**F. Plain Language Summary Template**

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

**Attachment:** 2

**G. Public Involvement Plan Form**

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

**Attachment:** 3

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

- A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN New Entity
- 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):
- Tarkington WWTP #1
- C. Owner of treatment facility: BRD Land & Investment
- 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: BRD Land & Investment
- Mailing Address: 1801 South Mopac, Suite 100 City, State, Zip Code: Austin, TX 78746
- Phone No.: 512-627-1733 E-mail Address: JohnSwanson@brdland.com
- If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions.
- Attachment:** Click to enter text.

E. Owner of effluent disposal site:

Prefix: Click to enter text.

Last Name, First Name: Not Applicable

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text.

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

Phone No.: Click to enter text.

E-mail Address: Click to enter text.

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

**Attachment:** Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Not Applicable

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text.

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

Phone No.: Click to enter text.

E-mail Address: Click to enter text.

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

**Attachment:** Click to enter text.

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

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

☐ Yes ☒ No

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

The proposed wastewater treatment facility will be located approximately 2 miles northeast of the intersection of TX 321 and TX 105 in Liberty County, Texas.

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

☐ Yes ☒ No

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

The facility will discharge to an unmanned tributary via an 10" pipe, thence to Thickets Creek, thence to Gaylor Creek, thence to Trinity River below Lake Livingston, Classified Segment No. o804.

City nearest the outfall(s): Cleveland

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

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

☐ Yes ☒ No

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

- ☐ Authorization granted      ☐ Authorization pending

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

**Attachment:** Click to enter text.

- D. For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: Not Applicable

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

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

☐ Yes      ☐ No

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

Not Applicable

- B. City nearest the disposal site: Click to enter text.

- C. County in which the disposal site is located: Click to enter text.

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

Click to enter text.

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

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

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

☐ Yes      ☒ No

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

☐ Yes      ☒ No      ☐ Not Applicable

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

Click to enter text.

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

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

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

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

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

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

### Section 13. Attachments (Instructions Page 33)

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

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

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

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

☐ Attachment 1 for Individuals as co-applicants

☒ Other Attachments. Please specify: Please see provided Attachment Index

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

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

Permit Number: New Permit

Applicant: BRD Land & Investment

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): Jeri Thompson

Signatory title: Chief Financial Officer

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

(Use blue ink)

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

1/17/2025

Subscribed and Sworn to before me by the said Jeri Thompson

on this 17 day of January, 2025.

My commission expires on the 26 day of July, 2031.

Notary Public

York County, SC  
County, ~~Texas~~ SC



[SEAL]

# DOMESTIC WASTEWATER PERMIT APPLICATION

## ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

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

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

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

Click to enter text.

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

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

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

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

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

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

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

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

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

- ☒ Yes      ☐ No

# **DOMESTIC WASTEWATER PERMIT APPLICATION**

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

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

**Attachment: 4**



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

#### A. Existing/Interim I Phase

Design Flow (MGD): Click to enter text.

2-Hr Peak Flow (MGD): Click to enter text.

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

#### B. Interim II Phase

Design Flow (MGD): Click to enter text.

2-Hr Peak Flow (MGD): Click to enter text.

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

#### C. Final Phase

Design Flow (MGD): 0.245

2-Hr Peak Flow (MGD): 0.980

Estimated construction start date: March 1, 2026

Estimated waste disposal start date: March 1, 2027

#### D. Current Operating Phase

Provide the startup date of the facility: Facility not constructed.

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

#### A. Current Operating Phase

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

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

This is an activated sludge wastewater facility, which will be operating in the extended aeration mode. This wastewater treatment facility consists of an aeration basin, clarifier, aerobic digester, and chlorine contact basin. The treated effluent will be piped via 10" into an unnamed tributary.

## 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)
Please see attachment 9		

## C. Process Flow Diagram

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

Attachment: 10

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

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

- Latitude: 30°19'58.32"N
- Longitude: 94°57'58.55"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: 11

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

The treatment will be serving the Tarkington Development.

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
Tarkington Wastewater Collection System	BRD Land & Investment	Privately Owned	Approximately 2250
		Choose an item.	
		Choose an item.	
		Choose an item.	

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

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

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

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

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

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

### A. Summary transmittal

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

☐ Yes ☒ No

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

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

Once the TCEQ issues a permit number to the treatment facility, our office will forward a summary transmittal letter to the Plans and Specifications Team.

### B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

Buffer zone to be met via ownership.

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

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

☐ Yes ☒ No

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

Click to enter text.

**D. Grit and grease treatment**

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

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

☐ Yes ☒ No

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

**2. Grit and grease processing**

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

Click to enter text.

**3. Grit disposal**

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

☐ Yes ☐ No

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

Describe the method of grit disposal.

Click to enter text.

**4. Grease and decanted liquid disposal**

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

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

Click to enter text.

**E. Stormwater management**

**1. Applicability**

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

**2. MSGP coverage**

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

**3. Conditional exclusion**

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

☐ Yes ☐ No

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

Click to enter text.

**4. Existing coverage in individual permit**

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

☐ Yes ☐ No

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

Click to enter text.

**5. Zero stormwater discharge**

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

☐ Yes ☐ No

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

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

Click to enter text.

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

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

Does the facility discharge in the Lake Houston watershed?

☒ Yes ☐ No

If yes, attach a Sewage Sludge Solids Management Plan. See Example 5 in the instructions. Attachment 16

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

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

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

☐ Yes ☒ No

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

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

Click to enter text.

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

**2. Acceptance of septic waste**

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

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

Is the facility in operation?

☐ Yes ☒ No

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

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

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

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

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

\*TPDES permits only

†TLAP permits only

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

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

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

Facility Operator Name: An licensed operator will be selected before the facility begins treatment.

Facility Operator's License Classification and Level: Click to enter text.

Facility Operator's License Number: Click to enter text.

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

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

Check all that apply. See instructions for guidance

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

### B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

### C. Biosolids Management

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

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

#### Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Disposal in Landfill	Off-site Third-Party Handler or Preparer	Bulk	0.095	Domestic Septage: pH	Option 8: Unstabilized sludge is $\geq 90\%$ 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: [Austin Wastewater Processing Facility](#)

TCEQ permit or registration number: [2384A](#)

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

#### E. Transportation method

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

Name of the hauler: [Sheridan Environmental and WasteWater Transport Services](#)

Hauler registration number: [24343](#)

Sludge is transported as a:

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

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

#### A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

## B. Sludge processing authorization

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

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

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

☐ Yes ☐ No

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

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

### A. Location information

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

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

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

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

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

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

Click to enter text.

## B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

## C. Liner information

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

☐ Yes ☐ No

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

Click to enter text.

#### D. Site development plan

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

Click to enter text.

Attach the following documents to the application.

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

#### E. Groundwater monitoring

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

☐ Yes ☐ No

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

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

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

### A. Additional authorizations

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

☐ Yes ☒ No

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

New Permit

### B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Click to enter text.

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

### A. RCRA hazardous wastes

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

☐ Yes ☒ No

**B. Remediation activity wastewater**

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

☐ Yes ☒ No

**C. Details about wastes received**

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

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

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

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

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

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

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

### CERTIFICATION:

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

Printed Name: Jeri Thompson

Title: Chief Financial Officer

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

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



1/17/25

# 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 57)

#### A. Justification of permit need

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

The development of Tarkington Downs is 200 acres in area, constructing approximately 755 single family homes. We are expecting a flow of 0.245 MGD (755 homes x 300 gpd) for the ultimate build out of this development and expect to reach this number in seven to eight years.

#### B. Regionalization of facilities

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

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

##### 1. Municipally incorporated areas

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

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

☐ Yes ☒ No ☐ Not Applicable

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

If yes, attach correspondence from the city.

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

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

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

##### 2. Utility CCN areas

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

☐ Yes ☒ No

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

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

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

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

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

☐ Yes      ☒ No

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

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

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

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

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

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

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

Is this facility in operation?

☐ Yes      ☒ No

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

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

### A. Current organic loading

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

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

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

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

[Click to enter text.](#)

## B. Proposed organic loading

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

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

Source	Total Average Flow (MGD)	Influent BOD5 Concentration (mg/l)
Municipality	0.245	300
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	0.245	
AVERAGE BOD <sub>5</sub> from all sources		300

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

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

Biochemical Oxygen Demand (5-day), mg/l: 300

Total Suspended Solids, mg/l: 10

Ammonia Nitrogen, mg/l: 15

Total Phosphorus, mg/l: 3

Dissolved Oxygen, mg/l: Click to enter text.

Other: Click to enter text.

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

Biochemical Oxygen Demand (5-day), mg/l: 300

Total Suspended Solids, mg/l: 10

Ammonia Nitrogen, mg/l: 15

Total Phosphorus, mg/l: 3

Dissolved Oxygen, mg/l: Click to enter text.

Other: Click to enter text.

**C. Final Phase Design Effluent Quality**

Biochemical Oxygen Demand (5-day), mg/l: 300

Total Suspended Solids, mg/l: 10

Ammonia Nitrogen, mg/l: 15

Total Phosphorus, mg/l: 3

Dissolved Oxygen, mg/l: Click to enter text.

Other: Click to enter text.

**D. Disinfection Method**

Identify the proposed method of disinfection.

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

Dechlorination process: Click to enter text.

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

☐ Other: Click to enter text.

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

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

Attachment: 12

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

**A. 100-year floodplain**

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

☒ Yes ☐ No

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

Click to enter text.

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

FEMA FIRMette – Attachment 13

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: 14

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

#### A. Beneficial use authorization

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

☐ Yes ☒ No

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

#### B. Sludge processing authorization

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

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

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

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

Attach a solids management plan to the application.

**Attachment:** 15

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

- Treatment units and processes dimensions and capacities

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

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

## DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

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

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

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

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

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

#### A. Receiving water outfall

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

#### B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

[Click to enter text.](#)

#### C. Sea grasses

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

☐ Yes ☐ No

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

[Click to enter text.](#)

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

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

☐ Yes ☒ No

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

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

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

Name of the immediate receiving waters: An unnamed tributary.

#### A. Receiving water type

Identify the appropriate description of the receiving waters.

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

Surface area, in acres: Click to enter text.

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

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

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

#### B. Flow characteristics

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

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

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

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

**C. Downstream perennial confluences**

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

None

**D. Downstream characteristics**

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

☐ Yes ☒ No

If yes, discuss how.

Click to enter text.

**E. Normal dry weather characteristics**

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

The tributary was completely dry even after a relatively intense snowstorm the prior night.

Date and time of observation: January 22, 2025

Was the water body influenced by stormwater runoff during observations?

☒ Yes ☐ No

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

**A. Upstream influences**

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

☐ Oil field activities

☐ Urban runoff

☐ Upstream discharges

☒ Agricultural runoff

☐ Septic tanks

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

## B. Waterbody uses

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

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

## C. Waterbody aesthetics

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

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



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## Attachment Index

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- Attachment 1 – Core Data Form - 10400
- Attachment 2 – Plain Language Summary
- Attachment 3 – Public Involvement Plan
- Attachment 4 – USGS Map
- Attachment 5 – Landowner Map
- Attachment 6 – Photograph Map
- Attachment 7 – Buffer Zone Map
- Attachment 8 – SPIF
- Attachment 9 – Treatment Unit List
- Attachment 10 – Flow Diagram
- Attachment 11– Site Map
- Attachment 12 – Design Summary
- Attachment 13 – FEMA FIRMette
- Attachment 14 – Wind Rose
- Attachment 15 – Solids Management Plan



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Attachment 1 – Core Data Form - 10400



TCEQ Use Only

# TCEQ Core Data Form

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

## SECTION I: General Information

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

## SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input checked="" type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership			
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)			
<b>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).</b>			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)		If new Customer, enter previous Customer below:	
BRD Land & Investment			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
		82-4766940	
11. Type of Customer:		Partnership: <input checked="" type="checkbox"/> General <input type="checkbox"/> Limited	
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other			
12. Number of Employees		13. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator			
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:			
15. Mailing Address:	BRD Land & Investment		
	6433 Bannington Road		
	City	State	ZIP
	Charlotte	NC	28226
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
		johnswanson@brdland.com	
18. Telephone Number		19. Extension or Code	20. Fax Number (if applicable)
( 512 ) 627-1733			( ) -

## SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)	
<input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information	
<b>The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC).</b>	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
Tarkington WWTP #1	

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

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	The proposed wastewater treatment facility will be located approximately 2 miles northeast of the intersection of TX 321 and TX 105 in Liberty County, Texas.						
26. Nearest City	State				Nearest ZIP Code		
Cleveland	Tx				77327		
27. Latitude (N) In Decimal:	28. Longitude (W) In Decimal:						
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
30	19	58.32	94	57	58.55		
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.)							
The treatment of domestic wastewater.							
34. Mailing Address:							
	City		State		ZIP		ZIP + 4
35. E-Mail Address:							
36. Telephone Number		37. Extension or Code		38. Fax Number (if applicable)			
( ) -				( ) -			

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

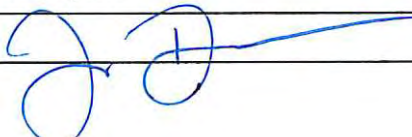
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review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

#### SECTION IV: Preparer Information

40. Name:	Jeremy Face	41. Title:	Project Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(817) 441-1300		( ) -	jface@wasteline-eng.com

#### SECTION V: Authorized Signature

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

Company:	BRD Land & Investment	Job Title:	Chief Financial Officer
Name (In Print):	Jeri Thompson	Phone:	(317) 379 5399
Signature:		Date:	11/17/2025



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Attachment 2 – Plain Language Summary



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

### PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

If you are subject to the alternative language notice requirements in [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 Enter 'INDUSTRIAL' or 'DOMESTIC' here 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.*

BRD Land & Investment (New Customer) proposes to operate Tarkington WWTP #1 (New Entity), a domestic wastewater treatment facility. The facility will be located at approximately 2 miles northeast of the intersection of TX 321 and TX 105 in Liberty County, Texas, in an unincorporated area, Liberty County, Texas 77327. This proposed facility will treat the Tarkington development, which will generate approximately 0.245 MGD of domestic wastewater.

Discharges from the facility are expected to contain BOD, TSS, Ammonia Nitrogen, Phosphorus, and E. Coli. Domestic Wastewater will be treated by an activated sludge wastewater treatment facility, operating in extended aeration mode, with treatment units including a bar screen, aeration basin, sludge holding, clarifier and chlorine contact basin.

**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.*

BRD Land & Investment (Nuevo cliente ) propone operar Tarkington WWTP #1 (Nueva entidad ), un Planta de tratamiento de aguas residuales domésticas . La instalación estará ubicada en aproximadamente 2 millas al noreste de la intersección de TX 321 y TX 105, en Un área no incorporada , Condado de Liberty, Texas 77327. Esta instalación propuesta tratará el desarrollo de Tarkington, que generará aproximadamente 0.245 MGD de aguas residuales domésticas .

Se espera que las descargas de la instalación contengan BOD, TSS, Ammonia Nitrogen, Phosphorus, and E. Coli. Aguas residuales domésticas . estará tratado por Una instalación de tratamiento de aguas residuales de lodos activados, que funciona en modo de aireación extendida, con unidades de tratamiento que incluyen una criba de barras, una cuenca de aireación, un depósito de lodos, un clarificador y una balsa de contacto con el cloro .



## Attachment 3 – Public Involvement Plan

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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.



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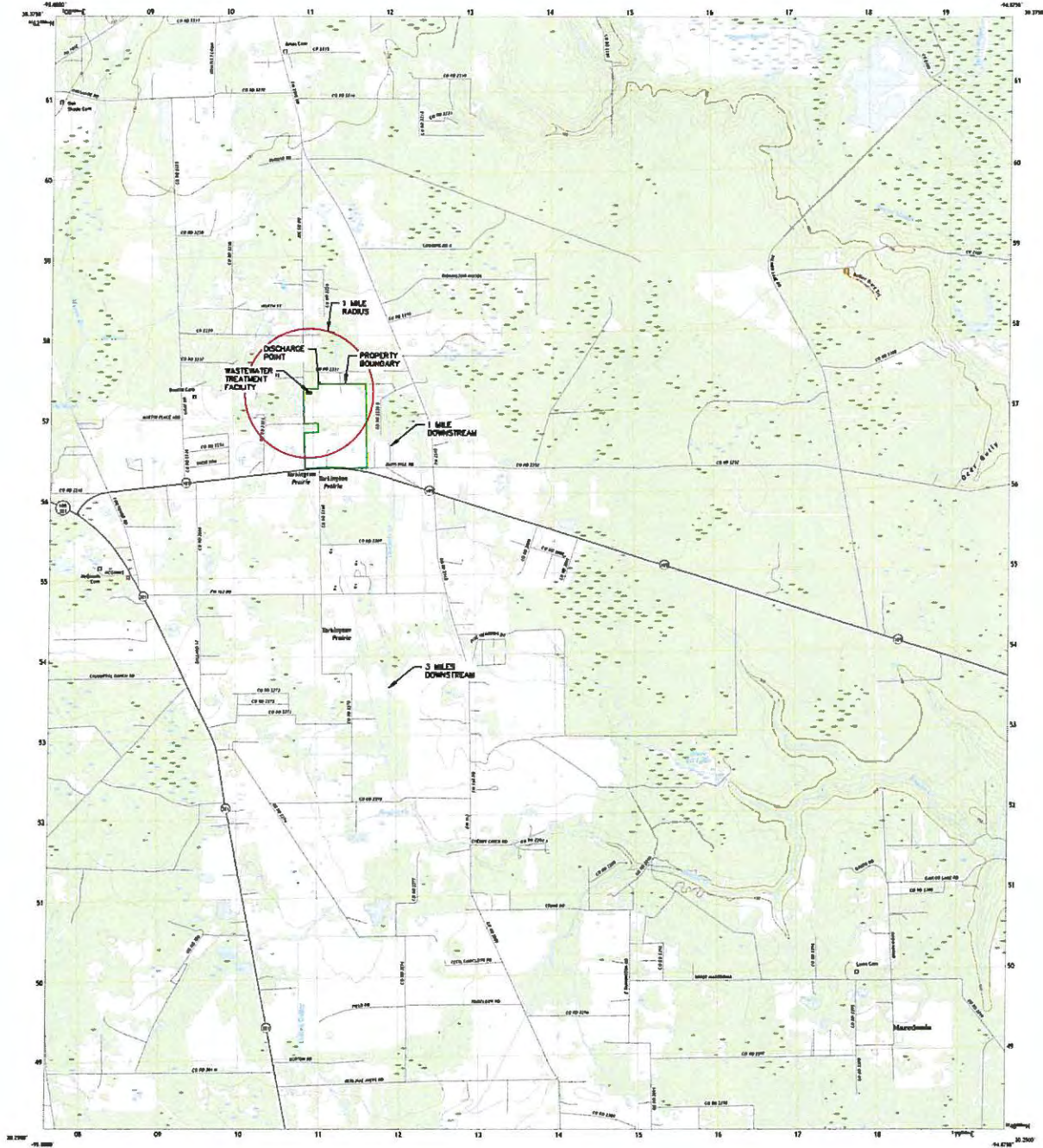
Attachment 4 – USGS Map



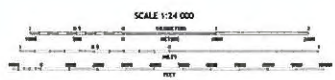
U.S. DEPARTMENT OF THE INTERIOR  
U.S. GEOLOGICAL SURVEY



TARKINGTON PRAIRIE QUADRANGLE  
TEXAS - LIBERTY COUNTY  
7.5-MINUTE SERIES



Produced by the United States Geological Survey  
North American Datum of 1983 (NAD83)  
Vertical datum: National Vertical Datum of 1988 (NVD88). Projection and  
1:250,000 scale. Contour interval: 20 feet. Elevation: 100 feet.  
This map is not a legal document. Boundaries may be  
differentiated for this map only. Property lines and other  
information are not shown. (Notice: permission before  
reproduction, please refer to the source.)



1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

ROAD CLASSIFICATION	
Expressway	Local Connector
Arterial	Local Road
Minor	Other
Interstate	US Route
	State Route

TARKINGTON PRAIRIE, TX  
2013





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Attachment 5 – Landowner Map

WASTEWATER PERMIT AMENDMENT  
FOR  
BRD TARKINGTON  
LANDOWNER INFORMATION

WASTELINE  
ENGINEERING, INC.  
Texas Registered Engineering Firm #F-1669

Date: January, 2022  
Drawn by: J.L.R.  
Designed by: G.B.  
QA: G.B.  
Project Job#: 22428



## Landowner List

#	Name	Address	City, State Zip
1	PALMER JEREMIAH & KYSHA	22075 CASCADE MOUNTAIN DR	PORTER, TX 77365
2	VARVEL CARL MARK	192 COUNTY ROAD 2231	CLEVELAND, TX 77327
3	CROFT MARY K BROWNING & DELBERT	212 COUNTY ROAD 2231	CLEVELAND, TX 77327
4	CROFT WILLIAM JOHN	232 COUNTY ROAD 2231	CLEVELAND, TX 77327
5	CRAWFORD ALBERT W JR	458 COUNTY ROAD 2231	CLEVELAND, TX 77327
6	HATTON LISA JANE & BRANDON	195 COUNTY ROAD 22236 ANX	CLEVELAND, TX 77327
7	MORGAN SCOTT & TIFFANY MICHALIK-MORGAN	162 COUNTY ROAD 22235 ANX	CLEVELAND, TX 77327
8	HAWTHORNE JAKE F & DEANNA K	236 COUNTY ROAD 22235	CLEVELAND, TX 77327
9	WRIGHT FRANK & BRANDY	298 COUNTY ROAD 22235 ANX	CLEVELAND, TX 77327
10	WHITNEY JOSIAH KENT	340 COUNTY ROAD 22235	CLEVELAND, TX 77327
11	BURNS ROBERT E	193 COUNTY ROAD 2251	CLEVELAND, TX 77327
12	KIRKHAM IRA LLOYD	19 COUNTY ROAD 2222	CLEVELAND, TX 77327
13	SCOTT KARYL ZEAGLER	PO BOX 395	CLEVELAND, TX 77328
14	BATO INVESTMENTS LLC	930 SIERRA SPRINGS LANE	SPRING, TX 77373
15	UDAY ENTERPRISES INC	9910 WING ST	CONROE, TX 77385
16	WILLIAMS SHEILA LAVON HUBERT	495 COUNTY ROAD 2239	CLEVELAND, TX 77327
17	REYNOLDS BECKY	14795 HIGHWAY 105	CLEVELAND, TX 77327
18	RIYA & INAAYA INC.	7242 THELFOR CT	CLEVELAND, TX 77379
19	NL CONSTRUCTION LLC	3300 COUNTY ROAD 2184	CLEVELAND, TX 77327
20	DUMAS DARRYL & MARILYN DUMAS	141 COUNTY ROAD 2224	CLEVELAND, TX 77327
21	DILLARD STACEY J & ELISSA J	185 COUNTY ROAD 2224	CLEVELAND, TX 77327
22	BITTICK BRYAN	205 COUNTY ROAD 2224	CLEVELAND, TX 77327
23	MITTAG DAN	PO BOX 807	CLEVELAND, TX 77328
24	CAMPBELL MICHAEL C & JENNIFER E	407 COUNTY ROAD 2224	CLEVELAND, TX 77327
25	MIZELL DENNIS EARL	1253 COUNTY ROAD 278	BUFFALO, TX 75831
26	GALITO LUIS	4219 STONECROFT CIRCLE	KATY, TX 77450
27	BROWN AUSTIN & HALEY	525 COUNTY ROAD 2224	CLEVELAND, TX 77327
28	HARRISON TITUS & APRIL DAWN REEVES-HARRISON	557 COUNTY ROAD 2224	CLEVELAND, TX 77327
29	HAASS MARK W & TAMMY BENTLEY	607 COUNTY ROAD 2224	CLEVELAND, TX 77327
30	CAUGHMAN MINDY JO	633 COUNTY ROAD 2224	CLEVELAND, TX 77327
31	CAUGHMAN DORIS LYNNE	651 COUNTY ROAD 2224	CLEVELAND, TX 77327
32	ENGERRAN DANIEL C. & KATHERINE A.	135 OAK HAMPTON TRL	INGRAM, TX 78025
33	PENNY JOHN & ALICIA	229 COUNTY ROAD 22235	CLEVELAND, TX 77327
34	EVANS AARON & CRYSTAL	301 COUNTY ROAD 22235	CLEVELAND, TX 77327
35	JOHNS CHRISTOPHER LEE	335 COUNTY ROAD 2223-5	CLEVELAND, TX 77327
36	LOTT BRIAN & ALISA	315 COUNTY ROAD 2251	CLEVELAND, TX 77327
37			



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Attachment 6 – Photograph Map

A6

Att:

A6 - PHOTO MAP

BRD TARKINGTON  
FOR

WASTEWATER PERMIT AMENDMENT

WASTELINE  
ENGINEERING, INC.  
Texas Registered Engineering Firm #F-1669



Date: January, 2022  
Drawn by: J.F.  
Designed by: G.B.  
QA: G.B.  
Project Job#: 22428



0 500 1000  
GRAPHIC SCALE IN FEET



Photo 1 – WWTP Location



Photo 2 - Upstream



Photo 3 - Downstream





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Attachment 7 – Buffer Zone Map

A8

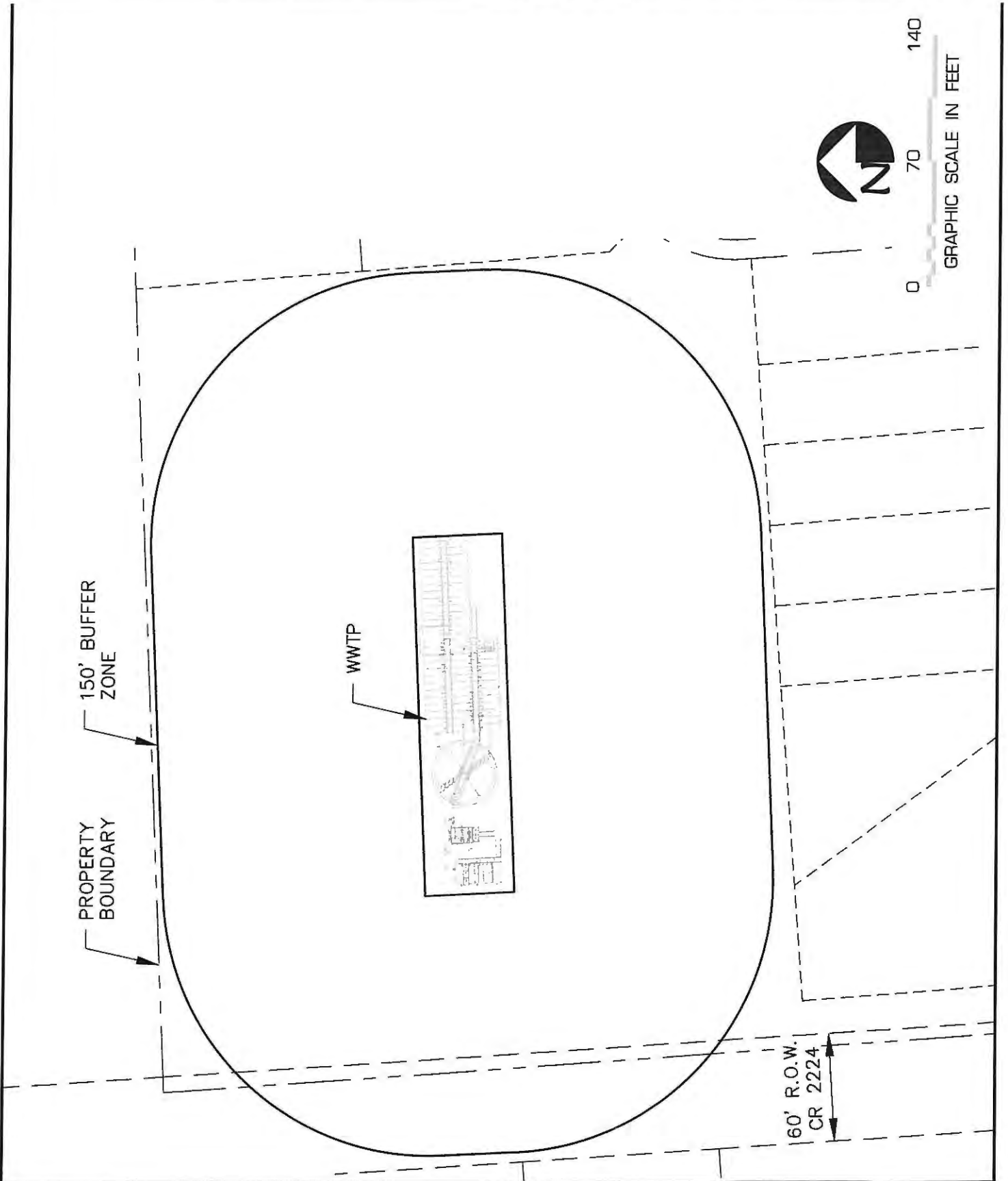
Att:

WASTEWATER PERMIT AMENDMENT  
FOR  
BRD TARKINGTON  
BUFFER ZONE MAP

WASTELINE  
ENGINEERING, INC.  
Texas Registered Engineering Firm #F-1669



Date: January, 2022  
Drawn by: J.L.R.  
Designed by: G.B.  
QA: G.B.  
Project Job#: 22428





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Attachment 8 – SPIF

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

#### TCEQ USE ONLY:

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

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

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

#### Agency Receiving SPIF:

\_\_\_\_ Texas Historical Commission

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

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

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

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

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

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

The following applies to all applications:

1. Permittee: BRD Land & Investment

Permit No. WQ00 NEW PERMIT

EPA ID No. TX NEW PERMIT

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

The proposed wastewater treatment facility will be located approximately 2 miles northeast of the intersection of TX 321 and TX 105 in Liberty County, Texas.

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: John Swanson

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

Title: Independent Land Development Consultant

Mailing Address: 1801 South Mopac, Suite 100

City, State, Zip Code: Austin, TX 78746

Phone No.: 512-627-1733 Ext.:

Fax No.:

E-mail Address: JohnSwanson@brdland.com

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

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 facility will discharge to an unmanned tributary, thence to Thickets Creek, thence to Gaylor Creek, thence to Trinity River below Lake Livingston, Classified Segment No. 0804

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

The extent of the impact includes the excavation of a lift station suitable for pumping to the wastewater facility, including the force main capable of delivering the wastewater to the treatment facility, the construction of the treatment facility itself, and the construction of the discharge line. Approximately 3 acres of land shall be used for the treatment facility boundary.

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

Current land use is pastureland.

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:

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



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Attachment 9 – Treatment Unit List

## Major Components

Type of Unit

Number of Units

Size (Depth, Width, Length)

Initial Phase - 0.250 MGD

Aeration Basin	1	156'L x 12'W x 10'6"D
Sludge Holding	1	105'L x 12'W x 10'6" D
Chlorine Contact	1	40'L x 12'W x 4' D
Clarifier	1	13' Dia x 10'D

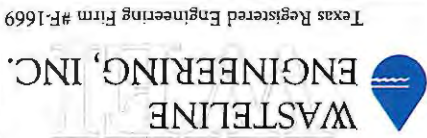


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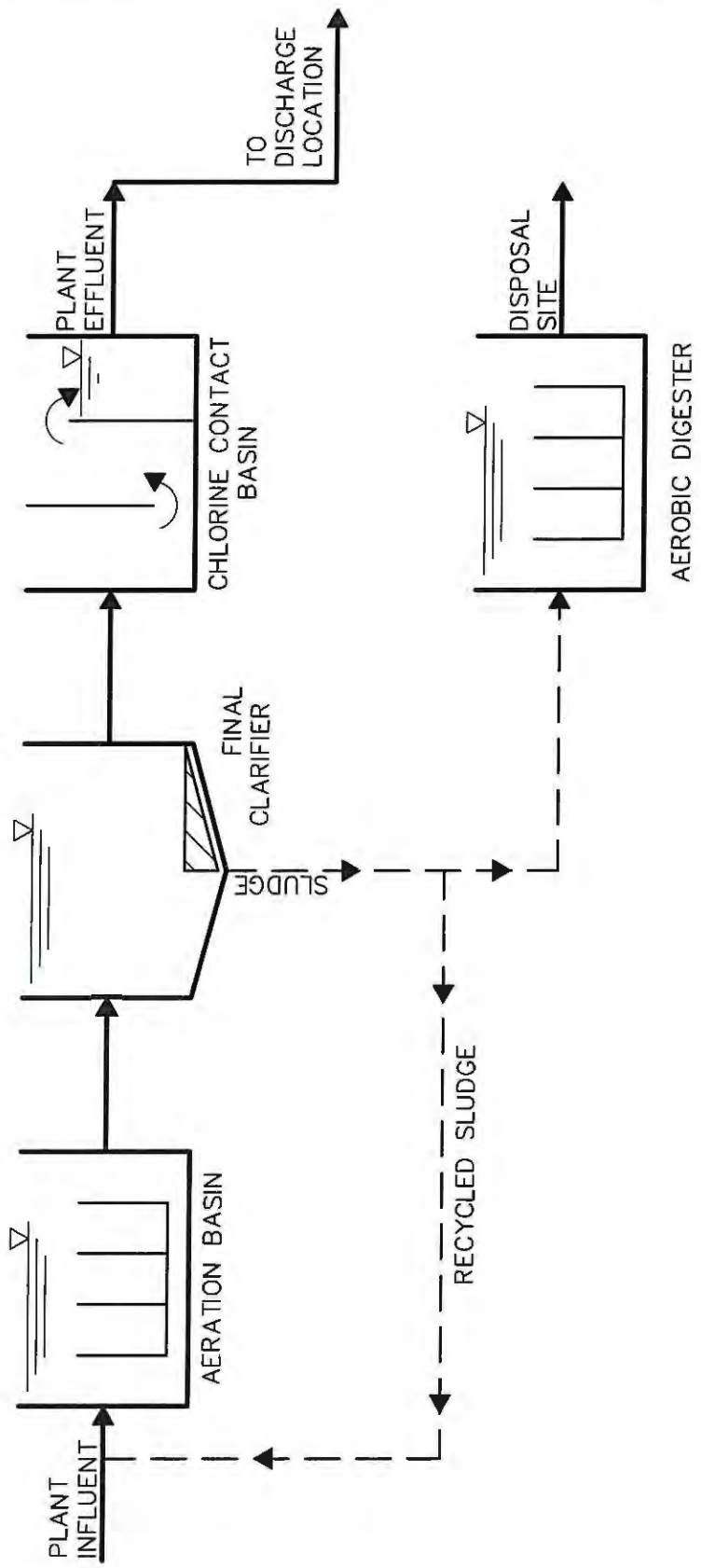
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Attachment 10 – Flow Diagram

WASTEWATER TREATMENT PLANT  
FOR  
BRD TARKINGTON  
FLOW DIAGRAM



Date: January 2025  
Drawn by: J.F.  
Designed by: G.B.  
QA: G.B.  
Project Job#: 22428



FLOW DIAGRAM



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Attachment 11 – Site Map

Att: **A11**

**WASTEWATER PERMIT AMENDMENT**  
**FOR**  
**BRD TARKINGTON**  
**SITE MAP**

**WASTELINE**  
**ENGINEERING, INC.**  
Texas Registered Engineering Firm #F-1669

Date: January, 2022  
Drawn by: J.F.  
Designed by: G.B.  
QA: G.B.  
Project Job#: 22428





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Attachment 12 – Design Summary

BRD Land Development  
***Tarkington Tract***  
WASTEWATER TREATMENT PLANT – Phase 1

DESIGN SUMMARY  
December 04, 2024

The wastewater treatment facility which is discussed in this design summary will serve 755 single family residences (755 x 300 gpd/unit = 226,500 gpd) and commercial property (18,000 gpd). It is anticipated that the facility will have an average daily flow capacity of 0.250 MGD.

The Complete Mix process followed by enhanced solids separation has been selected for use. This process consists of a continuous circuit in which the mixture of raw wastewater and returned sludge is continually aerated. Air supply droplines and diffusers will be installed to provide the required oxygen for biological activity.

Using the current Texas Commission on Environmental Quality design criteria, the treatment plant will be designed such that the total aeration volume is 147,025 gallons. Air will be supplied at the rate of 2.22 cubic feet (2.4 lb. O<sub>2</sub>) per minute per pound of BOD<sub>5</sub> applied per day.

In keeping with the TCEQ criteria, the clarifier will have an effective surface area of approximately 1,018 square feet and a total weir length of approximately 106 linear feet.

The sludge holding tank will have a total volume of 99,600 gallons. Air will be supplied to the sludge holding tank at a rate of 30 cfm per 1,000 cubic feet of volume to maintain an aerobic condition and to keep the solids in suspension.

**DESIGN PARAMETERS**

Average Daily Flow	250,000 gallons
Peak 2-hour Flow (4Q)	1,000,000 gallons per day rate
Population Equivalent	755 residences @ 300 gpd + commercial
BOD <sub>5</sub> loading	300 mg/l
Space loading (aeration zone)	35 lbs. BOD <sub>5</sub> /1,000 cf
Space loading (aerobic digester tank)	20 cf/lb of BOD <sub>5</sub> /1,000 cf
Surface loading (clarifier)	1,200 gpd/sf @ peak flow rate
Detention Time (clarifier)	1.8 hours @ peak flow rate

- A. BOD<sub>5</sub> loading = 300 X 0.250 MGD X 8.34
- = 626 lbs./day
- B. Space loading @ 15 lbs. BOD<sub>5</sub>/1,000 cf of volume (aeration zone)
- $\frac{626 \text{ lbs}}{35} \times 1,000 = 17,871 \text{ cf}$
- Volume of aeration zone = 19,656 cf
- Actual space loading = 31.85 lbs. BOD<sub>5</sub>/1,000 cf volume
- C. Space loading @ 20 cf/lb BOD<sub>5</sub> (sludge holding tank)
- $20 \times 626 = 12,520 \text{ cf}$
- Volume of sludge holding tank = 13,316 cf
- D. Surface loading @ average daily flow (clarifier)
- $\frac{250,000 \text{ gpd}}{1,018 \text{ sf}} = 246 \text{ gpd/sf}$
- E. Weir loading @ average daily flow (clarifier)

$$\frac{250,000 \text{ gpd}}{106 \text{ lf}} = 2,359 \text{ gpd/lf}$$

F. Air supply @ 3,200 cfm/day/lb. BOD<sub>5</sub> (aeration zone)

$$\frac{3,200 \times 626}{1440} = 1,392 \text{ cfm}$$

G. Air supply @ 30 cfm/1,000 cf (sludge holding tank)

$$\frac{30}{1,000} \times 13,316 = 400 \text{ cfm}$$

H. Total air supply = Process air (1,392 cfm + 400 cfm + airlift pumps (163 cfm))  
= 1,955 cfm

#### DESIGN PARAMETERS for CHLORINE CONTACT BASIN

Peak flow rate 1,000,000 gallons per day rate

Detention time 20 minutes

Chlorine residual 1.0 mg/l, minimum  
4.0 mg/l, minimum

$$\text{Volume required} = \frac{1,000,000 \text{ gpd} \times 20 \text{ minutes}}{1440 \text{ minutes}}$$

$$= 13,889 \text{ gallons}$$

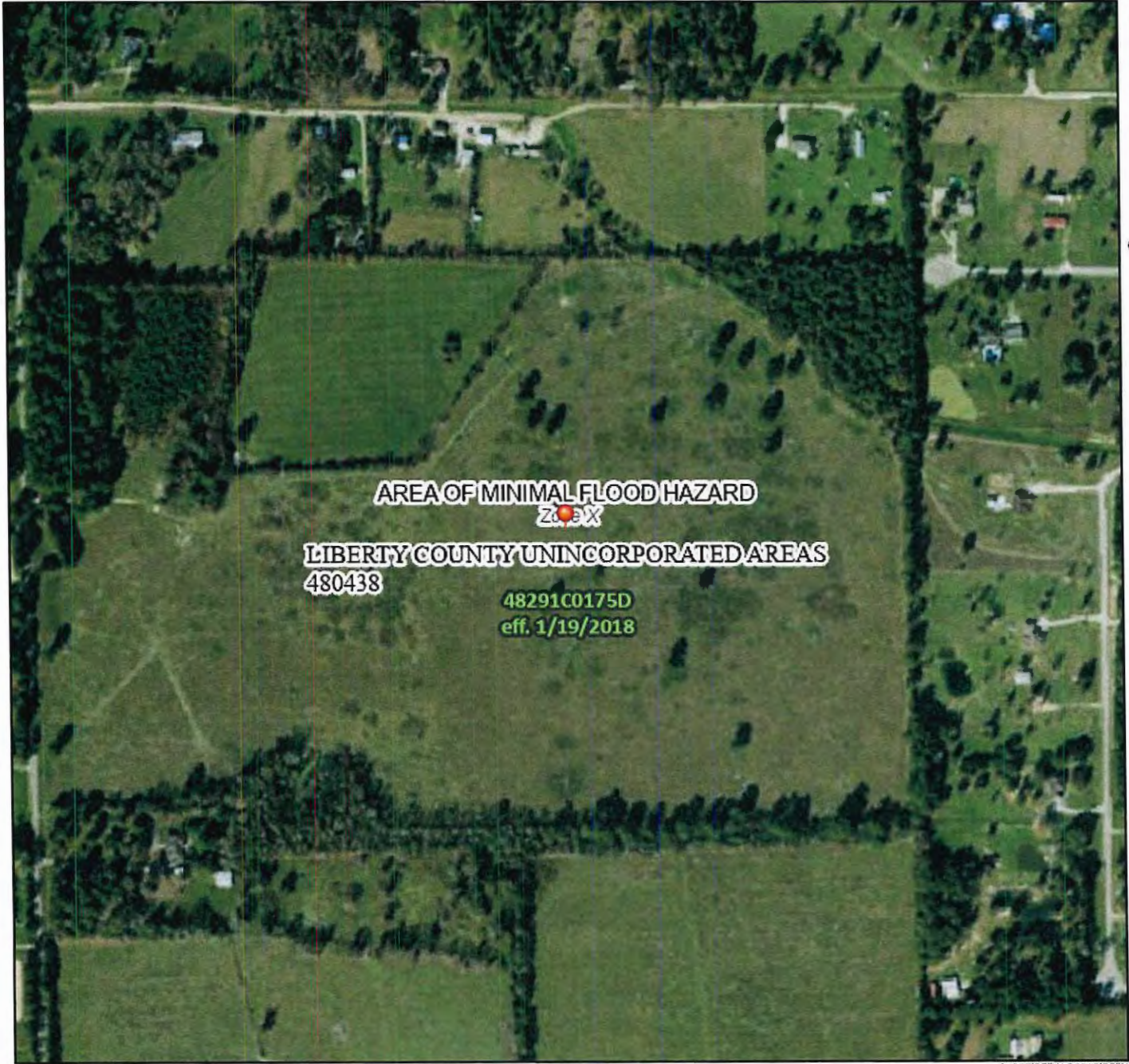
The chlorine contact basin with a volume of 14,000 gallons shall be provided. The approximate chlorine dosage of 10 mg/l should maintain a chlorine residual amount of 1.0 mg/l in the effluent,

$$10 \text{ mg/l} \times 0.250 \text{ MGD} \times 8.34 = 20.9 \text{ lbs/day}$$



# National Flood Hazard Layer FIRMette

94°58'3"W 30°20'9"N



0 250 500 1,000 1,500 2,000 Feet 1:6,000

Basemap Imagery Source: USGS National Map 2023

## Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

- |                             |  |   |
|-----------------------------|--|---|
| SPECIAL FLOOD HAZARD AREAS  |  | Without Base Flood Elevation (BFE)<br>Zone A, V, A99  |
|                             |  | With BFE or Depth Zone AE, AO, AH, VE, AR   |
| OTHER AREAS OF FLOOD HAZARD |  | 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X |
|                             |  | Future Conditions 1% Annual Chance Flood Hazard Zone X  |
|                             |  | Area with Reduced Flood Risk due to Levee. See Notes. Zone X  |
|                             |  | Area with Flood Risk due to Levee Zone D  |
| OTHER AREAS                 |  | NO SCREEN Area of Minimal Flood Hazard Zone X   |
|                             |  | Effective LOMRs   |
| GENERAL STRUCTURES          |  | Area of Undetermined Flood Hazard Zone D  |
|                             |  | Channel, Culvert, or Storm Sewer  |
| OTHER FEATURES              |  | Levee, Dike, or Floodwall   |
|                             |  | Cross Sections with 1% Annual Chance Water Surface Elevation  |
| MAP PANELS                  |  | Coastal Transect  |
|                             |  | Base Flood Elevation Line (BFE)   |
| OTHER FEATURES              |  | Limit of Study  |
|                             |  | Jurisdiction Boundary   |
| OTHER FEATURES              |  | Coastal Transect Baseline   |
|                             |  | Profile Baseline  |
| OTHER FEATURES              |  | Hydrographic Feature  |
|                             |  | Digital Data Available  |
| MAP PANELS                  |  | No Digital Data Available   |
|                             |  | Unmapped  |



The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

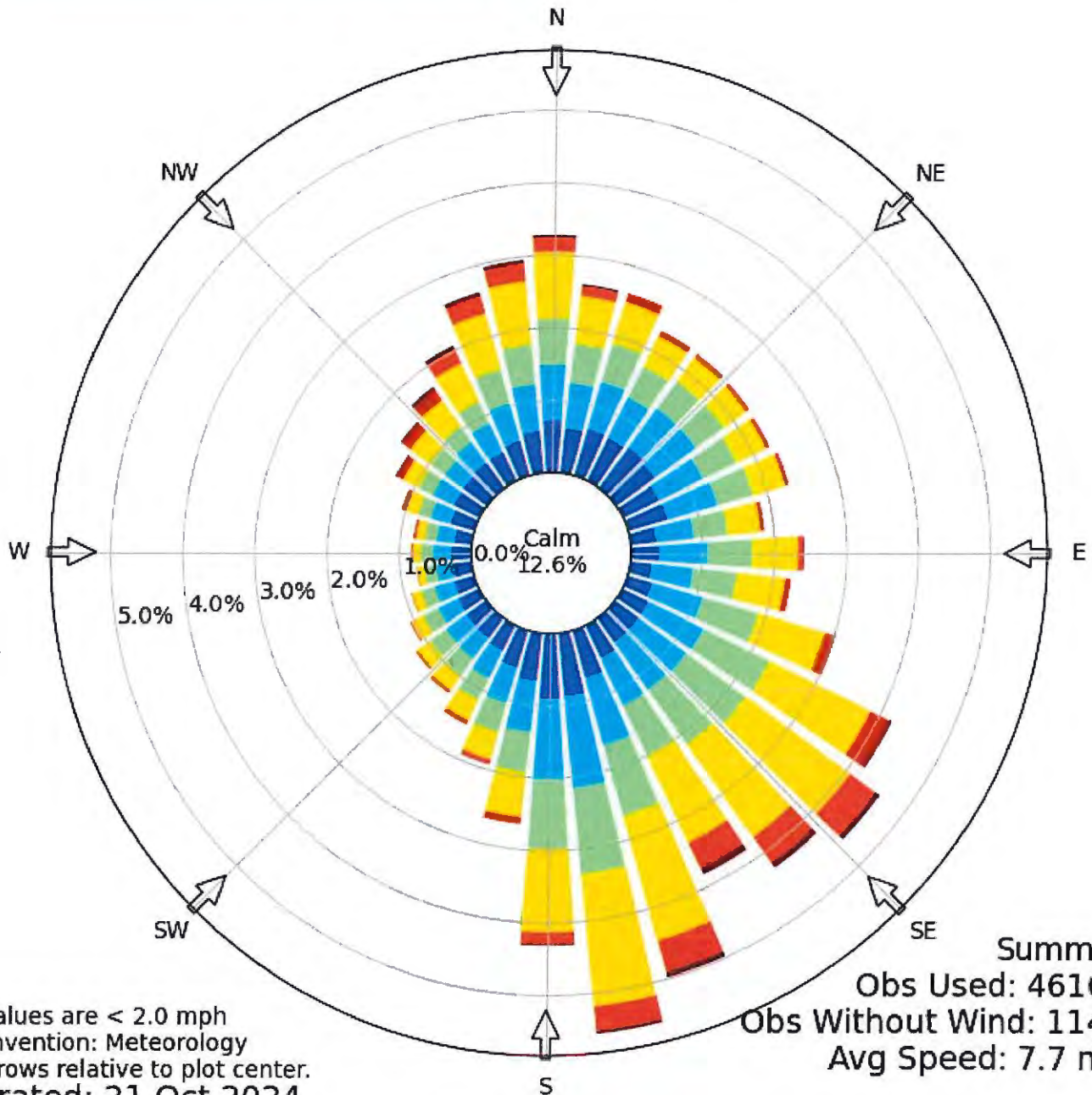
The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on **1/23/2025 at 11:17 PM** and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

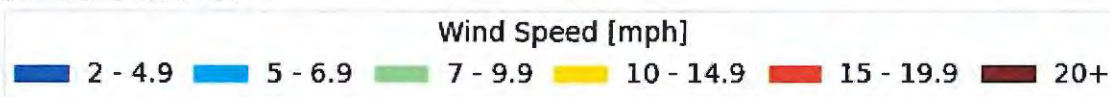




Windrose Plot for [IAH] Houston Intercontinental  
Obs Between: 01 Jan 1970 03:00 AM - 21 Oct 2024 03:53 AM America/Chicago



Calm values are < 2.0 mph  
Bar Convention: Meteorology  
Flow arrows relative to plot center.  
Generated: 21 Oct 2024





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Attachment 15 – Solids Management Plan

### Solids Management Plan

Influent Design Flow: 0.240 MGD  
Influent BOD Concentration: 300 mg/L  
Aerobic Digester Volume: 99,600 gallons  
Aeration Basin MLSS: 2,000 to 4,000 mg/L

#### Sludge Production

Solids Generated	100% flow	75% flow	50% flow	25% flow
Pounds of Influent BOD <sub>5</sub>	600	450	300	150
Pounds of Digested Dry Sludge Produced*	210	158	105	53
Pounds of Wet Sludge Produced	10508	7881	5254	2627
Gallons of Wet Sludge Produced	1262	946	631	315

\*Assuming 0.35 pounds of digested dry sludge produced per pound of influent BOD<sub>5</sub> at average temperatures and 2.0% concentration in the digester.

Sludge will be wasted from the RAS flow stream to the aerobic digester. Sludge solids will be stabilized in the digester; supernatant will be decanted from the digester and returned to the facility headworks for treatment.

#### Sludge Removal Schedule

Removal Schedule	100% flow	75% flow	50% flow	25% flow
Days Between Sludge Removal	79	105	158	316

\*\* To be determined by operator.

Liquid digested sludge will be removed from the digester for disposal as required. The calculated mean cell residence time (MCRT) for the digester storage volume of 99,600 gallons will be approximately 79 days at 100% capacity and annual average digested sludge production of 0210 ppd. The hauler and facility to process the generated digested sludge will be determined at a future date.